

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345496	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026
NAME OF PROVIDER OR SUPPLIER Liberty Commons Nursing & Rehabilitation Center of Alamance County			STREET ADDRESS, CITY, STATE, ZIP CODE 791 Boone Station Drive , Burlington, North Carolina, 27215	
(X4) 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)	(X5) COMPLETION DATE
E0000	Initial Comments An unannounced recertification and complaint investigation survey was conducted from 1/5/26 through 1/8/26. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Survey 1DFDBB-H1.	E0000		01/16/2026
F0000	INITIAL COMMENTS A recertification and complaint investigation survey was conducted from 1/5/26 through 1/8/26. Survey 1DFDBB-H1. The following intakes were investigated: 851868, 851871, 851872, 851874, 851875, 2636544, 2656584, 2668343, 2684069, and 2696619. 1 of the 31 complaint allegations resulted in deficiency.	F0000		01/16/2026
F0602 SS = D	Free from Misappropriation/Exploitation CFR(s): 483.12 §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. This REQUIREMENT is NOT MET as evidenced by: Based on record review and staff and detective interviews, the facility failed to protect the resident's right to be free from misappropriation of resident's property, when Resident # 123's responsible party (RP) observed a payment to a staff member on the resident's bank statement. On 3/10/25 the resident's RP observed a payment of \$372.94 on the resident's bank statement to an unknown account related to the Admission Director. This occurred for 1 of 1 resident reviewed for misappropriation of property (Resident #123).	F0602	"Past Noncompliance - no plan of correction required"	03/28/2025

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 reverse for further 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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F0602 SS = D	<p>Continued from page 1 Findings included:</p> <p>Resident #123 was admitted to the facility on 2/13/25.</p> <p>Review of Resident #123's admission Minimum Data Set (MDS) assessment dated 2/20/25 revealed the resident was assessed as moderately cognitively impaired.</p> <p>Review of the initial allegation report regarding misappropriation of resident's property dated 3/13/25 revealed the facility was made aware of the incident on 3/13/25 at 11:30 AM. The report details read in part "Family member observed payment to a staff member on the resident's bank statement. The accused staff was suspended until the completion of the investigation to minimize the risk for misappropriation of resident property." The local Law enforcement was notified on 3/13/25. The initial allegation report was completed by the Director of Nursing (DON) on 3/13/25.</p> <p>Review of the investigation report dated 3/20/25, revealed the incident was investigated under misappropriation of resident's property. The incident occurred on 3/10/25 and the facility was made aware of the incident on 3/13/25 at 11:30 AM. The allegation details were Resident #123's family member observed a payment to a staff member on the resident's bank statement. The accused staff was suspended pending investigation. All alert and oriented residents were interviewed by facility leadership team on 3/1/3/25 regarding any concerns with misappropriation of resident property. The allegation details included that all residents who are not able to be interviewed will have assessments completed to identify any signs of potential misappropriation of resident property." The allegation was not substantiated. County Department of Social Services (DSS) and Law enforcement were notified on 3/13/25.</p> <p>Review of the addendum to original 5-day investigation report dated 3/25/25 stated that due to updated related new information from law enforcement this allegation was substantiated. The Local law enforcement had charged the accused staff member related to the allegation. The accused staff was terminated on 3/13/25.</p> <p>During an interview on 1/8/26, at 11:00 AM, the Admission Coordinator reported that she had been serving as the Business Office Assistant (BOA) at the time of the incident. She stated that she was assisting the Business Office Manager during that period. She further indicated that, during her tenure as BOA, she had never reviewed nor had access to any resident's</p>	F0602		

