

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

PRINTED: 08/24/2022
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 08/23/2022
NAME OF PROVIDER OR SUPPLIER RIVERBEND			STREET ADDRESS, CITY, STATE, ZIP CODE 140 PIRATES ROAD NEW BERN, NC 28562		
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W 104	<p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the governing body failed to ensure furniture within the facility was clean, sanitary and maintained in good repair. This potentially affected all clients residing in the School B unit. The finding is:</p> <p>During evening observations in the School B unit on 8/22/22 at 4:07pm, furniture in a classroom was noted to be dirty with torn and missing fabric. Closer observation of the furniture revealed the seat cushion in one chair was partially ripped off with a large piece of foam exposed. Another chair had large areas of dried up unidentifiable debris covering the soft fabric on the arms and seat cushion.</p> <p>Interviews on 8/22/22 with Staff A (one and a half years employed) and Staff B (6 months employed) revealed the chairs have been in this condition since they started working on the unit. Additional interview also indicated several clients have had toileting accidents on the furniture in the classroom.</p> <p>Interview on 8/22/22 and 8/23/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the furniture was only about a year old and the fabric is difficult to clean. Additional interview did not indicate there has been any discussion about repairing or replacing the classroom furniture, however, the QIDP acknowledged it needs to be replaced.</p>	W 104			
W 240	<p>INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(6)(i)</p>	W 240			

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 240	<p>Continued From page 1</p> <p>The individual program plan must describe relevant interventions to support the individual toward independence. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure the Individual Program Plan (IPP) included specific information to support the independence of 1 of 9 audit clients (#8) concerning her accessibility and use of technology and communication devices in the classroom. The finding is:</p> <p>During observations throughout the survey in the Pirates Academy on 8/22 - 8/23/22, client #8 did not use either an iPad or a communication device. Observation in the classroom from 4:20pm - 5:15pm revealed client #8 repeatedly exiting the classroom to enter the hallway. Observation in the hallway revealed a school posting of student communication devices listing a pink, communication device tablet for client #8. From the hallway, classroom staff were overheard to state that client #8 was running to the hallway to find her iPad which had been overlooked for charging on the previous evening. At no time was client #8 offered access or use of either a communication device or iPad. Observations on 8/23/22 from 9:30am - 10:00am, following breakfast, revealed that client #8 was not offered access or use of devices.</p> <p>Review on 8/23/22 of client #8's IPP dated 11/3/21 did not reveal information to support her independent access or use of either a communication device or iPad.</p> <p>Interview on 8/23/22 with the classroom teacher revealed that client #8 prefers to interact with the</p>	W 240			

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W 240	Continued From page 2 IPad and focuses on the device when available. The teacher stated that client #8's pink communication device was missing and had been replaced with another communication device. Additionally, the teacher stated that client #8 does not prefer the communication device because she does not understand the pictures board. When asked if client #8 had a schedule for device usage, the teacher stated that client #8 could not have a device during morning songs because it may cause behavior.	W 240			
W 249	Interview on 8/23/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #8 was assigned a communication device and an iPad. The QIDP stated that client #8 focuses when using the iPad and prefers the iPad over the communication device. When asked if client #8 had a schedule for using the communication device, the QIDP stated that client #8 could have it all the time. PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1) As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure each client	W 249			

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W 249	<p>Continued From page 3</p> <p>received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of structured leisure activities, mealtime guidelines, and self-help skills. This affected 3 of 9 audit clients (#5, #8, and #9). The findings are:</p> <p>A. During the Pirate Academy classroom observations on 8/22/22 and 8/23/22, client #8 was not offered structured, leisure activities for extended periods of time. On 8/22/22 from 4:20pm - 5:15pm, client #8 was observed to repeatedly leave her seat, enter the hallway, and then briefly sit at a table with a container of sensory sand as a solitaire activity. No other activity or peer interaction activity was offered. In addition, no picture schedule was observed in the classroom or utilized for transitions.</p> <p>From 5:16pm - 5:45pm, client #8 was buckled into her adaptive dining chair, placed separate from the main dining table. At no time was a picture schedule utilized for a transition. At no time was an activity or staff engagement provided to client #8. During observations of meals on 8/22/22 - 8/23/22, client #8's adaptive dining chair was separated from the group dining table. At no time was client #8 included in group dining conversation or moved closer to peers. In addition, no picture schedule was observed in the classroom or utilized for transitions.</p> <p>Review on 8/22/22 of client #8's IPP dated 11/3/21 revealed that staff should utilize the picture schedule daily to communicate transitions from one activity to another. In addition, staff should assist with increasing communication by: Providing a variety of experiences</p>	W 249			

