# Statement of Deficiencies and Plan of Correction

**A. Building 04 - (Old 100 Hallway) - No Longer in Use**

**Provider/Supplier/CLIA Identification Number:** 345534

**Statement of Deficiencies and Plan of Correction**

**Date Survey Completed:** 01/07/2015

**Name of Provider or Supplier:** Sanford Health & Rehabilitation Co

**Street Address, City, State, Zip Code:** 2702 Farrell Road, Sanford, NC 27330

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### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

**K 000 Initial Comments**

On January 07, 2015, this Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type III construction, one story, with a complete automatic sprinkler system.

At time of survey the:
- Total Certified Bed Count = 131
- Census = 122

No deficiencies were determined during the survey:

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**Laboratory Director's or Provider/Supplier Representative's Signature**

Electronically Signed

**Date:** 01/20/2015

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.