POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
	A. Building B. Wing	Y2	1/8/2020	Y3	
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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 DATE		ITEM		DATE	ITEM		DATE	
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	Correction Completed 01/04/2020	ID Prefix Reg. # LSC	F0755 483.45(a)(b)(1)-(3)	Correction Completed	ID Prefix Reg. # LSC	F0806 483.60(d)(4)(5)	Correction Completed 01/04/2020
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
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO		REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE	SIGNATURE O	F SURVEYOR		DATE	
FOLLOWUP TO SURVEY COMPLETED ON 11/26/2019		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						