BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO

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

NAME OF PROVIDER OR SUPPLIER
BRIAN CENTER HEALTH AND REHABILITATION/GOLDSBORO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

A. BUILDING ___________________________________
B. WING _________________________________________

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345343

DATE SURVEY COMPLETED
08/04/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

DATE SURVEY COMPLETED
08/04/2015

FORM APPROVED

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

ID  PREFIX  TAG
F 000  INITIAL COMMENTS
No deficiencies were cited as a result of complaint investigation of 8/04/2015. OJQ911. NC00108717.

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

ID  PREFIX  TAG
F 000

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

08/24/2015

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.