STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040009	A. BUILDING: _____ B. WING _____	R 10/07/2025

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 The Adult Care Licensure Section conducted an annual and a follow up survey on October 7, 2025.	C 000		
C 105	10A NCAC 13G .0317(d) Building Service Equipment 10A NCAC 13G .0317 Building Service Equipment (d) The hot water tank shall be of such size to provide an adequate supply of hot water to the kitchen, bathrooms, and laundry. The hot water temperature at all fixtures used by residents shall be maintained at a minimum of 100 degrees F (38 degrees C) and shall not exceed 116 degrees F (46.7 degrees C). This Rule is not met as evidenced by: Based on observations, and interviews, the facility failed to ensure the hot water temperatures were maintained at a minimum of 100 degrees Fahrenheit (°F) to a maximum of 116°F for 2 of 5 fixtures sampled which were used by two residents ranging from 72.0 °F to 73.0 °F. The findings are: Review of the facility's current license effective 12/31/24 revealed the facility was licensed as a Family Care Home facility with a capacity of 6 beds. Observation of the hot water temperature in the sink of a shared bathroom on 10/07/25 at 9:15am revealed the hot water temperature was 73 °F in both double sinks. Second observation of the hot water temperature in the sink of a shared bathroom on 10/07/25 at	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040009	A. BUILDING: _____ B. WING _____	R 10/07/2025

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 105	Continued From page 1 2:00pm revealed the hot water temperature was 72 °F in both double sinks. Interview with a resident who resided in the room with the shared bathroom on 10/07/25 at 9:15am revealed: -The water took a while before it got hot, at least 4 to 5 minutes. -The water had been on the cool side for some time, but she could not say how long ago. -She told the Supervisor in Charge (SIC) that the water did not get hot but could not remember the SIC's response. Interview with a second resident who resided in the room with the shared bathroom on 10/07/25 at 9:29am revealed: -She had to turn on the water and "just let it run until it got hot". -It was never hot when the water was turned on. -She had not told anyone that the water was running cold. Review of the facility's August 2025 hot water temperature log revealed: -There was no hot water reading for the bathroom with the double sink. -The hot water temperature reading ranged 127 to 130 for one fixture. Review of the facility's September 2025 hot water temperature log revealed: -There was no hot water reading for the bathroom with the double sink. -The hot water temperature reading ranged 129 to 131 for one fixture. Review of the facility's October 2025 hot water temperature log revealed: -There we no hot water reading for the bathroom	C 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	FCL040009	A. BUILDING: _____ B. WING _____	R 10/07/2025

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 105	Continued From page 2 with the double sink. -The hot water temperature reading was not logged for 10/03/25. Interview with the SIC on 10/07/25 at 2:00pm revealed: -She was responsible to check the water temperature every Friday. -She only checked one water faucet in the shared bathroom where the water problem had been cited earlier in the year. -She did not check any other water faucets throughout the house and did not realize that she was supposed to check all the water faucets. -No one had complained to her about the hot water not running properly. Interview with the Administrator on 10/07/25 at 2:12pm revealed: -The weekly water temperature was checked every Friday. -The SIC was responsible for checking the hot water temperatures. -The SIC only checked one water faucet at a time and on one side of the house because that is where the water issue previously was. -No one had complained to her about the hot water running cold. -It had been a while since a plumber had been out to check the hot water heater, but she could not recall when.	C 105		