## Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:**
345013

**State of Survey Completed:**
R-C 04/27/2022

**Provider or Supplier Name:**
PEAK RESOURCES - CHARLOTTE

**Address:**
3223 CENTRAL AVENUE
CHARLOTTE, NC 28205

### Summary Statement of Deficiencies

Each deficiency must be preceded by full regulatory or LSC identifying information.

### Initial Comments

A revisit survey was conducted on 4/27/22. The facility is back into compliance effective 3/26/22.

**Lab Director or Provider/Supplier Representative's Signature:**
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.