

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

PRINTED: 06/08/2016
FORM APPROVED
OMB NO. 0938-0391

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 C 01/28/2016
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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)	D 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	<p>INITIAL COMMENTS</p> <p>This report is the result of a Recertification Survey conducted at Chelsea Group Home from 1/25/16 through 1/28/16. Failed provider practice was identified and citations were written.</p> <p>The survey was conducted by: Gerald Heilinger Terry Patton Sarah Tunnell</p> <p>The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504</p> <p>Telephone: (360) 725-3215</p>	W 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 159	<p>483.430(a) QIDP</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observations, record review, and interview the facility failed to ensure the Qualified Intellectual Disability Professional (QIDP) was ensuring Clients' Individual Program Plans (IPP) were implemented correctly, data was critically analyzed to measure progress, and had appropriate behaviors to substitute for identified disruptive behaviors for 3 of 3 Sample Clients (Clients #1, #2, #3). This failure prevented Clients from learning new skills, gaining independence and moving to a less restrictive setting.</p> <p>Findings include:</p> <p>The QIDP failed to ensure Client #1 had IPP objectives written in singular terms, had appropriate behaviors to substitute for identified disruptive behaviors, the Active Treatment Schedule was detailed enough to provide staff direction for her daily activities, and accurately measure training objectives to measure progression. This failure prevented Client #1 from having structured training and from the facility determining whether she was learning, maintaining or showing regression in skills. (See W229, W239, W250 and W252 for details.)</p> <p>The QIDP failed to ensure Client #2 had IPP objectives written in singular terms and had appropriate behaviors to substitute for identified disruptive behaviors. This failure prevented Client #2 from having structured training and from the facility determining whether he was learning,</p>	W 159			

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W 159	Continued From page 1 maintaining or showing regression in skills. (See W229, W239, W250 and W252 for details.)	W 159			
W 229	<p>The QIDP failed to ensure Client #3 had IPP objectives written in singular terms. This failure prevented Client #3 from having structured training and from the facility determining whether she was learning, maintaining or showing regression in skills. (See W229 for details.)</p> <p>483.440(c)(4)(i) INDIVIDUAL PROGRAM PLAN</p> <p>The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 3 of 3 Sample Clients (Client #1, #2, #3) had objectives written in a singular fashion with only one distinct behavior being trained and monitored. This failure prevented staff from determining which specific skill the Clients were learning, maintaining or failing to show progress in.</p> <p>Findings include:</p> <p>Client #1</p> <p>Record review on 1/27/16 at 9:50 AM of Client #1's Individual Program Plan (IPP) dated 6/1/15 revealed the following objectives: "[Client #1's first name] will independently place her soiled/incontinent laundry in a bag and take the bag to the laundry room (all other clothes that are not contaminated with urine or feces go in the</p>	W 229			

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W 229	Continued From page 2 hamper) by 6/16 " and " [Client #1 's first name] will independently fold and put laundry away in her closet by 6/16. " Interview on 1/27/16 at 1:15 PM with Staff C verified that the objectives contained two distinct skills. Client #2 Record review on 1/27/16 at 10:00 AM of Client #2 ' s IPP dated 9/23/15 revealed the following objective: " [Client #2 ' s first name] will assist in organizing his closet with less than 4 maladaptive behaviors per month for 6 months by 10/16. " Interview on 1/27/16 at 2:15 PM with Staff C verified that the objectives contained more than one distinct skill. Client #3 Record review on 1/27/16 at 10:30 AM of Client #3 ' s IPP dated 8/1/15 and revised 9/22/15, revealed the following objective: " [Client #3 ' s first name] will independently cook/bake/prepare a food item 2 times a week and become independent in 3 of the 7 areas 12/12 times by 7/16. " Interview on 1/27/16 at 2:15 PM with Staff C verified that the objectives contained more than one distinct skill.	W 229			
W 239	483.440(c)(5)(vi) INDIVIDUAL PROGRAM PLAN Each written training program designed to implement the objectives in the individual program plan must specify provision for the	W 239			

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W 239	<p>Continued From page 3</p> <p>appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview the facility failed to ensure 2 of 3 Sample Clients (Client #1 and #2) had appropriate behaviors to substitute for identified disruptive behaviors. This failure prevented Clients from learning behaviors to become more independent and live in a less restrictive environment.</p> <p>Findings include:</p> <p>Client #1</p> <p>1. Observation on 1/25/16 at 9:13 AM of Bedroom #7 (Client #1's bedroom) revealed a bedroom without a mattress. In the middle of the room were several mattress pads, blankets and a pillow which appeared to be where Client #1 was sleeping.</p> <p>Observation on 1/26/16 at 10:09 AM of Bedroom #7 revealed an air mattress in the room instead of the previously observed pads and blankets. The air mattress had washable incontinence pads, blankets, and a pillow, but did not have sheets.</p> <p>Observation on 1/27/16 at 12:25 PM of Bedroom #7 revealed an air mattress in the room. The air mattress had washable incontinence pads, blankets, and a pillow, but did not have sheets.</p> <p>2. Observation on 1/25/16 at 9:44 AM revealed</p>	W 239		

