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

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

E 000 Initial Comments

An unannounced recertification survey and complaint investigation was conducted on 4/18/22 through 4/21/22. The facility was found in compliance with the requirement CFR 483.73, Emergency Preparedness. Event ID #HTOZ11.

F 000 INITIAL COMMENTS

A recertification survey and complaint investigation was conducted from 4/18/22 through 4/21/22. Event ID# HTOZ11. 30 of the 30 complaint allegations were not substantiated. The following intakes were investigated: NC00186273, NC00185629, NC00185628, NC00185620, NC00184974, NC00184161, NC00184471, NC00184316.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed

TITLE: LABORATORY DIRECTOR

DATE: 05/03/2022

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.