POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSIDENTIFICATION NUMBER A. Building					STRUCTION					DATE O	F REVISIT	
345373 _{Y1} B. Wing									Y2	2/17/20	20 _{Y3}	
NAME OF	FACILIT	Y					STREET ADDRESS, CIT	Y, STATE, ZIF	CODE			
LIBERTY	COMM	ONS NE	RSG & RE	HAB CNTR OF	SOUTHPOF	RT LLC	630 FODALE AVENUE					
							SOUTHPORT, NC 28461					
program, corrected	to show and the number	those of date so and the	deficiencie uch correc	s previously rep	orted on the accomplished	CMS-2567, Staten d. Each deficiency	and/or Clinical Laborato nent of Deficiencies and should be fully identifie 2567 (prefix codes show	I Plan of Cored using either	rection, that have er the regulation o	r LSC		
ITEM DA				DATE	DATE ITEM			DATE ITEM			DATE	
Y4				Y5	Y4		Y5	Y4			Y5	
ID Prefix	F0658			Correction	ID Prefix	F0725	Correction	ID Prefix	F0812		Correction	
Reg.#	483.21(b	o)(3)(i)		Completed	Reg.#	483.35(a)(1)(2)	Completed	Reg.#	483.60(i)(1)(2)		Completed	
LSC				02/06/2020	LSC		02/06/2020	LSC			02/06/2020	
ID Prefix				Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#				Completed	Reg.#		Completed	Reg.#			Completed	
LSC				-	LSC	-		LSC				
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ID Prefix				Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#				Completed	Reg.#		Completed	Reg. #			Completed	
LSC				-	LSC		·	LSC			·	
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ID Prefix				Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg.#				Completed	Reg.#		Completed	Reg.#			Completed	
LSC				- '	LSC		·	LSC			·	
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ID Prefix				Correction	ID Prefix		Correction	ID Prefix			Correction	
Reg. # Completed			Reg.#		Completed	Reg.#			Completed			
LSC					LSC			LSC				
				_								
REVIEWED BY STATE AGENCY			REVIEWED BY (INITIALS)		DATE	SIGNATUR	RE OF SURVEYOR			DATE		
REVIEWE CMS RO	D BY		REVIEW (INITIAL		DATE	TITLE				DATE		
FOLLOWUP TO SURVEY COMPLETED ON 1/9/2020						CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?						