STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(A) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345519

(B) MULTIPLE CONSTRUCTION

(A) BUILDING ______________________________________

(B) WING ______________________________________

(C) DATE SURVEY COMPLETED

R-C

01/08/2020

NAME OF PROVIDER OR SUPPLIER

LIBERTY COMMONS NSG & REH JOHN

STREET ADDRESS, CITY, STATE, ZIP CODE

2315 HIGHWAY 242 NORTH
BENSON, NC  27504

(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

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<tr>
<th>ID</th>
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<td>F 000</td>
<td>INITIAL COMMENTS</td>
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A paper follow up was conducted on 1/8/20 and the facility is back into compliance effective 1/4/19.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE

Electronically Signed

01/09/2020

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.