STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345432	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bend Health and Rehabilitation	213 Richmond Hill Drive Asheville, NC 28806

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037 Based on record review and staff interviews the facility failed to complete and submit an Initial Allegation Report within 2 hours to the State Regulatory Agency for 2 of 3 residents reviewed for abuse (Resident #2 and Resident #3). Findings included: Resident #2 was admitted to the facility 01/17/24. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 was severely cognitively impaired. Resident #3 was admitted to the facility 08/23/22. The quarterly MDS assessment dated [DATE] revealed Resident #3 was moderately cognitively impaired. The Administrator completed an Initial Allegation Report to the State Regulatory Agency on 03/10/24. The report designated the type of allegation as Resident Abuse and stated the facility became aware of the allegation on 03/09/24 at 5:15 PM. Allegation details revealed Resident #2 was found in Resident #3's room and had grabbed Resident #3's arm. The residents were separated, and Resident #2 was assisted to her room. Resident #2 received increased supervision and the Physician was notified of the incident. The facsimile (fax) receipt provided by the facility was dated and timed as 03/10/24 at 3:06 PM, 21 hours and 51 minutes after the facility became aware of the allegation of abuse. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345432	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bend Health and Rehabilitation	213 Richmond Hill Drive Asheville, NC 28806

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephone interview with Nurse #1 on 04/23/24 at 2:36 PM revealed she was caring for Resident #2 and Resident #3 on 03/09/24 on the 7:00 AM to 7:00 PM shift. She stated she was in the dining room assisting with the evening meal on 03/09/24 when she heard someone screaming for help on the hall. Nurse #1 stated she determined the screaming was coming from Resident #3's room and when she entered Resident #3's room Nurse Aide (NA) #1 stated Resident #2 had grabbed Resident #3's arm and NA #1 separated the residents. She stated NA #1 and NA #2 assisted Resident #2 to her room, and she (Nurse #1) assessed both residents for injury. Nurse #1 stated Resident #3 had redness and bruising on her wrist (she could not recall if it was her left or right wrist) and Resident #2 did not appear to have any injuries. Nurse #1 stated she notified the Administrator of the incident immediately after she ensured both residents were safe. She stated she was asked by the Administrator via telephone to write a statement and leave it in his mailbox, which she did the evening of 03/09/24. Nurse #1 stated she had not received any education on how to report resident-to-resident altercations other than to make sure the residents were safe and notify the Administrator of the incident. An interview with the Administrator on 04/23/24 at 3:38 PM revealed he completed the Initial Allegation Report for the incident between Resident #2 and Resident #3 on 03/10/24 and faxed it to the State Agency. He confirmed he was notified via telephone of the incident between Resident #2 and Resident #3 the evening of 03/09/24 by Nurse #1 (he could not recall the exact time he was notified) and that Resident #3 had sustained bruising to one of her arms. The Administrator confirmed he considered the incident an allegation of abuse, but he did not initiate the Initial Allegation Report until 03/10/24 because it was his understanding of the regulation that he had 24 hours to submit the initial report, unless there was significant bodily harm. He stated since Resident #2 only sustained bruising to her arm, he did not consider that significant bodily harm and felt it was appropriate to submit the initial report on 03/10/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345432	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bend Health and Rehabilitation	213 Richmond Hill Drive Asheville, NC 28806

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39037 Based on record review and staff interviews the facility failed to complete a thorough investigation of an allegation of resident-to-resident abuse for 2 of 3 residents reviewed for abuse (Resident #2 and Resident #3). Findings included: The facility's undated Abuse, Neglect and Exploitation policy read in part as follows: An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. Written procedures for investigations include: identifying staff responsible for the investigation; identifying and interviewing all persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; providing complete and thorough documentation of the investigation. Resident #2 was admitted to the facility 01/17/24. The admission Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 was severely cognitively impaired. Resident #3 was admitted to the facility 08/23/22. The quarterly MDS assessment dated [DATE] revealed Resident #3 was moderately cognitively impaired. Resident #2 and Resident #3 resided in the skilled nursing unit. Review of a 5-day Investigation Report dated 03/15/24 revealed the allegation/incident type being investigated was Resident Abuse that occurred on 03/09/24. The report read in part, (Resident #2) was found in (Resident #3's) room. (Resident #2) had grabbed a hold of (Resident #3's) left arm. Both residents separated and (Resident #2) was brought back to her room with increased supervision, doctor was notified. Review of the facility investigation file revealed an undated and unsigned typed summary of the incident that occurred on (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	345432	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bend Health and Rehabilitation	213 Richmond Hill Drive Asheville, NC 28806

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	03/09/24 and read in part, On 03/09/24 at 5:15 PM it was reported that (Resident #2) was in (Resident #3's) room and had grabbed ahold of (Resident #3's) left arm leaving a small bruise. (Nurse #1) overheard someone yelling 'someone help me' and responded by separating both residents and taking (Resident #2) back to her room. (Nurse #1) immediately notified the Administrator. The Administrator then notified Buncombe County Adult Protective Services (APS) and Asheville Police of the incident, and they initiated their investigations. (Resident #2) was unable to be interviewed due to her cognitive status. When (Resident #3) was interviewed by the Administrator on 03/11/24 she did not recall the incident and the bruise she had on her wrist happened 'weeks ago.' Four random staff and 4 random residents were interviewed as to whether or not they had witnessed or suspected any abuse, and all said they had not, all residents interviewed also stated they felt safe in the facility. The file contained a written statement from Nurse #1 dated 03/09/24, 4 unsigned and undated resident questionnaires with the questions of, Have you witnessed or suspected any abuse against yourself or another resident? and Do you feel safe here at the facility? with no concerns reported, and 4 unsigned and undated staff questionnaires with the question of Have you witnessed or suspected any abuse against a resident? with no concerns reported. Upon review of the resident census for 03/09/24, residents who were questioned about abuse concerns resided on the Assisted Living (AL) unit and not on the skilled nursing unit. Upon review of the Daily Staffing Schedule, staff who were questioned about abuse concerns were not scheduled to work on 03/09/24. A review of the facility investigation file and interview with the Administrator were conducted on 04/23/24 at 3:38 PM. The Administrator stated he was notified of the incident between Resident #2 and Resident #3 via telephone by Nurse #1 the evening of 03/09/24. He stated he asked Nurse #1 to write a statement on 03/09/24 detailing the incident, and he interviewed the Nurse Aides (NAs) who were assigned to care for Resident #2 and Resident #3 the evening of 03/09/24. The Administrator stated he could not recall when he interviewed the NAs working the evening of 03/09/24 and he was unable to provide any documentation detailing the interviews. When the Administrator was asked why the residents who were interviewed for abuse concerns resided on the AL unit and not the skilled nursing unit, he explained that he asked the Medical Records Director to complete the questionnaires and did not specify on which units she should interview residents. The Administrator was asked how cognitively impaired residents who resided on the same hall with Resident #2 were assessed for potential injury, he stated he reviewed the shower sheets for the next few days to determine if there were any new skin concerns and there were none. He explained the staff interviews were done randomly and not compared to the staffing schedule. The Administrator confirmed he did not have any further documentation or information to add to the investigation completed 03/15/24.