

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:  <b>50G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAY GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5027 NORTHEAST 188TH SEATTLE, WA 98155</b>		
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W 000	INITIAL COMMENTS  This report is a result of an Annual Recertification Survey conducted at Barclay Group Home from 10/20/15 through 10/23/15. A sample of 3 Clients was selected from a census of 6 clients. The expanded sample included 3 current Clients.  The survey was conducted by: Terry Patton Jim Tarr  The Survey Team is from: ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long Term Care Administration Department of Social and Health Services PO Box 45600 Olympia, WA 98504-5600 Telephone: 360-725-2405 Fax: 360- 725-3215	W 000			
W 107	483.410(b) COMPLIANCE W FEDERAL, STATE & LOCAL LAWS  The facility must be in compliance with all applicable provisions of Federal, State and local laws, regulations and codes pertaining to health.  This STANDARD is not met as evidenced by: Based on a record review and interview, the facility failed to ensure they followed Washington Administrative Code (WAC) when they 2 of 4 staff did not have valid food workers cards. This failure placed Clients at risk of having meals and care provided by staff that was not qualified.	W 107			

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

TITLE

(X6) DATE

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 107	Continued From page 1  Findings include:  An observation on 10/20/15 at 10:21 AM revealed Staff D in the kitchen cutting onions as part of the preparation for the Clients' lunch.  A record review on 10/21/15 at 8:40 AM revealed that Staff D was hired on 8/18/15 and the facility could not provide any documentation that Staff D had a food workers card required by the Washington State Department of Health. The record review also revealed that Staff E who was hired on 2/21/15 did not have a food workers card.  On 10/21/15 a review of WAC 388-78A-2305 (2) "Ensure employees working as food service workers obtain a food worker card according to chapter 246-217 WAC". (Note: WAC 246-217 (1) "All food service workers must obtain a food worker card within fourteen calendar days from the beginning of employment at a food service establishment".) Interview with Staff A on 10/21/15 at 11:10 AM revealed that the facility could find no documentation that either Staff D or Staff E had a food handler's card.	W 107			
W 159	483.430(a) QIDP  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 interviews the facility failed to ensure The Qualified Intellectual Disability Professional (QIDP) was effectively managing all aspects of	W 159			

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W 159	Continued From page 2 Individual Program Plans for 3 of 3 Sample Clients and 1 of 6 Expanded Sample Clients. This failure could place Clients in jeopardy of not receiving Active Treatment Services which would ensure progress toward placement in a less restrictive setting.  Findings include:  Observations made from 10/21/15 thru 10/22/15 revealed Client #1, Client #2 and Client #4 not engaged by staff in any Active Treatment for long periods of time. (See W196 for details).  Record reviews from 10/21/15 to 10/22/15 revealed no Active Treatment Schedules for Client #1, Client #2, Client #3 and Client #4 that would direct staff on when and what they should be doing with Clients over the course of the day. (See W250 for details). The record review also revealed that staff was not consistently recording the necessary data for analysis of the objectives identified in the Individual Programs (IPP) Objective Lists for Client #1, Client #2 and Client #3. (See W252 for details). In addition, record review revealed that needs identified in the Individual Program Plan Comprehensive Functional Assessments (CFA) for Client #1 and Client #4 were not consistent with their IPP objectives. (See W196 and W227 for details).	W 159			
W 195	483.440 ACTIVE TREATMENT SERVICES  The facility must ensure that specific active treatment services requirements are met.  This CONDITION is not met as evidenced by:	W 195			

