STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources - Charlotte	3223 Central Avenue Charlotte, NC 28205

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observations and staff interviews, the facility failed to maintain a medication error rate of less than 5% as evidenced by the administration of wrong dosage (2 medication errors out of 30 opportunities), resulting in a medication error rate of 6.67% for 2 of 3 residents (Resident #105 and Resident #36) observed during medication pass. The findings included: 1. Resident #105 was admitted to the facility on [DATE] with diagnoses that included vitamin deficiency. The Physician's Orders in Resident #105's electronic medical record indicated an active order dated 3/24/25 for Cholecalciferol (Vitamin D3) 50 micrograms (mcg) (2000 units) once a day. On 6/25/25 at 8:16 AM, Nurse #1 was observed as she prepared and administered Resident #105's medications. Nurse #1 administered one tablet of Vitamin D3 25 mcg to Resident #105. An interview with Nurse #1 on 6/25/25 at 9:38 AM revealed she should have given two tablets of Vitamin D3 to Resident #105 when she gave her medications. An interview with the Director of Nursing (DON) on 6/25 /25 at 2:40 PM revealed she would need to check to see why Nurse #1 made the medication error, but it was probably because she didn't read the label on the bottle carefully. The DON stated that the nurses were supposed to follow the five rights of medication administration. 2. Resident #36 was admitted to the facility on [DATE] with diagnoses that included vitamin D deficiency. The Physician's Orders in Resident #36's electronic medical record indicated an active order dated 2/12/23 for Cholecalciferol (Vitamin D3) 50 mcg (2000 units) once a day. On 6/25/25 at 8:40 AM, Nurse #2 was observed as she administered Resident #36's medications. Nurse #1 administered two tablets of Vitamin D3 10 mcg (400 units) to Resident #36. An interview with Nurse #2 on 6/25/25 at 9:11 AM revealed she was aware that the facility had two different formulations of Vitamin D3 available, and that she should have pulled from the other bottle of Vitamin D3 that had 50 mcg to give the correct dose to Resident #36. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345013	A. Building B. Wing	06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources - Charlotte	3223 Central Avenue Charlotte, NC 28205

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview with the Director of Nursing (DON) on 6/25 /25 at 2:40 PM revealed she would need to check to see why Nurse #2 made the medication error, but it was probably because she didn't read the label on the bottle carefully. The DON stated that the nurses were supposed to follow the five rights of medication administration.