

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

PRINTED: 01/28/2025
FORM APPROVED
OMB NO. 0938-0391

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 C 01/24/2025	
NAME OF PROVIDER OR SUPPLIER RIVERBEND				STREET ADDRESS, CITY, STATE, ZIP CODE 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			W 000			
	<p>A complaint and follow up survey was completed on 1/24/25 for intakes NC00225820, NC00225620 and NC00226041. Intakes NC00225820 and NC00225620 were unsubstantiated. However, intake NC00226041 was substantiated. Deficiencies were cited.</p> <p>As a result of the follow up, deficiencies cited during the 11/15/24 survey were corrected.</p>						
W 252	<p>PROGRAM DOCUMENTATION</p> <p>CFR(s): 483.440(e)(1)</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure 1 of 2 audited clients (#1) behavioral data was documented accordingly. The finding is:</p> <p>Review on 1/24/25 of the facility's incident report dated 12/30/24 revealed large discoloration to right arm with right wrist edema. Bruise and swelling identified as the type of injury. Purple in color. Client #1 will not allow staff to touch her arm. Orders were sent to hospital.</p> <p>Review on 1/24/25 of the General Event Reports dated 12/30/24 revealed "participated in two interviews with program director and unit supervisor who witnessed the behavior, as well as with staff who witnessed the beginning of the</p>			W 252			

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 252	<p>Continued From page 1</p> <p>behavior. Spoke on the importance of monitoring persons supported when displaying signs of aggressive or self injurious behaviors."</p> <p>Review on 1/24/25 of client #1's Behaviors Support Plan revealed an "objective H1S: Across all settings, I would like to have best possible health as evidenced by zero explosive behaviors requiring crisis medications per month for 12 of 12 months..." Explosive outburst will be documented if any one or more of the following behaviors are observed: Self injury, aggression, throwing objects.</p> <p>Review on 1/24/25 of client #1's record revealed no data collected for a behavioral incident on 12/30/24.</p> <p>Interview on 1/24/25 with the unit supervisor revealed client #1 was having a behavioral episode while sitting at the table. Client #1 became very agitated and threw her cup of liquid across the table. The unit supervisor stated she assisted client #1 to her bedroom to calm down. While in her bedroom, client #1 was listening to music. She seemed calm so she left client #1 in the bedroom alone. She did not witness client #1 demonstrated any self injurious behaviors. The unit supervisor also stated she did not document the behavioral incident that was observed at the table.</p> <p>Interview on 1/24/25 with the administrator revealed staff were present during the time of client #1's behavioral episode however they did not have any behavior data to provide regarding the incident. She confirmed that staff observed client #1 demonstrate self injurious behaviors, which is the reason why they completed an</p>	W 252			

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W 252	Continued From page 2 inservice with staff on monitoring client behaviors. The administrator confirmed the unit supervisor should have documented the behavior incident.	W 252			