

(X3) DATE SURVEY COMPLETED

C

09/23/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIVERBEND

140 PIRATES ROAD

NEW BERN, NC 28562

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID	PREFIX	TAG
1	1	1
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134		

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

W 000

INITIAL COMMENTS

A complaint survey was completed on 9/23/2019 for intake numbers NC00155985 and NC00156075. The complaints were unsubstantiated. However, deficiencies were cited.

W 104

GOVERNING BODY
CFR(s): 483.410(a)(1)

The governing body must exercise general policy, budget, and operating direction over the facility.

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.

The facility did not ensure door was repaired.

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.

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

W 000

W 104

On 9/23/19 the complaint surveyor observed an exterior door at rear of B-school missing hardware because the maintenance department was in the process of replacing the existing door with a new one. The existing door was damaged to the point it required replacement. All hardware was removed from existing door and placed on the new door being installed. Work was completed and the new door now open and latch properly. The building charge is responsible for locking / unlocking the exterior doors of the facility on a daily basis, any doors found not closing and latching properly the building charge will notify the maintenance department via written work order.

9/24/2019

DHSR-Mental Health

OCT 08 2019

Lic. & Cert. Section

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

TITLE

(X6) DATE

Lin B. Stewart, Administrator

10/3/19

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: ITDI11

Facility ID: 942020

If continuation sheet Page 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/23/2019
NAME OF PROVIDER OR SUPPLIER RIVERBEND			STREET ADDRESS, CITY, STATE, ZIP CODE 140 PIRATES ROAD NEW BERN, NC 28562		
(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. 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.	W 104			

W 189	<p>STAFF TRAINING PROGRAM 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....continue to be monitored by staff trained in CPR for at least 30 minutes following termination of restrictive interention....A partial interval</p>	W 189	<p>All staff are being trained to document data sheets thoroughly and completely for all persons with BSP throughout the time they are assigned to work with that person.</p> <p>Staff are being given corrective action for failing to complete the data sheets thoroughly and accurately as trained.</p> <p>Supervisors and charge people are being held accountable for routine checks on data collection throughout their unit/shift.</p> <p>Administration and BS will complete random checks upon data collection across the facility daily.</p>	10/10/2019
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:ITDI11

Facility ID: 942020

If continuation sheet Page 2 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2019
NAME OF PROVIDER OR SUPPLIER RIVERBEND		STREET ADDRESS, CITY, STATE, ZIP CODE 140 PIRATES ROAD NEW BERN, NC 28562	
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		(X5) COMPLETION DATE	

W 189	<p>Continued From page 2</p> <p>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		
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October 5, 2019

Wambui Karanu, BSN, RN
Mental Health Licensure and Certification Section
N.C. Division of Health Services Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Reference: Complaint Investigation completed September 23, 2019
NC 00156075 & NC00155985
RHA Health Services, LLC - River Bend
140 Pirates Road, New Bern, NC 28562
Provider Number 34G017
MHL #025-010
E-mail Address: tstewart@rhanet.org

Dear Wambui Karanu:

Enclosed is the Plan of Correction for the deficiencies cited during the investigation conducted on September 23, 2019 at the RHA Health Services, LLC - River Bend Facility. Corrective action has begun and will be completed by the specified dates on the attached Plan of Correction. Also, we have taken remedial action to prevent re-occurrence of the deficiencies.

Thank you for the recommendations and courtesies extended to our staff during the investigation. Should you have any questions concerning the Plan of Correction, please do not hesitate to contact me at (252) 638-6519 or at tstewart@rhanet.org.

Sincerely,

A handwritten signature in blue ink that reads "Tina B. Stewart" followed by a stylized "lcm" monogram.

Tina B. Stewart, Administrator

TS:lm

Enclosure: Plan of Correction

Setting the PACE for excellence in supporting people.