A. BUILDING __________________________________________
B. WING _____________________________

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
PEAK RESOURCES - ALAMANCE, INC

STREET ADDRESS, CITY, STATE, ZIP CODE
215 COLLEGE STREET
GRAHAM, NC  27253

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

E 000 Initial Comments
An unannounced Recertification survey was conducted on 5/10/21 through 5/13/21. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #BoYJ11.

F 000 INITIAL COMMENTS
An unannounced recertification survey and complaint investigation was conducted from 5/10/21 through 5/13/21. Event ID # BOYJ11. The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey). 14 of the 14 complaint allegations were not substantiated.

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

Electronically Signed 05/25/2021

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.