

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/21/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345532	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2011
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NAME OF PROVIDER OR SUPPLIER LIBERTY COMMONS NSG AND REHAB CTR OF LEE COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 310 COMMERCE DRIVE SANFORD, NC 27330
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(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
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F 157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21152 Based on family and staff interviews, and record review, the facility failed to notify a family member</p>	F 157	<p>F000</p> <p>Disclaimer The statements made on this plan of correction are not an admission of nor constitute an agreement with the alleged deficiency. 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 the alleged deficiency has been or will be corrected by the date or dates indicated.</p> <p>F157</p> <p>For the residents involved, corrective action has been accomplished by: Resident #4 is no longer a resident in the facility. Issue was resolved with family through Grievance Process on 4/5/11 by Director of Nursing. Family of resident expressed understanding that new nurse was making the call, and did not know the caregiver wasn't the wife of the R/P. Caregiver expressed on the phone call that she would relay the message to the son. Family of resident expressed satisfaction with explanation and handling of grievance.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Ruda Oudru* TITLE *Administrator* (X6) DATE *5/4/11*

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.

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F 157	<p>Continued From page 1</p> <p>of a fall for 1 of 1 residents (#4). The findings include:</p> <p>Resident #4 was admitted to the facility on 02/26/11 with cumulative diagnosis that included Encephalopathy, Diabetes Mellitus Insulin dependent, Hyperlipidemia, Reflux disease, Urinary tract infection, Anemia and Arthritis. The resident was coded on the most recent MDS (minimum data set) dated 04/15/11 as having moderate cognitive impairment and requiring extensive assistance with all ADL's (activities of daily living).</p> <p>A review of the nurse notes revealed a note dated 04/05/11 timed 2:45 AM that read " @ (at) 9:30 PM I heard yelling down the hall " help me help me". I ran down to see what the problem was and found the resident with her lower body on the floor and her upper body still in bed. Assisted resident back to bed. Resident stated she was in no pain."</p> <p>A review of the facility Grievance Log from 01/01/11 to 04/19/11 revealed a grievance dated 04/05/11 filed by a family member of resident #4. The grievance read "resident had an incident around 9 -9:30 PM on 04/04/11. She was found part on the bed and part on the floor. Nurse or someone called (name of caregiver) instead of her (resident#4) son."</p> <p>During an interview with a family member on 04/19/11 at 11:05 AM it was revealed "she had a fall and they called (name of caregiver) and not my husband (resident #4's son). He should always be the one to be called. This was not right. I spoke to (name of the Director of Nursing) about it."</p>	F 157	<p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All residents have the potential to be affected by this alleged practice. A letter was sent to R/P and/or residents requesting updated contact information to be returned to the facility as soon as possible. Date of Completion 5/4/11</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur</p> <p>All full time and part time RN's and LPN's, and Social Worker were in-serviced on notification of R/P when telephone call is necessary, on 4/28/11 by Director and Nursing and Assistant Director of Nursing. Any in-house staff who did not receive in-service training will not be allowed to work until training is completed. The information has been integrated into the standard orientation training and required in-service refresher course for all nursing employees and will be reviewed by our Quality Assurance Process to verify that the changes have been sustained. Weekly audits of Resident Incident/Accident reports will be audited at Quality of Life Meeting to verify that proper notification was made to R/P.</p>		

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F 157	Continued From page 2	F 157		
F 164 SS=D	<p>During an interview with the Director of Nursing (DON) on 04/19/11 at 11:30 AM it was revealed "there was some confusion with the phone number and the care giver was called. She was the one who notified the son, not us (facility staff). We should have called the family to notify them of the incident."</p> <p>483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS</p> <p>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.</p> <p>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.</p> <p>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.</p> <p>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.</p> <p>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.</p>	F 164	<p>The facility has implemented a quality assurance monitor: The Assistant Director of Nursing and/or designee will monitor this issue using the QA Survey Tool, reviewing Resident Incident/Accident reports for five residents, identification of notification of R/P as applicable. Any issues identified will be reported immediately to the Adm/DON for appropriate action. This will be done weekly for four weeks then monthly for 3 months. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting.</p> <p>F164 For the residents involved, corrective action has been accomplished by: Resident #4 is no longer in the facility. Issue was resolved with family through Grievance Process on 4/5/11 by Director of Nursing. Family of resident expressed understanding that new nurse was making the call, and did not know the caregiver wasn't the wife of the R/P. Caregiver expressed on the phone call that she would relay the message to the son. Family of resident expressed satisfaction with explanation and handling of grievance.</p>	

