

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

PRINTED: 07/08/2021  
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>07/07/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>RIVERBEND</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>140 PIRATES ROAD NEW BERN, NC 28562</b>		
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W 000	INITIAL COMMENTS	W 000			
W 130	<p>A recertification survey and complaint survey for Intake #NC00171831 and #NC00178627 was completed on 7/7/21. The complaint survey did not result in any deficiencies. However, deficiencies were cited as a result of the recertification survey.</p> <p><b>PROTECTION OF CLIENTS RIGHTS</b> 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 privacy during personal hygiene for 2 of 11 audit clients (#5 and #9). The findings are:</p> <p>A. During afternoon observations in Pirate Academy on 7/6/21 at 11:52am, client #5 entered the bathroom. Further observations revealed the bathroom door remained open while client #5 sat on the toilet. At no time was client #5 prompted to close the bathroom door.</p> <p>During morning observations in Pirate Academy on 7/7/21 at 8:49am, client #5 entered the bathroom. Further observations revealed the bathroom door remained open while client #5 sat on the toilet. At no time was client #5 prompted the close the bathroom door.</p> <p>During an interview on 7/6/21, Staff M revealed client #5 can independently close the bathroom door.</p>	W 130			

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 130	Continued From page 1  Review on 7/7/21 of client #5's educational evaluation dated 4/20/21 revealed, "Physical strengths: Closes the door for privacy independently".  During an interview on 7/7/21, theacting qualified intellectual disabilities professional (QIDP) stated client #5 can independently close the bathroom door for privacy.  B. During observations in B School on 7/6/21 at 11:59am, client #9 was observed to enter the bathroom. Staff A and Staff O were observed standing in the bathroom door, talking, with the door open. Client #9 was observed from the hallway sitting in the first stall with the curtain open.  Review on 7/7/21 of client #9's Adaptive Behavior Inventory (ABI) dated 1/13/20 revealed he has partial independence with closing the bathroom door for privacy.  Interview on 7/7/21 with the QIDP confirmed that staff should have closed the curtain on the stall and closed the bathroom door to ensure client #9 had privacy.	W 130			
W 340	NURSING SERVICES CFR(s): 483.460(c)(5)(i)  Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.	W 340			

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W 340	Continued From page 2  This STANDARD is not met as evidenced by: Based on observations, documentation and interview, nursing services failed to ensure that staff were sufficiently trained in the wearing of face masks in regards to COVID-19 protocol. This potentially effected all clients residing in the facility. The findings are:  A. During observations in T-Wing on 7/6/21 through 7/7/21, staff were consistently observed to wear their face masks below their nose, mouth and chin during times of leisure activities, objective training and dining.  B. During observations in Pirate Academy on 7/6/21 through 7/7/21, staff were consistently observed to wear their face masks below their nose, mouth and chin during times of leisure activities, objective training and dining.  During interview on 7/7/21, Staff L reported face masks are suppose to cover the nose and the mouth. Further interview revealed staff are to wear the face masks at all times while they are working,  During an interview on 7/7/21, the assistant director of nursing stated the face masks are suppose to cover the nose and down to the chin. Additional interview revealed all staff have been trained in the proper way on how to wear face masks.  B. During observations in A School on 7/6/21 through 7/7/21, staff were consistently observed to	W 340			

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W 340	Continued From page 3 wear their face masks below their nose, mouth and chin during times of leisure activities, objective training and dining.  Interview on 7/7/21 with the QIDP revealed nursing staff inservice and train staff to wear face masks throughout their entire shift when working. The QIDP confirmed that staff should have been wearing their face masks above their nose and below their mouth/chin.  C. During observations in B School on 7/6/21 through 7/7/21, staff were consistently observed to wear their face masks below their nose, mouth and chin during times of leisure activities, objective training and dining.  Interview on 7/7/21 with the QIDP revealed staff are trained to wear face masks to cover their nose, mouth and chin. The QIDP confirmed that staff should have been wearing their face masks above the nose and below their mouth/chin.	W 340			
W 454	<b>INFECTION CONTROL</b> CFR(s): 483.470(l)(1)  The facility must provide a sanitary environment to avoid sources and transmission of infections.  This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure the potential for cross-contamination was prevented. This potentially affected all clients residing in the home. The findings are:  A. During observations in A School on 7/6/21 from 6:07pm to 6:17pm, client #6 was observed to put	W 454			

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W 454	<p>Continued From page 4</p> <p>her hand into her peers plate of food a total of 8 times and eat from her plate, or grab her plate and slide it to herself to eat from. During the observations, staff were observed to say "No stealing" or would slide the plate of food back to client #9's peer to eat from it.</p> <p>Additional observations in A School on 7/7/21 at 8:51am, client #9 was observed to repeatedly grab food off her two of her peers plates and eat from it. Staff were observed to say "No stealing."</p> <p>Interview on 7/7/21 with the qualified intellectual disabilities professional (QIDP) confirmed staff should have redirected client #9 from taking her peers food, and new plates of food should have been given to the other clients.</p> <p>B. During observations in B School on 7/6/21 at 11:38am, client #2 was observed to come in front outside to eat a snack. Client #2's pants were soiled with urine. The Habilitation Specialist was observed to sit client #2 at a table to eat his snack while she went to get him a different outfit to change into. After client #2 was done eating, he and the Habilitation Specialist went into the bathroom. Staff A was observed to sit another client in the same chair to play a game. The chair was not cleaned or sanitized after client #2 got up from it.</p> <p>Interview on 7/7/21 with the QIDP confirmed the chair should have been cleaned or sanitized after client #2 got up from it and before any other client sat down.</p> <p>C. During observations in B School on 7/6/21 at 11:59am, client #9 was observed to use the bathroom. He exited the bathroom without</p>	W 454			

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W 454	<p>Continued From page 5</p> <p>washing his hands. Client #9 was then observed to go outside to the playground, where he touched various activities, including a hand held bubble machine. The bubble machine was then passed from client #9, to staff and to other clients.</p> <p>Review on 7/7/21 of client #9's Adaptive Behavior Inventory (ABI) dated 1/13/20 revealed client #9 has partial independence with washing his hands after toileting.</p> <p>Interview on 7/7/21 with the QIDP confirmed staff should have prompted client #9 to wash his hands after toileting.</p> <p>D. During observations in B School on 7/6/21 at 11:42am, Staff A was observed to push trash down into a trash can, pick some items up off the floor and out into the trash, and then remove the trash bag out of the trash can. Staff A was then observed to place some dining equipment on the tables, and get a basket of condiments and put them into individual cups. Staff A did not wash her hands between emptying the trash and handling the dining equipment and condiments.</p> <p>Interview on 7/7/21 with the QIDP confirmed Staff A should have washed her hands after handling the trash and before touching the dining equipment and packets of condiments.</p>	W 454			