

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

PRINTED: 02/20/2020
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 02/19/2020
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NAME OF PROVIDER OR SUPPLIER

RIVERBEND

STREET ADDRESS, CITY, STATE, ZIP CODE

**140 PIRATES ROAD
NEW BERN, NC 28562**

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W 000	INITIAL COMMENTS	W 000	DHSR - Mental Health	
W 130	<p>A complaint survey was completed on 2/19/2020. Deficiencies were not cited as a result of the complaint survey for Intake #NC00160724. The complaint allegation was substantiated.</p> <p>PROTECTION OF CLIENTS RIGHTS CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients were afforded privacy during personal care. This affected 3 of 13 audit clients (#1, #6, #8). The findings are:</p> <p>A. Client #1 was not afforded privacy while getting dressed.</p> <p>During observations in B School on 2/18/20 at 6:06pm, client #1 was in a classroom with two of his peers. Client #1 was having a behavioral episode. He was pulling his incontinent brief and clothes off. Staff B took client #1 into the bathroom to assist him with putting his incontinent brief and pants back on. Staff B closed the bathroom door that led into the dayroom, but did not close the bathroom door that led back into the classroom. In the classroom was another staff and two of client #1's peers. They were able to see directly into the bathroom while client #1 was getting dressed.</p> <p>Review on 2/19/2020 of client #1's individual</p>	W 130	<p>MAR 9 2020</p> <p>Lic. & Cert. Section</p> <p>QPs for clients #1, #6 and #8 will revisit support plans and include measures needed to address privacy during personal care.</p> <p>QPs for all others will revisit support plans and include measures needed to address privacy during personal care.</p> <p>All QPs will train staff upon measures indicated in the support plan related to protection of privacy during personal care.</p> <p>Monitoring will be via formal interaction assessments as conducted throughout month by QP, unit supervisors and charge persons.</p> <p>Informal monitoring will occur via QP unit supervisors and charge persons conducting daily observations during the delivery of personal care</p>	4-1-2020

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

TITLE

(X6) DATE

Kevin B. Stewart, Adm.

3-3-2020

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 130	<p>Continued From page 1</p> <p>program plan (IPP) dated 11/21/2019 revealed that client #1 relies on staff to protect his privacy.</p> <p>Review on 2/19/2020 of client #1's adaptive behavior inventory (ABI) dated 1/2/2020 revealed client #1 has partial independence for closing the bathroom door for privacy.</p> <p>Interview on 2/19/2020 with the qualified intellectual disabilities professional (QIDP) confirmed that staff should ensure the bathroom door is closed to maintain privacy. The QIDP stated that if client #1 does not shut the door on his own, staff should provide verbal prompts for client #1 to shut the door or close the door themselves.</p> <p>B. Client #8 was not afforded privacy while toileting.</p> <p>During observations in B School on 2/18/2020 at 6:45pm, client #8 was observed to be standing at the toilet using the bathroom. The curtain to the bathroom stall was open, and the bathroom door leading out into the dayroom was open. Staff E walked to the door, looked in at client #8, and walked away. Staff E called another clients name and told them to go wash their hands. Client #8 was still using the bathroom. Staff E called a second client to come in and wash his hands while client #8 was using the bathroom. He was visual to all who entered the bathroom or walked by the bathroom.</p> <p>Review on 2/18/2020 of client #8's IPP dated 11/27/2019 revealed that client #8 independently opens and closes doors in the bathroom and needs no support in these areas.</p>	W 130					

