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 _____	08/27/2024

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 complaint survey was completed on 8/27/24 for intake #NC00220803. The allegation was substantiated and a deficiency was cited. Also, deficiencies were cited during the recertification survey.	W 000		
W 249	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 review and interviews, the facility failed to ensure 2 of 9 audit clients (#9) received a continuous active treatment program consisting of needed interventions and services as identified in the Individual Program Plan (IPP) in the area of medication administration and adaptive equiment. The findings are: A. During medication administration observations in Solarium on 8/27/24 at 7:36am, Medication Technician A used a regular cup when assisting client #9 to drink some water. During an interview on 8/27/24, Medication Technician A confirmed client #9 should have used a nosey cup during his medication	W 249		

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

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W 249	Continued From page 1 administration. Review on 8/27/24 of client #9's IPP dated 11/8/23 revealed, "He continues to have adaptive equipment consisting of...2. nosey cup". Review on 8/27/24 of client #9's nursing evaluation dated 10/5/23 revealed, "[Client #9] uses a nosey cup...with all medication administration". During an interview on 8/27/24, the Director of Nursing (DON) stated client #9 should be using his nosey cup during medication administration. B. During medication administration observations in Solarium on 8/27/24 at 7:36am, Medication Technician A did not add Thick-It to his cup of water. During an interview on 8/27/24, Medication Technician A was not sure if client #9 uses Thick-It during his medication administration. Review on 8/27/24 of client #9's diet card (date unknown) revealed he is to receive Thick-It in all his liquids. During an interview on 8/27/24, the DON stated client #9 should have received Thick-It in his water during his medication administration. C. Based on observation, record review, and interview, the facility failed to furnish client #5 with a sensory apron. This affected 1 of 9 audit clients. The finding is: During observation in the facility on 8/26/24, client	W 249		

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W 249	Continued From page 2 #5 did not wear his sensory apron. Review on 8/26/24 of client #5's Individual Program Plan (IPP) revealed that the sensory apron is listed as client #5's adaptive equipment that should be worn during his wake day. Interview on 8/27/24 with the Qualifed Intellectual Disabilities Professional (QIDP) revealed his sensory apron should be worn.	W 249		
W 263	PROGRAM MONITORING & CHANGE CFR(s): 483.440(f)(3)(ii) The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that restrictive adaptive equipment (Sensory Apron) was used only with written consent from the client, parent, or legal guardian. This affected 1 of 9 clients (#5). Review on 8/26/24 of client #5 Behavior Support Plan (BSP) dated 4/10/24, revealed that there was no signed consent by the legal guardian for client #5 BSP. During interview on 8/27/24, the Qualified Intellectual Disabilities Professional (QIDP) revealed that the guardian did not sign the BSP because she was not present during the meeting.	W 263		
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) Nursing services must include implementing with other members of the interdisciplinary team,	W 342		

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W 342	Continued From page 3 appropriate protective and preventive health measures that include, but are not limited to training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the health needs of the clients. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure staff were sufficiently trained in detecting signs and symptoms of illness and changes in client's health baseline. This affected 1 of 9 audit clients (#4). The finding is: Record review on 8/26/24 revealed a nursing note entry on 8/3/24 that stated a body check was completed when client #4's guardian came to pick him up for therapeutic leave on 8/3/24. The note described an opened area that was observed on the top of the client's left foot. The nursing note entry also revealed staff had not made nursing aware of the sore. Interview on 8/27/24 with the Director of Nursing (DON) revealed that staff should have reported changes to nursing. The DON confirmed no in-service on reporting changes in medical/health status to nursing had been completed following the incident with client #4.	W 342		
W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(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 and interviews, the facility failed to ensure medications remained locked except when being prepared for administration.	W 382		

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W 382	Continued From page 4 The finding is: During medication administration observations in Solarium on 8/27/24 at 7:35am, Medication Technician A put a box of medication on top of the medication cart. Further observations revealed the Medication Technician walking away from the medication cart, leaving the box unattended. At 7:42am, the Medication Technician came back to the medication cart and picked up the box. During an immediate interview, the Medication Technician stated she should not have left the medication unattended on the medication cart. During an interview on 8/27/24, the Director of Nursing (ADON) stated medications should never be left unattended.	W 382		