**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**NAME OF PROVIDER OR SUPPLIER**
LIBERTY COMMONS NSG & REHAB CTR OF ROWAN COUNTY

**STREET ADDRESS, CITY, STATE, ZIP CODE**
4412 SOUTH MAIN STREET
SALISBURY, NC 28147

**DATE SURVEY COMPLETED**
02/24/2021

**SUMMARY STATEMENT OF DEFICIENCIES**

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An unannounced COVID-19 Focused Survey was conducted on-site on 2/23/21 and continued off-site on 2/24/21 for record review and phone interviews. The facility was found to be in compliance with 42 CFR 483.73 related to E-0024 (b)(6) Subpart-B Requirements for Long Term Care Facilities. Event ID: VU5N11.

An unannounced COVID-19 Focused Infection Control Survey was conducted on site on 2/23/21 and continued off-site on 2/24/21 for record review and phone interviews. The facility was found to be in compliance with 42 CFR 483.80 Infection Control Regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. Event ID VU5N11.

**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.