A. BUILDING __________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X3) DATE SURVEY COMPLETED

02/08/2021

B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

BRIAN CENTER HEALTH & REHAB/YANCEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

1086 MAIN STREET NORTH
YANCEVILLE, NC 27379

NAME OF PROVIDER OR SUPPLIER

BRIAN CENTER HEALTH & REHAB/YANCEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

1086 MAIN STREET NORTH
YANCEVILLE, NC 27379

PROVIDER’S PLAN OF CORRECTION

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

ID

PREFIX

TAG

E 000

Initial Comments

F 000

INITIAL COMMENTS

An unannounced COVID-19 Focused Survey was conducted on 2/4/21-2/8/21. The facility was found in Compliance with the requirement CFR 483.73 Emergency Preparedness. Event ID#QKJQ11.

An unannounced COVID-19 Focused Infection Control Survey and complaint investigation were conducted on 2/4 /2021 through 2/8 /2021. Event ID# QKJQ11. The facility was found to be in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19.

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

Electronically Signed

02/10/2021

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.

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

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