DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

Quick Report Entire Survey

CENTERO I ON MEDICING & MEDICING DERVICES		
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE SANFORD HEALTH & REHABILITATION CO	(X3) DATE SURVEY COMPLETED
345534	2702 FARRELL ROAD SANFORD, NC 27330	01/09/2014

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INITIAL COMMENTS

The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities recertification and complaint investigation survey conducted on 1/9/2014.