STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	50G008	A. BUILDING _____ B. WING _____	C 09/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCKY BAY HEALTH CARE FACILITY	17526 STATE ROUTE #302 GIG HARBOR, WA 98329

(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 a result of complaint investigations #3133328 conducted on 9/11/15 at Rocky Bay Health Care Facility. Failed provider practice was identified. The survey was conducted by: Terry Patton Shana Privett 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 Telephone: (360) 725-3215	W 000	The following written allegation of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey findings are correct or that they rise to the level of deficiencies under applicable law. RECEIVED OCT 01 2015 Residential Care Services ICF/IID Program	
W 191	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' behavioral needs. This STANDARD is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure that Staff A was trained on Client #1's Positive Behavior Support Plan (PBSP). This failure resulted in Client #1 assaulting and injuring a peer after becoming frustrated and angry. Findings include: Review on 9/11/15 of a facility incident report dated 8/7/2015, revealed that after dinner, Client	W 191	Employees will be trained on general behavior policies and will also be trained on each resident's behavior plan (PBSP, Mental Health Plan, Behavior Strategies). This training will be implemented with the following methods: a) New Employee Orientation Checklist will be updated. b) Staff will complete an assessment to check for understanding on each resident's behavior plan. c) As PBSP's are updated, 1-2 specific behavior plans will be reviewed at staff meeting as needed. d) Staff Coaching will be implemented on PBSP's as needed. A communication/help sheet that describes clients likes and interest will be made available to staff as needed.	10/20/2015 & On going Responsible QIDP Monitored Admin.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Pamela J Moore | Administrator | 9/29/15

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 191	Continued From page 1	W 191		

#1 requested popcorn (a nightly routine) and was told by Staff A that it was not snack time and he would have to wait. Client #1 began screaming for popcorn and pacing up and down the hallway. Client #1 then walked into the day room and continued to scream for popcorn, standing near Client #2 who was in her wheel chair. Staff A directed Client #1 to apologize to Client #2 for screaming. Client #1 reached for Client #2 and bit her on the right hand.

Observation on 9/11/15 at 1:30 PM of Client #1 revealed he was [redacted] however he was able to ambulate about his home independently. Observation of Client #2 revealed she was wheelchair bound, unable to move or defend herself.

Review of Client #1's file on 9/11/2015 revealed Client #1's Individual Program Plan (IPP) recommendations dated 4/9/15 stated under #8 "It will be important for all staff to consistently follow the steps of [Client #1's first name] PBSP when he becomes agitated and disruptive, particularly during meal times. This includes consistency with regard to the timing of his snack and Dr. Pepper (7:30 pm), not immediately after dinner." The PBSP dated 3/30/15 stated under Physical Environment that "Staff should offer [Client #1's first name] individual supportive attention and/or redirect him to a quieter and less crowded area whenever possible." The PBSP further states under Procedures: Immediately reassure [Client #1's first name] by telling him what is going on ..., redirect him to something specific that is part of the activity involved and if he remains agitated, have him go to a quiet place. Premack principles (offering food, drink and access to his favored planes) are suggested

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W 191	Continued From page 2 strategies that are reinforcing for Client #1 to reduce screaming and jumping behavior. Interviews on 9/11/15 at 1:15 PM with Staff B, Staff C and Staff D revealed there was no documentation indicating Staff A had been trained on Client #1's PBSP. A telephone interview on 9/11/15 at 1:45 PM with Staff A verified he had not been trained on Client #1's PBSP stating "I was not really trained on his behavior plan - it was sort of an on the job training ". A telephone interview on 9/14/15 at 4:20 PM with Staff F verified Staff A had not been trained specifically on Client #1's PBSP. Staff F verified that Staff A did not implement the IPP or PBSP correctly when directing Client #1 to apologize to his peer during his behavioral episode that resulted in him biting his peer.	W 191		