

POST-CERTIFICATION REVISIT REPORT

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|--|----|---|---|------------------------------|----|
| PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 345373 | Y1 | MULTIPLE CONSTRUCTION A. Building B. Wing | Y2 | DATE OF REVISIT 1/19/2023 | Y3 |
| NAME OF FACILITY LIBERTY COMMONS NRSG & REHAB CNTR OF SOUTHPORT LLC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 630 FODALE AVENUE SOUTHPORT, NC 28461 | | |

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 Y4 | DATE Y5 | ITEM Y4 | DATE Y5 | ITEM Y4 | DATE Y5 |
|----------------------------------|------------|---------------------------------|------------|---------------------------|------------|
| ID Prefix F0580 | Correction | ID Prefix F0641 | Correction | ID Prefix F0688 | Correction |
| Reg. # 483.10(g)(14)(i)-(iv)(15) | Completed | Reg. # 483.20(g) | Completed | Reg. # 483.25(c)(1)-(3) | Completed |
| LSC | 01/05/2023 | LSC | 01/05/2023 | LSC | 01/05/2023 |
| ID Prefix F0690 | Correction | ID Prefix F0692 | Correction | ID Prefix F0726 | Correction |
| Reg. # 483.25(e)(1)-(3) | Completed | Reg. # 483.25(g)(1)-(3) | Completed | Reg. # 483.35(a)(3)(4)(c) | Completed |
| LSC | 01/05/2023 | LSC | 01/05/2023 | LSC | 01/05/2023 |
| ID Prefix F0756 | Correction | ID Prefix F0757 | Correction | ID Prefix F0761 | Correction |
| Reg. # 483.45(c)(1)(2)(4)(5) | Completed | Reg. # 483.45(d)(1)-(6) | Completed | Reg. # 483.45(g)(h)(1)(2) | Completed |
| LSC | 01/05/2023 | LSC | 01/05/2023 | LSC | 01/05/2023 |
| ID Prefix F0803 | Correction | ID Prefix F0806 | Correction | ID Prefix F0812 | Correction |
| Reg. # 483.60(c)(1)-(7) | Completed | Reg. # 483.60(d)(4)(5) | Completed | Reg. # 483.60(i)(1)(2) | Completed |
| LSC | 01/05/2023 | LSC | 01/05/2023 | LSC | 01/05/2023 |
| ID Prefix F0867 | Correction | ID Prefix F0880 | Correction | ID Prefix F0908 | Correction |
| Reg. # 483.75(g)(2)(ii) | Completed | Reg. # 483.80(a)(1)(2)(4)(e)(f) | Completed | Reg. # 483.90(d)(2) | Completed |
| LSC | 01/05/2023 | LSC | 01/05/2023 | LSC | 01/05/2023 |

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| REVIEWED BY STATE AGENCY <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | SIGNATURE OF SURVEYOR | DATE |
| REVIEWED BY CMS RO <input type="checkbox"/> | REVIEWED BY (INITIALS) | DATE | TITLE | DATE |

FOLLOWUP TO SURVEY COMPLETED ON 11/21/2022

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO