SOZO FAMILY CARE HOME INC.

SOZO FAMILY CARE HOME INC.
2757 MEWBORN CHURCH ROAD
SNOW HILL, NC 28580
PHONE (252) 747-3008
FAX (252) 747-~~3048~~ 3123

FACSIMILE TRANSMITTAL

TO: Anthony Brinson FAX: (919) 733-6592

FROM: Keosha Houston DATE: 11-9-17

RE: _____ PAGES: _____

FAX:

_____URGENT _____FOR REVIEW _____PLEASE REPLY

Should there be problems with the transmission of this material, please call the number above. This fax is intended only for the use of the addressee and may contain confidential information. If you are not the intended recipient, you are notified that any dissemination, destruction, or copying is strictly prohibited. If you have received this fax in error, please notify us immediately by telephone and return it to us at the given address via the United States Postal Service. We will reimburse you any costs you incur in notifying and returning it to us. Thank you!

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

IMPORTANT NOTICE – PLEASE READ CAREFULLY

October 27, 2017

Keosha Houston-(via e-mail only)
2757 Mewborn Church Road
Snow Hill, NC 27580

RE: FC - Complaint Construction Survey
Sozo Family Care Home
2757 Mewborn Church Road
Snow Hill Greene County
FID #080236 FCL-040-009

Dear Ms. Houston:

You have provided DHSR-Construction Section with an unacceptable Plan of Correction.

The following tag number(s) need to be corrected:

- Tag # C116 - One deficiency was cited under this tag set give detailed information on what actions will be done to make the correction(s) as well as an estimated completion date for the listed deficiency.

CONSTRUCTION SECTION
WWW.NCDHHS.GOV • WWW.NCDHHS.GOV/DHSR
TEL 919-855-3893 • FAX 919-733-6592
LOCATION: WILLIAMS BUILDING, 1800 UMSTEAD DRIVE • RALEIGH, NC 27603
MAILING ADDRESS: 2705 MAIL SERVICE CENTER • RALEIGH, NC 27699-2705
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

A revised Plan of Correction must be submitted to DHSR-Construction Section by November 11, 2017. Failure to return an acceptable Plan of Correction within this time period could potentially cause a suspension of admissions, provisional license or license revocation.

Your Plan of Correction can be:

Mailed to: DHSR Construction Section
2705 Mail Service Center
Raleigh NC 27699-2705

Faxed to: (919)-733-6592

Emailed to: DHSR.Construction.Admin@dhhs.nc.gov

If we can be of further assistance, please do not hesitate to contact us.

Sincerely,

Anthony Brinson

Anthony Brinson
Biennial Residential Team Leader
DHSR - Construction Section

cc: Adult Care Licensure Section
County Building Inspection Department-(via e-mail only)
Greene County DSS-(via e-mail only)

PRINTED: 10/27/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040009	A. BUILDING: 01 B. WING _____	C 08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOZO FAMILY CARE HOME	2757 MEWBORN CHURCH ROAD SNOW HILL, NC 28580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Complaint Survey on August 17, 2017 from 10:30 AM to 12:30 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 24, 2012 as a Family Care Home for six ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency.) Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Section 421.2 - Residential Care Homes. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 116	Construction-Meet Sanitary Requirements SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (m) The building shall meet sanitation *requirements* as determined by the North Carolina Department of Environment and Natural Resources; Division of Environmental Health. This Rule is not met as evidenced by: 1). The licensure rule requires the facility to maintain a passing sanitation grade. Findings include: Observations revealed that the facility has a failing sanitation grade due to a failing septic	C 116	Septic tank is in the process of repair. We have been in negotiation with companies and with the environmental specialist Attached are supporting documents in the process of getting everything fixed →	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE Administrator (X6) DATE 11-8-17

PRINTED: 10/27/2017
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040009	A. BUILDING: 01 B. WING _____	C 08/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOZO FAMILY CARE HOME	2757 MEWBORN CHURCH ROAD SNOW HILL, NC 28580

