

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

PRINTED: 06/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/21/2016
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT A			STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321		
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W 000	<p>INITIAL COMMENTS</p> <p>This report is a result of a Recertification full survey conducted at Rainier School - PAT A on 6/13/16, 6/14/16, 6/15/16, 6/16/16, 6/17/16, 6/20/16 and 6/21/16. A sample of 11 Clients was selected from a total of 105 Clients. One Expanded Sample Client was added. Deficient practices were identified.</p> <p>During the survey a Post Complaint Survey was conducted for Complaint #3134571, #3135528 and #3140247. The deficient practices were corrected.</p> <p>The survey was conducted by: Gerald Heilinger Shana Privett Justin Smith Jim Tarr Sarah Tunnell</p> <p>The surveyors are from:</p> <p>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 Fax: (360) 725-2642</p>	W 000			
W 130	483.420(a)(7) PROTECTION OF CLIENTS RIGHTS	W 130			

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 130	Continued From page 1 The facility must ensure the rights of all clients. Therefore, the facility must ensure privacy during treatment and care of personal needs. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure privacy for Expanded Sample Client #12 when taking care of her personal needs in her room. This failure resulted in Client #12 being exposed in various stages of dress and staff insensitive to her dignity. Findings include: Observation on 6/16/16 from 7:05 AM until 7:35 AM at [REDACTED] house revealed Expanded Sample Client #12 sitting on her bed in her room partially clothed. Staff assisted in changing her pajama 's into day clothing with the door opened. Client #12 could be seen in various stages of dress with her protective undergarment showing, shirt partially on and staff assisting her to put pants, socks and shoes on. At 7:40 AM Client #12 was pushed in her wheelchair into the dining room for breakfast. Interview on 6/17/16 at approximately 9:20 AM with Staff A, B and C verified staff should have ensured Client #12 's bedroom door was closed while being dressed to ensure privacy.	W 130			
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 observation, record review and	W 159			

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W 159	<p>Continued From page 2</p> <p>interview, the facility failed to ensure the Qualified Intellectual Disability Professional (QIDP) provided effective oversight of all aspects of 1 of 11 Sample Client ' s (Client #11) treatment process at the facility. This failure prevented him from receiving the training he needed to become more independent and move to a less restrictive living setting.</p> <p>Based on record review, and interview, the facility failed to have objectives for 1 of 11 Sample Clients (Client #11) to address an identified and assessed need. This failure prevented the Client from having the opportunity to learn new skills and possibly move to a less restrictive living setting. See W227 for details.</p> <p>Based on observation, record review and interview, the facility failed to implement the Individual Habilitation Plan (IHP) programs for 1 of 11 Sample Clients (Client #11). This failure resulted in inconsistent and/or missed training opportunities, Client misunderstanding, confusion and a delay in learning independent living skills that prevent moving to a less restrictive environment. See W249 for details.</p> <p>Based on record review and interview, the facility failed to ensure there was an updated Comprehensive Functional Assessment (CFA) for 1 of 11 Sample Clients (Client #11) when he experienced a significant change in functioning due to a physical health crisis. Failure to update the CFA prevented the facility from having a clear picture of the Client's current strengths and weaknesses so that an Individual Habilitation Plan (IHP), which met the current needs, could be developed. See W259 for details.</p>	W 159			

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W 159	Continued From page 3	W 159			
W 227	<p>Based on record review and interview, the facility failed to ensure there was an updated IHP for 1 of 11 Sample Clients (Client #11) when he experienced a significant change in functioning due to a physical health crisis. Failure to update and change the IHP prevented the Client from having objectives written and prioritized for his current needs. See W260 for details.</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review, and interview, the facility failed to have objectives for 2 of 11 Sample Clients (Client #4 and #11) to address an identified and assessed need. This failure prevented the Clients from having the opportunity to learn new skills and gain independence.</p> <p>Findings include:</p> <p>Client #4</p> <p>Record review on 6/17/16 of Client #4 ' s Individual Habilitation Plan (IHP) dated 11/10/15 revealed Client #4 had a core need of Communication.</p> <p>Interview on 6/17/16 at 2:00 PM with Staff B, J, K and L verified communication was one of Client #4 ' s " core needs " . They stated</p>	W 227			

