## POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA /	MULTIPLE CONSTRUCTION		DATE OF REVISIT						
IDENTIFICATION NUMBER	A. Building								
345496 <sub>Y1</sub>	B. Wing	Y2	10/16/2018	Y3					
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE							
LIBERTY COMMONS N&R ALAMANCE		791 BOONE STATION DRIVE							
		BURLINGTON, NC 27215							
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments									

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		ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. #	F0553 483.10(c)(2)(3)	Correction	Reg. #	F0655 483.21(a)(1)-(3)	Correction	Reg. #	F0656 483.21(b)(1)	Correction  Completed
LSC		10/08/2018	LSC		10/08/2018	LSC		10/08/2018
ID Prefix	F0658	Correction	ID Prefix	F0677	Correction	ID Prefix		Correction
Reg. # LSC	483.21(b)(3)(i)	Completed 10/08/2018	Reg. # LSC	483.24(a)(2)	10/08/2018	Reg. # LSC		Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC	-	Completed	Reg. #		Completed
				-				_
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
ID Prefix		Correction	ID Prefix		Correction	ID Prefix		Correction
Reg. # LSC		Completed	Reg. # LSC		Completed	Reg. # LSC		Completed
REVIEWED BY STATE AGENCY		DATE	SIGNATURE O	F SURVEYOR	<u> </u>	DATE		
REVIEWED BY CMS RO (INITIALS)		DATE	TITLE			DATE		
FOLLOWUP TO SURVEY COMPLETED ON 9/12/2018			CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?  YES N				ES NO	