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W 130	<p>Continued From page 2</p> <p>Review on 2/19/2020 of client #8's ABI dated 12/18/2018, reviewed on 11/7/2019, revealed that client #8 independently closes the bathroom door for privacy.</p> <p>Interview on 2/19/2020 with the QIDP confirmed that staff should ensure the bathroom door is closed to maintain privacy. The QIDP stated that if client #8 does not shut the door on his own, staff should provide verbal prompts for client #8 to shut the door or close the door themselves. The QIDP also confirmed that staff should not bring other clients into the bathroom while client #8 is toileting if the curtain to the bathroom stall is open for others to see him.</p> <p>C. Client #6 was not afforded privacy while toileting.</p> <p>During observations in B School on 2/18/2020 at 6:48pm, client #6 walked into the bathroom, walked into the stall, pulled his pants down and sat down on the toilet. The bathroom door leading into the dayroom was open. There were three other clients and Staff E in the bathroom washing their hands. Staff E looked at client #6 sitting on the toilet and pulled the curtain to the stall about 1/4 of the way closed. Client #6 could still be seen sitting on the toilet from the hallway. Staff E continued to call other clients into the bathroom to wash their hands while client #6 was sitting on the toilet. He was visual to all who entered the bathroom or walked by the bathroom.</p> <p>Review on 2/18/2020 of client #6's IPP dated 9/26/2019 revealed that client #6 is independent with closing the bathroom door and curtain while toileting.</p>	W 130		

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W 130	Continued From page 3 Review on 2/19/2020 of client #6's ABI dated 2/21/2019 revealed that he is independent with closing the bathroom door for privacy. Interview on 2/19/2020 with the QIDP confirmed that staff should ensure the bathroom door is closed to maintain privacy. The QIDP stated that if client #6 does not shut the door on his own, staff should provide verbal prompts for client #6 to shut the door or close the door themselves. The QIDP also confirmed that staff should not bring other clients into the bathroom while client #6 is toileting if the curtain to the bathroom stall is open for others to see him.	W 130		4-1-2020	
W 189	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained in the documentation of target behaviors and the implementation of behavior support plans. This affected 4 of 13 audit clients (#1, #4, #10, #12). The findings are: Staff were not effectively trained regarding the documentation of target behaviors and the implementation of behavior support plans. A. During observations after dinner in the home on 2/28/2020 at 6:19pm, client #12 took some bread off the counter and consumed it. Further	W 189	QP for clients # 1, #4, #10 and #12 will revisit support plan and add recommendations upon addressing any interfering behaviors including any new behaviors. QPs for all others will revisit support plan and include recommendations upon addressing interfering behaviors. QPs will train staff upon all recommendations for addressing interfering behaviors, including necessary documentation for accurate data collection where identified in the behavior support plan. Monitoring will occur via formal interaction assessments as conducted throughout month by QP unit supervisors and charge persons.		

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W 189	<p>Continued From page 4</p> <p>observations at 6:21pm, client #12 took a packet of goldfish shaped crackers off the counter and consumed them. At 6:22pm, client #12 took a small container of cereal off the cart and began to eat them. Further observations revealed the food items client #12 took belonged to another client.</p> <p>During an interview on 2/18/2020, Staff D at 6:20pm, stated client #12 has a target behavior of stealing food. At 6:31pm, she came and told the surveyor how she was mistaken and food stealing was not one of client #12's target behaviors. Staff D revealed client #12 stealing food should be considered a new behavior. Additional interview revealed client #12's behaviors are documented in his behavior book.</p> <p>Review on 2/19/2020 of client #12's hourly interval behavior chart for the month of February 2020 revealed, "...8=New problem behavior that is not addressed in support plan (Please send ABC to psychology)." Further review revealed client #12's food stealing behavior was not documented.</p> <p>Review on 2/19/2020 of client #12's psychological evaluation dated 10/7/2019 stated, "...May engage in aggressive food taking behaviors."</p> <p>Review on 2/19/2020 of a mini team report (10/9/18) for client #12 revealed, "Still may run for food...."</p> <p>Review on 2/19/2020 of a inservice training (6/19/2019) discussing client #12's behavior support plan revealed Staff D was in attendance.</p> <p>During an interview on 2/19/2020, the behavior specialist revealed client #12's hourly interval</p>	W 189	<p>Informal monitoring will be via QP, BS, unit supervisors, charge persons and administration, conducting droutine observations during meal times.</p> <p>Psychologist will develop additional monitoring tools to assist supervision of data collection.</p>		