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F0602 SS = D	<p>Continued from page 2 financial data. The Admission Coordinator stated that she received a call from Resident #123's family member (date unknown) and the family member informed her that an employee's name appeared on Resident #123's bank statement. The Admission Coordinator stated that she immediately notified the previous Business Office Manager (BOM) and transferred the call to the BOM. She further stated that the Business Office Consultant visited the facility the following day, conducted checks, and initiated education and training for all Business and Admission staff. The training addressed the following points: 1) Resident bank statements must not be taken from residents or family members. 2) Any personal or financial information must be blacked out. 3) All documents must be stored in a locked cabinet in the BOM's office. Additionally, the Business Office Consultant completed a chart audit for new admissions. The Admission Coordinator reported that she did not have access to these cabinets.</p> <p>During a telephone interview on 1/7/26 at 1:35 PM, the previous Business Office Manager (BOM) indicated that she had received a phone call from Resident #123's family member (date unknown) who stated that they noticed a charge of approximately \$300 on the resident's bank account, which included the Admission Director's name. The family member emailed the bank statement to the BOM, who then provided it to the Administrator and the Director of Nursing (DON). The previous BOM stated that the Administrator called the Admission Director to his office, and the allegation was investigated. The Admission Director was suspended during the investigation and never returned to the facility. The previous BOM indicated that the Admission Director had been handling a private-pay resident admission and was reviewing the resident's bank statements. He had requested copies of bank statements from the resident's family member. The BOM stated that she had not seen these statements and confirmed that they were not in the resident's financial folder. She further indicated that she had been on vacation during Resident #123's admission and upon her return, was not given any of the financial documents. The BOM stated that the facility conducted an internal audit following the incident. A keypad lock was installed on the BOM's office door, and cabinets storing sensitive financial and personal information were fitted with double locks. Only the Administrator and BOM had access to that room. The BOM stated that the Business Office Consultant audited all residents' financial records, and no concerns were reported. BOM indicated she called all residents' representatives, notified them of the incident and asked them to check their bank statements for any concerns. No concerns were reported to her. She</p>	F0602		

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F0602 SS = D	<p>Continued from page 3 stated that she received education on the following: 1) Not requesting residents' financial statements, 2) Proper procedures for securing financial records and 3) Abuse, neglect, and misappropriation prevention. The BOM indicated that Resident #123 was a private-pay resident admitted in February 2025, and the bank charge occurred in March 2025. She stated that the resident's bank reimbursed the money to the resident's account, which was confirmed to her by Resident #123's family member who initially reported the incident.</p> <p>During a telephone interview on 1/7/26 at 11:30 the previous Director of Nursing (DON) stated that the Business Office Manager (BOM) informed her of the incident immediately after receiving the call from the resident's representative. The previous DON indicated that she was unsure of the exact date. The BOM had received a call from Resident #123's family member, who reported that while reviewing the resident's bank statement, they found a payment to a credit card in the name of the Admission Director. The employee's name was written on the bank statement, and the family member recognized it. The Administrator was also informed, and the employee was suspended during the investigation. During the investigation, the accused employee produced a letter from the credit card company indicating that no monetary transaction had occurred. The Administrator reported the incident to local law enforcement and the Department of Social Services (DSS). Local law enforcement also initiated an investigation into the allegation. The DON stated that all alert and oriented residents were interviewed regarding any misappropriation of property, and no concerns were reported. Representatives of residents who were not alert and oriented were also notified, and no concerns were reported. The DON stated that she educated all facility staff on abuse, neglect, and misappropriation of property. The Corporate Consultant also trained the Business and Administrative staff, and efforts were made to ensure that financial records were kept secure. The DON stated that the staff member was not allowed to return to the facility. After the five-day report was filed, law enforcement informed the Administrator that the accused staff member (Admission Director) had been charged with fraudulent activity. An addendum to the five-day investigation report was sent to the State, and the allegation was substantiated.</p> <p>During a telephone interview on 1/7/26 at 12:35 PM, the previous Administrator stated that he had served as the facility's Administrator from early February to May 2025. He indicated that he was informed by the Business Office Manager (BOM) and Director of Nursing (DON) that the Admission Director at that time had taken money</p>	F0602		

