

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/21/2020
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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	Staff on B Unit and all other units will be trained to use the correct form to record approximate amount of food and beverage consumed at each meal for each person they are assigned to assist during dining.	10-30-2020
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 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: Meals consumption were not properly documented for school B. Review on 9/17/2020 of meal consumption records available for August and September for school B clients revealed the following. 8/21/2020 no dinner meal consumption recorded for any of the client. 9/3/2020 no lunch and dinner meal consumption recorded for any of the client. 9/4/2020 no lunch and dinner meals consumption recorded for any of the client. 9/5/2020 no dinner meal consumption recorded for all the client except for five clients only.	W 189	Charge persons and unit supervisors will monitor and oversee correct recording of data for each person on the document provided. Monitoring will be via daily checks by QPs / Unit supervisors who will note any omissions, or documentation errors in data collection. QP will report all data omissions to DRS. QPs will maintain records of such information available for inspection as needed. Critical weights will be routinely monitored by administration on a monthly basis. DHSR - Mental Health OCT 13 2020 Lic. & Cert. Section	

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

Kevin B. Stewart

TITLE

Administrator

(X6) DATE

10-7-2020

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 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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NAME OF PROVIDER OR SUPPLIER RIVERBEND			STREET ADDRESS, CITY, STATE, ZIP CODE 140 PIRATES ROAD NEW BERN, NC 28562		
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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	<p>All medical staff were re-inserviced (on date) to keep medication/treatment carts locked at all times unless medications or treatments are being prepared or retrieved.</p> <p>The Unit Charge Nurses will be respons- ible for checking medication/treatment carts on a daily basis to ensure carts are locked at all times when the nurse is not using the cart or is not at the cart preparing or retrieving medications or treatments. This will be done daily and a report sub- mitted weekly on Wednesdays to DON. The Nurse/MT/RT holding the keys of any medication/treatment cart found unlocked will be subject to disciplinary action.</p>	9.17.20	



October 7, 2020

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

DHSR - Mental Health

OCT 13 2020

Lic. & Cert. Section

Re: Complaint Investigation Completed September 21, 2020
RHA Health Services – River Bend, 140 Pirates Road, New Bern, NC 28562
Provider Number: 34G017
MHL#025010
E-mail Address: tstewart@rhanet.org
Complaint Intake NC00169473, AND NC00168903

Dear Sirs:

Enclosed is the Plan of Correction for the deficiencies cited during the Complaint survey conducted on September 21, 2020 at the RHA Health Services – 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 and your team 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.

Sincerely,

A handwritten signature in black ink that reads "Tina B. Stewart".

Tina B. Stewart, Administrator

TBS:lm

Enclosure: Plan of Correction

Setting the PACE for excellence in supporting people.