

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345309	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Liberty Commons Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 101 Caroline Avenue Weldon, NC 27890	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews with staff, the facility failed to follow the approved menu for 2 of 4 residents on a pureed diet (Residents #18 and #38). The findings included: The Week 1 dietitian approved menu indicated residents on a pureed diet were to receive a #6 scoop (equal to 5.3 ounces) of pureed vegetable chili and a #10 scoop (equal to 3.25-4 ounces) of pureed cornbread. The Diet Report dated 11/24/25 documented 4 residents had orders for a pureed diet. a. Resident #18 was admitted to the facility on [DATE] with diagnoses including dysphagia (trouble swallowing), hospice care, and weight loss. Resident # 18's current physician orders reviewed 11/24/25 documented she was to receive a pureed no added salt diet. b. Resident #38 was admitted to the facility on [DATE] with diagnoses including dysphagia. Resident #38's physician orders dated 1/10/25 documented she was to receive a pureed cardiac diet. Observation on 11/24/25 at 12:05 PM revealed [NAME] #1 served one 4-ounce scoop of chili and one 4-ounce scoop of pureed greens to 2 residents on a pureed diet. There was no pureed cornbread or bread served on the trays. The pureed chili was a brown and gray color, and the regular chili was a bright red color. In an interview on 11/24/25 at 12: 07 PM, [NAME] #1 said the pureed chili contained only beef and beans and she did not put the vegetables in while preparing the pureed chili, which was why the two dishes were different colors. She stated not adding the vegetables would make the pureed chili taste better. She stated she used a 4-ounce scoop because she thought that was what the menu had indicated to use. She stated she forgot to make pureed cornbread or a bread item to serve. In an interview on 11/24/25 at 12:09 PM, the Certified Dietary Manager (DM) confirmed [NAME] #1 did not serve a pureed bread option and after surveyor intervention, asked her to make some for service. She stated normally she ordered premade pureed bread which meant the cooks did not routinely have to make it. She stated she was unable to order premade pureed bread on the last order due to a cost increase. The DM was unable to find a #6 scoop for the pureed chili and, after surveyor intervention, she gave [NAME] #1 a 6-ounce ladle to serve the chili. The DM was not aware the vegetables were not added to the pureed chili and stated they should have been as per the recipe. In a phone interview on 11/24/25 at 12:14 PM, the Registered Dietitian stated a pureed bread option should have been served, and the scoop size should have been followed per the menu. The recipe, which called for vegetables to be put into the pureed chili the same as the regular chili, should have been followed so residents on a pureed diet received the same menu item. She stated the menu should have been followed to ensure residents received enough calories in their meals.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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