STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	**806 LAKESIDE AVENUE BURLINGTON, NC 27217**

(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) COMPLETE DATE
C 000	Initial Comments Report by Kelly Myers DHSR Construction Section conducted a Biennial Survey on May 6, 2025, from 12:00 PM to 1:10 PM at the above referenced facility. DHSR records indicate the home was first licensed on January 09, 2019 as a Family Care Home for six (6) ambulatory Residents (able to respond and evacuate without any physical or verbal assistance during a fire or other emergency). Based on this we are requiring the home to be in compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes the applicable portions of the 2018 North Carolina Building Code - Section 428.2 - Residential Care Homes NOTES: 1.) At the time of our visit, we cited deficiencies that require an acceptable plan of correction. All deficiencies listed were discussed with on-site staff during the exit interview. 2.) Take actions to correct all listed deficiencies, once completed provide verification in the form of photos, receipts, invoices, etc. for all work performed. The cited deficiencies are as follows:	C 000		
C 113	Construction-Door Width SECTION .0300 - THE BUILDING 10A NCAC 13G .0302 DESIGN AND CONSTRUCTION (j) The door width shall be a minimum of two feet and six inches in the kitchen, dining room, living rooms, bedrooms and bathrooms.	C 113		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: 01 B. WING _____	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	806 LAKESIDE AVENUE BURLINGTON, NC 27217

(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) COMPLETE DATE
C 113	Continued From page 1 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the bathroom doors did not meet the required 30-inch width. This is not compliant with the rule. Take the necessary steps to repair to meet the 30-inch width requirement.	C 113		
C 132	Bathroom-For Each 5 or Fewer SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (a) Adult care homes licensed on or after April 1, 1984, shall have one full bathroom for each five or fewer persons including live-in staff and family. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that this home has two full baths and one of the baths is designated as a staff bathroom. This is not compliant with the rule. Take the necessary steps to ensure that both bathrooms are always accessible to the residents.	C 132		
C 172	Fire Safety-Four Rehearsals SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND DISASTER PLAN (e) There shall be at least four rehearsals of the fire evacuation plan each year. Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, staff members present, and a short description of what the rehearsal involved.	C 172		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	**806 LAKESIDE AVENUE BURLINGTON, NC 27217**

(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) COMPLETE DATE
C 172	Continued From page 2 This Rule is not met as evidenced by: 1. At the time of the survey it was observed that fire drills were not conducted on the 3rd shift while residents were sleeping and are being verbalized. This is not compliant with the rule. Take the necessary steps to educate and train the residents to respond to the smoke alarm any time that they are activated. If any resident requires verbal prompting or physical assistance, they may need to be relocated to a facility that can better serve their safety needs.	C 172		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that bedroom 1 had a ceiling fan that was lower than 80 inches from the floor and the end of the paddle blade was closer than 36 inches from a smoke detector. This is not compliant with the rule. Take the necessary steps to replace the ceiling fan with a light fixture. 2. At the time of the survey it was observed that bedroom 2 was missing a light bulb and the windows were very dusty. This is not compliant with the rule. Take the necessary steps to install a light bulb and routinely clean the windows.	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	**806 LAKESIDE AVENUE BURLINGTON, NC 27217**

(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) COMPLETE DATE
C 174	Continued From page 3 3. At the time of the survey it was observed that the left bathroom did not have a towel bar and the toilet was loose at the base. This is not compliant with the rule. Take the necessary steps to repair these deficiencies. 4. At the time of the survey it was observed that bedroom 3 door drags onto the floor and the bi-fold closet door does not stay on track. This is not compliant with the rule. Take the necessary steps to repair both doors. 5. At the time of the survey it was observed that the front walkway was not level with the grade at the driveway. This is not compliant with the rule. Take the necessary steps to install handrails on both sides of the walkway in this area or raise the grade level to eliminate the drop off. 7. At the time of the survey it was observed that the dining room and the den/common room had burnt or missing light bulbs. This is not compliant with the rule. Take the necessary steps to routinely replace light bulbs. 8. At the time of the survey it was observed that the GFCI receptacle was not able to be reset after testing. This is not compliant with the rule. Take the necessary steps to repair or replace the GFCI receptacle. 9. At the time of the survey it was observed that the attic was not accessible due to it being bolted shut. This is not compliant with the rule. Take the necessary steps to have the attic space accessible for inspection. 10. At the time of the survey it was observed that the front right soffit was loose. This is not compliant with the rule. Take the necessary steps	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	**806 LAKESIDE AVENUE BURLINGTON, NC 27217**

(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) COMPLETE DATE
C 174	Continued From page 4 to repair the soffit. 11. At the time of the survey it was observed that the front right downspout was missing the elbow to divert water away from the foundation. This is not compliant of the rule. Take the necessary steps to repair the downspout. 12. At the time of the survey it was observed that there were loose pickets on the right deck. This is not compliant with the rule. Take the necessary steps to secure all loose pickets. 13. At the time of the survey it was observed that the right deck had peeling and chipping paint. This is not compliant with the rule. Take the necessary steps to remove the peeling paint and paint. 14. At the time of the survey it was observed that the exterior of the home had dirt built up on the vinyl siding. This is not compliant with the rule. Take the necessary steps to routinely clean the exterior of the home. 15. At the time of the survey it was observed that the gutters were full of leaves. This is not compliant with the rule. Take the necessary steps to routinely clean the gutters. 16. At the time of the survey it was observed that there was a lip at the right ramp transition which could be a potential hazard. This is not compliant with the rule. Take the necessary steps to ensure that there is a smooth transition at the end of the deck. 17. At the time of the survey it was observed that there was a trailer in the backyard with mattresses and furniture on it, two van seats on	C 174		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	fcl001172	A. BUILDING: **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE	**806 LAKESIDE AVENUE BURLINGTON, NC 27217**

(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) COMPLETE DATE
C 174	Continued From page 5 the ground and two random tires. This is not compliant with the rule. Take the necessary steps to remove and store items in a storage unit to prevent the harboring of pests.	C 174		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. At the time of the survey it was observed that the call assistance system was operating but was able to be turned off at the panel in the staff room, which does not meet the intent of the rule. This is not compliant with the rule. Take the necessary steps to program the system so that it requires turning off the switch at the location.	C 180		