POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT	
IDENTIFICATION NUMBER	A. Building			
345381 _{Y1}	B. Wing	Y2	4/12/2018	Y3
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE		
VILLAGE CARE OF KING		440 INGRAM ROAD		
		KING, NC 27021		

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).

ITEI	Μ	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0641 483.20(g)	Correction Completed 03/30/2018	ID Prefix Reg. # LSC	F0657 483.21(b)(2)(i)-(iii)	Correction Completed 03/30/2018	ID Prefix Reg. # LSC	F0689 483.25(d)(1)(2)	 Correction Completed 03/30/2018
ID Prefix Reg. # LSC	F0757 483.45(d)(1)-(6)	Correction Completed 03/30/2018	ID Prefix Reg. # LSC	F0867 483.75(g)(2)(ii)	Correction Completed 03/30/2018	ID Prefix Reg. # LSC		 Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		 Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		 Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		 Correction Completed
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