POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
	A. Building				
345503 _{Y1}	B. Wing	Y2	1/8/2019	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
LIBERTY COMMONS NSG & REH	ROWA	4412 SOUTH MAIN STREET			
		SALISBURY, NC 28147			

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).

ITE	м	DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix Reg. # LSC	F0565 483.10(f)(5)(i)-(iv	Correction)(6)(7) Completed 12/28/2018	ID Prefix Reg. # LSC	F0584 483.10(i)(1)-(7)	Correction Completed	ID Prefix Reg. # LSC	F0636 483.20(b)(1)(2)(i)(iii)	Correction Completed 12/28/2018
ID Prefix Reg. # LSC	F0638 483.20(c)	Correction Completed 12/28/2018	ID Prefix Reg. # LSC	F0640 483.20(f)(1)-(4)	Correction Completed	ID Prefix Reg. # LSC	F0732 483.35(g)(1)-(4)		Correction Completed 12/28/2018
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC			Correction Completed
REVIEWE STATE AC		REVIEWED BY (INITIALS) REVIEWED BY	DATE	SIGNATURE OI	F SURVEYOR	1		DATE DATE	
CMS RO (INITIALS) FOLLOWUP TO SURVEY COMPLETED ON 11/30/2018 Form CMS - 2567B (09/92) EF (11/06)				CK FOR ANY UNCORREC DRRECTED DEFICIENCI Page 1 of 1				YES 18YS12	