PRINTED: 03/28/2018
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 _____	R-C 02/20/2018

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 Follow-up Survey on February 20, 2018 from 10:30 AM to 11:30 AM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. The remaining deficiencies 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 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	{C 116}	The septic tank is already in process of being repaired. We signed a contract with C+M and they are scheduled to repair system as of March 1st. Expected finished time is May 1st.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kele Medlin TITLE: Administrat (X6) DATE: 3-28-18

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{C 116}	Continued From page 1 has been repaired and provide a copy of a current approved sanitation report. 02/21/2018GH The above listed deficiency still remained at the time of the follow up survey. *note; the permits have been obtained and the land has been surveyed for the septic tank repair. It was scheduled to start in January but wet conditions have prevented the work to begin.	{C 116}		