

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

PRINTED: 02/14/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G265	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/14/2023
NAME OF PROVIDER OR SUPPLIER TAR RIVER			STREET ADDRESS, CITY, STATE, ZIP CODE 498 & 500 SEAN DRIVE GREENVILLE, NC 27834		
(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	<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. This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure personal privacy for 3 of 5 audit clients (#24, #26, and #27) in the Daniel Building. The findings are:</p> <p>A. Observations in bedroom #4 on 2/13/23 and 2/14/23 revealed staff inconsistently providing privacy when changing client #24's diaper. On 2/13/23 at 4:32pm, Staff D hung blankets on the side of client #24's crib and changed his diaper. On 2/14/23 at 6:40am, Staff B changed client #24's diaper without hanging blankets or using a screen for privacy. At 6:55am, the respiratory therapist (RT) provided services and cleaned client #24 using a tall, rolling screen for privacy.</p> <p>Review on 2/13/23 of client #24's Person-Centered Plan (PCP), dated 2/1/23, revealed that he should receive privacy when changed or receiving care. The PCP further stated that client #24 is dependent upon staff to ensure his privacy needs are met by closing doors, pulling curtains, or caregivers holding up a sheet when in areas that lack the ability to provide privacy.</p> <p>Interview on 2/14/23 with the administrator revealed that staff should be pulling curtains completely around clients for privacy. The administrator stated that if no curtain is available, staff should be using the rolling screen for privacy during changing and care.</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	<p>Continued From page 1</p> <p>B. Observations in bedroom #1 on 2/14/23 at 6:45am revealed Staff B changing client #26's diaper with a curtain drawn on one side only. Client #26 was visible from within the room and the adjoining room while being changed.</p> <p>Review on 2/14/23 of client #26's PCP, dated 3/10/22, revealed that she should receive privacy when changed or receiving care. The PCP further stated that client #26 is dependent upon staff to ensure his privacy needs are met by closing doors, pulling curtains, or caregivers holding up a sheet when in areas that lack the ability to provide privacy.</p> <p>Interview on 2/14/23 with the administrator revealed that staff should be pulling curtains completely around clients for privacy. The administrator stated that if no curtain is available, staff should be using the rolling screen for privacy during changing and care.</p> <p>C. Observations in bedroom #2 on 2/14/23 at 7:02am revealed Staff B changing client #27's diaper with a curtain drawn on one side only. Client #27 was visible from within the room and adjoining room while being changed.</p> <p>Review on 2/14/23 of client #27's PCP, dated 9/1/22, revealed that she should receive privacy when changed or receiving care. The PCP further stated that client #27 is dependent upon staff to ensure his privacy needs are met by closing doors, pulling curtains, or caregivers holding up a sheet when in areas that lack the ability to provide privacy.</p>	W 130			
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2)	W 382			

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W 382	Continued From page 2 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: During observations in the Webb Building on 2/13/23 at 4:32pm, Nurse E was administering medications. Nurse E had two medication bottles sitting on top of the medication cart. Nurse E walked away to pass medications to clients and left the medications on top of the cart unsecured. Further observations in the Webb Building on 2/14/23 at 7:10am and 7:25am, Nurse F was administering medications. Nurse F had a bin sitting on top of the medication cart that contained several bottles of medication. Nurse F walked away to pass medications to clients and left the bin of medications sitting on top of the medication cart. Interview on 2/14/23 with the facility's nurse team lead revealed medications should never be left sitting on top of the medication cart unattended. The nurse team lead confirmed all medications should be locked and never left unsupervised.	W 382			
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as	W 440			

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W 440	Continued From page 3 evidenced by interview and record verification. The finding is: Review on 2/13/23 of the facility's fire drill evacuation reports revealed for the time period of January 2022 through January 2023, fire drills were not conducted for October 2022, November 2022, December 2022, and January 2023. Interview with the administrator revealed the facility normally completes fire drills on both shifts monthly if possible. The administrator stated that the facility had not completed fire drills for the last quarter.	W 440			