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W 195	<p>Continued From page 3</p> <p>Based on observations, record reviews, and interviews, the facility failed to develop and implement systems that resulted in Clients receiving ongoing assessments, training programs to meet their needs, consistently implemented plans, and regular oversight and updating of the plan. This failure resulted in Clients' needs not being addressed, failure to progress on plans without changes, and spending significant periods of time not engaged in Active Treatment designed to increase their independence.</p> <p>Findings include:</p> <p>The facility failed to ensure 2 of 3 Sample Clients (#1 and #3) and 1 of 3 Expanded Sample Client (#4) received an aggressive program of services designed to meet their assessed needs. (See W196 for details).</p> <p>The facility failed to ensure a need for Street Safety as identified in 1 of 3 Expanded Sample Client's (Client #4) Individual Program Plan Comprehensive Functional Assessment (CFA) was addressed in his Individual Program Plan (IPP) Objectives List. (See W227 for details).</p> <p>The facility failed to provide Active Treatment Schedules for 3 of 3 Sample Clients (Client #1, #2, #3) and 1 of 3 Expanded Sample Clients (Client #4) that directed staff on how and when to implement Active Treatment over the course of the Clients' day. (See W250 for details).</p> <p>The facility failed to ensure data was recorded for 3 of 3 Sample Clients and 1 of 3 Expanded Sample Clients in a manner that reflected the Clients' actual performance on objectives</p>	W 195			

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W 195	Continued From page 4	W 195			
W 196	<p>identified in their Individual Program Plans (IPP) Objectives List. (See W252 for details).</p> <p>483.440(a)(1) ACTIVE TREATMENT</p> <p>Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward:</p> <p>(i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and</p> <p>(ii) The prevention or deceleration of regression or loss of current optimal functional status.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record reviews, and interviews, the facility failed to ensure 2 of 3 Sample Clients (#1 and #3) and 1 of 3 Expanded Sample Client (#4) received an aggressive program of services designed to meet their assessed needs. This failure prevented Clients from having the opportunity to learn skills to increase their independence and move to a less restrictive living setting.</p> <p>Findings include:</p> <p>Client #1</p> <p>a. On 10/20/15 from 11:30 AM to 11:50 AM Client #1 was observed sitting at the dining room table, finishing his lunch and taking his utensils and cup to the kitchen where he rinsed them and put them in the dishwasher without any interaction with staff.</p>	W 196			

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W 196	Continued From page 5  b. On 10/21/15 from 7:10 AM to 7:35 AM Client #1 was observed sitting at the dining room table, finishing his breakfast and taking his utensils and cup to the kitchen where he rinsed them and put them in the dishwasher. He then went to the TV stand in the living room where he picked up paper and color crayons and returned to the dining room table where he began coloring on the paper. There was no interaction with staff.  c. On 10/21/15 from 7:45 AM to 8:20 AM Client #1 was observed pacing through the kitchen, dining room, living room and hallway twice. He then returned to the dining room table where he began coloring on paper. He occasionally stopped coloring and looked around, particularly when there was a noise. There was no interaction with staff.  d. On 10/21/15 from 9:30 AM to 9:50 AM Client #1 was observed coloring on paper. He occasionally stopped coloring and looked around, particularly when there was a noise. Another client sat at the table next to Client #1 to eat an apple and they did not interact with each other. There was no interaction with staff.  e. On 10/21/15 from 12:10 PM to 12:30 PM Client #1 was observed coloring on paper. He occasionally stopped coloring and looks around, particularly when there was a noise. At 10:22 AM staff told the clients to get their jackets to go out for a walk. Client #1 went up to his room and got a jacket which he put on as they went out the front door at 12:30 PM.	W 196			

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W 196	Continued From page 6  f. On 10/21/15 from 5:20 PM to 5:35 PM Client #1 was observed sitting at the dining room table, finishing his dinner and taking his utensils and cup to the kitchen where he rinsed them and put them in the dishwasher without any interaction with staff.  g. On 10/22/15 from 10:45 AM to 11:10 AM Client #1 was observed in the living room sitting on the arm of a couch and looking out the window and around the room. There was no interaction with staff.  Review on 10/21/15 at 3:00 PM of Client #1's Individual Program Plans (IPP) Objective List, dated 9/4/14 and 8/27/15, both revealed Client #1 had an Active Treatment Objective which required Client #1 to learn to vacuum as a household cleaning need. However, a review on 10/21/15 at 3:00 PM of Client #1's Individual Program Plans Comprehensive Functional Analysis (CFA) dated 9/4/14 and 8/27/15 both revealed Client #1 was able to use the vacuum independently.  Interview on 10/22/15 at 11:35 AM with Staff A revealed the facility was unaware that Client #1's CFA said he could vacuum independently but that his IPP Objective list included a need for Client #1 to learn to vacuum.  Client #3  a. On 10/20/15 from 11:05 AM to 11:30 AM Client #3 walked through the main level of the facility.	W 196			