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F 164	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 21152 Based on family and staff interviews, and record review, the facility failed to provide 1 of 1 residents (#4) with privacy/confidentiality regarding a fall by notifying a person other than the responsible party of the fall. The findings include:</p> <p>Resident #4 was admitted to the facility on 02/22/11 with cumulative diagnosis that included Encephalopathy, Diabetes Mellitus Insulin dependent, Hyperlipidemia, Reflux.disease, Urinary tract infection, Anemia and Arthritis. The resident was coded on the most recent MDS (minimum data set) dated 04/15/11 as having moderate cognitive impairment and requiring extensive assistance with all ADL's (activities of daily living).</p> <p>A review of the nurse notes revealed a note dated 04/05/11 timed 2:45 AM that read "@ (at) 9:30 PM I heard yelling down the hall "help me help me". I ran down to see what the problem was and found the resident with her lower body on the floor and her upper body still in bed. Assisted resident back to bed. Resident stated she was in no pain."</p> <p>A review of the facility Grievance Log from 01/01/11 to 04/19/11 revealed a grievance dated 04/05/11 filed by a family member of resident #4. The grievance read "resident had an incident around 9 -9:30 PM on 04/04/11. She was found part on the bed and part on the floor. Nurse or someone called (name of caregiver) instead of her (resident #4's) son."</p>	F 164	<p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by: All residents have the potential to be affected by this alleged practice. A letter was sent to R/P and/or residents requesting updated contact information to be returned to the facility as soon as possible. Date of Completion: 5/4/11</p> <p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur All full time and part time RN's and LPN's, and Social Worker were in-serviced on notification of R/P when telephone call is necessary, on 4/28/11 by Director and Nursing and Assistant Director of Nursing. Any in-house staff who did not receive in-service training will not be allowed to work until training is completed. The information has been integrated into the standard orientation training and required in-service refresher course for all nursing employees and will be reviewed by our Quality Assurance Process to verify that the changes have been sustained. Weekly audits of Resident Incident/Accident reports will be audited at Quality of Life Meeting to verify that proper notification was made to R/P.</p>		

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F 164	Continued From page 4 During an interview with a family member on 04/19/11 at 11:05 AM it was revealed "she had a fall and they called (name of caregiver) and not my husband (resident #4 son). They told her that she had an abrasion and told her to come to the facility. He (resident #4's son) should always be the one to be called. This was not right. I spoke to (name of the Director of Nursing) about it." During an interview with the caregiver on 04/19/11 at 11:40 AM, it was revealed "I live in her (resident #4) house. They called there and spoke to me and told me she had a fall and that she had an abrasion on her hip, but otherwise she was ok. I asked them if they wanted me to come there and they said yes. They all know me and know I am not family." During an interview with the Director of Nursing (DON) on 04/19/11 at 11:30 AM it was revealed "there was some confusion with the phone number and the care giver was called. Since the responsible party is her son, when a female answered the phone the nurse should have asked who the person was, but she is a new nurse and did not do that."	F 164	The facility has implemented a quality assurance monitor: The Assistant Director of Nursing and/or designee will monitor this issue using the QA Survey Tool, reviewing Resident Incident/Accident reports for five residents, identification of notification of R/P as applicable. Any issues identified will be reported immediately to the Adm/DON for appropriate action. This will be done weekly for four weeks then monthly for 3 months. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting.	
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the attending physician. This REQUIREMENT is not met as evidenced by: Surveyor: 29101 Based on staff interviews and record review, the facility failed to provide 1 of 4 residents (#1) with	F 367		

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F 367	<p>Continued From page 5</p> <p>the diet ordered by a physician. Findings include:</p> <p>Resident #1 was admitted 02/17/2011 with cumulative diagnoses that included Alzheimer's Dementia, End Stage Renal Disease, Dialysis, and Peripheral Arterial Disease.</p> <p>Record review indicated the resident was admitted to the facility from a local hospital for short term rehabilitation due to generalized deconditioning. Review of the hospital discharge summary dated 02/17/2011 indicated a soft mechanical diet was recommended due to recent dysphagia. Upon admission into the facility on 02/17/2011, a soft mechanical diet was ordered.</p> <p>Records revealed the resident was screened in the facility by Speech Therapy on 02/18/2011. The summary of findings indicated the resident had significant oral dysphagia characterized by significant residue and spillage. A recommendation was written by the facility's Speech Therapist after the screening on 02/18/2011 to change the diet to pureed with thin liquids and was signed by the physician on that date.</p> <p>Review of a nursing note dated 02/19/2011 at 10:05 PM indicated "resident ate ¼ of a sandwich".</p> <p>During an interview with a staff nurse on 04/19/11 at 12:10 PM, she revealed she cared for the resident on 02/19/2011 and recalled the resident ate a sandwich provided by the facility on that date. She further indicated it was either pimento cheese or chicken salad.</p> <p>The Dietary Manager was interviewed on</p>	F 367	<p>F367</p> <p>For the residents involved, corrective action has been accomplished by:</p> <p>Resident #1 is not longer a resident in the facility.</p> <p>Corrective action has been accomplished on all residents with the potential to be affected by the alleged deficient practice by:</p> <p>All residents have the potential to be affected by the alleged deficient practice. A copy of Diet Order and Communication Slip will be placed with the resident's MAR at the time of change in dietary status. Resident will be placed on Acute Charting list for 72 hours to ensure communication has been established.</p> <p>Date of Completion: 5/4/11</p>	