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F0602 SS = D	Continued from page 4 from a resident's account and transferred it to his own account. The resident's family member had reported the incident to the facility. The resident's family member was the resident's RP and was managing resident's finances. The resident did not have any access to her bank. The initial allegation report and the five-day investigation report were completed and submitted to the State. The allegation was initially unsubstantiated because the facility was unable to prove it. The Administrator stated that, after the investigation, the detective (law enforcement officer) had reported to him that the letter from the credit card company, which the Admission Director (accused employee) had provided, was fraudulent. The employee was subsequently charged with fraud and elderly abuse. An addendum to the five-day investigation report was submitted to the State, and the allegation was substantiated. The Administrator confirmed that the accused employee was suspended immediately upon the allegation and later terminated. The Administrator stated that this incident of misappropriation of a resident's property could have been prevented at the Business Office. At the time of the incident, the BOM was on vacation, and the previous Health Information Management (HIM) staff was assisting the Admission Director and covering Business Office duties. The resident was newly admitted and had provided a bank statement for verification of funds during admission. The HIM staff placed this information in a file, which the Admission Director later accessed. The Administrator stated that this process was corrected, and neither the Business Office nor the Admission Office now keeps bank statements in residents' files. Staff are prohibited from taking any financial documentation from residents or their representatives. Physical security of records was also improved by installing double locks on the room, ensuring that only Business Office staff could access financial records. The Administrator indicated that audits for all residents were completed to ensure there was no misappropriation of funds. Residents' representatives were notified, and no concerns were reported. Background checks for new employees were rerun, and no issues were found. The background check for the accused staff member was also rerun and remained clean even after the incident. Business Office Consultants audited all residents' records, and no concerns were reported. Admission and Business Office staff were educated on procedures for safeguarding residents' records. The Administrator stated that, during the investigation, the resident's family member informed him that the resident's bank had reimbursed approximately \$300 back into the resident's account. The Administrator also indicated that, during the investigation, the accused Admission Director emailed	F0602		

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F0602 SS = D	<p>Continued from page 5</p> <p>him a letter from his credit card company claiming that no financial transactions had occurred between the resident's bank and the employee's credit card account. This document was provided to the investigating police officer and was later determined to be fraudulent.</p> <p>During a telephone interview on 1/7/26 at 1:45 PM, the previous Health Information Management (HIM) staff stated that she had been working as a medical records staff member and assisting with Admissions and the Business Office. She reported that she became aware that a resident's family member had reported missing funds from the resident's account. The Admission Director was identified as the cause for the misappropriation of the resident's funds and he was suspended during the investigation and later terminated. The incident was reported to the State and law enforcement. The previous HIM staff stated that, at the time of the incident, she was assisting the Admission Director, who was newly hired in January 2025, with new admissions. She indicated that she was reviewing referrals and completing admission paperwork for the facility. The HIM staff further stated that it was not facility policy to collect bank statements. Newly admitted residents' families would bring bank statements for verification of funds, and these were returned to the families. The BOM reviewed direct deposits and credit receipts. The HIM staff member indicated that, during Resident #123's admission, the bank statement was kept by the Admission Director. She stated that Corporate Consultants visited the facility and investigated the entire incident. Education was provided by the Business Office Consultants to all administrative staff, policies were reviewed, and new locks and filing cabinets with locks were installed to prevent similar incidents in the future. She indicated that she had also provided a written statement during the investigation.</p> <p>During a telephone interview on 1/5/26 at 12:54 PM, the Law Enforcement Detective stated that the police department had received a report from the facility regarding an incident of misappropriation of property. He indicated that an employee had transferred funds from a resident's personal bank account to pay his credit card bills. The Detective reported that the incident was filed on 3/13/25, and a case number was opened. He further stated that the employee, by virtue of his position, used the resident's bank information to make payments to his credit card account. The resident's family member had also filed a report after noticing suspicious activity in the resident's bank statement. The Detective stated that the employee provided a fraudulent letter from the bank claiming</p>	F0602		