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W 196	<p>Continued From page 7</p> <p>He walked a slow, steady pace with his hands behind the small of his back. He talked to himself and others. At 11:10 AM he entered the kitchen and briefly stirred a pot on the stove and then started to pace again. Staff did not engage Client #3 in any formal Active Treatment.</p> <p>b. On 10/21/15 at 7:35 AM Client #3 took his morning medication and then returned to his bedroom where he remained until 10:45 AM</p> <p>c. On 10/21/15 from 10:45 AM to Noon Client #3 walked through the main level of the facility. Client #3 walked at slow, steady pace with his hands behind the small of his back. He talked to himself and others. At 10:55 AM Client #3 entered the kitchen and stirred a pan on the stove until 11:00 AM. Client #3 left the kitchen and walked upstairs to his room then returned downstairs where he resumed pacing. At 11:25 AM staff told him to wash his hands for lunch. Staff did not engage Client #3 in any formal Active Treatment.</p> <p>d. On 10/22/15 from 7:45 AM to 8:10 AM walked through the main level of the facility. Client #3 walked a slow, steady pace with his hands behind the small of his back. Client #3 talked to himself and others. Client #3 asked staff if he was going to go out for coffee on Friday (10/23/15). Staff told him he was. As Client #3 continued to pace he would repeatedly ask staff and surveyors if he was going for coffee on Friday or he would ask if the following day was Friday. Staff did not engage Client #3 in any formal Active Treatment.</p>	W 196			

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W 196	<p>Continued From page 8</p> <p>e. On 10/22/15 from 9:20 AM to 9:45 AM paced with his hands behind the small of his back. He talked to himself and others. As Client #3 continued to pace he would repeatedly ask staff and surveyors if he was going for coffee on Friday or he would ask if the following day was Friday. Staff did not engage Client #3 in any formal Active Treatment.</p> <p>Review on 10/21/15 at 1:40 PM of Client #3's Individual Program Plans - (IPP) Objective List, dated 9/12/14, revealed Client #3 had an Active Treatment Objective to learn to learn phone conversation skills. However, review on 10/21/15 at 1:40 PM of Client #3's Individual Program Plans Comprehensive Functional Assessment (CFA) dated 9/12/14 revealed Client #3 had no telephone conversation skill needs identified although he has a mental illness and [REDACTED] which causes him to [REDACTED] different topics.</p> <p>Interview on 10/22/15 at 11:35 AM with Staff A revealed the facility could not explain why Client #3's CFA did not identify any telephone conversation needs but that his IPP Objective List included a need for Client #3 to learn to conduct telephone conversations.</p> <p>Review of the Achievement Sheets of Client #3 for 31 weeks from 4/1/15 through 9/30/15 revealed that for 14 of the 31 weeks no data was recorded by staff and Client 3 refused to complete the objective on two other weeks.</p> <p>Interview with Staff A on 10/22/15 at 11:35 AM</p>	W 196		

