STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

PROVIDER/Supplier/CLIA IDENTIFICATION NUMBER:
345207

DATE SURVEY COMPLETED
R-C
05/25/2022

STREET ADDRESS, CITY, STATE, ZIP CODE
1402 PINCKNEY STREET
WHITEVILLE, NC 28472

LIBERTY COMMONS N&R CTR OF COLUMBUS CTY

ID PREFIX TAG
SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID PREFIX TAG
PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

ID PREFIX TAG
COMPLETION DATE

F 000 INITIAL COMMENTS

An onsite revisit was conducted on 05/24/22 -
05/25/22 and the facility is back into compliance
effective 04/14/22. Event ID# 4GD412.

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.