## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**BRIAN CENTER HEALTH & REHAB/HE**

### Street Address, City, State, Zip Code

1300 DON JUAN ROAD  
HERTFORD, NC 27944

### Provider/Supplier/CLIA Identification Number

345262

### Date Survey Completed

04/24/2015

### Summary Statement of Deficiencies

**No deficiencies were cited as a result for the complaint investigation Event ID # EPUX11.**

### Provider's Plan of Correction

#### ID

**F 000**

**INITIAL COMMENTS**

No deficiencies were cited as a result for the complaint investigation Event ID # EPUX11.

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**Electronically Signed**

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.