CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 09 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE SUR COMPLETE A. BUILDING NAME OF PROVIDER OR SUPPLIER 345216 B. WING TO/07/2 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 TRAMWAY ROAD SANFORD, NC 27330 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION							FORM APPROVED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING COMPLETE A. BUILDING 345216 B. WING R-C NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10/07/2 WESTFIELD REHABILITATION AND HEALTH CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 TRAMWAY ROAD (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 INITIAL COMMENTS F 000 F 000 <td< td=""><td>CENTER</td><td>S FOR MEDICARE &</td><td>MEDICAID SERVICES</td><td></td><td></td><td></td><td>NO. 0938-0391</td></td<>	CENTER	S FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-0391	
345216 B. WING 10/07/2 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3100 TRAMWAY ROAD WESTFIELD REHABILITATION AND HEALTH CENTER SANFORD, NC 27330 345216 (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 CORRECTIVN ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CO F 000 INITIAL COMMENTS F 000 F 000 F 000				A. BUILDING			(X3) DATE SURVEY COMPLETED	
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the facility is back into compliance effective	F 000	INITIAL COMMENTS	3	FO	00			
		the facility is back into						
			SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE		(X6) DATE 10/09/2024	

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.

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