

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

PRINTED: 05/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>345432</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>04/23/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER BEND HEALTH AND REHABILITATION</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>213 RICHMOND HILL DRIVE</b> <b>ASHEVILLE, NC 28806</b>
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F 000	INITIAL COMMENTS  An unannounced complaint investigation was conducted 04/23/24. Event ID #HHMK11. Intake NC00215377 was investigated. 2 of 2 complaint allegations did not result in deficiency.	F 000		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:	F 609		5/20/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  05/13/2024
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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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F 609	<p>Continued From page 1</p> <p>Based on record review and staff interviews the facility failed to complete and submit an Initial Allegation Report within 2 hours to the State Regulatory Agency for 2 of 3 residents reviewed for abuse (Resident #2 and Resident #3).</p> <p>Findings included:</p> <p>Resident #2 was admitted to the facility 01/17/24.</p> <p>The admission Minimum Data Set (MDS) assessment dated 01/23/24 revealed Resident #2 was severely cognitively impaired.</p> <p>Resident #3 was admitted to the facility 08/23/22.</p> <p>The quarterly MDS assessment dated 02/24/24 revealed Resident #3 was moderately cognitively impaired.</p> <p>The Administrator completed an Initial Allegation Report to the State Regulatory Agency on 03/10/24. The report designated the type of allegation as "Resident Abuse" and stated the facility became aware of the allegation on 03/09/24 at 5:15 PM. Allegation details revealed Resident #2 was found in Resident #3's room and had grabbed Resident #3's arm. The residents were separated, and Resident #2 was assisted to her room. Resident #2 received increased supervision and the Physician was notified of the incident. The facsimile (fax) receipt provided by the facility was dated and timed as 03/10/24 at 3:06 PM, 21 hours and 51 minutes after the facility became aware of the allegation of abuse.</p> <p>A telephone interview with Nurse #1 on 04/23/24 at 2:36 PM revealed she was caring for Resident #2 and Resident #3 on 03/09/24 on the 7:00 AM</p>	F 609	<ol style="list-style-type: none"> <li>No residents were harmed by this alleged deficient practice. Residents # 2and #3 were not harmed by this alleged deficient practice. The nurse practitioner saw resident #3 on 3/27/2024 and was assessed and no injuries or harm from the incident was noted. Resident #2 was assessed by the Nurse Practitioner on 3/19/2024 and no injuries or harm from the incident were noted.</li> <li>All residents have the potential to be harmed by the alleged deficient practice. All residents will be interviewed/ assessed by social worker or designee as to whether they have witnessed or experienced abuse by 5/20/24, any negative findings will be reported to NCDHHS immediately.</li> <li>Facility Administrator will be educated on timeframes for reporting all allegations of abuse by corporate clinical RN on 5/14/2024. Facility administrator will immediately notify at the time of staff reporting allegation(s) or other reportable events to corporate clinical RN of all potentially reportable allegations and incidents and confer proper timeframe for reporting.</li> <li>All reportable allegations will be reviewed by corporate clinical RN for compliance with reporting deadlines daily x 4 weeks, then weekly x 2 months. Details of the audits will be taken to QAPI monthly by the administrator to be reviewed for compliance.</li> </ol> <p>The date of compliance will be 5/20/2024.</p>		

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F 609	<p>Continued From page 2</p> <p>to 7:00 PM shift. She stated she was in the dining room assisting with the evening meal on 03/09/24 when she heard someone screaming for help on the hall. Nurse #1 stated she determined the screaming was coming from Resident #3's room and when she entered Resident #3's room Nurse Aide (NA) #1 stated Resident #2 had grabbed Resident #3's arm and NA #1 separated the residents. She stated NA #1 and NA #2 assisted Resident #2 to her room, and she (Nurse #1) assessed both residents for injury. Nurse #1 stated Resident #3 had redness and bruising on her wrist (she could not recall if it was her left or right wrist) and Resident #2 did not appear to have any injuries. Nurse #1 stated she notified the Administrator of the incident immediately after she ensured both residents were safe. She stated she was asked by the Administrator via telephone to write a statement and leave it in his mailbox, which she did the evening of 03/09/24. Nurse #1 stated she had not received any education on how to report resident-to-resident altercations other than to make sure the residents were safe and notify the Administrator of the incident.</p> <p>An interview with the Administrator on 04/23/24 at 3:38 PM revealed he completed the Initial Allegation Report for the incident between Resident #2 and Resident #3 on 03/10/24 and faxed it to the State Agency. He confirmed he was notified via telephone of the incident between Resident #2 and Resident #3 the evening of 03/09/24 by Nurse #1 (he could not recall the exact time he was notified) and that Resident #3 had sustained bruising to one of her arms. The Administrator confirmed he considered the incident an allegation of abuse, but he did not initiate the Initial Allegation Report until 03/10/24</p>	F 609			

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F 609	Continued From page 3 because it was his understanding of the regulation that he had 24 hours to submit the initial report, unless there was significant bodily harm. He stated since Resident #2 only sustained bruising to her arm, he did not consider that significant bodily harm and felt it was appropriate to submit the initial report on 03/10/24.	F 609			
F 610 SS=D	Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4)  §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:  §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated.  §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress.  §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on record review and staff interviews the facility failed to complete a thorough investigation of an allegation of resident-to-resident abuse for 2 of 3 residents reviewed for abuse (Resident #2 and Resident #3).  Findings included:	F 610	1. No residents were harmed by this alleged deficient practice. The nurse practitioner saw resident #3 on 3/27/2024 and was assessed and no injuries or harm from the incident was noted. Resident #2 was assessed by Nurse Practitioner on 3/19/2024 and no injuries or harm from	5/20/24	

