POST-CERTIFICATION REVISIT REPORT									
PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION							DATE OF REVISIT		
IDENTIFICATION NUMBER  A. Building								44/0/0000	
345429	Y1	B. Wing					Y2	11/8/2022	Y3
NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE							CODE		
PEAK RESOURCES - PINELAKE 801 PINEHURST AVENUE									
CARTHAGE, NC 28327									
program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).									
ITEM		DATE	ITEM		DATE	ITEM		D	ATE
Y4		Y5	Y4		Y5	Y4			Y5
ID Prefix	F0554 483.10(c)(7)	Correction	ID Prefix	F0565 483.10(f)(5)(i)-(iv)(6)	Correction (7)	ID Prefix	F0684 483.25		orrection
Reg. #		Completed	Reg. #		Completed	Reg. #			mpleted
LSC		10/14/2022	LSC		10/14/2022	LSC		10	/14/2022

Correction

Completed

10/14/2022

Correction

Completed

Correction

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg. #

**ID Prefix** 

LSC

LSC

F0812

483.60(i)(1)(2)

Correction

Completed

10/14/2022

Correction

Completed

Correction

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg.#

**ID Prefix** 

LSC

LSC

F0686

F0867

483.75(g)(2)(ii)

483.25(b)(1)(i)(ii)

Correction

Completed

10/14/2022

Correction

Completed

10/14/2022

Correction

**ID Prefix** 

Reg.#

**ID Prefix** 

Reg.#

**ID Prefix** 

LSC

LSC

F0695

483.25(i)