

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0044</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/24/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE BRIAN CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 ALLEGHANY REGIONAL HOSPITAL LANE LOW MOOR, VA 24457</b>		
(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 02/23/2022 through 02/25/2022. The facility was in compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 89 bed facility was 79 at the time of the survey. The survey sample consisted of 18 current resident reviews and 3 closed record reviews.</p>	F 000		

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

Electronically Signed

TITLE

(X6) DATE

03/07/22