POST-CERTIFICATION REVISIT REPORT

				<u> </u>						
PROVIDE IDENTIFIC				STRUCTION					DATE O	F REVISIT
345309	,, (11OIV)	-OIVIDEIX	A. Building B. Wing					Y2	1/31/20	20 _{Y3}
NAME OF	FACILIT	Υ	I			STREET ADDRESS, CIT	Y, STATE. ZIF		1	
LIBERTY COMMONS NSG AND REHAB CTR OF HAL					Υ	101 CAROLINE AVENUE				
						WELDON, NC 27890				
program,	to show I and the number	those of date sugard	by a qualified State survey deficiencies previously repo uch corrective action was a de identification prefix code	orted on the accomplishe	CMS-2567, Staten d. Each deficiency	nent of Deficiencies and should be fully identifie	Plan of Cor d using eithe	rection, that have er the regulation o	or LSC	
ITEM DAT			DATE	ITEM		DATE ITEM			DATE	
Y4			Y 5	Y4		Y5	Y4			Y5
ID Prefix	F0641		Correction	ID Prefix	F0655	Correction	ID Prefix	F0761		Correction
Reg.#	483.20(g)	Completed	Reg. #	483.21(a)(1)-(3)	Completed	Reg.#	483.45(g)(h)(1)(2)		Completed
LSC			01/30/2020	LSC		01/30/2020	LSC			01/30/2020
				1500			1 200			01/00/2020
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			Completed
				1500			100			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. #			Completed	Reg. #		Completed	Reg.#			Completed
LSC				LSC			LSC			
				-			-			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg.#			Completed	Reg. #		Completed	Reg. #			Completed
LSC				LSC			LSC			
ID Prefix			Correction	ID Prefix		Correction	ID Prefix			Correction
Reg. # Completed			Reg. #		Completed	Reg.#			Completed	
LSC				LSC			LSC			
REVIEWED BY REVIEWED BY STATE AGENCY (INITIALS)			DATE	SIGNATUR	RE OF SURVEYOR			DATE		
REVIEWE CMS RO	D BY		REVIEWED BY (INITIALS)	DATE	TITLE				DATE	
FOLLOWUP TO SURVEY COMPLETED ON 1/8/2020				CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						