## POST-CERTIFICATION REVISIT REPORT

DDOME	PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT													
IDENTIFIC				A. Building										
345373		Y1	B. Wing							Y2	4/16/20	)24 <sub>Y3</sub>		
NAME OF FACILITY								STREET ADDRESS, CITY, STATE, ZIP CODE						
LIBERTY	СОММС	NS NF	RSG & REH	HAB CNTR OF	SOUTHPOR	OUTHPORT LLC			630 FODALE AVENUE					
							SOUTHPORT, NC 28461							
program, corrected provision	This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).													
ITEM			DATE	ATE ITEM				DATE ITEM			DATE			
Y4				Y5	Y4				Y5	Y4			Y5	
ID Prefix	F0561			Correction	ID Prefix	F0685			Correction	ID Prefix	F0757		Correction	
Reg.#	483.10(f)(1)-(3)(8)		Completed	Reg. #	483.25(	a)(1)(2)		Completed	Reg. #	483.45(d)(1)-(6)		Completed		
LSC				03/29/2024	LSC				03/29/2024	LSC			03/29/2024	
ID Prefix	F0760			Correction	ID Prefix	F0761			Correction	ID Prefix	F0867		Correction	
	483.45(f)(2)					g)(h)(1)(2)				483.75(c)(d)(e)(g)	(2)(i)(ii)	-		
Reg. #	·			Completed	Reg. #				Completed	Reg. #			Completed	
LSC				03/29/2024	LSC				03/29/2024	LSC			03/29/2024	
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				Completed	Reg.#				Completed	Reg.#			Completed	
LSC				Completed	LSC				Completed	LSC			·	
				LSC					LSC			-		
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Reg. #				Completed	Reg. #				Completed	Reg. #			Completed	
			Completed					Completed				Completed		
LSC					LSC					LSC			-	
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REVIEWE	D BY		REVIEWE (INITIALS		DATE		TITLE	_				DATE		

3/7/2024

FOLLOWUP TO SURVEY COMPLETED ON

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO