

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

PRINTED: 08/21/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G037	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2014
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NAME OF PROVIDER OR SUPPLIER BARCLAY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5027 NORTHEAST 188TH SEATTLE, WA 98155
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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	<p>INITIAL COMMENTS</p> <p>This report is a result of an Annual Recertification Survey conducted at Barclay Group Home from 8/12/14 through 8/14/14. The Fundamental Recertification Survey was conducted by observation, documents review and interview. A random sample of 3 Residents was selected from a census of 5 Residents.</p> <p>The survey was conducted by:</p> <p>Christina Borchardt, RN, BSN Terry Patton, RN, BSN</p> <p>The survey team is from:</p> <p>State of Washington Department of Social and Health Services Residential Care Services Administration ICF/IID Survey and Certification Program P.O. Box 45600 Olympia, WA 98504-5600 Office Phone: (360) 725-3215 FAX: (360) 725-2642</p>	W 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">AUG 29 2014</p> <p style="text-align: center;">DORS-ADSA Residential Care Services ICF/MR Program</p>	
W 249	<p>483.440(d)(1) PROGRAM IMPLEMENTATION</p> <p>As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.</p>	W 249		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ED	(X6) DATE 8/26/14
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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 249	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation, records review and interview, the facility failed to ensure 1 of 5 residents (Resident #4) received needed intervention to decrease incidents of food gorging in accordance with his Individual Program Plan (IPP) when they failed to have healthy snacks accessible to the resident. This failure resulted in Resident #4 ingesting an unprepared food item.</p> <p>All observations, record review and interviews were conducted at the facility between 8/12/14 and 8/14/14 unless otherwise specified.</p> <p>Observation at 8:35 AM on 8/12/14 revealed Resident #4 removed a 16 ounce container of a powdered instant breakfast mix from a shelf next to the refrigerator in the kitchen. Then Resident #4 took the top off the container, tilted the container up to his mouth and swallowed some of the mix. Resident #4 repeated tilting the container to his mouth and swallowed more of the powdered instant breakfast mix. Then Resident #4 then put the lid back on the container and placed the container back on the shelf. Observation of the kitchen shelves, cabinets, and refrigerator revealed spices and vegetable oil for cooking, in addition to the powdered instant breakfast mix. No food for consumption was revealed in the kitchen, including the refrigerator, shelves, and cabinet. Observation of the facility pantry revealed all facility food and beverages were locked in the pantry cupboards and in the pantry refrigerators.</p> <p>Review of Resident #4 's Individual Program Plan, dated 3/7/14, revealed Resident #4 had a program labeled Need Number: 3002, Decrease Incidents of Food Gorging. The IPP required staff</p>	W 249	<p>W - 249 Staff were not adequately following Resident #4's Behavior Support Plan (IPP) by not making healthy snacks available to the resident. Staff were retrained on this Resident's IPP and on the necessity of active treatment on 8/15/2014 during a staff meeting. In order to better follow-through on this program, a form has been created for staff to document when they make healthy snacks available to Resident #4. Staff will document the date and the type of snack made available. This form also includes a daily check to make sure healthy snack options are available every day. The form will be discussed at the next staff meeting on 8/26/2014 and will start being used September 1, 2014. The facility manager will review this form monthly to ensure it is being followed. QIDP will review this form quarterly. Also, in order to ensure this situation does not happen again, staff will review resident's IPPs quarterly in order to stay in tune with their plans and to enforce active treatment. The facility manager will schedule these reviews quarterly during staff meetings. The QIDP will review this quarterly.</p>	
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W 249	<p>Continued From page 2</p> <p>to follow the procedures per Resident #4 's Positive Behavior Support Plan. Review of Resident #4 's PBSP, dated 4/5/14, revealed the prevention strategy for Resident #4 's food gorging was to keep healthy snacks available in the kitchen cabinets and refrigerator for Resident #4 to access when he desired.</p> <p>Interview with Resident #4 revealed he consumed the powdered instant breakfast mix because he was hungry. Interview with Staff A revealed the powdered instant breakfast mix was used to make drinks for all facility residents. The instant breakfast mix is not part of the healthy snack program for Resident #4, although it was kept on the shelf where his PBSP noted healthy snacks for him were to be kept. Staff A revealed facility staff had not been keeping healthy snacks available for Resident #4 as required by his IPP and PBSP.</p>	W 249			