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W 189	<p>Continued From page 5</p> <p>behavior chart was not completed as indicated. Further interview revealed no antecedent behavior consequence (ABC) forms have been sent to the psychologist.</p> <p>B. Review on 2/19/2020 of client #10's hourly interval behavior chart for 2/18/2020 was missing data from 7pm thru 6am.</p> <p>Review on 2/19/2020 of client #10's behavior support plan dated 2/1/2020 stated, "5. What to document...Data will be collected 24 hours day/7 days per week."</p> <p>During an interview on 2/19/2020, the behavior specialist confirmed client #10's hourly interval behavior sheet was missing data for 2/28/2020 from 7pm thru 6am.</p> <p>C. Staff was not sufficiently trained to carryout client #4's behavior support plan (BSP).</p> <p>During observations in the home on 2/18/2020, client #4 was observed to hit himself in the face and head on multiple occasions. Staff did not intervene or provide verbal prompts or redirection.</p> <p>During additional observations in the home on 2/19/2020, client #4 was observed to hit himself in the face and head on multiple occasion. Only</p>	W 189					

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W 189	<p>Continued From page 6</p> <p>one incident revealed the home supervisor walk over to client #4, verbally redirect him, and handed him a small gadget to put in his hands.</p> <p>Review on 2/19/2020 of client #4's IPP dated 8/28/2019 revealed a training objective for client #4 to have zero reports of medical attention to address self-inflicted injury for 16 out of 18 months.</p> <p>Review on 2/19/2020 of client #4's BSP dated 10/16/2018 revealed that client #4 has a long history of self-injurious behavior (SIB) characterized as intense head slapping/hitting with the palm of his hand. Additional review of client #4's BSP revealed that when he is engaging in self-injurious behaviors, staff are to prompt him to relax. In addition, staff are to provide client #4 with objects to hold/manipulate that allows for easy redirection.</p> <p>Interview on 2/19/2020 with the QIDP revealed that when client #4 is exhibiting SIB, staff should give him a gadget to manipulate to redirect him from the SIB. The QIDP confirmed that staff failed to implement the interventions in the BSP by ignoring the SIB.</p> <p>D. Staff was not sufficiently trained to carryout client #1's BSP.</p> <p>During observations in B School on 2/18/2020 at 5:46pm until 6:15pm, client #1 was having a behavior episode. He was yelling, hopping up and down on the couch, slamming doors and pulling his clothes and incontinent briefs off. He was in a small classroom with two of his peers. Throughout the observation, several staff including the QIDP and Director of Residential,</p>	W 189		

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W 189	Continued From page 7 were observed to enter the room, attempting to redirect client #1. The other two clients remained in the room throughout the behavior episode. Review on 2/19/2020 of client #1's IPP dated 11/21/2019 revealed that client #1 is supported through strategies to address aggression, property misuse, and tantrum/stripping behaviors. Additional review of client #1's IPP revealed that whenever client #1 is exhibiting these behaviors, objects that can be thrown should be removed from the area and other clients in the area should be removed. In addition, review of the IPP revealed that sometimes staff will need to protect his privacy by holding a sheet around him to block other persons from seeing him when he strips and engages in inappropriate behaviors. Interview on 2/18/2020 with the QIDP revealed that when client #1 is exhibiting these behaviors, there is no need to remove the other two clients from the room because they do not really pay attention to him anyway. The QIDP confirmed that client #1 should be provided his privacy when he strips his clothes.		W 189				
W 460	FOOD AND NUTRITION SERVICES CFR(s): 483.480(a)(1) Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure 1 of 13 audit clients (#2) received their modified and specially-prescribed diets as indicated. The		W 460				

