A. BUILDING ________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

B. WING _____________________________

PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345494

DATE SURVEY COMPLETED

02/12/2021

NAME OF PROVIDER OR SUPPLIER

PEAK RESOURCES - GASTONIA

STREET ADDRESS, CITY, STATE, ZIP CODE

2780 X-RAY DRIVE

GASTONIA, NC  28054

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)

COMPLETION DATE

F 000 INITIAL COMMENTS

An unannounced complaint investigation survey was conducted onsite 02/10/21 with exit from the facility on 02/10/21. Additional information was obtained onsite through 02/12/21; therefore, the exit date was changed to 02/12/21. A total of 8 allegations were investigated and none were substantiated. Event ID# 2OLO11.

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.