

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

PRINTED: 08/28/2025
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 08/26/2025	
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 104	<p>A recertification and complaint surveys were completed on August 25-26, 2025, for intakes NC00222513, NC00222806, NC00222576, NC00223100. The intakes were substantiated. Deficiencies were cited.</p> <p>GOVERNING BODY CFR(s): 483.410(a)(1)</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to exercise general operating direction over the facility, the physical environment was not maintained in a clean and sanitary condition, as well as ensure 2 of 14 (#1 and #7) audit clients had sufficient privacy curtains installed . The findings are:</p> <p>A. During observations in the facility throughout the survey on 8/25-26/25, a classroom in at the back of the facility in B-school smelled very strongly of urine. The smell was around one classroom. Further observation of the bedroom hallway several bedrooms had a strong urine smell throughout the survey.</p> <p>Interview on 8/26/25 with Staff A revealed there was a high urine smell in the classroom because all of the clients in that classroom are incontinent.</p> <p>Interview on 8/26/25 with the Housekeeping manager confirmed there is a high smell of urine on the 300 hallway and revealed she will implement a deep cleaning routine when she gets a fully staffed team in housekeeping.</p>		W 104				

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 104	Continued From page 1 Interview on 8/26/25 with the Direct Support Program Manager (DSPM) confirmed there was a high urine smell on the 300 hallway. B. On 8/26/25 at 7:02am, client #7 was observed in his room, along with two other roommates. Client #7 had a low platform bed, with padding on the walls. Approximately 3 feet from his bed, another bed was located for client #13. Both clients bed were inside the same ceiling track system for one privacy curtain. There was no middle track system on the ceiling to separate the beds for full privacy and there were no mobile privacy screens in the room. Interview on 8/26/25 with the Maintenance Supervisor revealed client #7 as well as a former roommate client #4 were known to pull and swing on the privacy curtains in their room, creating damage to the track. The Maintenance Supervisor revealed he recalled client #7's privacy curtain was not reinstalled because of the danger it posed due to his behavior. C. On 8/26/25 at 7:15am, client #1 was in bed, in front of the doorway, in a bedroom for 4 clients. There was a ceiling track and it extended most of the length of the track. There was not enough material in the curtain to provide full privacy for client #1 with her roommates present. Interview on 8/26/25 with the Qualified Intellectual Disabilities Professional (QIDP) revealed she was unaware the privacy curtain in client #1's room may be too short for full coverage. The QIDP revealed she went to the room to investigate and agreed the curtain was too short for the track.	W 104			
W 130	PROTECTION OF CLIENTS RIGHTS	W 130			

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W 130	<p>Continued From page 2 CFR(s): 483.420(a)(7)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure clients were afforded privacy. This affected 4 of 10 (#7, #9, #10 and #12) audit clients. The findings are:</p> <p>A. During evening observations in the facility on 8/25/26 at 6:15 pm, client #9 was at the dinner table with other clients and nurse #2 came to the table, asked client #9 to pull up his shirt and raise his arms. Nurse 2 then administered a shot to client #9 stomach area. Nurse 2 then instructed client #9 to pull down his shirt and told him he could start eating dinner.</p> <p>Interview on 8/25/26 with nurse #2 revealed that client #9 receive his shot before dinner. She brings the shot to him at the table because client #9 can be difficult to give medications.</p> <p>B. During morning observations in the facility on 8/26/25 at 7:40am, client #10 was in his bedroom with the door open sleeping naked. Client #10's roommate had a curtain pulled around his bed however there was no curtain pulled around client #10's bed.</p> <p>Interview on 8/26/25 with the qualified intellectual disabilities professional 1 (QIDP) revealed that client #10 usually sleeps naked and should have had his curtain pulled around his bed. QIDP revealed client #10 put pajamas on at night but removes his clothes during the night.</p>	W 130			

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W 130	Continued From page 3 B. During medication administration on 8/25/25 at 5:22pm, Staff B took medication into the classroom to give to client #12, who sat at a table, eating his lunch in front of 4 other clients nearby. Staff B stood at the table, handed him the medication and he consumed it in front of others. C. During medication administration on 8/26/25 at 7:02am, Nurse #1 took a cup of medication to the bedroom of client #7 for him to take in front of his two roommates. There was a privacy curtain in the room, but the client was not placed behind the privacy curtain before administering the medication. Interview on 8/26/25 with the Maintenance Supervisor confirmed the privacy curtain in client #7's room was likely pulled down during a behavior. The Maintenance revealed that there are mobile privacy screens that staff can use to give clients privacy if curtains are not installed.	W 130			
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 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 observation, record review and interview, the facility failed to ensure nurse's were proficiently trained in medication administration procedures. This affected 1 of 14 audit clients (#11)	W 342			

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W 342	Continued From page 4 During afternoon medication administration in the facility on 8/25/25 at 5:15pm, Nurse 2 poured client #11 Lactulose medication from a bottle with another clients name on the label. Immediate interview with Nurse 2 confirmed she used another clients bottle because the medication is a house stock medication and they can use any of the clients that are prescribed that medication. Interview on 8/26/25 with the Director of Nursing, she confirmed the medication is not a house stock and medications are given with the prescribed clients name.	W 342			
W 369	Record review on 8/26/25 of client #11 physician orders dated 6/22/25 revealed Lactulose 30-45ml. DRUG ADMINISTRATION CFR(s): 483.460(k)(2) The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications were administered without error. This affected 1 of 14 audit clients (#3) observed receiving medications. The finding is: During observation of medication administration in the home on 8/25/25 at 5:10pm Nurse 1 measured client #3 miralax in a medication cup. Nurse 1 administered the medication in 4 ounces of juice.	W 369			

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W 369	<p>Continued From page 5</p> <p>Review on 8/26/25 of client #3's physician's orders dated 6/14/25 revealed an order to administer 1 capful 17grams of powder into liquid.</p> <p>Interview on 8/25/25 with Nurse 1 revealed she didn't need to pour in the cap the med cup measures the same about the same amount.</p> <p>Interview on 8/26/25 with the Director of Nursing confirmed the nurse should have followed the physician orders and measured the medication in the cap.</p>	W 369			