

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

PRINTED: 11/13/2025
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 R 11/06/2025
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 revisit and complaint survey were completed on November 6, 2025 for intake #NC00233703. The intake was unsubstantiated. No deficiencies were cited. The following deficiencies were corrected W130, W342 and W369 from the recertification survey on August 26, 2025. The facility remained out of compliance in W104.</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 by ensuring the physical environment was maintained in a clean and sanitary manner. The facility also failed to ensure 2 of 14 audit clients (#1 and #7) 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 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</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}	<p>Continued From page 1 a fully staffed team in housekeeping.</p> <p>Interview on 8/26/25 with the Direct Support Program Manager (DSPM) confirmed there was a high urine smell on the 300 hallway.</p> <p>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.</p> <p>Interview on 8/26/25 with the Maintenance Supervisor revealed client #7 was 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.</p> <p>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.</p> <p>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.</p> <p>A follow-up visit was conducted on 11/6/25.</p>	{W 104}			

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{W 104}	Continued From page 2 Observations on 11/6/25 between 12:30pm-1:45pm, revealed the following residential areas lacked privacy curtains that would afford each client full privacy when in bed: At 12:35pm, it was revealed that clients #13 and #15 shared a room with 2 other individuals. Client #13's bed was next to the bathroom wall and had a portable tv stand between the bed and the wall, that caused his bed to be outside of the ceiling track for the privacy curtain. Client #15 was assigned to the middle bed and had a nightstand between his bed and client #13's bed. The privacy curtain hung over the middle of client #15's bed. When the privacy curtains were pulled, they did not allow full privacy due to the layout of furniture. At 12:50pm, it was revealed that client #11, shared one side of the room with two other clients. Client #11 was the only client in the room that did not have a privacy curtain installed for his bed by the window. There was not portable privacy screen in the room. At 12:55pm, it was revealed that client #14's bed was positioned near the doorway and there were three other beds across from her bed. Two of the beds could not see any activity when the privacy curtain was pulled for client #14; however, client #9's bed was by the window and would be able to see any activity behind the curtain of client #14 since there was a 3 foot gap of material near the head of her bed. At 1:35pm, it was revealed that client #10 and #12 shared a room. There was no privacy curtain or portable privacy screen in the room, for client	{W 104}			

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{W 104}	Continued From page 3 #10 who's bed is next to the door. Record review on 11/6/25 of the facility's weekly environment audits from September-October 2025 revealed that none of the rooms for clients #9, #10, #11, #12, #11, #13, #14 or #15 were mentioned needing privacy curtains repairs. Interview on 11/6/26 with the Maintenance Manager revealed he made repairs to the rooms with damaged ceiling tracks and they made several room assignments throughout the units. The Maintenance Manager acknowledged overlooking re-installing a privacy curtain for the room shared by clients #10 and #12, explaining that the previous client #15 would constantly pull the curtain down. Interview on 11/6/25 with the Administrator revealed that it was not brought to her attention that some of the rooms did not have privacy curtains installed or were not aligned to fit within the privacy curtains ceiling tracks.	{W 104}		