

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

PRINTED: 02/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 34G265		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/25/2025	
NAME OF PROVIDER OR SUPPLIER TAR RIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 498 & 500 SEAN DRIVE GREENVILLE, NC 27834			
(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 189	<p>STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1)</p> <p>The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure staff were sufficiently trained in the locking of wheelchairs and the fastening of seatbelts on wheelchairs. This affected 1 of 4 audit clients (#8). The findings are:</p> <p>A. During morning observations in the home on 2/25/25 at 8:18am, Staff A transferred client #8 from his bed to his wheelchair. Further observations revealed client #8's wheelchair was not locked in place. Client #8's wheelchair rolled back when Staff A placed him in the wheelchair.</p> <p>B. During morning observations in the home on 2/25/25 at 8:18am, Staff A propelled client #8 from his bed to the bathroom. Further observations revealed client #8's seatbelt was unfastened. At 8:42am, Staff A was observed propelling client #8's wheelchair from the bathroom back to his bed. Additional observations revealed client #8's seatbelt was unfastened.</p> <p>During an interview on 2/25/25, Staff A confirmed client #8's wheelchair should have been locked during transferring and his seatbelt should be fastened during the transfer.</p> <p>During an interview on 2/25/25, the Administrator confirmed client #8's wheelchair should have been locked when he was being transferred. Further interview revealed staff have been</p>			W 189			

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 189	Continued From page 1 inserviced to ensure seatbelts are always fastened when clients are sitting in their wheelchairs.	W 189			
W 436	SPACE AND EQUIPMENT CFR(s): 483.470(g)(2) The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure recommended equipment specifically eyeglasses, hearing aids, ankle-foot orthosis (AFO) and wrist splints were furnished for 1 of 4 audit clients (#8). The findings are: During observations in the home on 2/24/25 from 3:12pm until 5:31pm, client #8 was not observed to be wearing his eyeglasses, hearing aids, AFO's or wrist splints. At no time was client #8's eyeglasses provided to him. Review on 2/24/25 of client #8's Individual Program Plan (IPP) dated 12/1/24 revealed he is to wear his eyeglasses during awake hours; he is to wear his hearing aids from 9am until 8pm; he is to wear his AFO's and he is to wear his wrist splints. During an interview on 2/25/25, Staff A was not aware client #8 was to wear his eyeglasses, hearing aids, AFO's and wrist splints. During an interview on 2/25/25, the Administrator	W 436			

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W 436	Continued From page 2 confirmed client #8 should have been wearing his eyeglasses, hearing aids, AFO's and wrist splints.	W 436			