A. BUILDING

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:
345381

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING

(X3) DATE SURVEY
COMPLETED
C 07/15/2020

NAME OF PROVIDER OR SUPPLIER
VILLAGE CARE OF KING

STREET ADDRESS, CITY, STATE, ZIP CODE
440 INGRAM ROAD
KING, NC  27021

(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

F 000 INITIAL COMMENTS

An unannounced complaint investigation was conducted on 7/13/2020-7/15/2020. 1 of the 8 complaint allegation(s) was substantiated but did not result in a deficiency. Event# ZFYG11.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE
Electronically Signed
07/28/2020

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.