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W 227	Continued From page 4 communication was not currently addressed with a formal objective. Client #11 Record review on 6/17/16 of Client #11 ' s Comprehensive Functional Assessment (CFA) revealed Client #11 is " unable to speak, sign, use formal gestures or otherwise indicate discomfort or sources of discomfort " . The CFA indicated lack of communication skills makes it difficult for staff to understand his preferences and choices, understand his feelings, and determine what he understands when staff speak to him. Review of Client #11 ' s IHP revealed he had no formal objectives for communication.	W 227			
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION 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. This STANDARD is not met as evidenced by: Based on observation, record review and	W 249			

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W 249	<p>Continued From page 5</p> <p>interview, the facility failed to implement Individual Habilitation Plan (IHP) programs for 5 of 11 Sample Clients (Clients #2, #4, #8, #9, and #11,). This failure resulted in inconsistent and/or missed training opportunities, Client misunderstanding, confusion and a delay in learning independent living skills that prevent moving to a less restrictive environment.</p> <p>Findings include:</p> <p>Client #2</p> <p>Record review on 6/16/16 at 1:55 PM of Client #2 's Positive Behavior Support Plan (PBSP) with an expiration date of 2/4/17 revealed instructions on how to support Client #2 when he self-abuses. Staff are to say in a firm voice " STOP " one time and use an extended arm with palm out (stop sign). An adaptive replacement behavior of signing " snack " is to be used.</p> <p>Observation on 6/14/16 at 3:00 PM at [REDACTED] house revealed staff requesting Client #2 to get clothing from the laundry room. Client #2 began to yell and punched himself in his neck, head and stomach area several times. Staff offered Client #2 a snack, but did not ask Client #2 to sign " snack " . Staff then assisted Client #2 into the dining room to eat pop tarts. Following his snack at 3:10 PM, Client #2 began to yell, slapped his head and face and punched his stomach area. Staff cleared the other clients out of the room however staff did not intervene during the episode of self-abuse. At 3:35 PM Client #2 became upset, punching himself off and on until 3:50 PM when staff managed to get him into his bedroom so the nurse could assess him. At no time did</p>	W 249			

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W 249	<p>Continued From page 6</p> <p>staff tell Client #2 to " STOP " hurting himself nor did they extend their arm with palm out (stop sign) as instructed in the PBSP.</p> <p>Observation on 6/15/16 at 8:25 AM at [REDACTED] house revealed Client #2 yelling and slapping himself during a medication pass. Staff did not intervene to stop the behavior. At 8:45 AM while attempting to get Client #2 to engage in art work, he began to yell, slap and punch himself in his head, neck and stomach area. Staff did not intervene in the self-abuse. At 9:15 AM, staff asked Client #2 if he wanted to go to work. At this request, Client #2 began to punch and slap himself in the face, head and stomach area. Client #2 continued to be upset until 9:30 AM when the staff offered him a peanut butter cookie. Client #2 was not asked to sign " snack " . At 2:00 PM Client #2 began to punch and slap his neck, face, head and chest area. Staff offered him a snack. Client #2 was not asked to sign " Snack " . At no time did staff tell Client #2 to " STOP " hurting himself nor did they extend their arm with palm out (stop sign) as instructed in the PBSP.</p> <p>Observation on 6/16/16 at 7:45 AM at [REDACTED] house revealed Client #2 exiting his bedroom. He was slapping himself on the head and face and punching himself in his stomach. Client #2 was cued to go sit outside in the sunshine. At 8:50 AM, Client #2 was back inside the house and he was punching himself in the face, head and stomach area. He took his shoes off and threw his inserts at staff. He then put his shoes back on and continued to punch himself in his face, head and neck area. Client #2 continued to be agitated and threw his shoe inserts again at 9:10 AM while punching himself in the head and neck area. The</p>	W 249			

