

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

PRINTED: 09/25/2020  
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>09/21/2020</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 189	<p>A complaint investigation was completed on 9/21/2020. Intake # NC00169473 and NC168903. The complaints were unsubstantiated.</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 percent of meals consumed by each client (School B). The findings is:</p> <p>Meals consumption were not properly documented for school B.</p> <p>Review on 9/17/2020 of meal consumption records available for August and September for school B clients revealed the following.</p> <p>8/21/2020 no dinner meal consumption recorded for any of the client.</p> <p>9/3/2020 no lunch and dinner meal consumption recorded for any of the client.</p> <p>9/4/2020 no lunch and dinner meals consumption recorded for any of the client.</p> <p>9/5/2020 no dinner meal consumption recorded for all the client except for five clients only.</p>	W 189			

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 189	Continued From page 1  9/8/2020 no dinner meal consumption recorded for any of the clients.  9/9/2020 no dinner meal consumption recorded for any of he clients.  9/9/2020 no dinner meal consumption recorded for any of the clients.  9/10/2020 no dinner meal consumption recorded for any of the clients.  9/14/2020 no lunch meal consumption recorded for any of the clients.  9/17/2020 no dinner meal consumption recorded for any of the clients.  Interview on 9/17/2020 with the qualified intellectual disabilities professional (QIDP) confirmed all meals are supposed to be documented in the sheet completely.  Interview on 9/17/2020 with the dietician staff reviewed. the staff are responsible for completing the meal consumption percentage each meal  Interview on 9/23/19 with the Administrator confirmed the meals consumption sheet should be completed without any missing information due to the client health	W 189			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)  The facility must keep all drugs and biologicals locked except when being prepared for	W 382			

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W 382	<p>Continued From page 2 administration.</p> <p>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure all medications remained locked. The finding is:</p> <p>The medications were left unsecured and unsupervised.</p> <p>During the evening observations at the facility on 9/17/2020 at approximately 6:45pm, the medication cart was left on the hallway unlocked and unattended. The director of the nursing (DON) immediately locked the cart when the surveyor brought it to her attention as we were headed to another unit. The DON went looking for the nurse to bring the matter to her attention.</p> <p>During an interview on 9/17/2020, The assigned nurse revealed she had been trained to ensure the medication cart was locked at all times when unattended. Further interview she left the medication cart open because she was attending to a client.</p> <p>During an interview on 9/17/2020, the DON revealed there is a policy on locking the medication cart when not attended. Further interview with the DON confirmed staff have been trained to ensure the medication cart should remain locked when the medications are not being administered.</p>	W 382			