A. BUILDING ____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345080

 statement of deficiencies and plan of correction

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ____________________________

B. WING _____________________________

(X3) DATE SURVEY COMPLETED

C 08/30/2017

NAME OF PROVIDER OR SUPPLIER

BRIAN CENTER HEALTH & REHAB HICKORY VIEWMONT

STREET ADDRESS, CITY, STATE, ZIP CODE

220 13TH AVENUE PLACE NW

HICKORY, NC 28601

(X4) ID PREFIX TAG

F 000 INITIAL COMMENTS

No deficiencies were cited as a result of this complaint investigation. Event ID # LL3K11.

(X5) COMPLETION DATE

F 000

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

Electronically Signed 09/26/2017

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.