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W 249	<p>Continued From page 7</p> <p>self-abuse continued until 9:25 AM when the surveyor left the house. At 9:55 AM, after the nurse checked Client #2 ' s feet, he began to yell and punch himself in the head and stomach. Client #2 continued to be agitated off/on through 10:20 AM when the surveyor left the house. At no time did staff tell Client #2 to " STOP " hurting himself nor did they extend their arm with palm out (stop sign) as instructed in the PBSP.</p> <p>Interview on 6/17/16 at 9:50 AM with Staff A, B and C verified the PBSP was not correctly implemented.</p> <p>Client #8</p> <p>Record review on 6/16/16 of Client #8 ' s IHP dated 4/18/16 revealed a formal program #1107 to assist Client #8 with rubbing lotion on both of her forearms with 75% accuracy for 5 out of 6 months. The program is to be implemented 2x ' s weekly on AM and PM shifts. The IHP also contains a Service Care Plan #8090 " Hypothermia Supports: Staff will ensure that [Client #8 ' s first name] hair is to be dried with a blow dryer, and not allowed to dry naturally as this seems to chill her. " An Ad-Hoc dated 5/31/16 stated: 1. Mat on the floor in front of the toilet for safety should she fall. 2. Staff waits outside the restroom and check her every five minutes. 3. Should staff see [Client #8 ' s first name] leaning forward during the five minute check, they are to cue her to sit upright should she be leaning forward. 4. While [Client #8 ' s first name] is using the restroom she is to hold her [REDACTED] to decrease her chances of leaning forward on the toilet. 5. Staff will document progress.</p>	W 249			

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W 249	<p>Continued From page 8</p> <p>1. Observation on 6/13/16 at 3:10 PM at [REDACTED] house revealed staff assisting Client #8 to the bathroom. Staff did not wait outside the bathroom door nor did they do 5 minute checks. At 3:25 PM staff assisted Client #8 out of the bathroom. Client #8 was not given a [REDACTED] to hold while toileting to prevent falling. At 10:45 AM Client #8 was assisted to the bathroom. She exited the bathroom at 10:55 AM. Staff did not use a [REDACTED] to assist Client #8 from falling while sitting on the toilet. On 6/14/16 at 6:15 PM, Client #8 was assisted to the bathroom. Staff did not wait outside of the bathroom door nor did they complete 5 minute checks. She exited the bathroom at 6:30 PM with assistance. She was not given a [REDACTED] to hold to prevent falling. At 6:35 PM Client #8 was assisted to the bathroom, exiting at 6:40 PM. Client #8 was not provided a [REDACTED] to prevent falling off of the toilet. On 6/16/16 at 10:25 AM Client #8 was assisted to the bathroom, exiting at 10:35 AM without having a [REDACTED] for support.</p> <p>2. Observation at 6/14/16 at 11:00 AM at [REDACTED] house revealed Staff O attempting to assist Client #8 to implement her " rub lotion on arms " program, however Staff O was unable to locate any lotion. Staff O assisted Client #8 in her wheelchair to search the house for lotion. They looked in several grooming boxes, closets , cabinets in 4 bathrooms and asked other staff where she could find lotion. Staff O was unable to locate any lotion at the house, preventing Client #8 from implementing her program.</p> <p>3. Observation on 6/16/16 at 7:50 AM at [REDACTED] house revealed Client #8 sitting at the dining room table eating her breakfast. Client #8 ' s hair was wet. Client #8 remained at the table until</p>	W 249			

