POST-CERTIFICATION REVISIT REPORT										
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTI			FRUCTION						DATE OF REVISIT	
345503	Y1	Y2						1/17/2024 <sub>Y3</sub>		
NAME OF FACILITY				STREET ADDRESS, CITY, STATE, ZIP CODE				CODE		
LIBERTY COMMONS NSG & REHAB CTR OF ROWAN C										
					SALISBURY, NC 28147					
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	F0565	Correction	ID Prefix	F0580	Correc	ion	ID Prefix	F0804		Correction
Reg. #	483.10(f)(5)(i)-(iv)(6)(7)	Completed	Reg.#	483.10(g)(14)(i)-(iv)(	15) Comple	eted	Reg. #	483.60(d)(1)(2)		Completed
LSC		 01/05/2024 	LSC		01/05/20	)24	LSC			01/05/2024
ID Prefix	F0812	Correction	ID Prefix	F0867	Correc	ion	ID Prefix			Correction
Reg.#	483.60(i)(1)(2)	Completed	Reg. #	483.75(c)(d)(e)(g)(2	Comple	eted	Reg.#			Completed
LSC		01/05/2024	LSC		01/05/20	)24	LSC			

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg. #

**ID Prefix** 

Reg.#

LSC

DATE

DATE

LSC

LSC

Correction

Completed

Correction

Completed

Correction

Completed

**REVIEWED BY** 

REVIEWED BY

(INITIALS)

(INITIALS)

Form CMS - 2567B (09/92) EF (11/06)

FOLLOWUP TO SURVEY COMPLETED ON

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg. #

**ID Prefix** 

Reg. #

**REVIEWED BY** 

REVIEWED BY CMS RO

12/15/2023

STATE AGENCY

LSC

LSC

LSC

TITLE

SIGNATURE OF SURVEYOR

**ID Prefix** 

Reg. #

**ID Prefix** 

Reg. #

**ID Prefix** 

Reg. #

LSC

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LSC

Correction

Completed

Correction

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Correction

Completed

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

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

YES NO

DATE

DATE

Correction

Completed

Correction

Completed

Correction

Completed