

X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345534	NAME OF PROVIDER OR SUPPLIER, STREET ADDRESS, CITY, STATE, ZIP CODE SANFORD HEALTH & REHABILITATION CO 2702 FARRELL ROAD SANFORD, NC 27330	X3) DATE SURVEY COMPLETED 01/09/2014
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F 000 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.