POST-CERTIFICATION REVISIT REPORT

	MULTIPLE CONSTRUCTION		DATE OF REVISIT		
IDENTIFICATION NUMBER	A. Building				
345013 _{Y1}	B. Wing	Y2	3/22/2023	Y3	
NAME OF FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE			
PEAK RESOURCES - CHARLOTT	E	3223 CENTRAL AVENUE			
		CHARLOTTE, NC 28205			

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments 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).

ITEI	м	DATE	ITEM		DATE	ITEM		DATE
Y4		Y5	Y4		Y5	Y4		Y5
ID Prefix Reg. # LSC	F0600 483.12(a)(1)	Correction Completed 03/20/2023	ID Prefix Reg. # LSC	F0610 483.12(c)(2)-(4)	Correction Completed	ID Prefix Reg. # LSC		Correction Completed
ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
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ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed	ID Prefix Reg. # LSC		Correction Completed
REVIEWE STATE AG REVIEWE CMS RO	BENCY	REVIEWED BY (INITIALS) REVIEWED BY (INITIALS)	DATE DATE	SIGNATURE OF TITLE			DATE	
FOLLOWUP TO SURVEY COMPLETED ON 3/8/2023		CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?					5 🗌 NO	