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 116	Continued From page 1 system. Effect: This creates a potential health and safety hazard for the residents. Directive: Make all necessary repairs to the septic system and bring the facility back into compliance with all sanitation requirements. Provide the DHSR Construction Section with documentation verifying that the septic system has been repaired and provide a copy of a current approved sanitation report.	C 116	in order to pass the Sanitation requirements. All repairs and updated inspection is expected for completion by Dec 15th, 2017	

B. R. KORNEGAY, INC.
LAND SURVEYING • ENGINEERING • PLANNING
300 E. Walnut Street
Goldsboro, North Carolina 27530
www.kornegaysep.com
Firm No. F-1054
(919) 735-5886
Fax: (919) 580-9053

AN AGREEMENT FOR THE PROVISION OF LIMITED PROFESSIONAL SERVICES

DATE: October 31, 2017

WORK ORDER: 170528

CLIENT: Shirley Pridgen
SOZO Family Care Home, Inc.
5757 Mewborn Church Road
Snow Hill, NC 28580

PROJECT NAME/LOCATION:
same

SCOPE/INTENT AND EXTENT OF SERVICES:
Location survey of the existing property and prepare plans for a proposed sanitary sewer LPP system as required by NC Dept. of Health and Human Services.

FEE: $2,000

This Agreement entered into as of the day and year first written above.

CLIENT

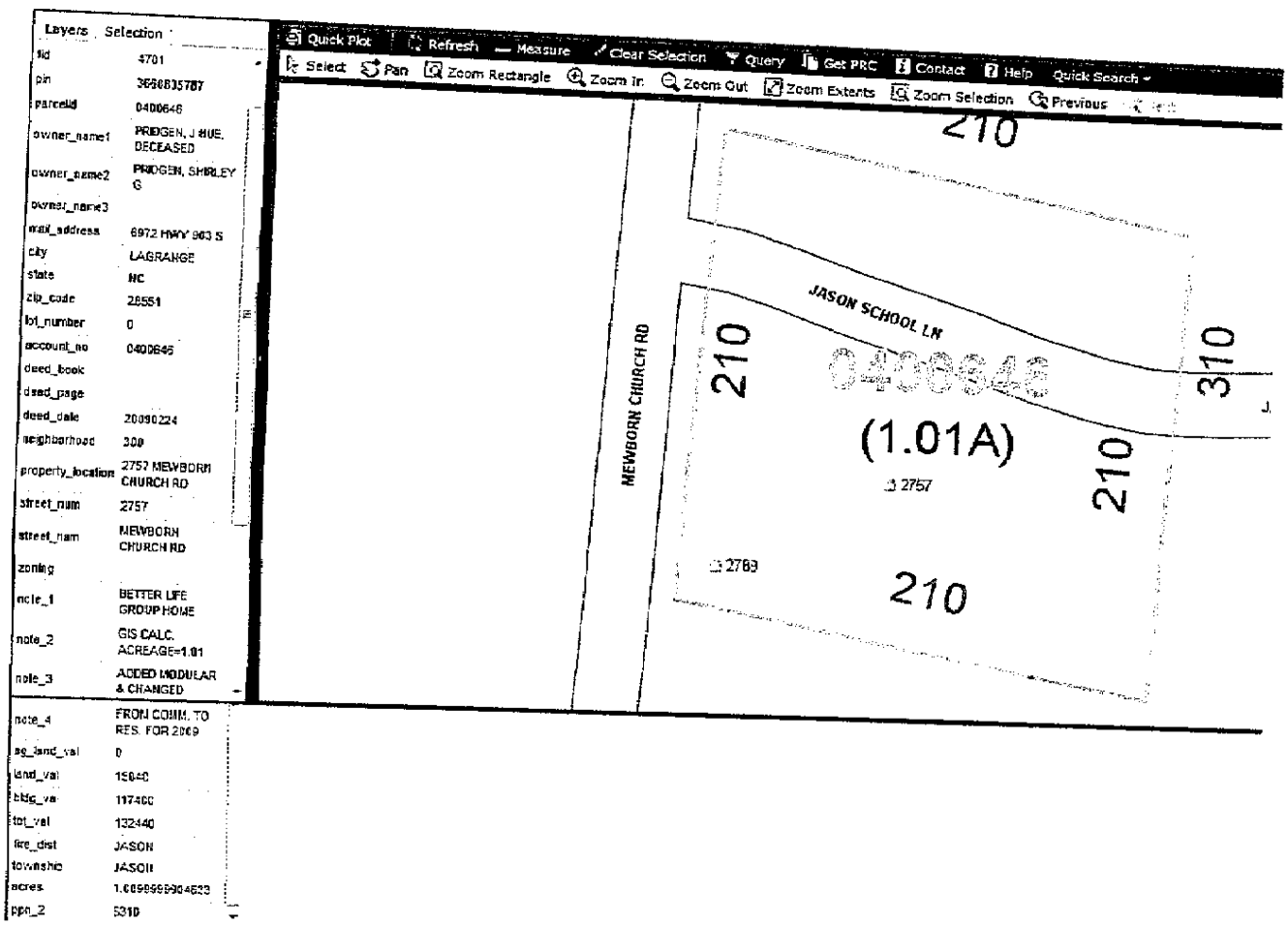
_____
(authorized signature)

