

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

PRINTED: 03/13/2025
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 03/11/2025	
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			
W 189	<p>A revisit and complaint survey was completed on 3/11/25 for intakes #NC00228006 and #NC00227381. The complaints were substantiated. Deficiencies were cited.</p> <p>As a result of the revisit, the facility is in compliance with the deficiency cited during the 1/24/25 survey.</p> <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 observation, record review and interview the facility failed to ensure staff were sufficiently trained to meet with needs of 1 of 2 audit clients (#1) in relation to wheelchair maintenance. The findings are:</p> <p>Observations on 3/10/25 revealed client #1 utilized a motorized wheelchair for ambulation throughout the facility. Client #1 was also observed sitting on top of a blue sling placed in his wheelchair and used for lift transfers.</p> <p>Review on 3/10/25 of client #1's Individualized Program Plan (IPP) dated 7/2/24 revealed client #1 continues to be able to navigate his environment using his motorized wheelchair. Client #1 needs staff assistance for all grooming, dressing and bathing activities.</p> <p>Interview on 3/10/25 with client #1 revealed there were times he will urinate on himself while sitting</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 in his wheelchair and it would take staff quite a while to change him. Client #1 stated he was not sure if staff ever cleaned his wheelchair. He further stated staff would leave his wheelchair against the wall in his bedroom each night. Interview on 3/10/25 with the local Department of Social Services representative revealed she has a lot of concerns regarding client #1's care. She visited client #1 recently and there was a very strong urine odor that she believed to be coming from his wheelchair and the sling that client #1 sits on. Interview on 3/10/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was not sure how often the clients wheelchairs were cleaned. The facility had a form that staff were to use to document once the wheelchairs have been cleaned. However, it is the responsibility of the supervisors to ensure the forms are completed. Interview on 3/10/25 with the Administrator revealed she was not sure how often staff cleaned the clients wheelchair. Usually the Habilitation Assistant would check client #1's chair each morning but she was not sure as to when his chair or sling was last cleaned. They previously documented this information on a wheelchair cleaning form however she believed they stopped using the form a while ago.	W 189			
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	W 249			

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W 249	<p>Continued From page 2</p> <p>interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interviews, the facility failed to ensure 1 of 2 audit clients (#1) received continuous active treatment consisting of interventions and services as identified in their individual program plan (IPP) in the area of personal care. The finding is:</p> <p>Review on 3/10/25 of client #1's record revealed an IPP dated 7/2/24 revealed client #1 needs staff assistance for all grooming, dressing and bathing activities. He should be encouraged to actively assist with grooming and dressing using his left hand. Client #1 receives a pan bath in the mornings and a tub bath in the evening.</p> <p>Interview on 3/10/25 with client #1 revealed he receives pan baths in the morning and at night, while laying in his bed. However, he is supposed to receive a tub bath at night. Client #1 stated it's been over a month since he's had a shower or tub bath. He also doesn't get his hair washed often. Staff washed his hair every now and again while giving him a pan bath in bed. Client #1 further stated that sometimes he will urinate on himself while sitting in his wheelchair and it would take staff quite a while to change him.</p> <p>Interview on 3/10/25 with the local Department of Social Services representative revealed she has a lot of concerns regarding client #1's care. She visited client #1 recently and there was a very</p>	W 249			

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W 249	<p>Continued From page 3</p> <p>strong urine odor that she believed to be coming from his wheelchair and the sling that client #1 sits on. She also stated she was informed that client #1 only receives pan bath while in bed but never tub baths or showers.</p> <p>Interview on 3/10/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she received an email from client #1's guardian stating the high school notified her of concerns regarding client #1's personal hygiene. Prior to this email, she had no knowledge that the school had concerns. The school contacted her in January 2025 to inform her that client #1 needed a change of clothes brought to the school and since then the facility has sent extra clothes with him to school each day. She stated that she was not aware that client #1 wasn't receiving a shower or tub bath at night. She further confirm staff should be following client #1's IPP as written.</p> <p>Interview on 3/10/25 with the facility Administrator revealed she was not aware that staff were not providing a shower or tub bath at night. She was just informed as of 3/10/25, that staff were only provide pan baths to client #1. She confirmed staff should be following client #1's IPP as written.</p>			W 249			