DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/10/2020 FORM APPROVED OMB NO. 0938-0391

| DF DEFICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|--|--|--|--|
| | 345429 | B. WING _ | | | 09/10/2020 | |
| NAME OF PROVIDER OR SUPPLIER PEAK RESOURCES - PINELAKE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327 | | | |
| SUMMARY STATEMENT OF DEFICIENCIES X (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | ((EACH CORRECTIVE ACT CROSS-REFERENCED TO | PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETI DATE | | |
| Initial Comments | | E | E 000 | | | |
| An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. | | | | | | |
| 00 INITIAL COMMENTS | | F | 000 | | | |
| An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. | | | | | | |
| | ROVIDER OR SUPPLIER SOURCES - PINELAKE SUMMARY ST (EACH DEFICIENC REGULATORY OR) Initial Comments An unannounced CC was conducted on 09 found in compliance related to E-0024 (b) for Long Term Care F L4QT11. INITIAL COMMENTS An unannounced CC Control Survey was of The facility was found §483.80 infection cor implemented the CM: Control and Preventic | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended | A. BUILDIN 345429 B. WING _ ROVIDER OR SUPPLIER SOURCES - PINELAKE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. INITIAL COMMENTS An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended | ROVIDER OR SUPPLIER SOURCES - PINELAKE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. INITIAL COMMENTS A. BUILDING STREET ADDRESS, CITY, STATE, ZIP OR 801 PINEL ROT PINEL PROFIDE ACTOR PREFIX (EACH CORRECTIVE ACTOR PREFIX TAG CROSS-REFERENCED TO DEFICIEN) E 000 An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. INITIAL COMMENTS F 000 An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended | ROVIDER OR SUPPLIER SOURCES - PINELAKE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments A BUILDING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 801 PINEHURST AVENUE CARTHAGE, NC 28327 ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Initial Comments E 000 An unannounced COVID-19 Focused Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.73 related to E-0024 (b)(6), Subpart-B-Requirements for Long Term Care Facilities. Event ID# L4QT11. INITIAL COMMENTS F 000 An unannounced COVID-19 Focused Infection Control Survey was conducted on 09/10/2020. The facility was found in compliance with 42 CFR §483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended | |

Electronically Signed

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE