A. BUILDING ____________________________

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345449

(X2) MULTIPLE CONSTRUCTION

A. BUILDING ________________

B. WING ________________

(X3) DATE SURVEY COMPLETED

R-C 11/18/2021

NAME OF PROVIDER OR SUPPLIER

UNIVERSAL HEALTH CARE/KING

STREET ADDRESS, CITY, STATE, ZIP CODE

115 WHITE 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 onsite revisit survey was conducted from 11/17/21 through 11/18/21. Tags F558, F656, F657, F689 were corrected as of 10/10/21. The facility is back in compliance as of 10/10/21.

(F 000)