

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 02/19/2016
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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 This report is the result of Complaint Investigations 3140247 and 3134571 conducted at Rainier PAT A from 8/12/2015 through 2/19/2016. Failed provider practice was identified and deficiencies were written. The survey was conducted by: Sarah Tunnell Gerald Heilinger 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		
W 104	483.410(a)(1) GOVERNING BODY The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure their policy for off-campus trips was followed. During a trip into the community, Client #1 choked on his lunch and subsequently died. The failure of the facility to implement their off-campus trips policy resulted in harm for Client #1 and placed all Clients at risk of harm. Findings include:	W 104	<p>RECEIVED APR 12 2016 Residential Care Services ICF/IID Program</p> <p>W 104 The corrective actions the facility has taken or will accomplish for the sample individuals found to have been affected by the deficient practice. The identified individual has passed away.</p> <p>W 104 The steps the facility has taken or will take to identify individuals who may be affected by the deficient practice, and the actions the facility has taken or will take to protect those individuals. Immediately following the incident on [REDACTED] 15, all off campus trips in PAT-A were suspended, pending review/modification of off campus trip procedures. On 8/17/15, the off campus trip slip procedure was revised to include eating protocols (to be attached to all trips that contain a meal or snacks) and direction to staff regarding how changes in off campus trip slips are to be made.</p> <p>In January 2016 the policy for off campus trips was revised to include a visual verification of trip participants (both staff and clients) immediately prior to the trip leaving campus.</p> <p>W 104 PAT-A staff were trained on the revised off campus trip protocol, and the requirement that off campus trips slips require the full names of all staff and clients participating in the trip.</p> <p>W 104 The measures, including systemic changes, the facility has taken or will take to ensure that the deficient practice will not recur. Starting on 9/17/15, all PAT A staff were trained on the revised off campus trip procedures and procedures related to completing off campus trip records.</p> <p>The off campus trip procedure was revised to include eating protocol and direction to staff regarding changes in off campus trip slips.</p> <p>In January 2016, Rainier School Standard Operating Procedure (SOP)3.17 – Off Campus Trips was approved which documented the practice revisions for off campus trips and revised form.</p> <p>All staff in PAT-A were trained on the finalized procedure.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *[Signature]* TITLE: *[Signature]* (X6) DATE: **4/6/16**

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.

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

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W 104	<p>Continued From page 1</p> <p>Review of a facility investigation dated 9/29/15 revealed 2 staff and 6 Clients went to a park in the community for lunch on [REDACTED] 15. During this trip, Client #1 was given a peanut butter and jelly sandwich. He apparently ate the sandwich quickly which resulted in his mouth becoming stuffed with the sandwich. This led to his airway being blocked and resulted in his death when emergency measures were not successful in removing the sandwich.</p> <p>The 6 Clients (Clients #1, #2, #3, #4, #5 and #6) who went on the trip presented with a variety of needs. Three of the Clients (Clients #2, #3 and #4) required the use of a wheelchair for their mobility needs. One Client (Client #5) was [REDACTED]. One Client (Client #2) required protective supervision (PRO) which involved having a staff within arm 's reach in order to prevent aggressive acts toward other Clients. All 6 of the Clients had some kind of alteration in their diet related to how their food needed to be prepared.</p> <p>Review of the facility ' s Standard Operating Procedures (SOP) 3.17 Off-Campus Trips revealed all off-campus trips required an approval form to be filled out in advance and to be approved, in addition to others, by the Attendant Counselor Manager and the Program Area Team Director. The form required, in addition to other items, the names of the Clients going, the staff who were accompanying the Clients, and the purpose of the trip. The approval process would allow for those approving the form to ensure the staffing and mix of Clients was appropriate and the Clients ' needs could be met by the staff.</p> <p>Review of the Off-Campus Trip form for [REDACTED] 15 revealed only 1 staff was identified on the form.</p>	W 104	<p>W 104 The methods by which the facility will monitor the corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>To monitor the accuracy and compliance to the SOP and forms, all Off Campus Trip forms will be forwarded to the Residential Service Coordinator (RSC) upon trip completion ; the RSC 's review will confirm if the visual verification was completed, and other requirements were done. If the RSC identifies any inaccuracies / noncompliance trends / concerns / issues with the trip and/or the completion of proper documentation, the concern / issues will be forwarded to PAT-A Administration for corrective action.</p> <p>To monitor the implementation of the new SOP and staff compliance, PAT A Management team will complete an unannounced, random sample (minimum of five per quarter) of actual observations at off campus trip location ensuring that SOP 3.17 is being followed. All sample observations will be sent to the PAT Director for review of the observations findings and follow-up action as needed. Rainier School QA department will develop monitoring tools for tracking trends and patterns related to compliance of SOP 3.17 on a quarterly basis and notify PAT Director of concerns for follow-up.</p> <p>W 104 When the corrective actions will be accomplished.</p> <p>All training will be completed by 4/15/16 and then ongoing</p> <p>QA monitoring tool will be developed with implementation occurring by 4/15/16.</p> <p>W 104 The person(s) responsible for ensuring the corrective actions are accomplished.</p> <p>PAT-A DDA 2/ DDA1 , ACM, QA Director</p>		

