

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL040009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2018
NAME OF PROVIDER OR SUPPLIER SOZO FAMILY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 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 Greg Williams DHSR Construction Section conducted a Biennial Survey on July 18, 2018 from 10:30 AM to 11:15 AM at the above referenced facility. DHSR records indicate the home was first licensed on January 24, 2012 as a Family Care Home for six (6) ambulatory Residents (who are able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the applicable portions of 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. At the time of the survey it was observed that the facility had recently had a bedbug infestation. The carpet was in the process of being replaced with vinyl flooring and facility was currently being treated by a licensed pest control business. Provide a copy of the performed bedbug treatment plan along with an invoice of work	C 116		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 116	Continued From page 1 performed. * For all deficiencies listed above provide documentation of completed work in the form of photographs, receipts, invoices, etc. All deficiencies listed above were discussed with on-site staff during the exit interview.	C 116		