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F0602 SS = D	<p>Continued from page 6 that the charges were false. When the letter was verified with the bank, the bank confirmed that the document was fake. The Detective further stated that the accused employee had already been terminated by the facility when he met with the Administrator. The employee had used the resident's bank account details to make a payment of \$372.96 to his credit card account. The employee was charged with fraud and other related offenses and was currently awaiting court proceedings. The Detective further stated that the family member informed him that the bank reimbursed the withdrawn amount to the resident's account.</p> <p>During an interview on 1/8/26 at 2:07 PM, the Business Office Consultant stated that she became aware of the incident on 3/13/25. She indicated that she audited residents' financial charts and information to ensure that no sensitive financial data was accessible to the employee. She reviewed the last 30 days of financial charts to identify any concerns and found none. She further stated that education was provided to the BOM, HIM, and BOA at that time. She instructed them that no financial records were to be placed in residents' files and that all sensitive records including ACH (Automated clearing house- a system that facilitates electronic money transfer between banks and credit unions) and credit card authorization must be locked in the Business Office cabinets. She emphasized that no financial statements should be collected from families during admission. The Consultant indicated that she continued auditing new admission paperwork to ensure no financial details were included. During these audits, no such information was found.</p> <p>During an interview on 1/8/26 at 2:17 PM, the Administrator indicated that he was hired on 4/24/25, as the facility's Administrator. At the time of hire, he was informed of the incident and trained on maintaining residents' financial documents. He stated that the Business Office entrance door had a keypad lock, and the code was only available to the BOM, BOA, the Maintenance Director, and himself. The Business Office also had double-locked cabinets where residents' financial data and records were stored. The keys for these cabinets were held by the BOM and the Administrator, and no other staff had access to these records. The Administrator stated that the facility continuously monitored the financial records for all new admissions, and no concerns were identified. The Corporate Business Consultant completed audits and trained new Admission and Business Office staff to ensure such incidents did not recur. He confirmed that no misappropriation incidents occurred after this case and that audits were ongoing. All staff were frequently</p>	F0602		

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F0602 SS = D	<p>Continued from page 7 educated on resident abuse, neglect, and misappropriation. The physical location of financial records was changed to include a double-lock system for added security. The Administrator indicated that the process was revised so that the facility no longer accepts any financial information from families prior to or during admission. He stated that he had reviewed the entire investigation, root cause analysis, and audit tools. Based on these reports, the family was notified of the investigation results and was satisfied with the outcome. He further stated that the local police department worked closely with the facility to provide staff training on misappropriation and fraud, with one such training scheduled for 1/27/26.</p> <p>The facility provided the following corrective action plan with a completion date of 3/28/25:</p> <p>1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>On 03/13/2025, the Business Office Manager (BOM) was made aware by the Responsible Party of Resident #123 that there was an unauthorized charge in the name of the facility Admissions Director on the personal account of the resident. Resident #123 has a Brief Interview for Mental Status, (BIM's) of 9 and is not an active participant in her financial affairs prior to this event. The facility immediately initiated a 24-hr. report for misappropriation after gathering the details from the niece. The accused staff member was suspended pending facility investigation. On 03/13/2025, The facility Administrator contacted law enforcement to notify them of the allegation of resident misappropriation. On 03/13/2025, the Social Services Director (SS) contacted Adult Protective Services to notify them of the allegation of resident misappropriation. On 03/19/2025, the Administrator was made aware by the resident's niece that the resident's funds had been reimbursed by the bank.</p> <p>2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>On 03/13/2025, current residents with a BIMS 13 or greater that were able to be interviewed were asked if they had any concerns with misappropriation of their funds. This audit was completed on 03/13/2025. The results included: There were no residents who had concerns with any misappropriation of their funds. Additionally, on 03/14/2025 interviews were completed with the responsible party of current residents with a</p>	F0602		