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W 196	<p>Continued From page 9</p> <p>revealed she was unable to explain why Client #3 had several weeks where there was no data recorded. Staff A, QIDP, said Client #3's progress towards the Active Treatment objective could not be determined due to data not being recorded.</p> <p>Client #4:</p> <p>a. On 10/21/15 at 2:18 PM was observed standing looking out the living room window and then sat down on the couch at 2:23 PM. Client #4 continued to sit on the couch with no staff approaching him to engage in any meaningful activities until 3:23 PM when he went to the kitchen and opened the oven door and then returned to the couch. Client #4 continued to sit on the couch with no staff interaction until 4:48 PM when he got up from the couch and went upstairs. (Note: Staff F was observed sitting at the dining room table looking at a laptop computer from 4:12 PM until 4:29 PM).</p> <p>b. On 10/22/15 at 8:03 AM to 9:06 AM Client #4 was observed sitting on the couch in the living room with no staff interaction to engage him in any meaningful activities. (Note: Staff C was observed from 8:33 AM to 8:42 AM sitting in a chair in the living room near Client #4).</p> <p>c. On 10/22/15 at 9:40 AM to 10:28 PM was observed sitting on the couch in the living room. No staff attempted to engage Client #4 in any meaningful activities.</p> <p>A record review on 10/22/15 at 8:45 AM of Client #4's 7/1/15 Individual Support Plan revealed that he had formal objectives for independence in shower and physical exercise (weight loss). Client #4 had informal objectives for physical</p>	W 196			

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W 196	Continued From page 10 development (increase flexibility with physical therapy), personal care (tooth brushing), leisure (obtain a volunteer position), nursing (weight within IBW range), general health and household skills (cooking).  Interview on 10/22/15 at 11:35 AM with Staff A revealed that Client #4 liked to sit on the couch and it was difficult to get him engaged in activities.	W 196			
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 record review and an interview, the facility failed to ensure a need for Street Safety as identified in 1 of 3 Expanded Sample Client 's (Client #4) Individual Program Plan Comprehensive Functional Assessment (CFA) was addressed in his Individual Program Plan (IPP) Objectives List. This failure could result in staff not properly supervising Client #4 in the community to ensure his safety.  Findings Include:  Record review on 10/22/15 at 8:45 AM of Client #4 's 7/2015 CFA revealed a concern regarding Client #4 's ability to be safe when on the streets in the community. The CFA indicated that Client #4 needs to be reminded frequently to look both ways in crossing the street and to be guided in	W 227			

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W 227	Continued From page 11 the appropriate direction in parking lots as well as in the community. Client #4's IPP dated 7/1/15 identified an objective for "Physical Exercise" that staff were to engage Client #4 in 20 minute walks in the community three times a week. The IPP provided no specific instruction to staff regarding the concern for Client #4's "Street Safety" and what steps staff were to take to ensure Client #4's safety while on the walks.	W 227			
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.  This STANDARD is not met as evidenced by: W250 Active Treatment Schedule Based on interviews and record review the facility failed to provide Active Treatment Schedules for 3 of 3 Sample Clients (Client #1, #2, #3) and 1 of 3 Expanded Sample Clients (Client #4) that directed staff on how and when to implement Active Treatment over the course of the Clients' day. This failure prevented the staff from knowing when and what to be doing with Clients throughout their day.  Findings Included  Record review on 10/22/15 for Client #1, Client #2, Client #3's and Client #4's revealed there	W 250			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G037</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>BARCLAY GROUP HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5027 NORTHEAST 188TH SEATTLE, WA 98155</b>		
(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	
W 250	Continued From page 12 were no Active Treatment Schedules.	W 250			
W 252	Interview on 10/22/15 at 11:16 AM with Staff A verified there were no Active Treatment Schedules. 483.440(e)(1) PROGRAM DOCUMENTATION  Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.  This STANDARD is not met as evidenced by: Based on record reviews and interview the facility failed to ensure data was recorded for 3 of 3 Sample Clients and 1 of 3 Expanded Sample Clients in a manner that reflected the Clients' actual performance on objectives identified in their Individual Program Plans (IPP) Objectives List. This failure prevented the facility from being able to determine whether the Clients' are making progress on their objectives.  Findings Include:  Client #1 Review on 10/21/15 at 3:00 PM of Client #1's IPP Objective List dated 9/4/14 revealed Client #1 had an Active Treatment objective for his Active Treatment to clean his room and vacuum downstairs, one time a week. Review of Client #1's Achievement Sheets (data collection) from 4/1/15 through 9/30/15 revealed that staff failed to record data for the objective for 5 weeks and Client #1 refused to do the objective 2 times.  Interview with Staff A, and Staff B on 10/22/15 at	W 252			