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F 610	<p>Continued From page 4</p> <p>The facility's undated "Abuse, Neglect and Exploitation" policy read in part as follows: "An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: identifying staff responsible for the investigation; identifying and interviewing all persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; providing complete and thorough documentation of the investigation."</p> <p>Resident #2 was admitted to the facility 01/17/24.</p> <p>The admission Minimum Data Set (MDS) assessment dated 01/23/24 revealed Resident #2 was severely cognitively impaired.</p> <p>Resident #3 was admitted to the facility 08/23/22.</p> <p>The quarterly MDS assessment dated 02/24/24 revealed Resident #3 was moderately cognitively impaired.</p> <p>Resident #2 and Resident #3 resided in the skilled nursing unit.</p> <p>Review of a 5-day Investigation Report dated 03/15/24 revealed the allegation/incident type being investigated was "Resident Abuse" that occurred on 03/09/24. The report read in part, "(Resident #2) was found in (Resident #3's) room. (Resident #2) had grabbed a hold of (Resident #3's) left arm. Both residents separated and</p>	F 610	<p>the incident were noted.</p> <p>2. All residents have the potential to be harmed by this alleged deficient practice. Corporate clinical RN will review any reportable investigations for past month for thoroughness of investigation. Any negative findings will be brought to the attention of the administrator for correction.</p> <p>3. The administrator will be educated on thorough investigation procedures and protocol by corporate clinical RN by 5/14/2024. Administrator will utilize abuse/neglect risk tool for each reportable allegation.</p> <p>4. All reportable allegations will be reviewed by corporate clinical RN for thoroughness of investigation daily x 4 weeks, then weekly x 2 months. Details of the audits will be taken to QAPI monthly by the administrator to be reviewed for compliance.</p> <p>Compliance date will be 5/20/2024</p>		

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F 610	<p>Continued From page 5</p> <p>(Resident #2) was brought back to her room with increased supervision, doctor was notified."</p> <p>Review of the facility investigation file revealed an undated and unsigned typed "summary" of the incident that occurred on 03/09/24 and read in part, "On 03/09/24 at 5:15 PM it was reported that (Resident #2) was in (Resident #3's) room and had grabbed ahold of (Resident #3's) left arm leaving a small bruise. (Nurse #1) overheard someone yelling 'someone help me' and responded by separating both residents and taking (Resident #2) back to her room. (Nurse #1) immediately notified the Administrator. The Administrator then notified Buncombe County Adult Protective Services (APS) and Asheville Police of the incident, and they initiated their investigations. (Resident #2) was unable to be interviewed due to her cognitive status. When (Resident #3) was interviewed by the Administrator on 03/11/24 she did not recall the incident and the bruise she had on her wrist happened 'weeks ago.' Four random staff and 4 random residents were interviewed as to whether or not they had witnessed or suspected any abuse, and all said they had not, all residents interviewed also stated they felt safe in the facility." The file contained a written statement from Nurse #1 dated 03/09/24, 4 unsigned and undated resident questionnaires with the questions of, "Have you witnessed or suspected any abuse against yourself or another resident?" and "Do you feel safe here at the facility?" with no concerns reported, and 4 unsigned and undated staff questionnaires with the question of "Have you witnessed or suspected any abuse against a resident?" with no concerns reported.</p> <p>Upon review of the resident census for 03/09/24,</p>	F 610			

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F 610	<p>Continued From page 6</p> <p>residents who were questioned about abuse concerns resided on the Assisted Living (AL) unit and not on the skilled nursing unit.</p> <p>Upon review of the Daily Staffing Schedule, staff who were questioned about abuse concerns were not scheduled to work on 03/09/24.</p> <p>A review of the facility investigation file and interview with the Administrator were conducted on 04/23/24 at 3:38 PM. The Administrator stated he was notified of the incident between Resident #2 and Resident #3 via telephone by Nurse #1 the evening of 03/09/24. He stated he asked Nurse #1 to write a statement on 03/09/24 detailing the incident, and he interviewed the Nurse Aides (NAs) who were assigned to care for Resident #2 and Resident #3 the evening of 03/09/24. The Administrator stated he could not recall when he interviewed the NAs working the evening of 03/09/24 and he was unable to provide any documentation detailing the interviews. When the Administrator was asked why the residents who were interviewed for abuse concerns resided on the AL unit and not the skilled nursing unit, he explained that he asked the Medical Records Director to complete the questionnaires and did not specify on which units she should interview residents. The Administrator was asked how cognitively impaired residents who resided on the same hall with Resident #2 were assessed for potential injury, he stated he reviewed the shower sheets for the next few days to determine if there were any new skin concerns and there were none. He explained the staff interviews were done randomly and not compared to the staffing schedule. The Administrator confirmed he did not have any further documentation or information to add to the</p>	F 610			

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F 610	Continued From page 7 investigation completed 03/15/24.	F 610			