Shirley Pridgen
(printed name)

ENGINEER/SURVEYOR

Jeffrey L. Kornegay
(signature)

Jeffrey L. Kornegay, Vice President
(printed name)


Layers Selection
Quick Plot
Refresh
Measure
Clear Selection
Query
Get PRC
Contact
Help
Quick Search
Select
Pan
Zoom Rectangle
Zoom In
Zoom Out
Zoom Extents
Zoom Selection
Previous
fid 4701
pin 3668835787
parcelid 0400646
owner_name1 PRIDGEN, J HUE, DECEASED
owner_name2 PRIDGEN, SHIRLEY G
owner_name3
mail_address 6972 HWY 903 S
city LAGRANGE
state NC
zip_code 28551
lot_number 0
account_no 0400646
deed_book
deed_page
deed_date 20090224
neighborhood 300
property_location 2757 NEWBORN CHURCH RD
street_num 2757
street_nam NEWBORN CHURCH RD
zoning
note_1 BETTER LIFE GROUP HOME
note_2 GIS CALC. ACREAGE=1.01
note_3 ADDED MODULEAR & CHANGED
note_4 FROM COMM. TO RES. FOR 2009
ag_land_val 0
land_val 15040
bldg_va 117400
tot_val 132440
fire_dist JASON
townshio JASON
acres 1.009999904633
ppn_2 5310
210
JASON SCHOOL LN
0400646
310
NEWBORN CHURCH RD
210
(1.01A)
2757
210
2769
210

Vertical Benchmark Elevation (VBME) is the top of the lowest tread (horizontal board) for the existing wooden access ramp

Fill/Mound System Specifications

VBME Vertical Benchmark Elevation (VBME) = 10.0-ft.*

* VBME Datum is an arbitrary Elevation reference to which a value of zero (in this case 10.0-ft.) is assigned for the purpose of local measurements and records.

6- to 16-inches Finished elevation for Group I/sand fill material = 8.17-ft.

6- to 9-inches Finished elevation for Group II or III Soil Cover = 7.67-ft. crowned to 7.42-ft. center of mound

Fill/Mound System Specifications:

- NOTE: The existing material located in the "old gravel path/road bed" shall be excavated PRIOR to placing the fill material for the LPP fill/mound system. Depth of the unsuitable material is approximately 8- to 10-inches (may be more or less) below the existing ground surface. Backfill to original grade/ground surface with suitable, clean, coarse grain, Group I/sand textured fill material.

