A. BUILDING ______________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496

B. WING _____________________________

(X3) DATE SURVEY COMPLETED

R

02/15/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER

LIBERTY COMMONS N&R ALAMANCE

STREET ADDRESS, CITY, STATE, ZIP CODE

791 BOONE STATION DRIVE

BURLINGTON, NC  27215

PROVIDER'S PLAN OF CORRECTION

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

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A paper follow-up was conducted on 02/15/2021 and the facility is back into compliance effective 02/04/2021.

A paper follow-up was conducted on 2/15/2021 and the facility is back into compliance effective 2/4/2021.

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

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.