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W 239	<p>Continued From page 4</p> <p>washable incontinence pads on the living room sofa, loveseat, and chair which were present during the entire survey period.</p> <p>3. Observation from 8:56 AM to 9:42 AM on 1/26/16, revealed Client #1 with a large wet mark on the back of her pants and a small wet mark on the front of her pants which appeared to be due to incontinence.</p> <p>Interview with Staff A on 1/26/16 at 8:58 AM revealed incontinence pads were on the furniture because "[Client #1 first name] and [Client #2 first name] are incontinent and wear Depends."</p> <p>Record review on 1/27/16 at 9:50 AM of Client #1's Individual Program Plan (IPP) dated 6/1/15, revealed objectives to decrease the challenging behaviors of assault, stealing, inappropriate urination/bowel movements, and property destruction, but did not identify replacement behaviors.</p> <p>Record review revealed Client #1 had a Positive Behavior Support Plan (PBSP) dated 7/23/15 to address the following challenging behaviors: assault, stealing, inappropriate urination/bowel movements, and property destruction. Property destruction included ripping at her mattress and throwing away her personal belongings or the property of others.</p> <p>Review of Client #1's Comprehensive Functional Assessment (CFA) dated 6/1/15, lists "Room Care" and "Basic Home Safety" as areas of concern under "Household Skills." The concerns noted include previous property</p>	W 239			

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W 239	<p>Continued From page 5</p> <p>destruction to her room and personal belongings. In the " Social/Emotional " section of the CFA, " Unusual or Dysfunctional Behavior " was listed as a concern for property destruction, stealing, and aggression. In the " Personal Care " section of the CFA, " Toileting " is listed as an area of concern. In the " Residential Situation " section of the CFA, " Amount of Independence in Home and Community " is listed as a concern for stealing. In the " Medical/Nursing History " section of the CFA, " Genitourinary " (urinary system and genitalia) is listed as an area of concern for [REDACTED] prevention, " incontinence and toileting behaviors, " and refusing to wear Attends.</p> <p>Interview on 1/27/16 at 1:15 PM with Staff C verified that Client #1 does not have replacement behaviors identified for destroying her bed, throwing away her property, to address her incontinence, or to replace her other challenging behaviors.</p> <p>Client #2</p> <ol style="list-style-type: none"> 1. Observations on 1/26/16 at 8:08 AM revealed Client #2 repeatedly hit his head with the palm of his hand. 2. Observations on 1/26/15 at 10:25 AM revealed Client #2 repeatedly hit his head with the palm of his hand. 3. Observations on 1/26/16 at 11:35 AM revealed Client #2 repeatedly hit his head with the palm of his hand. 4. Observations on 1/26/16 at 11:47 AM revealed Client #2 repeatedly hit his head with the palm of his hand. 	W 239			

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W 239	Continued From page 6 5. Observations on 1/27/16 at 11:44 AM revealed Client #2 repeatedly hit his head with the palm of his hand. Interview with Staff A on 1/27/16 at 11:15 AM revealed Client #2 will hit his head with the palm of his hand repeatedly when he is agitated. Staff A verified Client #2's PBSP required staff to give Client #2 a padded helmet to wear when he hits his head with his hand. Staff A revealed that the helmet agitates Client #2 and he will take it off and hit himself more. Record review on 1/27/16 at 10:30 AM revealed Client #2's Functional Behavioral Assessment, dated 9/23/15, revealed Client #2's will engage in head slapping several hundred times daily. Record review on 1/27/16 at 10:30 AM revealed Client #2's PBSP, dated 9/23/15, revealed Client #2's head slapping is a serious self-injurious behavior due the frequency and duration of the head slapping events. Interview on 1/27/16 at 2:15 PM with Staff C verified the facility does not teach Client #2 replacement behaviors as an alternative to his head slapping behavior.	W 239			
W 250	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.	W 250			

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W 250	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide Active Treatment Schedules (ATS) for 2 of 3 Sample Clients (Client #1 and #2) which directed staff on what and when to implement activities designed to teach independence over the course of each clients' day. This failure prevented each client from having staff who knew what activities to teach and when to teach them throughout their day.</p> <p>Findings include:</p> <p>Client #1</p> <p>Observation on 1/25/16 from 1:32 PM to 2 PM, Client #1 was standing in the entry hall attempting to put one gray glove on her right hand, while staff or another resident occasionally kicked a soccer ball to her.</p> <p>Observation on 1/26/16 from 9:17 AM to 9:42 AM, Client #1 was watching another client work on a cooking program. Staff did not attempt to engage Client #1 in an activity.</p> <p>Observation on 1/26/16 from 10:05 AM to 11:01 AM, Client #1 was sitting on a couch in the living area with no activity present.</p> <p>Observation on 1/26/16 from 11:35 AM to 12:57 PM, Client #1 was sitting on a couch in the living area with no activity present.</p> <p>Record review on 1/27/16 at 9:50 AM revealed Client #1's Active Treatment Schedule (ATS) listed some activities, but did not provide details of how to do that specific activity, did not list</p>	W 250			

