

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

PRINTED: 02/13/2020
FORM APPROVED
OMB NO. 0938-0391

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 01/31/2020
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 000	INITIAL COMMENTS	W 000			
W 125	<p>A complaint survey was completed on 1/31/2020 for intake # NC00160037. The allegation was unsubstantiated. An additional complaint intake # NC000159976 was also investigated. This complaint was substantiated and standard level deficiencies were cited.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(3)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure client #4 had the right to be treated with dignity regarding keeping his inner garment in his room. This affected 1 of 10 audit clients. The finding is:</p> <p>Client #4's dignity was not considered regarding keeping his under garment in his room.</p> <p>During observations at the home in room #310 on 1/31/2020, client #4's inner clothings were not available in his room. Further observations of the client's furniture on 1/31/2020 revealed client did not have a decent drawer where he could keep his inner clothing. The drawers were of the rail and had food substances and molds.</p> <p>Interview on 1/31/2020 with Staff D revealed client #4 did not have any decent drawer space where he could store his inner clothing and few of the clothings are kept in school B.</p>	W 125			

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.

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W 125	Continued From page 1	W 125			
W 249	<p>Interview on 1/31/2020 with the qualified intellectual disabilities professional (QIDP) revealed client #4 clothing should be kept in his room and just a pair of change at school. He further added she was not aware of the situation.</p> <p>Interview on 1/31/2020 with the program director (PD) revealed client #4 should have access to his clothing at all tiems in the room. He further added the client's inner clothing were missing.</p> <p>PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the team failed to implement sufficient interventions to support the achievement of client #4's behavior support program (BSP). This affected 1 of 10 audit clients (#4). The finding is:</p> <p>Staff failed to consistently implement client #4's behavior support program by failing to monitor/redirect client #4 from picking up various food itens.</p> <p>During observations at the facility on 1/31/2020 in</p>	W 249			

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W 249	Continued From page 2 room #310, client #4 nightstand's drawers had food: sandwich wrapped in clear wrap and opened bag of chips. The drawer was in unacceptable condition it was off the rail and had molds. One piece of the garment was in the drawer. Interview on 1/31/2020 with the staff D revealed the direct care staff should be monitoring the client to ensure no food brought to the room and the drawer should be used for storing inner clothing not food. Review of client #4's Individual program plan (IPP) dated 2019 revealed "staff have to monitor/redirect [Client #4] for picking up various food items.... as he put it in his pocket and take it to his bedroom and put them in his nightstand drawer to consume later, which is potentially a hazard..."	W 249			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, interviews and record	W 436			

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W 436	<p>Continued From page 3</p> <p>reviews, the facility failed to ensure 5 of 10 clients (#1/ #2, #4, #8, #10) nightstand's drawers and the wardrobe drawer were not not clean and/or the knobs were missing. The finding is:</p> <p>Clients' (5) furniture was not maintained in good conditon.</p> <p>Observations in the home on 1/31/2020 of room #310, #312, #314, #316, #318 and #320 revealed that the drawers were not maintained in good condition. Some drawers were missing the knobs, missing drawers of the bedside table/ wardrobe and/or drawers were of the track as you open them.</p> <p>Interview on 1/31/2020 with the staff C revealed some of those drawers had been on that condition for a while. She further acknowledged the condition of the drawers should be better that the current condition.</p> <p>Interview on 1/31/20 with the qualified intellectual disabilities professional (QIDP) revealed the clients' (5) nightsand and drawers should be kept in good condition.</p>	W 436			