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F0602 SS = D	<p>Continued from page 8</p> <p>BIMs of 12 or less that were not interviewed to ask:If they have noticed any charges, either for facility personal items or facility services on your account that you weren't aware of or didn't authorize?This audit was completed on 03/14/2025. The results included: There were no responsible parties who had any concerns with misappropriation of their funds.</p> <p>On 03/17/2025, the Business Office Consultant initiated staff interviews with all staff who have access to the Business Office Files and ask staff:If they have access to any resident's financial information including bank accounts or credit cards?If they have ever used a resident's financial information for their personal gain or benefit?If they have ever left financial files open in an area where others may have access to them?If they have witnessed any staff accessing resident financial documents when not authorized to do so?This audit was completed on 03/17/2025. The results included: There were no staff members who answered in a manner that would indicate they have any wrongdoing that would indicate they were involved in misappropriation. There was no corrective action required.</p> <p>On 03/13/2025 - 03/19/2025, the DON initiated random staff interviews and asked staff:If they are aware of anyone involved in misappropriation of resident's funds or money?If they have ever taken money or gifts from a resident?If they witnessed a staff member misappropriate or be involved in misappropriation of resident's funds or money? if so what would you do if you witness misappropriation?If they have received training for abuse and misappropriation?This audit was completed on 03/19/2025. The results included: There were no staff members who were aware of anyone involved in misappropriation of resident's funds or money, that had ever taken money or gifts from a resident, had witnessed a staff member misappropriate or be involved in misappropriation of resident's funds or money, and everyone verbalized having received training for abuse and misappropriation. There was no corrective action required.</p> <p>On 03/17/2025, the Business Office Consultants reviewed the financial files of new admissions admitted in the last 30 days to ensure there were no documents with sensitive account information that should not be in the file. This audit was completed on 03/17/2025. The results were: There was one resident financial file with sensitive account information which was removed from the file and destroyed. This financial file was for the resident involved in this allegation. The files were removed. No further corrective action was</p>	F0602		

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F0602 SS = D	<p>Continued from page 9 required.</p> <p>On 03/19/2025, the Business office Manager (BOM) reviewed the employee file of the new hires from the last 30 days to ensure that a background had been completed and that abuse education was completed at the time of hire. This audit was completed on: 03/26/2025. The results included: The background was completed prior to new hire and the employee did have abuse education completed at the time of new hire.</p> <p>On 03/14/2025 & 03/17/2025, The accused staff presented an email and a bank statement from the bank listed on the resident's personal statement stating that he didn't have an account with the bank in question on the resident's statement.</p> <p>3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>On 03/13/2025, the DON began educating all facility staff in all departments (including agency) on abuse and misappropriation. This training will include all current facility staff including agency. This training included: Recognizing and reporting abuse including misappropriation of property What abuse is Types of abuse How to report abuse What else should I do other than reporting the event What happens after I report abuse How can I minimize the risk of abuse happening What else can I do to minimize the risk of abuse What are some negative results of resident abuse On 03/13/2025, the BOM Consultant educated the staff who work directly in the Business Office and those who support the Business Office. This training will include all current Business Office staff. This training included: Proper storage of financial statements Storage of ACH and Credit authorizations Redacting sensitive information Locking file cabinet when staff not accessing files The need to make the BOM Consultant aware of coverage needs if BOM staff are off As of 03/19/2025, the DON will ensure that any of the above identified staff will not be allowed to work until the training is completed. The DON or designee will ensure that this education is a part of the general orientation for new hires and for agency staff.</p> <p>4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The BOM Consultant or designee will monitor Financial Security of the Business Office and all new admission and prospective admissions financial files weekly for 3 weeks and monthly for 2 months to ensure compliance.</p>	F0602		