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W 460	<p>Continued From page 8 finding is:</p> <p>Client #2's drink consistency was not followed as indicated.</p> <p>During observations in the home on 2/18/2020 at 5:25pm, client #2 was observed eating dinner. At 5:25pm, Staff C added a scoop of thickener to client #2's milk and tea using a medicine cup. Staff C stirred the liquids. At 5:27pm, Staff C gave client #2 some of the tea and milk.</p> <p>Additional observations in the home on 2/19/2020 at 7:36am revealed client #2 eating breakfast. At 7:36am, Staff F added thickener to client #2's cup using the medicine cup. Staff F then poured milk on top of the thickener and stirred the contents together and sat the cup to the side. At 7:48am, Staff F stirred the cup of milk again and set the cup to the side. At 7:57am, Staff F stirred the milk again and stated "This milk is to loose" and added another scoop of the thickener using the medicine cup. At 8:03am, Staff F gave client #2 the cup and she drank it with staff assisting.</p> <p>Review on 2/18/2020 of client #2's individual program plan (IPP) dated 3/15/2019 revealed that client #2's diet consists of honey thickened liquids.</p> <p>Review on 2/18/2020 of client #2's dietary guidelines reveal that her diet consists of honey thickened liquids. Review of the dietary guidelines reveal instructions for thickening client #2's liquids. These instructions state "mix with spoon and let sit for two minutes. Use spoon to mash any lumps. Mix again after two minutes and check to make sure liquids are thickened to honey consistency."</p>	W 460	<p>QP for client # 2 will revisit support plan and add recommendations for following therapeutic guidelines. QP for client # 2 will train all staff upon following therapeutic feeding guidelines as recommended in the support plan.</p> <p>QPs for all others will also revisit support plan and add needed therapeutic feeding guidelines, including appropriate training for all staff upon added information</p> <p>Monitoring will occur via formal meal time assessments as conducted throughout month by QPs, unit supervisors, and charge people.</p> <p>Informal monitoring will be via QP, unit supervisors and charge persons conducting daily observations during meal times.</p>	4-1-2020	

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W 460	Continued From page 9		W 460				
W 484	<p>Interview on 2/18/2020 with the qualified intellectual disabilities professional (QIDP) and home supervisor revealed staff should follow the dietary guidelines for thickening client #2's liquids as indicated. The home supervisor showed the surveyor the medicine cup used to measure the thickener. On the medicine cup, there are two lines drawn, one that says "milk" and the other says "water/juice." The home supervisor and QIDP revealed that staff just use the line for water/juice to thicken other beverages such as the tea, and have not been given other directions.</p> <p>Further interview on 2/19/2020 with the QIDP confirmed that client #2's liquids were not thickened as instructed on her dietary guidelines.</p> <p>DINING AREAS AND SERVICE CFR(s): 483.480(d)(3)</p> <p>The facility must equip areas with tables, chairs, eating utensils, and dishes designed to meet the developmental needs of each client.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interviews and record review, the facility failed to provide recommended adaptive dining equipment. This affected 1 of 13 audit clients (#9). The finding is:</p> <p>Client #9 was not provided his adaptive dining equipment during meals.</p> <p>During lunch observations in the home on 2/18/2020 at 12:06pm, client #9 began consuming his lunch. Further observations</p>		W 484	<p>QP for client # 9 will revisit support plan and include all recommendations for needed adaptive equipment required during dining.</p> <p>QP for client # 9 will provide training upon following dining guidelines including methods to address use of all adaptive equipment indicated in the support plan.</p> <p>QPs for all others will revisit support plans and include all recommendations for needed adaptive equipment required during dining. QPs for all others will provide training upon following dining guidelines including methods to address use of all adaptive equipment indicated in the support plan.</p>		4-1-2020	

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W 484	Continued From page 10 revealed while client #9 was scooping his food on his spoon, his plate was sliding on the table. Additional observations revealed client #9 had to readjust his sitting position whenever the plate slid. During dinner observations in the home on 2/18/2020 at 6pm, client #9 began consuming his dinner. Further observations revealed while client #9 was scooping his food on his spoon, his plate was sliding on the table. Additional observations revealed client #9 had to hold on to his plate whenever he scooped. Review on 2/18/2020 of client #9's meal card dated 3/28/2019 stated, "dycem mat." Review on 2/18/2020 of client #9's individual program plan (IPP) dated 11/5/2019 indicated, "...use of dycem mat to stabilize the plate...." Review on 2/18/2020 of client #9's occupational therapy evaluation (OT) dated 2/20/2017 stated, "Adaptive equipment: Dycem mat." During an interview on 2/19/2020, the qualified intellectual disabilities professional (QIDP) revealed client #9 "should have used his dycem mat." The QIDP stated the dycem mat is used to help stabilize client #9's plate while he is eating.	W 484	Monitoring will occur via formal meal time assessments as completed throughout month by QPs, unit supervisors, and charge people. Informal monitoring will be via QP, unit supervisors, charge persons and administration, conducting routine observations during meal times.	
W 488	DINING AREAS AND SERVICE CFR(s): 483.480(d)(4) The facility must assure that each client eats in a manner consistent with his or her developmental level.	W 488		

