STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:
345265

(X2) MULTIPLE CONSTRUCTION
A. BUILDING ____________________________
B. WING ____________________________

(X3) DATE SURVEY COMPLETED
C 08/17/2020

NAME OF PROVIDER OR SUPPLIER
BRIAN CENTER HEALTH & REHAB/YANCEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE
1086 MAIN STREET NORTH
YANCEVILLE, NC 27379

(X4) ID PREFIX TAG
F 000 INITIAL COMMENTS
A complaint investigation was conducted in conjunction with an onsite revisit (Event ID #06M612) on 8/12/20 with a return to the facility for completion of the survey on 8/17/20. Event ID# 2ECB11. Nineteen (19) of the 19 complaint allegations were not substantiated.

F 000 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed 08/28/2020

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.