POST-CERTIFICATION REVISIT REPORT									
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION								DATE OF REVISIT	
IDENTIFICATION NUMBER A. Building B. Wing							4/6/2022	,	
		6. Willy			1		Y2	4/0/2022	Y3
NAME OF	FACILITY				STREET ADDRESS, CIT	Y, STATE, ZII	CODE		
VILLAGE CARE OF KING 440 INGRAM ROAD									
KING, NC 27021									
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).									
ITEM		DATE	ITEM		DATE	ITEM			DATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0641	Correction	ID Prefix	F0645	Correction	ID Prefix	F0756		Correction
Reg.#	483.20(g)	Completed	Reg. #	483.20(k)(1)-(3)	Completed	Reg.#	483.45(c)(1)(2)(4)(5	5)	Completed
LSC		03/11/2022	LSC		03/11/2022	LSC			03/11/2022