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W 250	Continued From page 8 alternatives if the identified activity was not available, weather did not permit, or the materials were not available. It did not tell staff how to conduct the activity. Interview with Staff C and E on 1/27/16 at 1:15 PM verified that the ATS for Client #1 lacked specificity and detail on what staff should be doing with Client #1 over the course of the day. Client #2 Observation of Client #2 on 1/25/16 from 8:30 AM to 9:10 AM revealed Client #2 sleeping in the living room on a couch. Observation of Client #2 on 1/26/16 from 8:52 AM to 10:15 AM revealed Client #2 sleeping in the living room on a couch. Observations of Client #2 on 1/26/16 from 8:20 AM to 8:52 AM revealed Staff B did not attempt to engage Client #2 in any meaningful activities except to eat a snack. Record review on 1/27/16 at 10:30 AM revealed Client #2's ATS listed some activities, but did not provide details of how to do that specific activity, did not list alternatives if the identified activity was not available, weather did not permit, or the materials were not available. It did not tell staff how to conduct the activity. Interview with Staff C and E on 1/27/16 at 2:15 PM verified that the ATS for Client #2 lacked specificity and detail on what staff should be doing with Client #2 over the course of the day.	W 250			
W 252	483.440(e)(1) PROGRAM DOCUMENTATION	W 252			

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W 252	<p>Continued From page 9</p> <p>Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the data collected on skill training objectives accurately measured whether Clients were learning the skill for 2 of 3 Sample Clients (Client #1 and #2). The facility practice was to break the skill identified in the objective into several small steps. Staff then recorded how the Client performed on each small step each time the Client was trained. The Qualified Intellectual Disability Professional (QIDP) then analyzed the scores from all the small steps and used this as the measure of progress on the objective rather than directly measuring the number of times the objective had been completed. The QIDP did not determine how many times the Client had performed the skill as stated in the objective. This failure prevented the facility from accurately determining whether the Clients were learning the skill.</p> <p>Findings include:</p> <p>Client #1</p> <p>Record review on 1/27/16 at 9:50 AM of Client #1's Individual Program Plan (IPP) dated 6/1/15 revealed:</p> <p>1. Objective #1302 to be completed in the afternoon stated: "[Client #1's first name] will</p>	W 252		

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W 252	<p>Continued From page 10</p> <p>independently fold and put laundry away in her closet by 6/16. "</p> <p>Review of the Data Sheet revealed the facility had broken the objective task into 6 separate steps encompassing putting laundry away and was taking data on each of those 6 steps. Review of the Data Sheet for the month of January 2016 revealed Client #1 ' s performance was variable on the different steps.</p> <p>2. Objective #1302 to be completed in the morning stated: " [Client #1 ' s first name] will independently place her soiled/incontinent laundry in a bag and take the bag to the laundry room (all other clothes that are not contaminated with urine and feces can go in the hamper) by 6/16. "</p> <p>Review of the Data Sheet revealed the facility had broken the objective task into 6 separate steps encompassing handling soiled laundry and was taking data on each of those 6 steps. Review of the Data Sheet for the month of January 2016 revealed Client #1 ' s performance was variable on the different steps.</p> <p>The QIDP Review for the period of 8/15/15 to 12/15/15 identified steps that Client #1 had refused or progressed in, but it did not evaluate how many times Client #1 had performed the skills identified in the objectives.</p> <p>Interview on 1/27/16 at 1:15 PM with Staff C verified the way the facility was taking data did not allow them to know if the training objective was being met.</p> <p>Client #2</p>	W 252			

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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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W 252	<p>Continued From page 11</p> <p>Record review on 1/27/16 at 10:30 AM revealed Client #2 's IPP dated 9/23/15 revealed:</p> <p>1. Objective #1301 Household Skills required Client #2 to prepare breakfast three times a week without any maladaptive behaviors for 6 consecutive months. Review of the Data Sheet revealed the facility had broken the objective task into 6 separate steps encompassing helping to prepare breakfast and was taking data on each of those 6 steps.</p> <p>2. Objective #1302 Room Cleaning required Client #2 to organize his closet three times a week with less than 4 maladaptive behaviors for 6 months. Review of the Data Sheet revealed the facility had broken the objective task into 6 separate steps encompassing closet cleaning and was taking data on each of those 6 steps.</p> <p>Interview on 1/27/16 at 2:15 PM with Staff C verified that the way the facility was taking data did not allow them to know if the training objective was being met.</p>	W 252			