

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/02/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/01/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>LAKEVIEW</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5927 LAKEVIEW DRIVE</b> <b>CHARLOTTE, NC 28270</b>		
(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}	W262  The Administrator will re in-service the Qualified Professional on completing HRC consents and ensuring they are filed.  The clinical team will complete chart audits bi-weekly for a period of 30 days to monitor for HR consents and ensuring they are completed.  In the future, Administrator and QP will ensure HRC consents are current and completed.		

RECEIVED

JUN 12 2023

DHSR-MH Licensure Sect

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Aime Stachniss*

TITLE

Administrator

(X6) DATE

6/7/23

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.

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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}			