DEPARTMENT OF HEALTH	AND HUMAN SERVICES					APPROVED
CENTERS FOR MEDICARE	& MEDICAID SERVICES	•		0	<u>MB NO.</u>	0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED
	34G265	B. WING			11/;	30/2021
NAME OF PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
TAR RIVER				8 & 500 SEAN DRIVE REENVILLE, NC 27834		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI> TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
W 249 PROGRAM IMPLE CFR(s): 483.440(d		W 2	249			
formulated a client each client must re treatment program interventions and s and frequency to s	erdisciplinary team has s individual program plan, eceive a continuous active consisting of needed ervices in sufficient number upport the achievement of the d in the individual program					
Based on observa interviews, the faci clients (#2 and #5) treatment program interventions and s Individual Program	is not met as evidenced by: tions, record reviews and lity failed to ensure 2 of 6 audit received a continuous active consisting of needed ervices as identified in the Plan (IPP) in the areas of e equipment use. The findings					
Building on 11/29/2 tall table in the dini seated in a short b her. Staff A held a which contained pu onto a coated spoo handed the spoon spoon and placed assisted to consum	pservations in the Daniel 21 at 12:25pm, Staff A sat at a ng room while client #2 was oxed chair directly in front of sectioned plate in her hand ureed food, scooped the food on with a built up handle and to the client. Client #2 took the the food in his mouth. He was he his thickened liquid in the e client was not prompted or op his food/drink.					
on 11/29/21 at 5:15 to sit in a short box	ervations in the Daniel Building opm, Staff B assisted client #2 red chair at a small table while DER/SUPPLIER REPRESENTATIVE'S SIG			TITLE		(X6) DATE

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

(X6) DATE

PRINTED: 12/01/2021

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.

		AND HUMAN SERVICES				FORM	12/01/2021 APPROVED 0938-0391		
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		` '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
34G265		B. WING			11/30/2021				
NAME OF I	PROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE				
TAR RIV	ER		498 & 500 SEAN DRIVE GREENVILLE, NC 27834						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE		
W 249	the staff fed the clie thickened liquid from coated spoon with r was not encouraged During breakfast of Building on 11/30/2 client #2 to sit in a se front of her while the dining room. As Stather hand which com assisted client #2 to and place the spoon drink was consume the meal, a coated was utilized. Interviews on 11/29 involved revealed the client #2 in the man interview with Staff encourage client #2 during meals. Review on 11/29/21 Feeding Techniques diet texture of "pure thickened honey con noted a built up har should be utilized. #2 should be "seated tray." The specific f "Provide built up f him to reach and gr attempt grasp the se guidance and/or HC assist in scooping a motivation. If he wi	ent his entire pureed meal and m small plastic cups using a no built up handle. The client	W 2	249					

		AND HUMAN SERVICES			FORM	12/01/2021 APPROVED 0938-0391	
		. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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NAME OF F	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE			
TAR RIVI	ER			98 & 500 SEAN DRIVE GREENVILLE, NC 27834			
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W 249	mouth. (backward thick liquids use sat guidance and or HC Further review of cl revealed an objectiv with verbal promptin to feed himself inder corrects for three co objective was imple Additional review of using built up handle increase his active scooping independed Interview on 11/30/2 administrator reveat with a tray was brok process of scheduli administrator noted use the short boxed a short table in the interview confirmed provided in client #2 guidelines should b B. During observati 11/29/21 from 11:15 was observed not w afternoon of 11/29/2 appointment at app have his glasses or his dresser and we any time between 4	grasp it and pull it to his chaining). For drinking Honey me technique, graduated DH assistance" ient #2's IPP dated 2/4/21 ve, "When presented with food ng from trainer, he will attempt ependently for 3 out of 4 trails onsecutive months." The emented on 11/16/20. f the plan noted, "Continue le spoon during oral feeding to participation and facilitate ently."	W 249				
	#5 woke up around	9:10am and was placed in his 5's glasses were placed on					

