STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345395	A. Building B. Wing	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources-Cherryville	7615 Dallas Cherryville Highway Cherryville, NC 28021

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, facility activity calendar, and resident and staff interviews, the facility failed to ensure group activities were planned for outside of the facility to meet the needs of residents who expressed that it was important to them to attend group activities outside of the facility for 5 of 5 residents reviewed for activities (Resident #32, #34, #58, #63, and #66). The residents expressed that not being able to leave the facility for over a year made them feel sad, at times lonely or depressed and they missed going out with the group to engage in activities, eat at restaurants, shop and socialize. The findings included: A review of the July 2025 through July 2026 activity calendars revealed activities inside of the facility during the week and on the weekends. There were no activities scheduled outside of the facility. Observation on 7/13/26 at 10:00 AM revealed the facility was located in a rural area that was within 10-to-15-minute driving distance to numerous local and commercial shops, grocery stores, fast food, and sit-down restaurants. a. Resident 32 was admitted to the facility on [DATE]. An admission Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #32 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #32 was cognitively intact. An interview conducted with Resident #32 on 7/14/26 at 1:30 PM during Resident Council meeting revealed there had not been a scheduled group activity outside of the facility since she was admitted . Resident #32 agreed with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but they did not have a facility van, and the contracted vans were for medical appointments only. Resident #32 was also in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and sometime depressed and that her family was not always able to come and visit with her and she would enjoy being able to go to a restaurant and order her own food, socialize with other people outside of the facility, and shop for her own personal items. b. Resident #34 was admitted to the facility on [DATE]. An Annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #34 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #34 was cognitively intact. An observation and interview conducted with Resident #34 on 7/14/26 at 1:30 PM during Resident Council meeting revealed she had been at the facility for a year and there had been no scheduled group activities outside of the facility. Resident #34 was observed nodding her head in agreement with the other Resident Council members that they had discussed this during some of their Resident Council meetings in the past months. Resident #34 also nodded her head and stated yes in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and unhappy and she would also enjoy being able to go to a restaurant, socialize with other people outside of the facility, shop for her own personal items, and to look at Christmas lights. c. Resident #58 was admitted to the facility on [DATE]. An Annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #58 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #58 was cognitively intact. An interview was (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
	345395	A. Building B. Wing	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources-Cherryville	7615 Dallas Cherryville Highway Cherryville, NC 28021

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	conducted during the Resident Council meeting on 7/14/26 at 1:30 PM with Resident #58 who was also the Resident Council President. Resident #58 revealed during the meeting there had been no scheduled activities outside of the facility since she had been admitted . Resident #58 also stated during their resident council meetings they had discussed with the Activities Director about scheduling activities outside of the facility, but the facility did not have their own van. Resident #58 revealed not having scheduled activities outside of the facility made her feel sad and sometimes depressed and she was in agreement with other Resident Council members that she would also like to have scheduled activities that included going out to eat at a restaurant, looking at Christmas lights, going to the movies or bowling, going shopping, and socializing with other people outside of the facility. d. Resident #63 was admitted to the facility on [DATE]. An Annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #63 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #63 was cognitively intact. An interview conducted with Resident #63 on 7/14/26 at 1:30 PM during the Resident Council meeting revealed that since he had been at the facility there had been no scheduled activities outside of the facility. Resident #63 stated they had discussed this with the Activities Director during their Resident Council meetings about scheduling activities outside of the facility and she believed the Activities Director went and spoke with the Administration about it, but they currently do not have a facility van. Resident #63 stated not having the opportunity to participate in activities outside of the facility made him feel sad and sometimes depressed and agreed with the other members that not every resident had family that visited all the time, and ordering items online was not the same as shopping for them in-person. Resident #63 stated he would like to be able to go to a restaurant and order her own meals and socialize with other people, go to the store shopping, go to a Christmas parade or to look at Christmas lights. e. Resident #66 was admitted to the facility on [DATE]. An Annual Minimum Data Set (MDS) assessment dated [DATE] indicated Resident #66 felt that it was very important to have activities that included going outside of the facility and doing things in a group setting. The assessment further indicated Resident #66 was cognitively intact. An observation and interview were conducted with Resident #66 on 7/14/26 at 1:30 PM during the Resident Council meeting revealed that since she had been at the facility there had been no scheduled activities outside of the facility. Resident #66 was observed nodding her head in agreement with the other Resident Council members that they had discussed this during some of their Resident Council meetings, but there was no facility van to accommodate them. Resident #66 was also in agreement with the other Resident Council members that not being able to leave the facility and participate in group activities made her feel sad and sometimes depressed and she would also enjoy being able to go to a restaurant and order her own food, socialize with other people outside of the facility, watch a Christmas parade, or to look at Christmas lights. An interview conducted with the Activity Director on 7/14/26 at 1:30 PM during the Resident Council meeting revealed she had been working as the AD at the facility for the past 4 years and part of her responsibilities were scheduling and implementing resident activities inside and outside of the facility for each month. The Activity Director stated since she began working at the facility, she had not been able to schedule any resident group activities outside of the facility due to transportation issues as currently the facility did not have their own van, and they relied on contract transportation for resident medical appointments. The Activities Director revealed she had brought the issue up to Administration and believed they were trying to work on a solution with transportation so they could schedule activities outside of the facility and be able to accommodate everyone. The Activity Director stated she had been doing personal shopping for residents so they could continue to receive their preferences and assisting residents with online shopping but understood that was not the same as residents being able to leave the facility and shop for themselves, eat a meal together at a restaurant, go bowling, or to go on an outing to see the Christmas parade or the lights. The Activity Director revealed she felt like activities outside of the facility for those residents who could participate were important for their (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345395	A. Building B. Wing	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources-Cherryville	7615 Dallas Cherryville Highway Cherryville, NC 28021

