## POST-CERTIFICATION REVISIT REPORT

			F031	-CLKI	IFICATION	4 1/L	VIOII K	_F UNI			
				CONSTRUCTION						DATE OF REVISIT	
IDENTIFICATION NUMBER  345207  A. Building  B. Wing									Y2	4/16/20	24 <sub>Y3</sub>
NAME OF	FACILITY	,	<u>.</u>			STREE	Γ ADDRESS, CIT	Y, STATE, ZIP	CODE	•	
LIBERTY	СОММО	NS N8	R CTR OF COLUMBUS C	TY		1402 PI	NCKNEY STREE	Т			
				WHITEVILLE, NC 28472							
program, corrected	to show and the number	those of date su and the	oy a qualified State surveyor leficiencies previously repo uch corrective action was a dentification prefix code p	rted on the ccomplished	CMS-2567, Statem d. Each deficiency	nent of D should I	eficiencies and be fully identifie	Plan of Corr d using eithe	ection, that have r the regulation o	r LSC	
ITEM			DATE	ITEM			DATE	ITEM			DATE
Y4			Y5	Y4			Y5	Y4			Y5
ID Prefix	F0684 483.25		Correction	ID Prefix	F0867 483.75(c)(d)(e)(g)(2	)(i)(ii)	Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed
LSC			03/04/2024	LSC			03/20/2024	LSC			
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg.#			Completed
LSC				LSC			·	LSC			·
ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #			Completed	Reg. #			Completed
LSC				LSC				LSC			
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ID Prefix			Correction	ID Prefix			Correction	ID Prefix			Correction
Reg. # Completed			Reg.#			Completed	Reg. #			Completed	
LSC			LSC				LSC				
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)	DATE	SIGNATUR	RE OF SU	RVEYOR			DATE	
REVIEWED BY CMS RO			REVIEWED BY (INITIALS)	DATE	TITLE					DATE	
FOLLOWU 2/29/2024		RVEY C	OMPLETED ON		CK FOR ANY UNCOR					□ ve	