POST-CERTIFICATION REVISIT REPORT													
	R / SUPPLIER / CL	IA/	MULTIPLE CONST	MULTIPLE CONSTRUCTION								DATE OF REVISIT	
	ATION NUMBER								F /00 /00	40			
345362		Y1	B. Wing							Y2	5/30/20	18 _{Y3}	
NAME OF FACILITY							STREET ADDRESS, CITY, STATE, ZIP CODE						
BRIAN CENTER HEALTH & RETIREMENT/CABARRUS							250 BISHOP LANE						
							CONCORD, NC 28025						
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).													
ITEM			DATE	ITEM			DATE ITEM				DATE		
Y4			Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0645		Correction	ID Prefix	F0842			Correction	ID Prefix	F0880		Correction	
Reg.#	483.20(k)(1)-(3)		Completed	Reg.#	483.20(f) (5))(5), 483.70(i)((1)-	Completed	Reg. #	483.80(a)(1)(2)(4)(6	e)(f)	Completed	
LSC			05/15/2018	LSC	(0)			05/15/2018	LSC			05/15/2018	
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REVIEWED BY STATE AGENCY (INITIALS)				DATE SIGNATURE			E OF SURVEYOR				DAIE		

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

REVIEWED BY CMS RO

4/19/2018

REVIEWED BY

(INITIALS)

DATE

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

TITLE

YES NO

DATE