

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 08/27/2024
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NAME OF PROVIDER OR SUPPLIER RIVERBEND	STREET ADDRESS, CITY, STATE, ZIP CODE 140 PIRATES ROAD NEW BERN, NC 28562
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(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
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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 1 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 equipment. 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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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.

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

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FORM APPROVED
OMB NO. 0938-0391

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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. nose cup". Review on 8/27/24 of client #9's nursing evaluation dated 10/5/23 revealed, "[Client #9] uses a nose cup...with all medication administration". During an interview on 8/27/24, the Director of Nursing (DON) stated client #9 should be using his nose 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.	W 249			
W 342	NURSING SERVICES CFR(s): 483.460(c)(5)(iii) 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	W 342			

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W 342	Continued From page 2 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. The finding is:	W 382			

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W 382	<p>Continued From page 3</p> <p>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.</p> <p>During an immediate interview, the Medication Technician stated she should not have left the medication unattended on the medication cart.</p> <p>During an interview on 8/27/24, the Director of Nursing (ADON) stated medications should never be left unattended.</p>	W 382		