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W 249	<p>Continued From page 9</p> <p>8:15 AM when staff assisted her to bus her dishes into the kitchen. At 8:30 AM Client #8 was assisted to a table to do activities and her hair remained wet. At no time did staff attempt to towel dry or blow dry Client #8 ' s hair.</p> <p>Interview on 6/17/16 at 10:40 AM with Staff D, E and F verified staff were not using the [REDACTED] to support Client #8 from leaning and possibly falling while toileting as the AD Hoc had instructed staff to do. Staff C stated she often throws things out and that was why there was no lotion at the house. Staff C indicated staff should have blown dry Client #8 ' s hair.</p> <p>Client #9</p> <p>Record review on 6/16/16 at 1:55 PM revealed Client #9 ' s IHP dated 1/19/16 had a prioritized goal to remain functionally mobile (ability to ambulate independently), through 2018. Page 9, Mechanical supports states: wheelchair is to be used for off house transporting, to prevent falls when ambulating on uneven surfaces off the house. The list goes on to state " During outdoor ambulation. May walk very short distances (patios or to the vehicle in front of the house) " .</p> <p>Observation on 6/13/16 at 11:15 AM at [REDACTED] house revealed Client #9 sitting at the dining room table until staff brought a wheelchair to her at 11:55 AM. Staff transferred Client #9 into her wheelchair and wheeled her into the living room where she remained in her wheelchair. At 2:50 PM staff got Client #9 up from her bed and into her wheelchair. Staff pushed her into the dining room.</p>	W 249			

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W 249	<p>Continued From page 10</p> <p>Observation on 6/14/16 at 2:00 PM at [REDACTED] house revealed Client #9 returning from a van ride. She was assisted off of the van while sitting in her wheelchair and staff wheeled her into the living room. At 5:20 PM staff transferred her into her wheelchair and wheeled her to get her dining dishes in preparation for the evening meal. At 6:00 PM Staff A retrieved Client #9 ' s wheelchair for her and transferred her into it and wheeled her into the living room.</p> <p>Interview on 6/17/16 at 9:10 AM with staff A, B, and C verified Client #9 ' s IHP prioritized goal is to ambulate independently through 2018. Client #9 is to ambulate at the house to maintain her ability to walk.</p> <p>Client #4</p> <p>1. Record review on 6/17/16 of Client #4 ' s IHP AD HOC dated 5/24/16 revealed service care plan #2178 " Environmental Independence - given an enhanced tactile sensory area on A side of Buckley, staff will engage [Client #4 ' s first name] approximately every 30 minutes ... "</p> <p>Observation on 6/14/16 from 2:00 PM to 2:11 PM at Buckley house revealed Client #4 was asked by staff to use sensory items on 4 separate occasions</p> <p>Observation on 6/14/16 from 2:13 PM to 2:38 PM at Buckley house revealed Client #4 was asked by staff to test his sensory by sitting on a couch cushion and a bean bag chair on 4 separate occasions.</p> <p>Observation on 6/14/16 from 4:53 PM to 5:11 PM at [REDACTED] house revealed Client #4 was asked</p>	W 249			

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W 249	<p>Continued From page 11</p> <p>by staff to test his sensory by sitting on the couch, sitting in bean bag chair, sitting in the recliner, and using blocks on 6 separate occasions.</p> <p>Observation on 6/14/16 from 5:17 PM to 5:20 PM at [REDACTED] house revealed Client #4 was asked by staff to use sensory items, but Client #4 refused. Staff told Client #4 they would give him a break. Immediately after that staff left a different staff attempted to engage Client #4 in sensory items.</p> <p>Observation on 6/15/16 from 10:00 AM to 10:18 AM at [REDACTED] house revealed Client #4 was asked by direct care staff and two different Adult Training Supervisor staff to test different sensory items on 10 separate occasions.</p> <p>2. Record review on 6/17/16 of Client #4 's Comprehensive Functional Assessment dated 11/10/15 revealed self-toileting skills, support and training section which states "[Client #4 's first name] is not toilet trained, nor does he show any awareness that he is wet or soiled. Staff assists him to go to the bathroom approximately every two hours during the day, and he may void there on occasion. He needs significant staff support to complete the various peripheral actions associated with toileting, such as wiping, flushing, hand washing, etc. He [REDACTED] 24 hours per day, for sanitation and comfort. "</p> <p>Observation on 6/15/16 from 8:30 AM to 11:15 AM revealed Client #4 was not toileted by staff during this time. Client #4 soiled himself at 8:35 AM in the front room and at 10:46 AM in the living room.</p> <p>Observation on 6/16/16 at 7:00 AM at [REDACTED]</p>	W 249			

