

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

PRINTED: 04/10/2023  
FORM APPROVED  
OMB NO. 0938-0391

|  |   |  |  |   |  |  |                            |
|--|---|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>34G017</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                          |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/06/2023</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>RIVERBEND</b> |   |  |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 PIRATES ROAD</b><br><b>NEW BERN, NC 28562</b> |  |  |                            |
| (X4) ID<br>PREFIX<br>TAG                             | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  |  |  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE |
| W 159  | <p><b>QIDP</b><br/><b>CFR(s): 483.430(a)</b></p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional who- This STANDARD is not met as evidenced by:<br/>Based on record review and interviews, the facility failed to ensure client #1's in-service guidelines were conducted by a qualified intellectual disabilities professional (QIDP). The finding is:</p> <p>Review on 4/6/23 stated, "RHA Health Services Pirate Academy staff will be in-serviced not to give [Clients' name] small objects or any item that could come apart into small objects that will fit into his ears".</p> <p>During an interview on 4/6/23, the Qualified Intellectual Disabilities Professional (QIDP) revealed the in-service that was recommended did not happen. Further interview revealed it was QIDP's responsibility to ensure that the in-service was conducted. The QIDP stated that client #1 has a history of putting small objects into his ears.</p> <p>During an interview on 4/6/23, the Director confirmed the inservice did not not occur.</p> |  |  | W 159   |  |  |                            |

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.