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STATEMENT OF DEFICIENCIES AND PLAN DE CORRECTION (X1) DENTFICATION NUMBER: DENTFICATION NUMBER: A BULIDING (X2) MULTIPLE CONTRUCTION A BULIDING (X3) DATE SURVEY COMPLETED NAME OF PROVIDER OR SUPPLIER 346265 STREET ADDRESS, CITY, STATE, 2P CODE 498 & 600 SEAN DRIVE GREENVILLE, NC 27834 11/30/2021 NAME OF PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MIST BE PRECIEDED BY FILL) TAG D PROVIDERS FLAN OF CORRECTION (BACULATORY OR LGC DENTFITYING INFORMATION) D W 249 Continued From page 3 him at this time. CRESS and his glasses were placed on his dresser and not put back on him after this time. Review on 11/29/21 of client #5's optometry evaluation dated 8/12/21 revealed an order to "wear glasses full time as much as possible while awake". W 249 W 249 W 249 Umring an interview on 11/29/21 of client #5's optometry evaluation dated 8/12/21 revealed an order to "weare glasses full time as much as possible while awake". W 249 W 382 Umring an interview on 11/29/21 of client #5's soptometry evaluation dated 8/12/21 revealed an order to "weare glasses full time as much as possible while awake". W 382 W 382 DRUG STORAGE AND RECORDKEEPING CRESS and on time even the tat staff should put them based on observations, record by: Based on observations, record for administrated. The findings are: A. During observations in the Daniel Building on 11/30/21 at 7.31am and 7.47am, Nurse D left a small bin containing seven metoclooping W 382			AND HUMAN SERVICES & MEDICAID SERVICES				FORM	12/01/2021 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TAR RIVER 480 SEAN DRWE (M) ID PROVIDER VALLE, NC 27834 STREET ADDRESS, CITY, STATE, ZIP CODE (W) JD PROVIDER VALLE, NC 27834 STREET ADDRESS, CITY, STATE, ZIP CODE (W) JD PROVIDER VALLE, NC 27834 STREET ADDRESS, CITY, STATE, ZIP CODE (W) 249 Continued From page 3 him at this time. Client #6 was given a bath at 9:15am and his glasses were placed on his dresser and not put back on him after this time. Review on 11/29/21 of client #5's optometry evaluation dated 71/221 revealed an order to "Wear glasses full time as much as possible while awake". W 249 W 382 Further review on 11/29/21 of client #5's IPP (dated 5/26/21) under adaptive equipment revealed fillent #6 should wear glasses at all times while awake and that staff should put them back on him even if he takes them off. W 382 W 382 DURG STORAGE AND RECORDICEPING CFR(s): 483.460(I)(2) W 382 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications remained locked except when being administred. The findings are: A. During observations in the Daniel Building on 11/30/21 at 7:31m and 7:47am, Nurse D left a small bin containing seven medications belonging								
498 & 600 SEAN DRIVE CREENVILLE, NC 27834 PMETRY TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CMOUNT DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE W 249 Continued From page 3 him at this time. Client #5 was given a bath at grissen and not put back on him after this time. W 249 W 249 Review on 11/29/21 of client #5's optometry evaluation dated 8/12/21 revealed an order to "wear glasses full time as much as possible while awake". W 249 Further review on 11/29/21 of client #5's IPP (dated 5/26/21) under adaptive equipment revealed "glasses during waking hours as tolerated". W 382 During an interview on 11/30/21 the Qualified Intellectual Diabilities Professional (QIDP) revealed client #5 should wear glasses at all times while awake and that staff should put them back on him even if he takes them off. DRIEG STORGE AND RECORDICEPING CFR(s): 483.460(l)(2) W 382 W 382 DRUG STORAGE AND RECORDICEPING CFR(s): 483.460(l)(2) W 382 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medicatons remained locked except when being administred. The findings are: A. During observations in the Daniel Building on 11/30/21 at 7.31m and 7.47am, Nurse D left a small bin containing seven W 382			34G265	B. WING			11/30/2021	
TAR RVER GREENVILLE, NC 27834 (X4) [D] PREEK TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREEK TAG PROVIDERS PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREEK TAG PROVIDERS PLAN OF CORRECTION (EACH DERIVERY DE LSC DENTIFYING INFORMATION) ID PREEK TAG PROVIDERS PLAN OF CORRECTION (EACH DERIVERS) ID DEFICIENCY W 249 Continued From page 3 him at this time. Client #5 was given a bath at 9:15am and his glasses were placed on his dresser and not put back on him after this time. W 249 W 249 Review on 11/29/21 of client #5's optometry evaluation dated 8/12/21 revealed an order to "wear glasses full time as much as possible while awake". W 249 W 249 During an interview on 11/30/21 the Qualified Intellectual Disabilities Professional (QIDP) revealed (Intellectual Disabilities professional for administration. W 382 W 382 DUG STORAGE AND RECORDKEEPING CFR(s): 483.480(I)(2) W 382 The facility must keep all drugs and biologicals locked except when being prepared for administration. W 382 Based on observations, record review and interviews, the facility failed to ensure all medications remained l	NAME OF F	PROVIDER OR SUPPLIER						
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFX TAG CECH CORRECTIVE ACTION SHOULD BE CROSSREPERENCED TO THE APROPRIATE DEFICIENCY) COMPLETION IDENTIFYING INFORMATION) W 249 Continued From page 3 him at this time. Client #5 was given a bath at 9:15am and his glasses were placed on his dresser and not put back on him after this time. W 249 W 249 Review on 11/29/21 of client #5's optometry evaluation dated 8/12/21 revealed an order to "wear glasses full time as much as possible while awake". W 249 W 249 Further review on 11/29/21 of client #5's IPP (dated 5/26/21) under adaptive equipment revealed "glasses during waking hours as tolerated". During an interview on 11/30/21 the Qualified Intellectual Disabilities Professional (QIDP) revealed client #5 should wear glasses at all times while awake and that staff should put them back on him even if he takes them off. W 382 DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(I)(2) W 382 The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications remained locked except when being administered. The findings are: A. During observations in the Daniel Building on 11/30/21 at 7.31am and 7.47am, Nurse Dieft a small bin containing seven medications belonging	TAR RIVE	ER						
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to various clients on top of the locked medication cart. During these times, the nurse left the medications unsecured to obtain a trash bag from		him at this time. Cli 9:15am and his gla dresser and not put Review on 11/29/21 evaluation dated 8/ "wear glasses full ti awake". Further review on 1 (dated 5/26/21) und revealed "glasses of tolerated". During an interview Intellectual Disabilit revealed client #5 s times while awake a back on him even if DRUG STORAGE / CFR(s): 483.460(l)(The facility must ke locked except wher administration. This STANDARD is Based on observat interviews, the facili medications remain administered. The A. During observat 11/30/21 at 7:31am small bin containing to various clients or cart. During these	ent #5 was given a bath at sees were placed on his back on him after this time. of client #5's optometry 12/21 revealed an order to me as much as possible while 1/29/21 of client #5's IPP ler adaptive equipment luring waking hours as on 11/30/21 the Qualified ies Professional (QIDP) hould wear glasses at all and that staff should put them the takes them off. AND RECORDKEEPING 2) ep all drugs and biologicals a being prepared for s not met as evidenced by: ions, record review and ity failed to ensure all led locked except when being findings are: ions in the Daniel Building on and 7:47am, Nurse D left a g seven medications belonging h top of the locked medication times, the nurse left the					

