STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G317	A. BUILDING _____ B. WING _____	R 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW	5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS A revisit was conducted on 6/1/23 for deficiencies cited on 3/22/23. One out of two deficiencies were corrected; however, one deficiency remains out of compliance. The facility remains out of compliance.	W 000		
{W 262}	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(i) The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the restrictive techniques were monitored and reviewed annually by the human rights committee (HRC) for 2 of 6 clients (#1, #6). The finding is: Observations throughout the recertification survey from 3/21/23-3/22/23 revealed door chimes on the front, side and back doors of the facility. Continued observation revealed the doors to chime as staff entered and exited the facility. Review of facility documentation on 6/1/23 did not reveal current HRC limitation consents for clients #1 and #6. Continued review of facility documentation for clients #1 and #6 revealed HRC consents to expire on the following dates: client #1 (expired 1/26/23) and client #6 (expired 5/23/23). Interview with the facility administrator on 6/1/23 revealed human rights limitation consents for clients #1 and #6 could not be located during the	{W 262}		

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
	34G317	A. BUILDING _____ B. WING _____	R 06/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW	5927 LAKEVIEW DRIVE CHARLOTTE, NC 28270

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{W 262}	Continued From page 1 follow up survey. Continued interview with the facility administrator revealed clients' human rights limitation consents should be reviewed and approved by the human rights committee annually.	{W 262}		