- A 6- to 16-inch (minimum) Group I/sand textured fill material is proposed above the original grade. Due to un-level site conditions additional fill material will be required to provide a level area for system installation. The fill material shall be suitable, clean, coarse grain, sand-textured material (Group I/sand textured). The vertical benchmark/reference point elevation (VBME) is the top of the lowest tread (horizontal board) for the existing wooden access ramp. See attached illustration. The fill/mound shall be level in all directions (length & width).

- Install the LPP lateral trench bottoms 12-inches below the top or finished grade/elevation of the Group I/sand textured fill material.

- The final 6- to 9-inches (at crown or center of the mound) of soil cover material shall be classified as Group II (coarse loam) and/or Group III (fine loam) textured material for the establishment of grass/sod/turf vegetation over the nitrification field for stabilization. The fill/mound shall be landscaped to shed water-crowned in the center and sloped to the perimeter or convex-shaped/turtle-backed.

An authorized representative from the LHD shall inspect each phase of the system installation/site modifications.

Area Available* for LPP Fill System

The Better Life Group Home located at 2757 Mewborn Church Rd., Jason, Greene County (FID 4701; Parcel ID 0400646; PIN 3660835787; 1.01-acres)

- LTAR* = 0.17-gpd/ft^2 SWC** ≤ 12 - 18" BNSS
  DSF = 480-gpd 2,824-ft^2 or 565-feet nitrification line

DSF = Design Sewage Flow in gallons per day; BNSS = Below Natural Soil Surface

Design: 9 trenches, each 62-feet by 1-foot trench depth/height (approved aggregate & pipe) by 1.5-feet width at 5-foot on-center trench spacing

Site requires 6- to 16-inches of fill material + 6-inches soil cover

Design side-slopes at 1:4 rise-to-run ratio (Group III soils)

45-feet (width)	by	62-feet (length)
10-feet (5' buffer zone)	by	10-feet (5' buffer zone)
15-foot (7.5' side-slope)	by	15-foot (7.5' side-slope)
70-feet (width)	by	87-feet (length)

Evaluation/proposal conducted by T.Crissman, Reg. Soil Scientist, OSWP Branch, Env. Health Sect., Div. Public Health, NCDHHS. Not a permit. See attached report for additional information (issued 1/3/2017).

Limited area available to repair malfunction due to soil & site limitations: Design LTAR per 15A NCAC 18A .1961 Best Professional Judgment/BPJ & .1957(b)(1)

Soil colors of chroma 2 or less, Munsell Color Chart 15A NCAC 18A .1942

Calculating Side-slopes

Total depth of material to be installed on site is 6- to 16-inches (fill material Group I/sand or loamy sand) + 6- to 9-inches (crowned) of soil cover Group II/coarse loam or Group III/fine loam material.

6" to 16"	x	4
("rise" ratio for fill material)		("run" ratio for Group III soil)

Projected side-slope = 7.5-feet on each side of fill (areal mound) pad

The Better Life Group Home located at 2757 Mewborn Church Rd., Jason, Greene County (FID 4701; Parcel ID 0400646; PIN 3660835787; 1.01-acres)

valuation/proposal conducted by T.Crissman, Reg. Soil Scientist, OSWP Branch, Env. Health Sect., Div. Public Health, NCDHHS. Not a permit. See attached port for additional information (Issued 1/3/2017).

WM Water Meter

Utility Pole (Electric)