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	12/01/2021 APPROVED 0938-0391
				LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 382	medications in the s accessible to anyor Immediate interview revealed the medic removed from a sm placed in the bin to the morning medicat interview indicated need to be locked w Review on 11/30/21 Procedures Manua revealed, "Medicati in the presence of a the manual noted, " medications are loc carts used to transp unattended. (Comp limited to drawers, or carts, and boxes.) Interview on 11/30/2 confirmed medicati refrigerator should cart while waiting to B. During medicati Building on 11/29/2 administering noon plastic bin sitting or with multiple client's walked away to pas left the bin on top o During an immedia	 as in an adjacent room. The small bin were unsecured and he in the area. v on 11/30/21 with Nurse D ations in the bin had been hall locked refrigerator and give to various clients during ation pass. Additional these medications did not while the nurse left the area. I of the Nursing Policy and I (Revised February 2016) ons will not be left unattended a person." Additional review of 'Compartments containing tked when not in use. Trays or port items are not left artments include, but are not cabinets, rooms, refrigerators, ." 21 with the Director of Nursing ons removed from the locked be locked in the medication of be administered. on aministration in the Webb 1 at 11:30am, Nurse K was medications. Nurse K had a top of the medication cart is medications to clients and f the cart unsecured. 	W	382	· · · ·		
	Nurse K revealed the	nat she pulled those					

If continuation sheet Page 5 of 6

		AND HUMAN SERVICES				FORM	12/01/2021 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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TAR RIV	ER				98 & 500 SEAN DRIVE GREENVILLE, NC 27834		
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W 382	medications from the them back once the complete. Review on 11/30/21 Procedures Manua revealed, "Medication in the presence of a the manual noted, " medications are loc carts used to transp unattended. (Comp limited to drawers, of carts, and boxes.) During an interview registered nurse re- should have been p	ne refrigerator and would place e noon medication pass was 1 of the Nursing Policy and I (Revised February 2016) ons will not be left unattended a person." Additional review of "Compartments containing cked when not in use. Trays or port items are not left partments include, but are not cabinets, rooms, refrigerators,	W 3	382			

Facility ID: 922010

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