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F0602 SS = D	<p>Continued from page 10</p> <p>Additionally, the DON or designee will monitor the abuse/misappropriation process by interviewing 5 random staff weekly x 3 weeks and monthly x 2 months to ensure compliance. Monitoring will start the week of 03/19/2025. Reports will be presented to the monthly QA committee by the Administrator or Director of Nursing to ensure corrective action initiated as appropriate. Compliance will be monitored and ongoing auditing program reviewed at the monthly QA Meeting. The monthly QA Meeting is attended by the Administrator, DON, MDS Coordinator, Therapy, HIM, and the Dietary Manager.</p> <p>Date of Compliance: 3/28/2025</p> <p>Validation of the corrective action plan was completed on 1/8/26:</p> <p>The validation included staff interviews and a review of the in-service education provided to all staff (including agency staff) in subject of abuse and misappropriation of property. The in-service records confirmed that all staff (Full time, part-time, PRN staff in all departments and agency staff) scheduled to work during the 4-day survey had completed this education. On 3/17/25 in-service education was provided to previous BOM, BOA and previous HIM related to 1) safe keeping of resident's financial records, 2) all financial documents in a locked file, 3) ACH and credit card authorization should be kept in a locked file and 4) making Business Office Consultant aware when BOM was out of office. This training was done by the Business Office Consultant. Review of the in-service records and interviews with staff (current and previous) revealed they had completed the education. An observation was also conducted of the Business Office door keypad and the double lock cabinet that holds residents' files. Interview with the current BOM revealed that only 4 people had the numbers for door keypad. They included the BOM, BOA, Administrator and the Maintenance Director. The keys to the double lock cabinet were with the BOM and Administrator. Staff personal files were reviewed with the Administrator to ensure background checks were completed prior to employment. No concerns were identified. A review of the facility's monitoring tool revealed audits were initiated on 3/17/25 and continued in accordance with the corrective action plan.</p> <p>The facility's completion date of 3/28/25 was validated on 1/8/26.</p>	F0602		
F0761 SS = E	<p>Label/Store Drugs and Biologicals</p> <p>CFR(s): 483.45(g)(h)(1)(2)</p>	F0761	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies.	01/17/2026

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F0761 SS = E	<p>Continued from page 11</p> <p>§483.45(g) Labeling of Drugs and Biologicals</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observations, manufacturer instructions, and staff interviews, the facility failed to date open multi-dose vials of insulin on the 300 hall medication cart, failed to date multi-dose vials of semaglutide (glucagon-like peptide-1 (GLP-1) receptor agonist medication used for managing type 2 diabetes and promoting weight loss) on the 100 hall and 300 hall medication carts, and failed to discard expired a bottle of proton pump inhibitor tablets on the 300 hall medication cart. The failure to date multi dose vials of medication or dispose of expired medication was discovered in 2 of 3 medication carts reviewed for medication storage (100 hall and 300 hall medication carts).</p> <p>Findings Included:</p> <p>1. On 1/6/26 at 8:05 AM, an observation of the 100-hall medication cart with Nurse #2 revealed one (1) open and undated multi-dose vial of semaglutide. Review of the manufacturer's instructions indicated to discard semaglutide multi-dose pen 56 days after opening.</p>	F0761	<p>Continued from page 11</p> <p>To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.</p> <p>F761</p> <p>1. Corrective action for resident(s) affected by the alleged deficient practice:</p> <p>On 1/6/26 at 8:05 AM, an observation of the 100-hall medication cart with Nurse #2 revealed one (1) open and undated multi-dose vial of semaglutide. Review of the manufacturer's instructions indicated to discard semaglutide multi-dose pen 56 days after opening. As a immediate action the nurse assigned to 100 hall cart discarded multi-dose vial of semaglutide immediately. After review of this finding the multi-dose vial of semaglutide was discarded and completed an immediate audit to ensure there no additional findings of stored expired medications. This resulted in no additional findings.</p> <p>On 1/6/26 at 8:45 AM, an observation of the 300-hall medication cart with Nurse #3 revealed one (1) open and undated insulin glargine pen and one (1) open and undated semaglutide pen. A review of the manufacturer's instructions indicated to discard insulin glargine multi-dose insulin pens 28 days after opening and semaglutide multi-dose pens 56 days after opening. In the second drawer of the medication cart there was one container of half-empty omeprazole (proton pump inhibitor that treats excess stomach acid) 40 milligram tablets that expired on 1/11/25. After review of these findings, the one (1) open and undated insulin glargine pen and one (1) open and undated semaglutide pen discarded immediately. The Nurse on 300-hall cart completed an immediate audit to ensure there were no additional findings of stored expired medications. This resulted in no additional findings.</p> <p>2. Corrective action for residents with the potential to be affected by the alleged deficient practice.</p> <p>Beginning on 01/12/2026, the Director of Nursing (DON) and License Practical Nurse (LPN) Support Nurse audited all medication carts, treatment carts, and medication rooms and removed any drugs and biologicals used in the</p>	

