| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495218 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____ | (X3) DATE SURVEY COMPLETED  C  11/07/2019 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER  **BRIAN CENTER HEALTH AND REHABILITATION** | STREET ADDRESS, CITY, STATE, ZIP CODE  **188 OLD FINCASTLE ROAD**  **FINCASTLE, VA  24090** |
|---|---|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 000 | INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated survey was conducted 11/6/19.  The facility was in substantial compliance with 42 CRF Part 483 Requirements for Federal Long Term Care facilities.  The Life Safety Code survey/report will follow.  Complaints were investigated during the survey.  The census in this 60 certified bed facility was 48 at the time of the survey.  The survey sample consisted of  4 current Resident reviews (Residents 1 through 4) and 1 closed record review (Resident 5). | F 000 | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed | TITLE | (X6) DATE  11/20/2019 |
|---|---|---|

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.