

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
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		7/30/201	
W 130	<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 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 to 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	<p>QPs for clients # 5 and # 9 will train upon measures needed to promote privacy referencing assistance levels needed as identified by team for bathing, toileting and during all other treatment and care needs.</p> <p>QPs for all others will train staff upon measures as needed for provision of privacy during treatment and care.</p> <p>Monitoring will be via formal assessments completed monthly by QPs, Unit supervisors and charge persons.</p> <p>Informal monitoring will be via QPs Unit supervisors and charge persons while conducting daily observations during service delivery, and will be addressed accordingly.</p>		

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

TITLE

(X6) DATE

Tina B. Stewart, Administrator

Tina B. Stewart, Admin.

July 16, 2021

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.

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2021
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 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, the acting 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		

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
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 340	<p>Continued From page 2</p> <p>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:</p> <p>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.</p> <p>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.</p> <p>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,</p> <p>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.</p> <p>B. During observations in A School on 7/6/21 through 7/721, staff were consistently observed to</p>	W 340	<p>All staff working at RHA Health Care Center, River Bend, will be trained to appropriately wear a surgical mask, and shields if required, throughout their working hours.</p> <p>Human Resources will make daily announcements to remind staff to wear masks, shields, and other PPE as directed and required.</p> <p>Staff noted failing to follow this training will be issued a corrective action.</p> <p>This will be routinely and daily monitored by supervisors QPs, and charge persons throughout their day, and will be addressed accordingly .</p>	7/30/2021	

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
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 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	QPs for clients # 2, 6 and 9 will train staff on provision of a sanitary environment to avoid sources of transmission of infections. Staff will be trained on how to handle contaminated foods at meal times, disinfecting contaminated chairs and other surfaces/items and on the importance of proper handwashing by everyone after using the bathroom and throughout the day. QPs for all others will train upon provision of a sanitary environment to avoid source of transmission of infections. Staff will be trained on how to handle contaminated foods at meal times, disinfecting contaminated chairs and other surfaces/ items and on the importance of proper handwashing by everyone after using the bathroom and throughout the day.	7/30/2021	
W 454	INFECTION CONTROL 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	Formal Monitoring will be conducted during assessments, completed monthly, by QPs, unit supervisors and charge persons. Informal monitoring will be conducted daily by QPs, Unit supervisors, and/or charge persons through routine monitoring and will be addressed accordingly.		

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

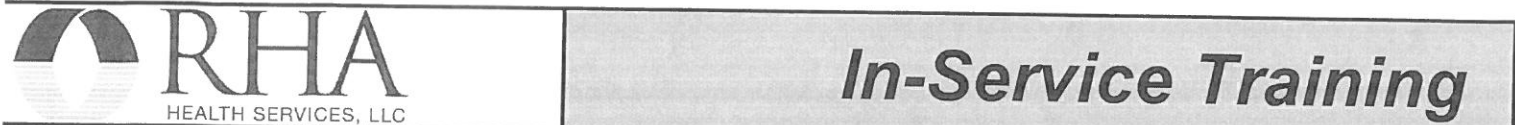
PRINTED: 07/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
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 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			

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: 34G017	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/07/2021
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 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			



Place Held

Tag # W 130 PROTECTION OF CLIENTS RIGHTS:

The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs

Supported people must be provided privacy during personal hygiene activities (e.g., toileting, bathing, dressing) and during medical/nursing treatments that require exposure of one's body.

Title

Title

Purpose/Outline of Training	
1. Introduction	2. Objectives
3. Content	4. Methods
5. Resources	6. Evaluation
7. Conclusion	8. References

All unit staff will follow training to ensure persons are afforded the right to privacy when using bathroom, bathing rooms, bedrooms etc and involved in treatment, toileting, bathing, changing or other personal hygiene activities that require exposure of one's body. Staff must help provide privacy to each supported person by closing bathrooms doors, pulling privacy curtains all the way round, using privacy screens as indicated and provided for all areas of bathing and toileting, treatment, care and personal hygiene at all times. Staff must be sure all supported persons are appropriately dressed prior to exiting areas where privacy is needed.

Instructor's Signature

Attendance Roll	
-----------------	--

[illegible]



Place Held

Covid -19 wearing masks.

Title

Title

Purpose/Outline of Training

All staff working at RHA Healthcare Center, River Bend must wear a surgical mask at all times. Masks are applied by holding the mask by the ear loops and placing a loop around each ear. Mold or pinch the stiff edge to the shape of the nose. Pull the mask over the mouth so the bottom is touching the chin. The mask should fit closely to the face, allowing the wearer to breathe freely. The mask should always be covering the entire mouth/nose area. At no times is any staff member allowed to wear their mask below their nose or below their chins. Supervisors have been instructed to monitor the staff in their areas. Any staff found not wearing their masks or wearing their masks inappropriately, will issued a corrective action.

Instructor's Signature

Attendance Roll

[illegible]



Place Held

Tag # W 130 PROTECTION OF CLIENTS RIGHTS:

CFR(s): 483.420(a)(7)

The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs

Supported people must be provided privacy during personal hygiene activities (e.g., toileting, bathing, dressing) and during medical/nursing treatments that require exposure of one's body.

Instructor's Name:

Title

Instructor's Name

Title

All unit staff will follow training to ensure persons are afforded the right to privacy when using bathroom, bathing rooms, bedrooms etc and involved in treatment, toileting, bathing, changing or other personal hygiene activities that require exposure of one's body. Staff must help provide privacy to each supported person by closing bathrooms doors, pulling privacy curtains all the way round, using privacy screens as indicated and provided for all areas of bathing and toileting, treatment, care and personal hygiene at all times. Staff must be sure all supported persons are appropriately dressed prior to exiting areas where privacy is needed.

Instructor's Signature

Instructor's Signature

Full Name

Signature

Shift

Unit

Date _____

[illegible]



River Bend Facility
140 Pirates Road
New Bern NC, 28562
Phone: (252) 638-6519 * Fax: (252) 638-3156

February 28, 2019

RECEIVED

JUN 20 2021

DHSR-MH Licensure Sect

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
ATT: Justin Foster, MPA, QIDP
2718 Mail Service Center
Raleigh, NC 27699-2718

Reference: Recertification and Complaint Survey Completed July 6 - 7, 2021
RHA Health Services, LLC - River Bend, 140 Pirates Road, New Bern, NC 28562
Provider Number: 34G017
MHL Number: MHL025-010
E-mail Address: tstewart@rhanet.org

Dear Mr. Foster:

Enclosed is the Plan of Correction for the deficiencies cited during the annual recertification and complaint survey conducted on July 6-7, 2021 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 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 or at tstewart@rhanet.org.

Sincerely,

Tina B. Stewart lcm

Tina B. Stewart, Administrator

TS:lm

Enclosure: Plan of Correction