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W 249	<p>Continued From page 12</p> <p>house revealed Client #4 appeared to be asleep on his bed. At 7:21 AM staff entered Client #4 ' s room to get him up. At 7:33 Client #4 completed dressing with staff assistance and was taken into the bathroom for Activities of Daily Living objectives, but he was not toileted during this time. Client #4 soiled himself at 7:49 AM in the living room. The observation ended at 9:05 AM and Client #4 was not toileted during this time.</p> <p>Interview on 6/17/16 at 2:00 PM with Staff B, J, K and L affirmed staff were engaging Client #4 more often than the every 30 minutes as instructed in the IHP. They believed direct care staff had taken Client #4 to the toilet approximately every two hours, but were unable to provide documentation of these occurrences.</p> <p>Client #11</p> <p>1. Record review on 6/17/16 of Client #11 ' s IHP revealed need #1030 " Safety during bathroom use: Staff will monitor at least every 5 minutes while [Client #11 ' s first name] is on the toilet. "</p> <p>Observation on 6/14/16 at 6:07 PM at [REDACTED] house revealed Client #11 being wheeled into the bathroom and assisted onto the toilet. Staff exited the bathroom at 6:08 PM. Staff didn ' t re-enter the bathroom to assist Client #11 until 6:23 PM.</p> <p>Observation on 6/15/16 at 3:22 PM at [REDACTED] house revealed Client #11 being wheeled into the bathroom. Staff exited after assisting him onto the toilet. Staff didn ' t return to the bathroom until 3:30 PM.</p>	W 249			

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W 249	Continued From page 13 Observation on 6/16/16 at 10:14 AM at [REDACTED] house revealed Client #11 being wheeled into the bathroom. Staff exited a minute later and didn ' t return until 10:23 PM. 2. Record review on 6/17/16 of Client #11 ' s IHP revealed objective 2091 " [Client #11 ' s first name] will choose what hat [REDACTED] that he would like to wear by looking at the hat. " Observation on 6/14/16 at 6:35 PM at 2010 A house revealed Client #11 was shown a hat and asked if he wanted it. He didn ' t appear to show acknowledgement of interaction with staff. Staff placed the hat on Client #11 ' s head. Interview on 6/17/16 at 1:00 PM with Staff I, G and H verified direct care staff should be checking on Client #11 every 5 minutes when he is on the toilet. They also verified direct care staff should offer him [REDACTED] hats from which to choose which one he wanted to wear.	W 249			
W 259	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure there was an updated Comprehensive Functional Assessment (CFA) for 1 of 11 Sample Clients (Client #11) when he experienced a significant change in functioning due to a physical health crisis. Failure to update and change the CFA prevented the facility from	W 259			

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W 259	Continued From page 14 having a clear picture of the Client's current strengths and weaknesses so that an Individual Habilitation Plan (IHP), which met the current needs, could be developed. Findings include: Interview on 6/15/16 at 2:28 PM at [REDACTED] house with Staff M revealed Client #11 had a few hospitalizations at the beginning of 2016. When asked about the hospitalizations, Staff M stated Client #11 had displayed a significant change in his functioning after returning from the hospital. Record review on 6/17/16 of Client #11 ' s IHP dated 3/25/16 revealed he was hospitalized from [REDACTED] 16 through [REDACTED] 16. Hospital admissions records showed Client #11 was admitted to the hospital from [REDACTED] 16 to [REDACTED] 16 as well as on [REDACTED] 16. Review of Client #11 ' s CFA and IHP didn ' t mention any significant functional changes for Client #11. Interview 6/17/16 at 1:00 PM with Staff I, G and H verified Client #11 had shown significant changes in his functioning since the hospitalizations and his CFA was not updated to reflect the functional changes in Client #11.	W 259			
W 260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. This STANDARD is not met as evidenced by: Based on record review and interview, the facility	W 260			

