STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 A recertification and follow up was completed on 8/15/23. The outstanding tag cited on 6/21/23 was found to be in compliance. Standard level deficiencies were cited as a result of the recertification survey.	W 000		
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. This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure clients were afforded privacy during personal care. This affected 2 of 9 audit clients (#1 and #9) and one non audit client #10. The findings are: A. During observations at the facility on 8/14/23 at 12:20pm in room 101, client #1 was lying on his bed without pants, in a diaper, with the bedroom door open. Staff C walked in and out of the bedroom, leaving client #1 exposed. Record review on 8/14/23 of client #1's individual program plan (IPP) dated 11/16/22 revealed he is dependent on staff for all transfers, repositioning and transportation needs. Further review revealed he needs assistance with protecting his privacy during self care and dressing. B. During observations at the facility on 8/14/23 at 12:15pm in room 102, client #9 was lying on her bed with a shirt on, in a diaper, with the bedroom door open with 3 other clients and staff I in her bedroom. Staff I went out of the room to speak with staff C, leaving client #9 in bed with her body	W 130		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 exposed and the door open. Record review on 8/14/23 of client #9's IPP dated 5/19/23 revealed she is dependent on staff for all of her transfers. repositioning and transportation needs. Further review revealed she needs assistance with protecting her privacy during self care and dressing. C. During observations at the facility on 8/15/23 at 6:26am, Nurse K poured medications for non-audit client #11 and took his medications to him in the bathroom of bedroom #103 while he was toileting with the bedroom door and bathroom door open. Client #10 was with client #10 in the bathroom naked. Non-audit client #10 appeared in the bedroom naked and no attempt was made by direct care staff or by Nurse K to redirect him back to the bathroom. Interview on 8/15/23 with the qualified intellectual disabilities professional (QIDP) revealed clients #1, #9 and #10 all require assistance in protecting their privacy.	W 130		
W 227	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(4) The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on record review and interviews with staff, the facility failed to assure the individual program plan (IPP) for 1 of 9 audit clients (#3) included objective training to meet his priority need of increasing his expressive communication and sign language. The finding is:	W 227		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 227	Continued From page 2 Review on 8/14/23 of client #3's IPP, dated 5/4/23, revealed he communicates through vocalizations, gestures, and signs. The IPP stated client #3 has a communication need to increase his expressive communication skills through sign language and increase his skills to make choices. Further review of client #3's objective training revealed goals to include identifying coins, matching colored socks, wiping his face with a napkin, cleaning the table, and decreasing aggressive behaviors. No communication or sign language training could be located. Review on 8/14/23 of client #3's Speech/Language Assessment, dated 5/23/22, revealed he does not have effective means of communicating and has need for visual supports. Interview on 8/14/23 with Staff A revealed client #3 did not have training goals for communication skills or sign language. Interview on 8/14/23 with Staff B revealed client #3 could sign "bathroom" sometimes if he needed to go. Staff B stated client #3 did not use further sign language and did not have any objective training for communication. Interview on 8/15/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the habilitation specialist was in the process of developing visuals to use with training. The QIDP stated client #3 did not have formal communication goals.	W 227		
W 249	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(1)	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 249	Continued From page 3 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 review and interviews, the facility failed to ensure 2 of 9 audit clients (#3 and #5) received a continuous active treatment program consisting of needed interventions and services as identified in the individual program plan (IPP) in the areas of program implementation regarding the use visual communication supports and consistently following behavior support programs (BSP's). The findings are: A. During observations on 8/14/23 at Pirates Academy at 1:10pm client #5 threw a container of yogurt at staff C, threw a hard noise making toy at another client, and attempted to bite staff C when she assisted her with lunch. These inappropriate behaviors exceeded 15 minutes. Staff verbally redirected client #5 and attempted to move items that she threw out of her reach. During observations on 8/14/23 at 5:38pm at Pirates Academy client #5 threw a cup across the classroom narrowly missing client #2. Client #5 grabbed a cup of juice and threw it at staff D. Staff C tried to assist client #5 with her meal and client #5 attempted to bite staff C twice. Staff C	W 249		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 249	Continued From page 4	W 249		

and staff D verbally redirected client #5, however she continued to pick toys and items off the dining table and throw them at peers. There were 4 other clients at the table and 2 staff in the classroom. These behaviors exceeded 20 minutes during dining.