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W 104 Continued From page 2
Ten (10) Clients were identified as participating in the outing. The activity was identified as " Shopping " .

Interview on 2/19/16 at 9:40 AM with Staff A verified she was the Program Area Team Director on [REDACTED] 5 and she had initialed the Off Campus Trips approval form for the trip on [REDACTED] 5. She verified facility staff did not follow SOP 3.17 that day in properly filling out the Off Campus Trips approval form.

W 149 Interview on 2/19/16 at 2:25 PM with Staff B verified facility staff did not follow SOP 3.17 on [REDACTED] 15. She revealed the operating practice was to leave the names of the Clients attending the trip blank. She verified the shift charge on that day made changes to the trip and did not notify those who had signed the approval for the trip.
483.420(d)(1) STAFF TREATMENT OF CLIENTS

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility failed to follow protocols and provide the type of supervision to Client #1 during a community trip which would have kept him safe from harm. Client #1 was given a peanut butter and jelly sandwich. Client #1 was able to get a large amount of the sandwich into his mouth all at one time and subsequently choked and died. Failure to ensure that Client #1 followed his eating protocol may have contributed to his death.

W 104

W 149

W 149 The corrective actions the facility has taken or will accomplish for the sample individuals found to have been affected by the deficient practice.
The identified individual has passed away.

W 149 The steps the facility has taken or will take to identify individuals who may be affected by the deficient practice, and the actions the facility has taken or will take to protect those individuals.
The three employees involved in the event were reassigned during the investigation.

Immediately following the incident on [REDACTED] 15, all off campus trips in PAT-A were suspended, pending review/modification of off campus trip procedures. On 8/17/15, the off campus trip slip procedure was revised to include eating protocols (to be attached to all trips that contain a meal or snacks) and direction to staff regarding how changes in off campus trip slips are to be made.

In January 2016 the policy for off campus trips was revised to include a visual verification of trip participants (both staff and clients) immediately prior to the trip leaving campus see W 104

PAT-A staff were trained on the revised off campus trip protocol, and the requirement that off campus trips slips require the full names of all staff and clients participating in the trips; This includes attaching and taking client eating protocols (dietary instructions) with them during the off campus trip forms.

All PAT A staffs have been trained on the current diet/eating protocol for each client, and are informed on an ongoing basis of any changes to an individual's protocol.

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W 149	<p>Continued From page 3</p> <p>Findings include:</p> <p>Review of a facility investigation dated 9/29/15 revealed 2 staff and 6 Clients went to a park in the community for lunch on [REDACTED] 15. During this trip, Client #1 was given a peanut butter and jelly sandwich. He apparently ate the sandwich quickly which resulted in his mouth becoming stuffed with the sandwich. This led to his airway being blocked and resulted in his death when emergency measures were not successful in removing the sandwich and establishing an airway.</p> <p>Review of the eating protocol for Client #1 dated 7/26/12 revealed staff were to "encourage him to alternate food and liquids", and "cue him to slow down and /or take smaller bites as needed". The protocol also included "may have unsoaked, soft filling sandwiches, no crust, cut in 1/2 inch pieces" and "if feeding him, make sure his mouth is clear before giving him the next bite".</p> <p>Review of the facility investigation revealed staff did not have a knife with them when they were putting the lunch items out for the Clients. Staff C's witness statement indicated the sandwiches were whole and had the crust on them. Staff D's witness statement indicated "They tore up the peanut butter and jelly sandwiches. . . ." There was no evidence stated that would indicate the sandwich was presented to Client #1 in the required 1/2 inch pieces as required by his eating protocol.</p> <p>Review of the facility investigation revealed Client #1's lunch was placed on a napkin. The next mention of Client #1 is when he stood up from the</p>	W 149	<p>W 149 The measures including systemic changes, the facility has taken or will take to ensure that the deficient practice will not recur.</p> <p>Upon completion of the investigation, the three staff identified in the incident were trained on the revised off campus trip procedures/off campus trips.</p> <p>PAT A will ensure that the people (staff and clients) who are supposed to be on an outing are in fact the people on the outing through the visual verification of the staff, clients and required documentation prior to departure along with unannounced monitoring of off campus trips.</p> <p>PAT A will ensure eating protocols for the clients going on the outing are taken along on the outing through monitoring of all trip documentation by the Residential Services Coordinator with discrepancies brought to the Administrator's attention.</p> <p>PAT A Managers will not approve off campus activities if management determines that staffing numbers are insufficient; staff familiarity with the clients/needs is inadequate; locations, time, or the type of activity poses a safety risk to any of the scheduled clients;</p> <p>On January 22, 2016, Rainier School's Nutritional Aspiration Risk Committee reviewed the use of peanut butter and recommended the change of mixing peanut butter with applesauce at a 50/50 consistency to increase the product's safety. This recommendation is under reconsideration and additional assessment by the committee to determine whether it is overbroad when applied to all Rainier School clients. Unless the NAR Committee determines that unmodified peanut butter is unsafe for any and all clients, the orders for modified peanut butter will be limited to only those clients for whom plain peanut butter creates a safety risk.</p> <p>PAT A staff will be in-serviced on any updates / changes to individual's eating protocols on an ongoing basis.</p>	

