

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

PRINTED: 12/15/2014
FORM APPROVED
OMB NO. 0938-0391

*Red Vols
CFA*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2014
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NAME OF PROVIDER OR SUPPLIER CHELSEA GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 26511 NE VIRGINIA ST, PO BOX 1394 DUVALL, WA 98019
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(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
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W 000	INITIAL COMMENTS This report is the result of a Recertification Survey and Complaint Investigation 3050429 conducted at Chelsea Group Home between 11/19/14 and 11/21/2014. Failed practice was identified and a citation was written. The survey was conducted by: Gerald Heilinger, Kathy Heinz, and Marci Caird The survey team is from: Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504	W 000	W 227 Staff had been working with resident on an incentive plan that had worked for many of the fire drills, but was not working consistently. Just prior to this survey at the staff meeting (date November 18), the issue was discussed again between the manager, QIDP and ISC staff, as there was concerns regarding her refusals to safely exit the building during drills. Since it's not a training issue (resident knows how to safely exit and has done so multiple times over a period of several years), the incentive plan was revised and re-implemented in December 2014. On December 21, 2014, the resident safely exited the building in less than one minute. Plan will continue and progress will be monitored monthly by Facility Manager and reviewed by the QIDP. If resident refuses to participate in a drill another opportunity will be provided. Two consecutive refusals and the manager and QIDP will review incentive program and revise as necessary.	
W 227	483.440(c)(4) INDIVIDUAL PROGRAM PLAN The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure a program for evacuating the home during a fire drill was in place for one of one expanded sample residents (Resident #4). This failure put Resident #4, staff and other Residents in the home at risk of injury or death in the event of not being able to evacuate the home in the event of a fire. Findings include: Record review on 11/20/14 of facility fire drills	W 227		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jammy E. [Signature]</i>	TITLE <i>ED</i>	(X6) DATE <i>12/29/14</i>
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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 227	Continued From page 1 conducted from 11/14/14 through 12/30/13 revealed there were 12 drills conducted. Resident #4 refused to exit the facility during 5 of the drills. Review on 11/20/14 of Resident #4 's Individual Program Plan (IPP) dated 6/2/14 identified the problem with refusing to exit the home during fire drills. There was no documentation of a plan to address these behaviors. Interview on 11/20/14 with the facility manager verified the facility was aware of the problem and also verified there was no plan in place to train Resident #4 to exit the home during a fire drill.	W 227			