

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

PRINTED: 08/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G036	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/29/2014
NAME OF PROVIDER OR SUPPLIER CAMELOT GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 9201 2ND AVENUE NORTHWEST SEATTLE, WA 98117	
(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 This report is the result of an unannounced post annual recertification visit conducted at Camelot Group Home on 7/8/2014 through 7/29/2014. Violations of ICF/IID regulations were found. The Post survey was conducted by: Claudia Baetge, M.A. The survey team is from: ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Services Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600 Telephone: (360) 725-2258 Fax: (360) 725-2642	{W 000}		
{W 104}	483.410(a)(1) GOVERNING BODY 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, record reviews and interviews, the facility failed to follow their dishwasher temperature monitoring system which would ensure the facility dishwasher temperatures remained within regulatory guidelines for 4 of 4 sampled residents. This failure placed residents' health at risk. Findings include: All observations, record reviews and interviews	{W 104}	RECEIVED AUG 27 2014 DSHS-ADSA Residential Care Services ICF/MR Program	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cynthia E. Baetge

ED

8/25/14

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}	Continued From page 2 reading of 97.8° and by Staff A of 97.3°. Both Staff A & B used a manual, utility food thermometer which they placed inside the dishwasher for several minutes.	{W 104}			
{W 261}	Interview with Staff A acknowledged the facility had not implemented a dishwasher temperature monitoring system that would ensure hot water was used to sanitize dishes. 483.440(f)(3) PROGRAM MONITORING & CHANGE The facility must designate and use a specially constituted committee or committees consisting of members of facility staff, parents, legal guardians, clients (as appropriate), qualified persons who have either experience or training in contemporary practices to change inappropriate client behavior, and persons with no ownership or controlling interest in the facility. This STANDARD is not met as evidenced by: Based on record reviews and interview, the facility failed to ensure the restrictive procedures for 1 of 1 residents (Resident #1) were reviewed and approved by the required members of the HRC prior to their implementation. This failure violated the residents' rights. Findings include: All record reviews and interviews were completed on 7/29/2014 unless otherwise indicated. Record review of Resident #1's consent for restricted access to door leading to outside in bedroom had not been reviewed or approved by a	{W 261}	W - 261 Resident #1's consent for 'bedroom door leading to the outside being restricted' was missing a signature from the HRC's impartial community member. On 7/31/2014 this consent was approved/signed by the community member. The HRC currently has a community-based guardian that has been approved to be the Camelot's community member. However the HRC will find an additional community volunteer to ensure there are no problems of this sort again by the next meeting; which is 9/4/14. To further follow-up on this issue, the QIDP will quarterly review all client restriction consents and make sure they are up to date and approved correctly. The QIDP will also be responsible for checking in with the community members to make sure they are able to effectively coordinate meeting days and approvals.		

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{W 104}	<p>Continued From page 1 were completed on 7/29/2014 unless otherwise indicated.</p> <p>Record review of State Food Service regulations, WAC 246-215-04545, revealed temperatures of the wash solution in spray-type washers that use hot water to sanitize for a stationary rack, dual temperature machine, may not be less than 150° (66°C).</p> <p>The facility monitors temperatures of dishwasher and tap water monthly. These temperatures are recorded on the Water Temperature Data Monitoring Sheet. Staff instructions on the Water Temperature Monitoring Sheet for the dishwasher instructs staff that if the dishwasher's temperature is less than 155° for staff to notify the manager and send in a maintenance request form to the main office.</p> <p>Review of water temperature data monitoring sheet revealed the last recorded temperature reading of the dishwasher was on 02/05/14. The recorded temperature was 101°. Hand written on the water temperature data monitoring sheet was a notation that facility was waiting for a better thermometer to record the temperature of dishwasher. There were no further recordings of dishwasher temperature.</p> <p>Interview with Staff A revealed new thermometers were ordered 2 months ago and in the interim staff were using the old thermometers until the new thermometer arrived. Interview with Staff B acknowledged he had not checked the dishwasher temperature in several months.</p> <p>Observation of the dishwasher temperature readings by Staff B revealed a temperature</p>	{W 104}	<p>W- 104 The dishwasher at Camelot was not getting up to the proper Food Safety temperature for sanitization. Staff were also unable to effectively measure the temperature of the dishwasher. The faulty dishwasher was replaced on 7/23/2014 with a new machine. At the time it was set-up, staff checked the temperature with our thermometer to ensure it reached 150 degrees Fahrenheit. The thermometer, which turned black when the correct temperature was reached, was then documented in our monthly "Water Temperature Data Monitoring Sheet". Moving forward staff will check the temperature of the dishwasher monthly, coinciding with the other monthly fire drills and water temperature checks. The manager will ensure these checks are happening and the temperatures are meeting the standard monthly. The QIDP will review quarterly.</p>		

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{W 261}	Continued From page 3 HRC committee member who was an impartial outsider. Interview with Staff A acknowledged the designated community member did not participate or attend scheduled HRC meetings.	{W 261}			