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A.B.
4/16/16

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W 149	<p>Continued From page 4</p> <p>table with his mouth full of the sandwich and the choking incident occurred. There was no evidence provided that would indicate Client #1 had any supervision after the sandwich was provided to him or that staff ensured his mouth was clear before taking another bite.</p> <p>The facility investigation, written by Staff E, concluded facility staff did not follow Client #1 ' s eating protocol in reference to ensuring his mouth was clear before taking another bite. Staff A, in a supplemental report to the facility ' s investigation, provided clarification to the facility investigation. Staff A stated there was an adequate number of staff on the trip and that ensuring Client #1 ' s mouth was clear before taking another bite did not apply to the situation on this trip as staff were not directly feeding Client #1.</p> <p>Interview on 1/7/16 at 2:40 pm with Staff E verified she had concluded staff did not follow Client #1 ' s eating protocol. She also verified she had concluded the number of Clients combined with their identified needs could not be adequately supervised with only two staff. Staff E verified Staff A ' s supplemental report differed in the conclusions reached about the incident.</p>	W 149	<p>W 149 The methods by which the facility will monitor the corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>ACM/DDA2 will review incident reports for allegation of abuse, neglect, and/or mistreatment and ensure CRU and Rainier School Administration are notified of any allegation. Any employees suspected of abuse will be reassigned during the investigation and appropriate measures to be taken in the plan of correction, and provide training and/or correction action as needed.</p> <p>Rainier School QA will review serious incidents of abuse, neglect and mistreatment on a quarterly basis for trends and pattern and provide data to DDA2 for follow-up.</p> <p>PAT A Management team will complete a random sample (minimum of five per quarter) of actual observations at trip location ensuring that SOP 3.17 is being followed. This will include monitoring the use of eating protocols if a meal/snack is involved as part of the sampled trip. PAT Director will review observations and follow-up as needed.</p> <p>PAT A Management team members will complete unannounced sampling of meal / dining / eating observations to monitor for correct implementation of diet orders, eating protocols and other identified, individualized precautions regarding eating and meal service (at a frequency of 5 or more per quarter). The intent of the observations is to monitor for compliance to relevant SOP, prescribed plans and protocols. Any concerns noted in the observation are forwarded to the PAT A director for review and needed action.</p> <p>Rainier School QA unit will complete independent meal / dining/ eating observations for additional monitoring of dietary compliance and meal service. The QA unit will develop standard monitoring tools to identify trends and patterns related to compliance of dining and meal service procedures on a quarterly basis and notify DDA2 of concerns for follow-up.</p> <p>W 149 When the corrective actions will be accomplished. 4/15/16 and ongoing</p> <p>W 149 The person(s) responsible for ensuring the corrective actions is accomplished. PAT-A DDA 2 , ACM, QA Director, Nutritional Aspiration Risk Committee</p>	

