### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION A. BUILDING</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>345304</td>
<td></td>
<td>C 02/07/2013</td>
</tr>
</tbody>
</table>

**Name of Provider or Supplier:**

BRIAN CENTER NURSING CARE/SHAM

**Street Address, City, State, Zip Code:**

2727 SHAMROCK DRIVE
CHARLOTTE, NC 28205

**Initial Comments:**

There were no deficiencies cited as a result of the complaint investigation. Event ID: IFRB11.