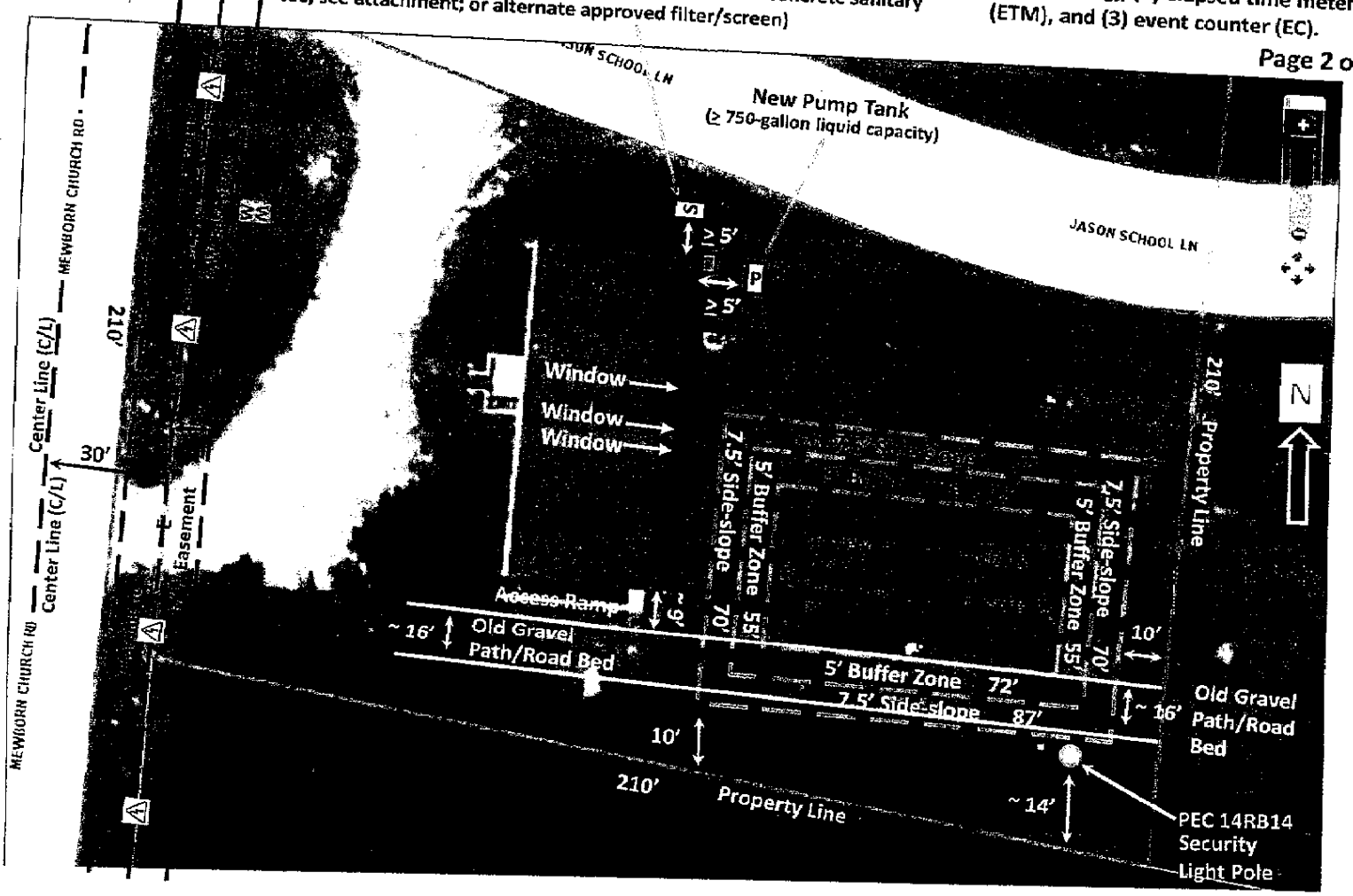
Fill System

Existing Septic Tank

(must verify tank is ≥ 1,000-gallon liquid capacity, is located at least 5-feet from building foundation, and structurally sound & watertight; if so, require installation of an approved/suitable effluent filter- (e.g., STF-110 Series effluent filter or screen if outlet end of tank is a concrete sanitary tee, see attachment; or alternate approved filter/screen)

Control Panel

Must have at least the following features: (1) programmable timer (time-dosing), (2) elapsed time meter (ETM), and (3) event counter (EC).