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W 000	INITIAL COMMENTS This report is the result of Complaint Investigations 3140247 and 3134571 conducted at Rainier PAT A from 8/12/2015 through 2/19/2016. Failed provider practice was identified and deficiencies were written. The survey was conducted by: Sarah Tunnell Gerald Heilinger 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 483.410(a)(1) GOVERNING BODY	W 000	Tag number W 104 CFR and title 483.410(a)(1) Governing Body Specific language from CFR <i>Governing Body must exercise general policy, budget, and operating direction over the facility.</i> The corrective actions the facility has taken or will accomplish for the sample individuals found to have been affected by the deficient practice. <ul style="list-style-type: none">The identified individual has passed away.	RECEIVED MAR 17 2016 Residential Care Services ICF/IID Program
W 104	The governing body must exercise general policy, budget, and operating direction over the facility. This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to ensure their policy for off-campus trips was followed. During a trip into the community, Client #1 choked on his lunch and subsequently died. The failure of the facility to implement their off-campus trips policy resulted in harm for Client #1 and placed all Clients at risk of harm. Findings include:	W 104	The steps the facility has taken or will take to identify individuals who may be affected by the deficient practice, and the actions the facility has taken or will take to protect those individuals. <ul style="list-style-type: none">Immediately following the incident on [REDACTED] 15, all off campus trips in PAT-A were suspended, pending review/modification of off campus trip procedures. On 8/17/15, the off campus trip slip procedure was revised to include eating protocols (to	

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W 104	<p>Continued From page 1</p> <p>Review of a facility investigation dated 9/29/15 revealed 2 staff and 6 Clients went to a park in the community for lunch on [redacted] 15. During this trip, Client #1 was given a peanut butter and jelly sandwich. He apparently ate the sandwich quickly which resulted in his mouth becoming stuffed with the sandwich. This led to his airway being blocked and resulted in his death when emergency measures were not successful in removing the sandwich.</p> <p>The 6 Clients (Clients #1, #2, #3, #4, #5 and #6) who went on the trip presented with a variety of needs. Three of the Clients (Clients #2, #3 and #4) required the use of a wheelchair for their mobility needs. One Client (Client #5) was [redacted]. One Client (Client #2) required protective supervision (PRO) which involved having a staff within arm 's reach in order to prevent aggressive acts toward other Clients. All 6 of the Clients had some kind of alteration in their diet related to how their food needed to be prepared.</p> <p>Review of the facility ' s Standard Operating Procedures (SOP) 3.17 Off-Campus Trips revealed all off-campus trips required an approval form to be filled out in advance and to be approved, in addition to others, by the Attendant Counselor Manager and the Program Area Team Director. The form required, in addition to other items, the names of the Clients going, the staff who were accompanying the Clients, and the purpose of the trip. The approval process would allow for those approving the form to ensure the staffing and mix of Clients was appropriate and the Clients ' needs could be met by the staff.</p> <p>Review of the Off-Campus Trip form for [redacted] 15 revealed only 1 staff was identified on the form.</p>	W 104	<p>be attached to all trips that contain a meal or snacks) and direction to staff regarding how changes in off campus trip slips are to be made.</p> <ul style="list-style-type: none"> In January 2016 the policy for off campus trips was revised to include a visual verification of trip participants (both staff and clients) immediately prior to the trip leaving campus. PAT-A staff were trained on the revised off campus trip protocol, and the requirement that off campus trips slips require the full names of all staff and clients participating in the trip. <p>The measures, including systemic changes, the facility has taken or will take to ensure that the deficient practice will not recur.</p> <ul style="list-style-type: none"> Starting on 9/17/15, all PAT A staff were trained 	

