

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

PRINTED: 04/01/2013
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 03/08/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT A			STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321		
(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	<p>INITIAL COMMENTS</p> <p>This report is the result of a Complaint Investigation (2765060) conducted at Rainier School PAT A on 03/08/13.</p> <p>The survey was conducted by:</p> <p>██████████ R.N., B.S.N. ██████████, M.A.</p> <p>The survey team is from:</p> <p>ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Support Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600</p> <p>Telephone: (360) 725-2405 Fax: (360) 725-2642</p>	W 000			
W 194	<p>483.430(e)(4) STAFF TRAINING PROGRAM</p> <p>Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to ensure the Individual Program Plan for 1 of 1 resident (Resident #1) was correctly and consistently implemented. This</p>	W 194			

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

TITLE

(X8) 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 194	<p>Continued From page 1</p> <p>failure resulted to the staff applying a restraint seatbelt on Resident #1 during toileting, which placed the resident at potential risk of harm.</p> <p>Findings include:</p> <p>All interviews and record reviews were conducted on 3/8/13 unless otherwise specified.</p> <p>Resident's #1 Individual Habilitation Plan (IHP) revealed during toileting staff will remain outside the bathroom when resident is using the toilet. Monitoring will occur every 1-2 minutes to ensure sanitation and hygiene and prevent falls.</p> <p>Records revealed that Staff B found resident sitting on the toilet with a seatbelt on him. Staff B immediately removed the seatbelt and waited 7 to 8 minutes for Staff A to return. Staff A was to check on Resident #1 every few minutes.</p> <p>Interview with Staff A on 3/15/13 revealed that on 3/3/13 she assisted Resident #1 in the bathroom. She stated she forgot something and had to leave the bathroom. Staff A reported she placed Resident #1 on the toilet then placed a restraint seat belt on him to keep him safe. She was not aware that the use of a restraint seatbelt while toileting was not in his program. Staff A did not implement the Individual Program Plan for Resident #1 when she applied the seatbelt.</p>	W 194	<p>W194 – Staff Training Program</p> <p>Staff A temporarily reassigned to non-client related duties. Incident is being reviewed related to administrative action. Completed 3/4/13</p> <p>Staff A will be trained regarding client SH's IHP related to appropriate toileting procedure. Completed 4/30/13</p> <p>All night shift Devenish staff will be trained on client SH's IHP related to appropriate toileting procedure. Ongoing</p> <p>On houses across campus where toilet safety belts are installed, the following will occur: Completion 5/10/13</p> <ul style="list-style-type: none"> • Staff will be trained regarding appropriate use of straps. • ACM's or designees will complete regular observations to ensure that toilet support straps are appropriately used. Ongoing <p style="text-align: right;">Person Responsible ACM Monitor PAT A DDA2</p>		

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4/17/13