STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34G265	A. BUILDING _____ B. WING _____	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TAR RIVER	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	STAFF TRAINING PROGRAM CFR(s): 483.430(e)(1) 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, record review and interviews, the facility failed to ensure all staff were sufficiently trained to perform their duties efficiently. This affected all the clients residing in the home. The finding is: During observations in the home on 2/23/26 at 4:45pm, staff A was observed talking on her cell phone in bedroom #3 while caring for the clients who were participating in various activities. Review on 2/24/26 of the facility's policy, Using Mobile Devices in the Workplace revealed "Use of personal mobile devices should be limited to non-working time." Interview on 2/24/26 with the executive director (ED) revealed staff should follow the facility's policy, and should not be using their personal cell phones while on the floor.	W 189		
W 210	INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(3) Within 30 days after admission, the interdisciplinary team must perform accurate assessments or reassessments as needed to supplement the preliminary evaluation conducted prior to admission. This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that assessments for 1 of 3 newly admitted clients (#29) were completed	W 210		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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W 210	Continued From page 1 within 30 days after admission. The finding is: Review on 2/24/26 of client #29's record revealed he was admitted to the facility on 08/19/25. Additional review of the record did not include a physical therapy (PT) evaluation. Interview on 2/24/26 with the executive director (ED) confirmed that no physical therapy evaluation was available for review for client #29.	W 210		
W 369	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 interview, the facility failed to ensure all prescribed feedings were administrated in accordance with the physician's orders. This affected 1 of 4 audit clients (#29). The finding is: During observations in the facility on 02/24/26 at 5:15pm, client #29 started receiving his feeding via G-tube. Review on 02/24/26 of client #29's physician's orders (dated 2/13/26) revealed Compleat Pediatric 4 x day 170 cc over 1 hour (8am, 12pm, 4pm, 8pm). Interview on 02/24/26 with the executive director (ED) revealed that prescribed feedings could be started an hour before or an hour after the time prescribed. The ED confirmed client #29's feeding should have been started no later than 5:00pm.	W 369		

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W 382	DRUG STORAGE AND RECORDKEEPING CFR(s): 483.460(l)(2) The facility must keep all drugs and biologicals locked except when being prepared for administration. This STANDARD is not met as evidenced by: Based on observations, record review and interviews, the facility failed to ensure all medications remained locked except when being administered. The finding is: During observations in the Webb Building on 2/23/26 from 4:00pm through 5:00pm, the respiratory medication cart located in the hallway remained unlocked and unattended. Interview on 2/24/26 with the facility's director of nursing (DON) revealed all medication carts should be locked and never left unsupervised.	W 382		
W 440	EVACUATION DRILLS CFR(s): 483.470(i)(1) at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: The facility failed to assure fire drills were conducted quarterly for each shift of personnel as evidenced by interview and record verification. This had the potential to affect all of the clients residing in the home. The finding is: Review on 2/23/26 of the facility's fire drill evacuation reports for March 2025 through January 2026 revealed there was no third shift fire drill conducted for the quarter of April 2025 through June 2025. Interview on 2/24/26 with the executive director (ED) confirmed no third shift drill could be located for April 2025 through June 2025.	W 440		

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