		POST	-CERT	IFICATIO	N REVISIT R	EPORT		
PROVIDER / SUPPLIER /	-	JLTIPLE CONS	TRUCTION					DATE OF REVISIT
IDENTIFICATION NUMBE 345519		Building Wing					Y2	9/4/2018 _{Y3}
NAME OF FACILITY			STREET ADDRESS, CITY, STATE, ZIP CODE					
LIBERTY COMMONS NSG & REH JOHN					2315 HIGHWAY 242 NORTH			
					BENSON, NC 27504			
program, to show those corrected and the date	e deficiencies p such corrective the identification	oreviously repo e action was a	rted on the ccomplished	CMS-2567, State d. Each deficiend	l and/or Clinical Laborat ement of Deficiencies ar cy should be fully identif S-2567 (prefix codes sho	nd Plan of Corre ied using either	ection, that have the regulation o	r LSC
ITEM		DATE	ATE ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix F0692	(Correction	ID Prefix	F0812	Correction	ID Prefix		Correction
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TITLE

SIGNATURE OF SURVEYOR

Form CMS - 2567B (09/92) EF (11/06)

REVIEWED BY

STATE AGENCY

REVIEWED BY

REVIEWED BY

REVIEWED BY

(INITIALS)

DATE

DATE

Page 1 of 1

EVENT ID:

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