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W 249	<p>Continued From page 4</p> <p>Encouraging peer interaction and participation in groups Providing a structured routine with meaningful activities Utilizing a picture schedule during all transitions</p> <p>Review on 8/23/22 of client #8's psychology evaluation dated 9/28/21 revealed that client #8 would benefit from intensive supports and structure.</p> <p>Interview on 8/23/22 with the classroom teacher revealed that client #8 is offered activities but stated that "it is hit or miss with her". When asked about daily schedules for devices, the classroom teacher stated that learning activities usually take place in the mornings with leisure in the afternoon. The teacher stated that client #8 preferred the iPad for leisure. Referring to the hallway schedule, the teacher acknowledged that the current scheduled routine should include technology devices. The teacher then stated that she could retrieve client #8's devices. When asked if a picture schedule was available, the teacher referred to written words on the wall and stated the class was using the words right now because their picture schedule was being remade.</p> <p>Interview on 8/23/22 with the Qualified Intellectual Disabilities Professional (QIDP) revealed that client #8 prefers to have her iPad for activity or be alone with sensory sand. The QIDP stated that they were trying to get client #8 away from depending on her iPad as much and participate in other activities. The QIDP further stated that #8 should needs visual materials and structured activities.</p>	W 249			

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W 249	<p>Continued From page 5</p> <p>B. During breakfast observations in the Solarium unit on 8/23/22 at 8:11am, client #9 sat without a staff beside her and consumed her food quickly. As the client sat at the table, Staff D poured her drinks, removed her adaptive collar and dishes from the table and placed them in a bin and cleaned her area of the table. Client #9 was not prompted or assisted to wipe her mouth during the meal.</p> <p>Review on 8/23/22 of client #9's IPP dated 6/8/22 revealed an objective to wipe her mouth with a napkin throughout the meal 45% of trials for any three months (implemented 5/12/22). Additional review of the client's dining card located on the table next to her plate revealed staff should be seated beside her at meal time. Further review of the card noted she can assist with pouring, removing lids/dessert cup and wiping the table, wiping her mouth and carrying her adaptive collar to the laundry bin.</p> <p>Interview on 8/23/22 with Staff D revealed at meal times they follow what is indicated on each client's dining card as far as how they can participate.</p> <p>Interview on 8/23/22 with the QIDP confirmed staff should be following each client's dining card and assist them to participate as indicated.</p> <p>C. During lunch observations in the School A unit on 8/22/22 from 12:18am - 1:08pm, staff set up client #5's area with her dycem mat and poured her drink. After the meal, staff wiped client #5's mouth and removed her adaptive collar and other items to a nearby bin or the trash as she sat at</p>	W 249			

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W 249	Continued From page 6 the table. During breakfast observations in the School A unit on 8/23/22 at 9:18am, various staff began setting up client #5's area including an adaptive cup and dycem mat. Staff E poured the client's milk into her adaptive cup. Client #5 was not prompted or assisted to participate with these tasks. Interview on 8/23/22 with Staff E revealed they try to allow client #5 to be as independent as possible. Review on 8/23/22 of client #5's IPP dated 10/26/22 revealed, "[Client #5] feeds herself independently after assisted to arrange her meal area. She is encouraged to place her adaptive collar in the bin after eating. Throwing items limit her frequency to carry her plate and utensils. Encourage participation with meal set up wiping mouth, assisting with pouring drinks, clean up etc as tolerated." Additional review of the plan included an objective to place her adaptive cup on the table with partial physical assistance 45% of trials for three months (implemented 8/4/22). During an interview on 8/23/22, the QIDP acknowledged client #5 should be prompted to participate during the meal as indicated in her IPP.	W 249			
W 288	MGMT OF INAPPROPRIATE CLIENT BEHAVIOR CFR(s): 483.450(b)(3) Techniques to manage inappropriate client behavior must never be used as a substitute for an active treatment program. This STANDARD is not met as evidenced by: Based on observation, record review and	W 288			

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W 288	<p>Continued From page 7</p> <p>interviews, the facility failed to ensure a technique to manage client #1's inappropriate behaviors. This affected 1 of 9 audit clients. The finding is:</p> <p>During breakfast observations in the School B unit on 8/23/22 at 9:34am, client #1 consumed his meal at a small table positioned against the wall just outside of his classroom door. The client sat facing the wall and away from others.</p> <p>Interview on 8/23/22 with Staff C revealed client #1 consumes his meals in this manner because he's "food aggressive" and will "attack" others at the table if positioned near them.</p> <p>Review on 8/23/22 of client #1's Behavior Support Plan (BSP) dated 5/16/22 revealed an objective to improve his ability to participate actively in daily living activities as evidenced by 0 incidents of injuries to others 12 out of 18 consecutive months. Additional review of the plan included target behaviors of aggression, self-injurious behavior, property destruction/disruption and refusal to participate in scheduled activities of daily living. Further review of the BSP did not include having client #1 consume his meals away from others as a technique to address his inappropriate behaviors.</p> <p>Interview on 8/23/22 with the Qualified Intellectual Disabilities Professional (QIDP) confirmed client #1 was seated away from others at meals due to his tendency to become aggressive.</p> <p>Interview on 8/23/22 with Behavior Specialists (2) also indicated client #1 consumes his meals away from others due to his tendency to "scratch" or bite others in close proximity to him. Additional interview confirmed this technique of removing</p>	W 288			

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W 288	Continued From page 8 the client from others at meals was not included in his current BSP.	W 288			