STATE DEVICE OF OF CERTICIAN OF CERTICIAN DEDICATION A BULDING       201 DATE BURNOF								APPROVED	
AND PLAN OF CORRECTION     DEPENDING TO NUMBER     A BUILDING     Construction       348229     STREET ADDRESS, OTV, STATE, PLOCO       INVICUATION OF DEFICIENCES       PEAK RESOURCES - SHELBY       SUMMEY STATEMENT OF DEFICIENCES       PAIL OF CORRECTION OF DEFICIENCE				(X2) M				OMB NO. 0938-0391	
345229         NMMS         1006/2011           NAME OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, 2P CODE         STREET BOX 287           PEAK RESOURCES - SHELDY         INTELLOY, C2 8169         STREET ADDRESS, CITY, STATE, 2P CODE         STREET ADDRESS, CITY, STATE, 2P CODE           IPREIX         SUMMARY STATEMENT OF DEFICIENCIES         INTELLOY, NO. 28169         SUMMARY STATEMENT OF DEFICIENCY INSTREET BOX 287         SHELDY, NO. 28169         CROSS REFERENCE TO THE APPROPRIATE         COMPLETING NO. 2000           IPREIX         RECULATORY OB LISTICITIES IN OF DEFICIENCY INSTREET BOX 287         INTELLOY, NO. 28169         CROSS REFERENCE TO THE APPROPRIATE         COMPLETING NO. 2000           F 000         INITIAL COMMENTS         F 000         F 000         INITIAL COMMENTS         F 000           No deficiencies were cited as a result of the complaint investigation. Event I/D #SDD511.         F 000         INITIAL COMMENTS									
NMLE OF PROVIDER OR SUPPLIER         STREET ADDRESS, CITY, STATE, OF CODE         100/06/2011           PEAK RESURCES - SHELBY         STREET ADDRESS, CITY, STATE, OF CODE         100/06/2011         100/06/2011           (X4)[0]         Summary STATELEN (OF ORTODENDES)         0         PROVIDER PLAN CORRECTION (SUBJECT FROM CONSTITUENTS)         0 <td colspan="2"></td> <td>0.45000</td> <td colspan="2">B. WING</td> <td></td> <td colspan="2"></td>			0.45000	B. WING					
PEAK RESOURCES - SHELBY         1011 NOTIN MORGAN STREET BOX 2337 SHELBY, NC 20190           (PM) INTAC         SUMMARY STATEMENT OF DEFICIENCIES INCLUSION OF USCIDENTIFYING INFORMATION         Trac         CROSS-REFERENCED TO THE APPOPRIATE CROSS-REFERENCED TO THE APPOPRIATE CROSS-REFERENCED TO THE APPOPRIATE OFFICIENCY         CROSS-REFERENCED TO THE APPOPRIATE CROSS-REFERENCED TO THE APPOPRIATE CROSS-REFER							10/06/2011		
PEAK RESOURCES - SHELBY         SHELBY, NC 28160           (%1)D PHEP/X TAG         ISAMARY STATEMENT OF DEFICIENCIES ISAMA DEFICIENT MISSI BE FICE/EXCLUSION HERCURATION HERCURATION OF THE LOC DENTIFYING INFORMATION         ID PHEP/X TAG         PROVIDERS PLANOF CORRECTION (CHOSS-REPERINDER TO THE SHOLD SHOLD BE DEFICIENCY)         000           F 000         INITIAL COMMENTS         F 000         F 000         F 000         F 000           No deficiencies were cited as a result of the complaint investigation. Event ID #SDO511.         F 000         F 000         F 000	NAME OF PROVIDER OR SUPPLIER								
PREFIX TAG         (EACH CORFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         CEACH CORFERENCE COTIVE ACTION SHOULD BE CROSS REFERENCE TO THE PREPRENATE         CARMENTS           F 000         INITIAL COMMENTS         F 000         F 000         No deficiencies were cited as a result of the complaint investigation. Event ID #SDO511.         F 000         INITIAL COMMENTS         F 000         INITIAL COMMENTS         Initial Complaint investigation. Event ID #SDO511.         F 000         Initial Complaint investigation. Event ID #SDO511.         Initial Complaint Investinter Investinter Investigation. Event ID #SDO511. <t< td=""><td colspan="4">PEAK RESOURCES - SHELBY</td><td colspan="4"></td></t<>	PEAK RESOURCES - SHELBY								
TAG         REGULATORY OR LSC IDENTIFYING INFORMATION)         TAG         CROSS-REFERENCE TO THE APPROPRIATE         DAVE           F 000         INITIAL COMMENTS         F 000									
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complaint investigation. Event ID #SDO511.	F 000				000				
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE									
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	LABORATORY		SUPPLIER REPRESENTATIVE'S SIGNATI	IRE		TITLE		(X6) DATE	

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.

PRINTED: 10/20/2011