## Statement of Deficiencies and Plan of Correction

### Provider/Supplier/CLIA Identification Number:

- **X1** Provider/Supplier/CLIA Identification Number: 345179
- **X3** Date Survey Completed: 11/13/2015

### Name of Provider or Supplier

**BRIAN CENTER HEALTH AND RETIREMENT**

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

752 E CENTER AVENUE

MOORESVILLE, NC 28115

### Summary Statement of Deficiencies

- **F 000** Initial Comments

  No deficiencies were cited as a result of this complaint investigation. Event ID #3B911.

### Provider's Plan of Correction

- **EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY**

### 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.

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**Laboratory Director's or Provider/Supplier Representative's Signature**

**Title**

**Date**

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**Event ID:** 3BP911  
**Facility ID:** 922988  
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