### A. BUILDING: __________________________

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

NH0403

#### (X2) MULTIPLE CONSTRUCTION

A. BUILDING: __________________________

B. WING __________________________

#### (X3) DATE SURVEY COMPLETED

09/18/2019

### NAME OF PROVIDER OR SUPPLIER

PEAK RESOURCES-CHERRYVILLE

#### STREET ADDRESS, CITY, STATE, ZIP CODE

7615 DALLAS CHERRYVILLE HIGHWAY

CHERRYVILLE, NC  28021

### DIVISION OF HEALTH SERVICE REGULATION

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

#### TITLE

Electronically Signed

#### STATE FORM

6899  OKYK11

If continuation sheet 1 of 1

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### SUMMARY STATEMENT OF DEFICIENCIES

**D 000**

**Initial Comments**

A complaint investigation survey was completed on 09/18/19. There were two allegations investigated and one was substantiated without citation. Event ID# OKYK11.

**D 000**