Roof gutters and downspouts: direct precipitation run-off from the dwelling unit roof away from any part of the wastewater system (i.e. install gutters and downspouts).

If you have any questions regarding the information presented in this report, please do not hesitate to contact me at 910-226-4010.

Observations & Conclusions

The attachment (includes 6 pages with specifications, etc.) is a repair proposal to correct the malfunctioning wastewater system by applying 15A NCAC 18A .1961 "best professional judgment (BPJ)" in conjunction with other applicable laws and rules (the North Carolina Laws and Rules for Sewage Treatment and Disposal Systems, 15A NCAC 18A .1900). The repair proposal is a **fill/mound system with low pressure pipe (LPP) distribution to nitrification trenches via a pressure manifold (primary treated effluent)**. In accordance with 15A NCAC 18A .1961(e) the wastewater system owner shall execute a contract with a management entity- an individual certified by the State of North Carolina to operate and maintain the wastewater system- prior to the issuance of the Operation Permit; the wastewater system owner and the certified operator can be the same. This proposal is provided based on the soil and site conditions evaluated on May 9 and 19, 2016 and November 4, 2016. Alterations, modifications, and/or disturbance to the site, other than those listed below, that are necessary to install the wastewater system, shall void this proposal.

NOTE: This repair proposal is for a wastewater system to serve a residential care facility (group home/dwelling unit business) that shall not exceed a maximum of four (4) bedrooms with a maximum of eight (8) occupants (maximum design sewage flow 480-gallons per day; 60-gallons per day per occupant/tenant/caretaker/employee; domestic strength wastewater characteristics). The property owner shall permanently modify the number bedrooms in the facility/structure to comply with the permit terms and conditions. I advise your department to coordinate with the local building inspections department to have them verify the facility/building contains a maximum of four (4) bedrooms.

- NOTE: Vehicular traffic is prohibited atop any part of the wastewater system (collection, treatment, and disposal). Do not place containers (i.e. solid waste containers, etc.) atop any part of the wastewater system.

Additional Requirements to Repair the Malfunctioning Wastewater System:

Listed below are additional requirements that must be completed by the property owner to repair the malfunctioning wastewater to improve wastewater system performance and reduce hydraulic overloading of the proposed repair wastewater system:

1. Install (permanently) throughout the building unit- water conserving plumbing fixtures and appliances.

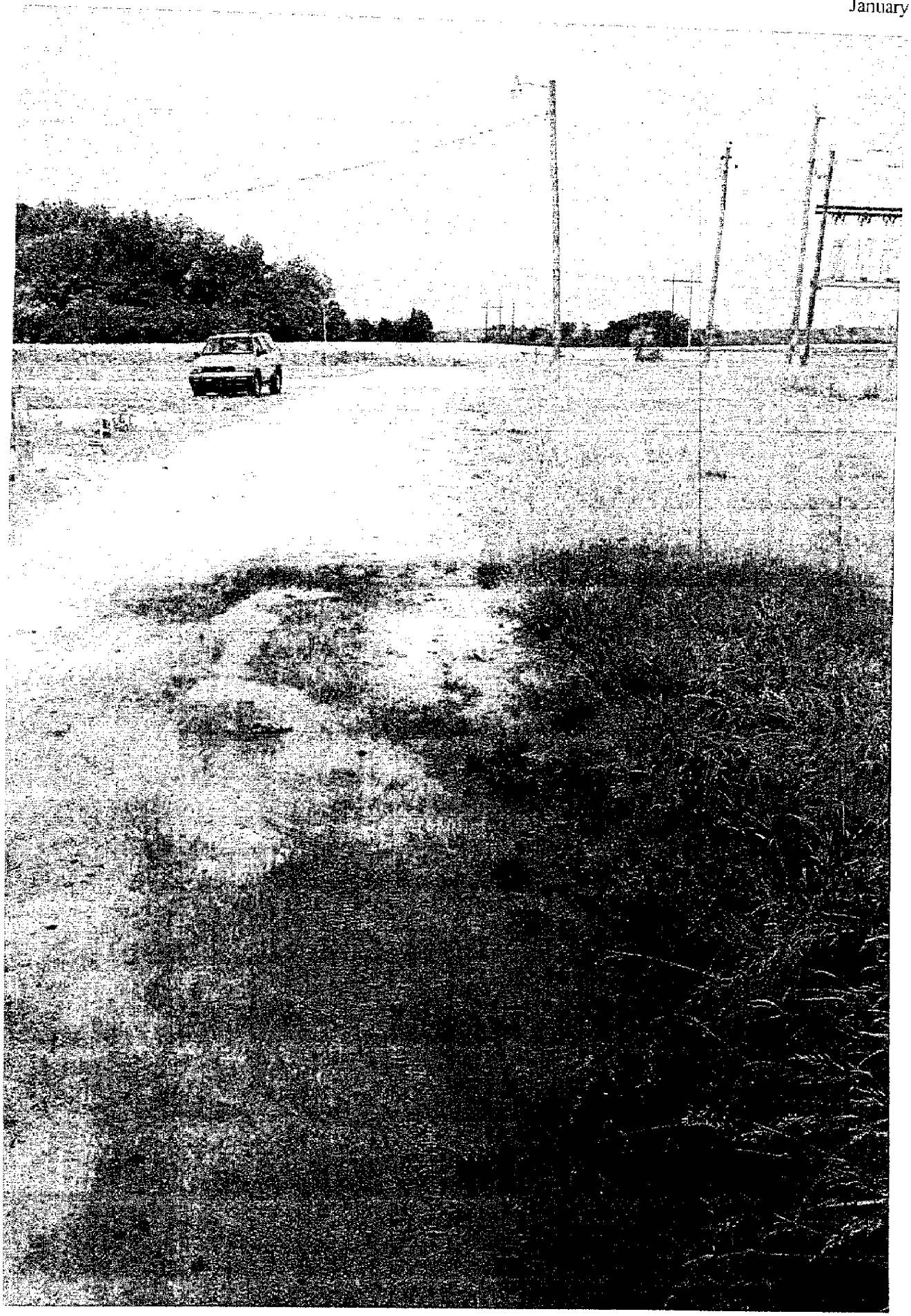
High-Efficiency Toilet (HET) = 1.28-gpf (maximum)

Low-flow	
Water closet (toilet)	1.6-gpf
Lavatory (faucet)	2.2-gpm
Showerhead	2.5-gpm

Ultra-low-flow	
Water closet (toilet)	1.0-gpf
Lavatory (faucet)	0.5-gpm
Showerhead	1.5-gpm or less

Dual flush (valve) toilet conversion kit- uses lower water volume for liquids; full-flush volume for solids.

Water-conserving appliances- laundry and flatware/dishwashing.
Prohibited- a kitchen sink garbage disposer.



is being driven over (exposed to vehicular traffic), which is a violation of 15A NCAC 18A .1950(c) (see photos below). Greene County Geographical Information System (GIS) refers to the vehicular drive or path as "Jason School Lane".

Subject: Better Life/Sozo Family Care Home LPP system

From: jlkcreech@gmail.com
To: keosha_houston@yahoo.com
Date: Monday, October 30, 2017 05:21:42 PM EDT

1-Surveying Lines	$1200.00
2-Clearing and hauling off trees and debris	$1800.00
3-Build 87 x 70 mound	$6000.00
4-Install 9 lines LPP and build 9 lines manifold	$5000.00
5-Install 1020 gallon septic tank and 1000 gallon pump station with programmable control panel.	$5000.00

Note: When property lines are located, we can then tell how much clearing will need to be done. I may be able to adjust price???

$19,000.00

Thank you,

M & C Septic Tank Service, Inc.
520 Marybeth St.
Kinston, NC 28514

Jack Creech

252-521-2021 (c)