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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 02/19/2020
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 488	<p>Continued From page 11</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews and record review, the facility failed to ensure clients independence during dining was promoted. This affected 1 of 13 audit clients (#7). The finding is:</p> <p>Client #7's independence during dining was not promoted.</p> <p>During observations in B School on 2/18/2020 at 12:29pm, client #7 was observed to begin eating his lunch with Staff G feeding him. Staff G continued to feed client #7 and put his cup to his mouth to drink from. At 12:31pm, Staff G was feeding client #7 greens with a spoon and client #7 was using a different spoon to feed himself pudding. Staff G continued to feed client #7 until 12:46pm. Staff G did not verbally prompt client #7 at the beginning of the meal to feed himself.</p> <p>Additional observations in B School on 2/18/2020 at 6:27pm, Staff A was feeding client #7. At 6:30pm, client #7 was observed to feed himself. At 6:35pm, Staff A was observed to feed client #7 and give him liquids by holding his cup up to his mouth. At 6:37pm, client #7 was observed to feed himself and drink from a cup without assistance. Staff A did not verbally prompt client #7 at the beginning of the meal to feed himself.</p> <p>Review on 2/18/2020 of client #7's individual program plan (IPP) dated 3/7/2019 revealed client #7 dines independently, uses a fork and spoon without spillage, and drinks from a cup independently.</p> <p>Review on 2/19/2020 of client #7's adaptive behavior inventory (ABI) dated 1/15/2019 revealed client #7 is partially independent during</p>	W 488	<p>QP for client # 7 will provide training to staff upon following dining guidelines as indicated in the support plan and presented at meal times including provision of all identified adaptive equipment.</p> <p>QPs for all others will revisit support plan to include measures and provide training to staff upon following dining guidelines as indicated in the support plan for and as presented at meal time.</p> <p>Monitoring will occur via formal meal time assessments as completed throughout month by QPs, unit supervisors, and charge people.</p> <p>Informal monitoring will be via QP, unit supervisors, charge persons and administration, conducting routine observations during meal times</p>	4-1-2020	

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

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NAME OF PROVIDER OR SUPPLIER

RIVERBEND

STREET ADDRESS, CITY, STATE, ZIP CODE

**140 PIRATES ROAD
NEW BERN, NC 28562**

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W 488	Continued From page 12 dining and is able to perform some but not all tasks independently. Interview on 2/19/2020 with the qualified intellectual disabilities professional (QIDP) revealed that client #7 is independent when dining. The QIDP revealed that even though client #7 is independent with his dining skills, sometimes he will not eat, especially if it is something he doesn't particularly like so staff will feed him. The QIDP confirmed that staff should allow client #7 to feed himself. If he doesn't feed himself, staff should verbally prompt him to feed himself and then if he refuses, they can assist him as needed.	W 488		



RHA
HEALTH SERVICES, LLC

River Bend
140 Pirates Road
New Bern, NC
28562

March 3, 2020

Eugina Barnes, BSW, QIDP
Facility Compliance Consultant I
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

DHSR - Mental Health

MAR 9 2020

Lic. & Cert. Section

Reference: Recertification Completed February 19, 2020
Riverbend, 140 Pirates Road, New Bern, NC 28562
Provider Number 017
MHL# 025-010
E-mail Address: tstewart@rhanet.org

Dear Eugina Barnes,

Enclosed is the Plan of Correction for the deficiencies cited during the annual recertification survey conducted on February 19, 2020 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 survey.

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,

Tina B. Stewart, Administrator

TS:hc

Enclosure: Plan of Correction