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F0761 SS = E	<p>Continued from page 12</p> <p>On 1/6/26 at 8:10 AM, during an interview, Nurse #2 indicated the nurses who worked on the medication carts were responsible for discarding open and undated multi-dose vials. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medication vials. The nurse stated she had not checked the date of opening on semaglutide vial in her medication administration cart at the beginning of her shift. Nurse #2 stated she had not administered open and undated medication during her shift.</p> <p>2. On 1/6/26 at 8:45 AM, an observation of the 300-hall medication cart with Nurse #3 revealed one (1) open and undated insulin glargine pen and one (1) open and undated semaglutide pen. A review of the manufacturer's instructions indicated to discard insulin glargine multi-dose insulin pens 28 days after opening and semaglutide multi-dose pens 56 days after opening. In the second drawer of the medication cart there was one container of half-empty omeprazole (proton pump inhibitor that treats excess stomach acid) 40 milligram tablets that expired on 1/11/25.</p> <p>On 1/6/26 at 8:50 AM, during an interview, Nurse #3 indicated that the nurses who worked on the medication carts were responsible for discarding open and undated or expired multi-dose vials. She mentioned that per training/competency, every nurse should put the date of opening on multi-dose medication vials. Nurse #3 stated that she had not checked the date of opening on insulin glargine, semaglutide multi-dose vials or the expiration date of the omeprazole in her medication administration cart at the beginning of her shift. The nurse stated she had not administered expired medication during her shift.</p> <p>On 1/7/26 at 11:35 AM, during an interview, the Director of Nursing indicated that the nurses were responsible for checking the date of opening, and the expiration dates of the medications at the beginning of the shift.</p> <p>On 1/7/26 at 11:50 AM, during an interview, the Administrator expected no expired medications to be left in the medication carts.</p>	F0761	<p>Continued from page 12 facility that were expired. The DON Completed an audit of the 100/200/300/400/500/600 halls med carts, 100/200/300 hall medication rooms, and 100/200/300, 500/600 treatment carts. After completion of this audit, there were no additional findings</p> <p>No resident was found to be affected by the deficient practice. In order to ensure that no resident was affected, a continued random audits of the facility medication carts, treatment carts, and medication room was conducted by the DON and LPN Support Nurse to ensure there were no drugs and biologicals that were not labeled in accordance with currently accepted professional principles, and included the appropriate accessory and cautionary instructions, and the expiration date when applicable. Corrections were made immediately where indicated. Random Daily audits started 1/12/2026 continued until 1/16/2026 then transitioning to random monitoring on various shifts, days, including weekends.</p> <p>3. Measures/Systemic changes to prevent reoccurrence of alleged deficient practice:</p> <p>Education:</p> <p>On 1/13/2026, the DON began educating all full time, part time, agency staff, and PRN Licensed Nurses, RNs, LPNs, and Medication Aides on the following topics:</p> <p>Checking medications for expiration date prior to administering the medication.</p> <p>Labeling medications when opened with date open as indicated.</p> <p>The DON or designee will ensure this information has been integrated into the standard orientation training and will be reviewed by the Quality Assurance process to verify that the change has been sustained. As of 1/16/2026, any staff who does not receive scheduled in-service training will not be allowed to work until training has been completed.</p> <p>4. Monitoring Procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with regulatory requirements.</p> <p>The Director of Nursing or designee will monitor</p>	

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F0761 SS = E		F0761	Continued from page 13 compliance utilizing the Medication Cart, Treatment Cart, and Medication Room Audit Tools. The DON or designee will monitor for compliance with labeling drugs and biologicals to ensure that they are labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. Monitoring will begin the week of 1/17/2026 weekly for 4 weeks, then monthly for 3 months monitoring 5 monitoring a week at random including various shifts, days, and weekends. Reports will be presented to the weekly Quality Assurance committee by the DON or designee to ensure corrective action is initiated as appropriate. Compliance will be monitored and the ongoing auditing program reviewed at the weekly Quality Assurance Meeting. The weekly QA Meeting is attended by the Administrator, Director of Nursing, MDS Coordinator, Therapy Manager, Unit Support Nurses, Health Information Manager, and the Dietary Manager. Date of Compliance: 1/17/2026	