

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345534	(X2) MULTIPLE CONSTRUCTION A. BUILDING 05 - (NEW 100 HALLWAY) B. WING _____	(X3) 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	
(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) COMPLETION DATE
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 New 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 The deficiencies determined during the survey are as follows:	K 000		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: 42 CFR 483.70(a) Based on observations, on January 07, 2015 at approximately 9:00 am onward, the following deficiencies were noted: could not identify temperature rating of sprinkler head located in receptionist area(no color in bulb).	K 062	Sanford Health and Rehabilitation requests to have this Plan of Correction serve as a written allegation of compliance. Our Alleged date of compliance is January 21, 2015. Preparation and/or execution of this plan of correction does not constitute admission to, nor agreement with either the existence of, or scope and severity of any of the cited deficiencies, or conclusions set forth in the statement of	1/21/15

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/20/2015

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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K 062	Continued From page 1	K 062	<p>deficiencies. This plan of correction is prepared and executed to ensure continuing compliance with Federal and State regulatory law.</p> <p>Tag 0062 Corrective Action The sprinkler head observed in the receptionist area had its temperature rating bulb replaced on 1/8/15 to meet the standards of 42 CFR 483.70 (a)</p> <p>Corrective Actions for others All other sprinkler temperature bulbs have been inspected by the Director of Maintenance and any issues, if noted have been addressed.</p> <p>Systemic Changes The Director of Maintenance has added to his monthly preventative maintenance review sheet, review of sprinkler temperature bulbs.</p> <p>Monitor The Director of Maintenance will report his findings of his inspection of the sprinkler temperature bulbs, monthly for three months, to the facility Quality Assurance and Performance Improvement (QAPI) committee. The Administrator will be responsible to carry out any further recommendations that may come from the QAPI committee meeting.</p>		