

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

PRINTED: 03/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

8800

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  C 03/04/2013
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NAME OF PROVIDER OR SUPPLIER  RAINIER SCHOOL PAT A	STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321
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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 INITIAL COMMENTS

W 000

This report is the result of a Complaint Investigation (2763109) at Rainier School PAT A on 03/04/2013. A sample of 2 residents were selected.

The survey was conducted by:

██████████ R.N., B.S.N.  
██████████ M.A.

The survey team is from:

ICF/IID Survey and Certification Program  
Residential Care Services  
Aging & Long-Term Support Administration  
Department of Social & Health Services

PO Box 45600, MS: 45600  
Olympia, WA 98504

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W 368 483.460(k)(1) DRUG ADMINISTRATION

W 368

The system for drug administration must assure that all drugs are administered in compliance with the physician's orders.

This STANDARD is not met as evidenced by:  
Based on interviews and record review the facility failed to administer drugs that were ordered for 1 of 1 resident 's (Resident #1) after ██████████ Failure to follow prescribed physician orders placed resident at risk of serious harm.

RECEIVED  
DOMSADSA  
MAR 22 2013

Residential Care Services  
Certified Residential Program

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

*[Handwritten Signature]*

TITLE

*[Handwritten Title]*

(X6) DATE

3/21/13

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 368 Continued From page 1  
Findings include:

Record review on 03/04/13 & 03/06/13 revealed Resident #1 had [REDACTED] 13. Resident #1 returned to the facility the same day with a bag that contained physician orders, three bottles of eye drop medications, and follow-up appointment date and time. Resident #1 was assessed by the nursing staff when returned to the facility after the [REDACTED].

Orders day of [REDACTED]  
 - [REDACTED] 0.3% 1 drop in left eye  
 - [REDACTED] 1% 1 drop in left eye  
 - [REDACTED] 1 drop in left eye  
 - [REDACTED] DF 1 drop in left eye.

The evening of the surgery, remove the shield from the operative eye. Throw the cotton pad away.

Orders for the days following surgery:  
 - Continue to wear the eye shield during naps and bedtime ONLY. You do not need to wear the eye shield during the day.  
 - Put one drop [REDACTED] in your operative eye four times a day.  
 - Put one drop [REDACTED] in your operative eye four times a day  
 - Put one drop [REDACTED] in your operative eye four times a day

Resident #1 had a [REDACTED] appointment scheduled for Wednesday February 27 at 9:00 am at clinic.

On 02/27/13 at approximately 09:15 am facility staff was cleaning Resident #1 's room, after Resident #1 left for follow up appointment, and

W 368 Involved nursing staff trained in the following:  
 Upon the return from all off grounds medical appointments, the covering RN will verify with accompanying staff member whether there are discharge paperwork and/or medications for the client.  
 All nursing staff will be trained on the following:

1. Upon return from all off grounds medical appointments/procedures, the covering RN will verify with the accompanying staff member/AC shift charge whether or not there are discharge paperwork and/or medications for the client. 2/27/2013
2. The RN will document in the client health progress notes regarding the client's return, paperwork, new orders, medications or treatments received, notification of clients physician and treatment plan. 4/5/2013

Person Responsible:  
RN4

Monitor:  
DON



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W 368 Continued From page 2  
noted the bag of physician orders and medications Resident #1 was to start after [REDACTED]

Facility staff member that had gone with Resident #1 to her appointment and [REDACTED] handed the bag with the orders and medications to another staff member at the facility who set the bag down on the resident's dresser. No orders were given to nursing staff.

Resident #1's eye [REDACTED] and primary physician were notified of the error. Resident missed two doses of [REDACTED] and [REDACTED] and one dose of [REDACTED] DF. Orders were received from the eye [REDACTED] during the follow up appointment to "start the medications as soon as possible" and to continue the medications until further orders were received from the eye [REDACTED].

W 368 The shift charge will:

1. Notify the LPN and RN covering the house of the return of the client. Completed 4/5/13
2. Give all documents/supplies to the first nurse responding to notification.
3. Document the return of client, calling nursing and giving documents/supplies to nursing.

All AC staff will be trained in the above process.

Staff member accompanying the client will provide the shift charge with any and all paperwork and/or medications/supplies for the client. Completed 4/5/13

Person Responsible:  
AC Managers

Monitor:  
DDA2