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F 367	<p>Continued From page 6</p> <p>04/19/2011 at 1:45 PM and indicated there was a plan in place for processing diet orders. She revealed "Blank diet slips are kept on each unit. When there is a new diet order, staff bring the order to my office, and I put the information into the computer and update the resident's diet card with the new diet information. The old diet cards are replaced at that time with the new diet cards". She further explained that if she was not in the facility, the new diet order was brought straight to the dietary department and staff did the updated diet cards by hand. She indicated it was her expectation that when a new diet order is given to the dietary department, the tray for the next meal should reflect the changes.</p> <p>The Director of Nursing (DON) was interviewed on 04/19/2011 at 1:55 PM and indicated it was her expectation that a resident on a pureed diet was served pureed food. She further indicated she expected staff to contact dietary if the wrong diet was sent.</p>	F 367	<p>Measures put into place or systemic changes made to ensure that the deficient practice does not occur</p> <p>All Nursing Staff were In-serviced on assuring implementation of dietary Order and Communication slip being placed on resident's MAR at the time of a dietary status, and resident being placed on Acute Charting list for 72 hours to ensure communication has been established on April 28, 2011. This information has been integrated into the standard orientation training and in the required in-service refresher courses for all employees and will be reviewed by the Quality Assurance Process to verify that the change has been sustained.</p> <p>The facility has implemented a quality assurance monitor:</p> <p>The Assistant Director of Nursing and/or designee will monitor this issue using the QA Survey Tool, reviewing MAR and 24 hour reports form for five residents. Any issues identified will be reported immediately to the Administrator/DON for appropriate action. This will be done weekly for four weeks then monthly for 3 months. Compliance will be monitored and ongoing auditing program reviewed at the weekly Quality of Life Meeting.</p>		



Long Term Care Management Services Survey QA Tool

Instructions: Indicate if the following criteria is acceptable or not acceptable. Report concerns/observations to Administrator during QOL/QA Committee. Use comment section to indicate specific residents with concerns noted. Tool to be done 1 x week x 4 weeks. Then monthly until QA resolves.

Resident Charts

Review 5 residents charts

Resident Initial					
Face sheets on charts and easy to locate.					
Incident reports show that R/P as listed on face sheet was notified					

Notification when Diet Order Changes

Interview 5 staff members

Resident Initial					
Copy of Diet Order and Communication Slip place with residents MAR.					
Resident placed on Acute Charting List for 72 hours.					

Additional Findings/ Comments:

Signature of person reporting to QA: _____ Date: _____



Liberty Commons

Nursing & Rehabilitation Center

of Lee County

May 4, 2011

Dear Resident or Responsible Party,

Enclosed you will find a blank Information Sheet. This is the form on which you provided us with information on admission to the facility.

To ensure that all information is updated and correct, please complete and return to us in the mail or drop off at the Receptionist Desk by May 10th. (Only complete the Resident Name and then The Responsible Party, Second and Third Contacts)

Also, please be aware that due to HIPAA regulations, we will only release information to the people listed on this Information Sheet. Please inform friends and family that they should not call the facility to ask for information about your resident.

Please make sure you help us keep this information updated when change of address or phone numbers change.

If you have any questions or comments, please contact me. Thank you for your help in updating this information.

Sincerely,

A handwritten signature in cursive script that reads "Linda Andrews". A horizontal line is drawn across the end of the signature.

Linda Andrews, LNHA
Administrator



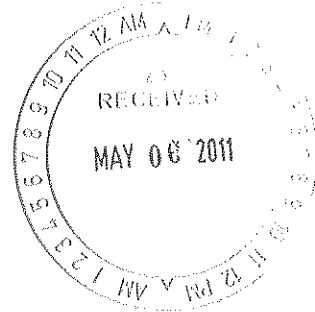
Liberty Commons

Nursing & Rehabilitation Center

of Lee County

May 4, 2011

NC Department of Health and Human Services
Division of Health Service Regulation
Nursing Home Licensure and Certification Section
2711 Mail Service Center
Raleigh, NC 27699-2711



Attn: Mary Pinto
Facility Survey Consultant II

Enclosed please find a Plan of Correction (PoC) for deficiencies cited in most recent survey of April 19, 2011

If additional information or clarification is needed, please contact me.

Thank you,

Linda Andrews, NHA
Administrator