POST-CERTIFICATION REVISIT REPORT												
	R / SUPPLIER / CI	_IA /	MULTIPLE CONS						DATE OF REVISIT			
IDENTIFICATION NUMBER 345309 A. Building B. Wing										Y2	4/14/20	22 _{Y3}
NAME OF	FACILITY					STREE	T ADDRESS, CIT	Y, STATE, ZIF	CODE			
LIBERTY COMMONS NSG AND REHAB CTR OF HALIFAX CTY							101 CAROLINE AVENUE					
							WELDON, NC 27890					
This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).												
ITEM			DATE	ITEM				DATE	ITEM			DATE
Y4			Y5	Y4				Y5	Y4			Y5
ID Prefix	F0655		Correction	ID Prefix	F0657			Correction	ID Prefix	F0812		Correction
Reg. #	483.21(a)(1)-(3)		Completed	Reg. #	483.21(I	b)(2)(i)-(iii)		Completed	Reg.#	483.60(i)(1)(2)		Completed
LSC			03/31/2022 	LSC				03/31/2022	LSC			03/31/2022
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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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Reg. #			Completed -	Reg. #				Completed	Reg. #	-		Completed
LSC			_	LSC					LSC			
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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			DATE SIGNATUR			E OF SURVEYOR				DATE		
REVIEWED BY RE			REVIEWED BY		DATE TITLE							

FOLLOWUP TO SURVEY COMPLETED ON

(INITIALS)

CMS RO

3/3/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

YES NO