**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**A. BUILDING 04 - BRIAN CENTER GOLDSBORO**

**B. WING _____________________________**

**STREET ADDRESS, CITY, STATE, ZIP CODE**
1700 WAYNE MEMORIAL DRIVE
GOLDSBORO, NC  27534

**PROVIDER'S PLAN OF CORRECTION**
(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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**ID** | **PREFIX** | **TAG** |
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K 000 | **INITIAL COMMENTS** |

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 V (111) construction, one story, with a complete automatic sprinkler system utilizing special locking. In the exit conference all deficiencies noted were discussed with administration.

At time of survey the:
Total Certified Bed Count =130
Census =115

There are no Life Safety Deficiencies noted in this building.

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**LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE**

**DATE**
04/13/2015

Electronically Signed

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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.