A. BUILDING __________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345332

B. WING _____________________________

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED 08/20/2021

 NAME OF PROVIDER OR SUPPLIER
 BRIAN CENTER HEALTH AND REHABILITATION/WILSON

STREET ADDRESS, CITY, STATE, ZIP CODE
2501 DOWNING STREET SW
WILSON, NC  27895

(X4) ID PREFIX TAG

(X5) COMPLETION DATE

F 000 INITIAL COMMENTS

An unannounced complaint investigation was conducted 8/20/2021. The one allegation was unsubstantiated.

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

08/23/2021

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.

FORM CMS-2567(02-99) Previous Versions Obsolete  
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Facility ID: 922992  
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