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	overall well-being and allowed them some independence and socialization outside of the facility. During an interview conducted with the Administrator on 7/16/26 at 1:30 PM revealed he had been employed at the facility as the Administrator a little over 3 years and there had been no scheduled activities outside of the facility since he became the Administrator. He stated the facility did not have its own van and relied on contract transportation for resident medical appointments. The Administrator revealed that he agreed that activities outside of the facility were important for residents and allowed them to keep some of their independence and normalcy and he would be speaking with corporate about contacting transport companies to see if they could contract with them for some scheduled activities outside of the facility.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345395	A. Building B. Wing	07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Peak Resources-Cherryville	7615 Dallas Cherryville Highway Cherryville, NC 28021

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 medication administration observation, record review, and staff interviews, the facility failed to maintain a medication error rate of less than 5% as evidenced by 2 observations of the incorrect method of insulin administration (2 medication errors out of 30 opportunities), resulting in a facility medication error rate of 6.67% for 1 of 3 residents (Resident #8) observed during medication pass.The findings included:A review of Lantus Solostar insulin pen manufacturer instructions dated 2022 revealed that a safety test should be conducted prior to each injection. The instructions to complete the safety test is to: Dial the dosage dial to 2 units. Hold the pen with the needle pointing up and lightly tap the insulin reservoir so the air bubbles rise to the top of the needle. The dial will automatically go back to zero as you perform the test. Check to see that insulin comes out of the needle. A review of Novolog FlexPen manufacturer instructions dated 02/23 stated in part, Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing, turn the dosage dial to 2 units, hold your NovoLog FlexPen with the needle pointing up, tap the cartridge gently with your finger a few times to make any air bubbles collect at the top of the cartridge. With the needle pointing upwards, press the push-button all the way in. The dose selector will return to zero. A drop of insulin should appear at the needle tip. Resident #8 was admitted to the facility on [DATE] with diagnoses that included type 2 diabetes mellitus without complications.Physician orders for Resident #8 revealed the following: An order dated 03/05/26 for Lantus Solostar U-100 insulin pen (a long-acting insulin) 13 units subcutaneous (under the skin) each AM. An order dated 05/26/26 for NovoLog FlexPen U-100 insulin (a short-acting insulin) 8 units before meals. A continuous observation of medication pass with Nurse #1 was conducted on 07/14/26 at 9:09 AM through 9:25 AM. Nurse #1 was observed as she prepared Resident #8's medications. Nurse #1 removed Resident #8's Lantus insulin pen and the Novolog insulin pen from the medication cart. Nurse #1 set Resident #8's Lantus insulin dosage dial to administer 13 units per Resident #8's physician's order. Nurse #1 set Resident #8's Novolog insulin dosage dial to administer 8 units per Resident #8's physician's order. Nurse #1 entered Resident #8's room and administered the Lantus 13 units subcutaneous and Novolog 8 units subcutaneous without priming either insulin pen as advised by the manufacturer's instructions. An interview with Nurse #1 was conducted on 07/14/26 at 9:26 AM. Nurse #1 stated that she did not know that the insulin pens should be primed prior to each dose being administered per the manufacturer's instructions. Nurse #1 reported that she had only primed the insulin pens prior to the first use and believed this was all that was required. Nurse #1 verbalized that she was not familiar with the facility policy regarding insulin administration although she did receive training on insulin administration upon hire. An interview with the Consultant Pharmacist was conducted 07/15/26 at 11:46 AM. The Consultant Pharmacist stated that the Lantus and Novolog insulin pen manufacture's instructions stated that the pens must be primed prior to each dose administration. The Consultant Pharmacist verbalized that he did not believe lack of priming the insulin pens would be a concern for Resident #8, but it was recommended by the manufacturer so the full dose of insulin would be administered. An interview with the Director of Nursing (DON) was conducted on 07/15/26 at 4:10 PM. The DON stated that the insulin pens should be primed prior to each dose to ensure the correct dose of insulin was administered to residents. The DON reported that she was not sure why Nurse #1 did not prime the insulin pens.