

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

PRINTED: 09/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 PIRATES ROAD</b> <b>NEW BERN, NC 28562</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	W 000			
W 104	<p>A complaint survey was completed on 9/23/2019 for intake numbers NC00155985 and NC00156075. The complaints were unsubstantiated. However, deficiencies were cited.</p> <p><b>GOVERNING BODY</b> CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interviews, the governing body failed to exercise general policy, budget, and operating direction over the facility through maintenance and repair of a door. This potentially affected all clients in B-School.</p> <p>The facility did not ensure door was repaired.</p> <p>During observations in B-School on 9/23/19, the back door of the room leading to the outside could be seen through. The metal push bar on the door was missing. There was several metal, jagged edges on the door that created a risk for harm. In addition, the door could be pushed from the inside and pulled from the outside without latching.</p> <p>Interview on 9/23/19 with the qualified intellectual disabilities professional (QIDP) revealed that he was not sure how long the door had been in disrepair, if it had been longer than one week or one month. In addition, he was unsure if a work order had been completed to have the door</p>	W 104			

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

TITLE

(X6) DATE

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.

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

PRINTED: 09/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 PIRATES ROAD</b> <b>NEW BERN, NC 28562</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 104	Continued From page 1 repaired.	W 104			
W 189	<p>Interview on 9/23/19 with the facility Administrator revealed that a work order should have been completed for repairs on the door as soon as the door was discovered to be in disrepair. In addition, the Administrator stated that she was very concerned with the safety risk that the door imposed due to the jagged metal edges.</p> <p><b>STAFF TRAINING PROGRAM</b> CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure all staff were sufficiently trained to document required behavior chart for 1 of 3 audit clients (#2). The findings is:</p> <p>Behavior chart was not properly documented for client #2.</p> <p>Review on 9/23/19 of Hourly Interval Behavior Chart revealed, "circle number of targeted behavior observed."</p> <p>Additional review of client #2's Individual Program Plan (IPP) dated 2/16/19 indicated, "...continued to engage in highly disruptive behaviors since admission....behavior may occur throughout the day....contine to be monitored by staff trained in CPR for at least 30 minutes following termination of restrictive interention....A partial interval</p>	W 189			

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

PRINTED: 09/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>34G017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/23/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 PIRATES ROAD</b> <b>NEW BERN, NC 28562</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 189	<p>Continued From page 2 recording system (hourly intervals) will be used to monitor and assess frequency of targeted behavior. Data will be collected 24 hoursday/7 days per week..."</p> <p>Further review of client #2's hourly interval beahvior for September 2019 revealed the following days with missing documentation:</p> <p>September 2019</p> <p>4th- 8pm-11pm 7th -8pm-11pm 11th - 9pm-11pm 13th - 7pm-11pm 14th- 6pm-8pm 15th - 2pm-6pm 17th - 8pm-11pm 22nd - 5pm-6pm</p> <p>No data collected during 11pm-7am shift in the month of September 2109</p> <p>Interview on 9/23/19 with the qualified intellectual disabilities professional (QIDP) confirmed hourly interval behavior chart should be filled in completely.</p> <p>Interview on 9/23/19 with the Administrator confirmed the hourly interval behavior chart should be completed without any missing information.</p>	W 189			