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W 260	Continued From page 15 failed to ensure there was an updated Individual Habilitation Plan (IHP) for 1 of 11 Sample Clients (Client #11) when he experienced a significant change in functioning due to a physical health crisis. Failure to update and change the IHP prevented the Client from having objectives written and prioritized for his current needs. Findings include: Interview on 6/15/16 at 2:28 PM at [REDACTED] house with Staff M revealed Client #11 had a few hospitalizations at the beginning of 2016. When asked about the hospitalizations, Staff M stated Client #11 had displayed a significant change in his functioning after returning from the hospital. Record review on 6/17/16 of Client #11 ' s IHP dated 3/25/16 revealed he was hospitalized from [REDACTED] 16 through [REDACTED] 16. Hospital admissions records showed Client #11 was admitted to the hospital from [REDACTED] 16 to [REDACTED] 16 as well as on [REDACTED] 16. Review of Client #11 ' s CFA and IHP didn ' t mention any significant functional changes for Client #11. Interview 6/17/16 at 1:00 PM with Staff I, G and H verified Client #11 had shown significant changes in his functioning since the hospitalizations and his IHP was not updated to reflect the functional changes in Client #11.	W 260			
W 323	483.460(a)(3)(i) PHYSICIAN SERVICES The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.	W 323			

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

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W 323	Continued From page 16 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to schedule a visual evaluation for 1 of 11 Sample Clients (Client #11) within the time frame recommended by the Optometrist. This failure prevented the Client from having a current visual evaluation to determine his visual abilities, if degenerative conditions existed or if any adaptive equipment was recommended. Findings include: Record review on 6/17/16 of Client #11 's Comprehensive Functional Assessment (CFA) dated 4/2/15 revealed Client #11 's vision was assessed in [REDACTED] of 2014 and recommended follow-up in 13 months. Record review of Client #11 's CFA dated 3/25/16 revealed Client #11 has not had a follow-up since his optometry exam in [REDACTED] 14. Interview on 6/17/16 at 1:00 PM with Staff I, G and H verified there was not a more recent Optometry evaluation than the one in [REDACTED] 14.	W 323			
W 426	483.470(d)(3) CLIENT BATHROOMS The facility must, in areas of the facility where clients who have not been trained to regulate water temperature are exposed to hot water, ensure that the temperature of the water does not exceed 110 degrees Fahrenheit. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure hot water did not exceed 110 degrees Fahrenheit in 2 separate areas accessed	W 426			

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W 426	Continued From page 17 by Clients. This failure resulted in hot water temperatures that put Clients at risk of hurting and/or burning themselves. Findings include: Observation on 6/13/16 at 11:16 AM at the Exercise/Gross Motor Room revealed a sink with separate hot and cold water faucets. The temperature of the water was 114.8 degrees Fahrenheit. Observation on 6/14/16 at 1:53 PM revealed the temperature of the water was 114.0 degrees Fahrenheit. Clients were seen using this room. Interview on 6/14/16 at 2:05 PM with Staff Q in the Exercise/Gross Motor Room where the water temperature was checked in his presence, verified the temperature of the water was 113.0 degrees Fahrenheit. Observation on 6/14/16 at 5:14 AM at the Rainier School Thrift and Gift store revealed a water temperature of 136.7 degrees Fahrenheit in the bathroom located in the sales area of the store and a temperature of 118.6 in the bathroom located in the back garage/storage area. Clients were observed in both of these areas. Interview on 6/15/16 at 11:07 AM with Staff N verified that water temperatures at the Rainier School Thrift and Gift store were not checked on a scheduled basis.	W 426			
W 440	483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel.	W 440			

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W 440	Continued From page 18 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure all Clients participated in evacuation drills quarterly on each shift. This failure resulted in the facility not knowing who participated in evacuation drills and put all Clients and staff at risk of not evacuating quickly and safely during an emergency. Findings include: Record review on 6/13/16 of all Rainier School Safety and Fire Drill Reports held since 3/11/15 revealed Clients were not listed on Fire Drill Reports. Interview on 6/14/16 at 11:42 AM with Staff L revealed he didn't know, based on the reports, who participated in the drills. Staff L confirmed there was not another document where this information could be found.	W 440		