SOZO FAMILY CARE HOME INC.

SOZO FAMILY CARE HOME INC.
2757 NEWBORN CHURCH ROAD
SNOW HILL, NC 28580
PHONE (252) 747-3008
FAX (252) 747-2048
3123

FACSIMILE TRANSMITTAL

TO: DHSR construction Section (9A) FAX: 783-6592

FROM: Keisha Hadd DATE: 8-29-18

RE: PAGES:

FAX:

_____URGENT _____FOR REVIEW _____PLEASE REPLY

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PRINTED: 08/01/2018
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 _____	07/18/2018

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 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	Building has been treated for bedbug and will be continuously treated as needed Vinyl flooring has been completed	7-20-18 8-15-18

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Mellus — 8-28-18

PRINTED: 08/01/2018
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Division of Health Service Regulation

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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		

INVOICE

Invoice Date: July 5th 2018

TO:
Sozo family Care Home, inc
2757 Newbern Church Rd
Snowhill, NC 28580
Contact Keesha Maddox
615-426-6174

FROM: Mooring Pest Control
252-413-8403

Description	Total
Sprayed for bedbugs and put Bedbug Covers	$450.00
Balance Due	0

Monthly Service

Thank you for your Payment

Leon Mooring

Invoice