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NAME OF FACILITY LIBERTY COMMONS REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 121 RACINE DRIVE WILMINGTON, NC 28403 This report is completed by a qualified State surveyor for the Medicare, Medicald 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 tally 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 Y4 Y5 Y4 Y5 Y4 Y5 ID Prefix F0884 Correction ID Prefix F0780 Correction ID Prefix Correction Reg. # 483.25 Completed Reg. # Completed Reg. # Completed LSC 01/31/2025 LSC 01/31/2025 LSC ID Prefix Correction ID Prefix Corre	D Wing				2/14/2025			/14/2025	
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REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) DATE TITLE DATE **REVIEWED BY** REVIEWED BY CMS RO (INITIALS) CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF FOLLOWUP TO SURVEY COMPLETED ON UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? 1/22/2025 YES NO

Completed

Reg. #

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

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