POST-CERTIFICATION REVISIT REPORT

| | | | DATE OF REVISIT | |
|---------------------------|------------------------|---------------------------------------|-----------------|----|
| | A. Building B. Wing | Y2 | 10/11/2019 | Y3 |
| 11 | | 12 | | 13 |
| NAME OF FACILITY | | STREET ADDRESS, CITY, STATE, ZIP CODE | | |
| LIBERTY COMMONS NSG & REH | JOHN | 2315 HIGHWAY 242 NORTH | | |
| | | BENSON, NC 27504 | | |

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 DAT | | DATE | ITEM | | DATE | ITEM | | DATE |
|---|---------------------------|---------------------------------------|----------------------------|--------------------------------|---------------------------------------|----------------------------|-----------------------|---------------------------------------|
| Y4 | | Y5 | Y4 | | Y5 | Y4 | | Y5 |
| ID Prefix Reg. # LSC | F0645 483.20(k)(1)-(3) | Correction Completed 09/26/2019 | ID Prefix Reg. # LSC | F0657 483.21(b)(2)(i)-(iii) | Correction Completed 09/26/2019 | ID Prefix Reg. # LSC | F0679 483.24(c)(1) | Correction Completed 09/26/2019 |
| ID Prefix | F0761 | | ID Prefix | | Correction | ID Prefix | | _ Correction |
| Reg. # LSC | 483.45(g)(h)(1)(2 | Completed 09/26/2019 | Reg. # LSC | | Completed | Reg. # LSC | | Completed |
| ID Prefix Reg. # LSC | | Correction Completed | ID Prefix Reg. # LSC | | Correction | ID Prefix Reg. # LSC | | Correction Completed |
| ID Prefix | | Correction | ID Prefix | | Correction | ID Prefix | | Correction |
| Reg. # LSC | | Completed | Reg. # LSC | | Completed | Reg. # LSC | | Completed |
| ID Prefix Reg. # LSC | | Correction Completed | ID Prefix Reg. # LSC | | Correction Completed | ID Prefix Reg. # LSC | | Correction Completed |
| REVIEWE STATE AG | | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF S | SURVEYOR | | DATE | |
| REVIEWE CMS RO | D BY | REVIEWED BY (INITIALS) | DATE | TITLE | | | DATE | |
| FOLLOWUP TO SURVEY COMPLETED ON [8/29/2019 [| | | | CK FOR ANY UNCORRECT | | | | es 🔲 no |