During observations on 8/15/23 at 8:10am at Pirates Academy, staff C and staff H set up a classroom with client #5 and 3 non-ambulatory clients until other students arrived to start breakfast. As staff C and H set up plates, cups, napkins and beverages, client #5 picked up toys, several that were hard plastic and threw them at the other clients who could not move out of her way. Staff C and staff H picked up the toys and put them in a basket in the classroom. Client #5 went over to the basket, retrieved the toys and once again she threw them into the air, narrowly missing hitting 2 clients who use wheelchairs for mobility and 2 clients who were unable to get out of her way.

Immediate interview with staff H revealed that client #5 has a BSP that includes the use of a Rifton chair with a lap tray that staff are to use for client #5 when her behaviors of being aggressive or non-compliant pose danger to herself or the other clients. Staff H was able to locate the Rifton chair in client #5's classroom but admitted it is not utilized much. When asked how many staff it takes to place client #5 in the Rifton chair, she stated usually one staff can safely place her in the chair. Staff H also explained the BSP has a time limit how long client #5 can remain in the Rifton chair at a time.

Review on 8/15/23 of client #5's BSP dated 5/16/22 revealed she has target behaviors of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 249	Continued From page 5	W 249		

causing injury to others (grabbing, biting), out of seat behaviors and aggression. The interventions for inappropriate behaviors include: verbal redirection, being aware and protecting others from potential biting behaviors. If her aggression cannot be easily redirected within 5 minutes of the first aggression then client #5 is to be directed to be seated in the Rifton chair. After 15 minutes of being in the Rifton chair, client #5 is to be given a break out of the chair. If aggression continues for another 15 minutes, she is to be seated again in the Rifton chair and the process repeated as needed.

Interview on 8/15/23 with the administrator revealed client #5's BSP should be implemented as written and that staff have been inserviced on this program. Further interview revealed re grouping individual clients at Pirates Academy has also been discussed.

B. Observation on 8/14/23 from 12:00pm - 1:30pm in School B revealed client #3 sitting at the activity table in his classroom as he colored a Superhero picture. Additional activity items were located in the classroom cabinet. No visual supports, such as a picture board, visual schedule, or first/then board was observed in the classroom. At no time did staff use visuals to offer choices to client #3.

Review on 8/14/23 of client #3's IPP, dated 5/4/23, revealed a diagnosis of autism with needs in expressive communication skills, as well as choice-making skills.

