POST-CERTIFICATION REVISIT REPORT

				DATE OF REVISIT	
	A. Building B. Wing		4/9/2020		
949221 Y1	b. Wing	Y2	4/0/2020	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
BRIAN CENTER H & REHAB WEA	VERV	78 WEAVER BOULEVARD			
		WEAVERVILLE, NC 28787			

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).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0695 483.25(i)	Correction Completed 03/26/2020	ID Prefix Reg. # LSC	F0759 483.45(f)(1)	Correction Completed 03/26/2020	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE	SIGNATURE O	OF SURVEYOR	I	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 2/27/2020		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					в 🔲 NO	