STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<table>
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<tr>
<th>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>345373</td>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
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NAME OF PROVIDER OR SUPPLIER
LIBERTY COMMONS NRSG & REHAB CNTR OF SOUTHPORT LLC

STREET ADDRESS, CITY, STATE, ZIP CODE
630 FODALE AVENUE
SOUTHPORT, NC 28461

DATE SURVEY COMPLETED
02/17/2020

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS ENDING WITH AN ASTERISK (*) DENOTE 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.)

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The Division of Health Service Regulation, NH Licensure and Certification Section conducted a paper revisit on 02/17/20. The facility was found to be back in compliance effective 02/06/20 Event ID# ZHXN12.

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

DATE

Electronically Signed

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.