Review on 8/14/23 of client #3's Speech/Language Assessment, dated 5/23/22, revealed client #3 is a visual learner and does not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 249	Continued From page 6 have an effective means of communicating. The speech therapist recommended visual supports as a "highly effective tool" to possibly include picture schedules, first/then boards, and social narratives. The speech therapist further recommended a picture exchange system of communicating be implemented for highly desired items with pictures placed in the location of items. Interview on 8/14/23 with Staff A revealed no pictures are used in communicating with client #3. Interview on 8/14/23 with Staff B revealed no pictures are used in communicating with client #3. When asked how client #3 tells them if he has a need or desires an item for activity, Staff B stated client #3 can sign "bathroom" but usually sits in one seat and has a book or magazine. Interview on 8/15/23 with the Qualified Intellectual Disabilities Professional (QIDP) revealed the habilitation specialist is making visuals to use for training with client #3. The QIDP acknowledged client #3 could benefit from using visuals.	W 249		
W 250	PROGRAM IMPLEMENTATION CFR(s): 483.440(d)(2) The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on observations and confirmed by interviews with staff, the facility failed to ensure the active treatment schedule flexible enough to accommodate the medication administration needs for 1 of 2 non audit clients (#11) observed during the medication administration pass. The	W 250		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 250	Continued From page 7 finding is: During observations at the facility on 8/15/23 at 6:26am, Nurse K poured the following medications for client #11: Abilify 20mg (1), Clonidine 0.1mg. (1), Oxcarbazepine 60mg. (1), Sertraline 25mg. (1), Colace 100mg. (1), Fluticasone nasal spray, Loratadine 10 mg. (1), Vitamin D 1,000mg. (2) and Flintstone Chewable Vitamin (1). Nurse K then took client #11's medications to him in the bathroom of bedroom #103 while he was toileting with the bedroom and bathroom door open. During immediate interview on 8/15/23 Nurse K stated she often takes client #11 his medications to him in the bedroom while he getting dressed. Interview on 8/15/23 with the Director of Nursing and the qualified intellectual disabilities professional (QIDP) revealed Nurses have several options available during medication administration as medications can be administered an hour before and until an hour after the medication is ordered. Further interview revealed taking client #11's medications into the bathroom for administration did not promote independence, hygiene and was not part of his active treatment schedule.	W 250		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 8	W 340		

This STANDARD is not met as evidenced by:
Based on observations, record review and interviews, the facility failed to ensure staff were sufficiently trained to appropriately assist 1 of 9 audit clients (#2) care for her tracheostomy as documented in her individual program plan (IPP). The finding is:

During observations at Pirates Academy on 8/14/23 at 4:15pm, client #2 pulled a heat moisture exchanger (HME) off of her tracheostomy in her classroom at Pirates Academy and it fell on the floor of the classroom. Her tracheostomy has an attachment to an oxygenator machine in the classroom that is plugged into the wall. Staff F did not contact Nursing or the Respiratory therapist.

During observations at Pirate Academy on 8/14/23 at 4:30pm client #2 pulled out the HME from her tracheostomy and it fell on the floor. Staff F picked up the HME and put it back into client #2's tracheostomy. Staff F did not contact Nursing or the Respiratory therapist.

During observation at Pirates Academy on 8/14/23 At 4:45pm, client #2 pulled her oxygen off while she was playing outside and dropped it onto the dirt. Staff G took the oxygen attachment and put it back onto client #2. Staff G did not contact Nursing or the Respiratory therapist.

During observations at Pirates Academy on 8/15/23 as staff prepared to set up breakfast in the classroom at 9:00am, the surveyor noticed the oxygenator for client #2 was off. Staff C and staff H walked over and turned on the oxygenator and remarked that sometimes client #2 will turn off the machine if staff are not attentive. Staff C

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G017	A. BUILDING _____ B. WING _____	08/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERBEND	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 9	W 340		

and staff H did not contact Nursing or the Respiratory therapist.

Review on 8/15/23 of client #2's IPP dated 3/15/23 revealed, "Has a tracheostomy which must be carefully monitored to ensure she does not remove her tracheostomy. If [client #2] removes her tracheostomy. staff are to contact the RT (respiratory therapy) department so they can put it back in."

Review on 8/15/23 of client #2's respiratory therapy assessment dated 6/24/23 revealed client #2 has Severe IDD, Asthma, has a permanent tracheostomy and is on continuous oxygen. "Client is on continuous oxygen at 2 liters via HME or trach collar to maintain SP02 greater than 92%."

Interview on 8/15/23 with the Respiratory Therapist revealed direct care staff should never attempt to replace any part of client #2's tracheostomy components and that they have repeatedly been inserviced to contact a member of the respiratory therapy department if needed if client #2's tracheostomy becomes not operational or if her oxygen needs to be restarted.

Interview on 8/15/23 with the facility administrator revealed direct care staff should always defer to the respiratory therapy staff to assist with client #2's tracheostomy care.