## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier
BRIAN CENTER HEALTH AND RETIREMENT

### Address
752 E CENTER AVENUE
MOORESVILLE, NC 28115

### Provider/Supplier/CLIA Identification Number
345179

### Multiple Construction
- A. Building _____________________________
- B. Wing _____________________________

### Date Survey Completed
08/18/2016

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Initial Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>F 000</td>
<td>No deficiencies were cited as a result of the complaint investigation. Event ID #763011.</td>
</tr>
</tbody>
</table>

### 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.