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W 252	<p>Continued From page 13</p> <p>11:35 AM revealed they were aware that Client #1's single Active Treatment objective, for which data was being collected, was for him to clean his room and vacuum the downstairs. Neither staff was able to explain why Client #1 had several weeks where there was no data recorded. Staff A, QIDP, said his progress towards the Active Treatment objective could not be determined due to data not being recorded.</p> <p>Client #2 A record review on 10/21/15 of Client #2's IPP dated 1/8/15 identified one formal objective "Drying Properly". This objective states that Client #2 will independently dry himself properly and completely after daily showers 10 out of 10 times by his next IPP, January 2016. The staff is instructed to collect data three times a week on a weekly Achievement Sheet. The staff was to initial for each date Client #2 had successfully completed the objective. If Client #2 refused staff were to put a "0" in for that day. If the objective wasn't run on a particular day then staff were to record an "N" for that day. The review of Client #2's Achievement Sheets from July 2015 through October 18, 2015 revealed that for the week starting Monday 7/20/15 data was only recorded for one day that week. For the week starting Monday 8/20/15 data was only recorded for two days that week. For the week starting Monday 9/14/15 no data was recorded for the week. For the week beginning Monday 10/5/15 data was only recorded for one day that week and for the week beginning Monday 10/12/15 data was only recorded for two days that week.</p> <p>Interview with Staff A and Staff B on 10/22/15 at 11:35 AM revealed that there was a problem with</p>	W 252			

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W 252	Continued From page 14 staff consistently recording when Client #2 's was completing his objective. This resulted in data that was difficult to analyze in order to determine whether Client #2 was having success with the objective or if the objective needed to be revised.  Client #3 Review on 10/21/15 at 1:30 PM of Client #3 's Individual Program Plan (IPP) Objective List dated 9/12/14 revealed Client #3 had only one Active Treatment objective. The objective was to develop telephone conversation skills, by making a telephone call with staff assistance, one time a week. Review of the Achievement Sheets for Client #3 for 31 weeks from 4/1/15 through 9/30/15 revealed that for 14 of the 31 weeks Staff failed to record any data for the objective and also that Client #3 refused to complete the objective for 2 of the weeks  Interview with Staff A and Staff B on 10/22/15 at 11:30 AM revealed they were aware that Client #3 's single Active Treatment objective was for him to learn good conversation skills when talking on the telephone. Neither staff was able to explain why Client #3 had several weeks where there was no data recorded. Staff A, QIDP, said his progress towards the Active Treatment objective could not be determined due to data not being recorded.	W 252			
W 448	483.470(i)(2)(iv) EVACUATION DRILLS  The facility must investigate all problems with evacuation drills, including accidents.  This STANDARD is not met as evidenced by:	W 448			

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W 448	<p>Continued From page 15</p> <p>Based on a record review and interview the facility failed to conduct the required quarterly fire drills for the second and third quarters of 2015. This failure placed 3 of 3 sample Clients and 3 of 3 expanded sample Clients at risk of not knowing how to evacuate in the case of a real emergency.</p> <p>Record review on 10/21/15 at 10:51 AM revealed that the second shift fire drill scheduled to be held in May 2015 did not occur. The form used for the May 2015 had a fire drill documented as being held on 6/12/15 at 4:30 PM. There was a fire drill form that had August 2015 written across the top of the document but there was no information that the fire drill was actually held.</p> <p>Interview with Staff B on 10/21/15 at 11:01 AM confirmed he could not find the documentation that 2nd shift fire drills occurred for the second and third quarters of 2015. Interview with Staff A on 10/22/15 at 11:35 AM confirmed that no fire drills were held in May or August 2015</p>	W 448			