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W 104	Continued From page 2 Ten (10) Clients were identified as participating in the outing. The activity was identified as " Shopping " . Interview on 2/19/16 at 9:40 AM with Staff A verified she was the Program Area Team Director or [REDACTED] 15 and she had initialed the Off Campus Trips approval form for the trip or [REDACTED] 5. She verified facility staff did not follow SOP 3.17 that day in properly filling out the Off Campus Trips approval form. Interview on 2/19/16 at 2:25 PM with Staff B verified facility staff did not follow SOP 3.17 on [REDACTED] 15. She revealed the operating practice was to leave the names of the Clients attending the trip blank. She verified the shift charge on that day made changes to the trip and did not notify those who had signed the approval for the trip.	W 104	<ul style="list-style-type: none"> on the revised off campus trip procedures and procedures related to completing off campus trip records. The off campus trip procedure was revised to include eating protocol and direction to staff regarding changes in off campus trip slips. In January 2016, Rainier School Standard Operating Procedure (SOP) 3.17 – Off Campus Trips was approved which documented the practice revisions for off campus trips and revised form. All staff in PAT-A were trained on the finalized procedure. <p>The methods by which the facility will monitor the corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <ul style="list-style-type: none"> To monitor the accuracy and compliance to the SOP and forms, all Off Campus Trip forms will be forwarded to the Residential Service Coordinator (RSC) upon trip completion ; the RSC 's review will confirm if 		
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W 149	<p>Continued From page 3</p> <p>Findings include:</p> <p>Review of a facility investigation dated 9/29/15 revealed 2 staff and 6 Clients went to a park in the community for lunch on [REDACTED] 15. During this trip, Client #1 was given a peanut butter and jelly sandwich. He apparently ate the sandwich quickly which resulted in his mouth becoming stuffed with the sandwich. This led to his airway being blocked and resulted in his death when emergency measures were not successful in removing the sandwich and establishing an airway.</p> <p>Review of the eating protocol for Client #1 dated 7/26/12 revealed staff were to "encourage him to alternate food and liquids", and "cue him to slow down and /or take smaller bites as needed". The protocol also included "may have unsoaked, soft filling sandwiches, no crust, cut in 1/2 inch pieces" and "if feeding him, make sure his mouth is clear before giving him the next bite"</p> <p>Review of the facility investigation revealed staff did not have a knife with them when they were putting the lunch items out for the Clients. Staff C's witness statement indicated the sandwiches were whole and had the crust on them. Staff D's witness statement indicated "They tore up the peanut butter and jelly sandwiches. . . ." There was no evidence stated that would indicate the sandwich was presented to Client #1 in the required 1/2 inch pieces as required by his eating protocol.</p> <p>Review of the facility investigation revealed Client #1's lunch was placed on a napkin. The next mention of Client #1 is when he stood up from the</p>		<p>the visual verification was completed, and other requirements were done. If the RSC identifies any inaccuracies / noncompliance trends / concerns / issues with the trip and/or the completion of proper documentation, the concern/issues submitted Off Campus Trip slips will be forwarded to PAT-A Administration for corrective action.</p> <ul style="list-style-type: none"> To monitor the implementation of the new SOP and staff compliance, PAT A Management team will complete an unannounced, random sample (minimum of five per quarter) of actual observations at off campus trip location ensuring that SOP 3.17 is being followed. All sample observations will be sent to the DDA2 for review observations and follow-up action as needed. Rainier School QA department will develop monitoring tools for tracking trends and patterns related to compliance of SOP 3.17 on a quarterly basis and notify DDA2 of concerns for follow-up. 		

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		W149	<p>W 149 The steps the facility has taken or will take to identify individuals who may be affected by the deficient practice, and the actions the facility has taken or will take to protect those individuals.</p> <ul style="list-style-type: none"> The three employees involved in the event were reassigned during the investigation. Immediately following the incident on [REDACTED] 15, all off campus trips in PAT-A were suspended, pending review/modification of off campus trip procedures. On 8/17/15, the off campus trip slip procedure was revised to include eating protocols (to be attached to all trips that contain a meal or snacks) and direction to staff regarding how changes in off campus trip slips are to be made. In January 2016 the policy for off campus trips was revised to include a visual verification of trip participants (both staff and clients) immediately prior to the trip leaving campus see W 104 	

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		W149	<ul style="list-style-type: none"> PAT-A staff were trained on the revised off campus trip protocol, and the requirement that off campus trips slips require the full names of all staff and clients participating in the trips; This includes attaching and taking client eating protocols (dietary instructions) with them during the off campus trip forms. All PAT A staffs have been trained on the current diet/eating protocol for each client, and are informed on an ongoing basis of any changes to an individual's protocol. <p>W 149 The measures including systemic changes, the facility has taken or will take to ensure that the deficient practice will not recur.</p> <ul style="list-style-type: none"> Upon completion of the investigation, the three staff identified in the incident were trained on the revised off campus trip procedures/off campus trips. 	
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			<ul style="list-style-type: none"> PAT A will ensure that the people (staff and clients) who are supposed to be on an outing are in fact the people on the outing through the visual verification of the staff, clients and required documentation prior to departure along with unannounced monitoring of off campus trips. PAT A will ensure eating protocols for the clients going on the outing are taken along on the outing through monitoring of all trip documentation by the Residential Services Coordinator with discrepancies brought to the Administrator's attention. PAT A Managers will not approve off campus activities if management determines that staffing numbers are insufficient; staff familiarity with the clients/needs is inadequate; locations, time, or the type of activity poses a safety risk to any of the scheduled clients; On January 22, 2016, Rainier School's Nutritional Aspiration Risk Committee reviewed the use of peanut butter and recommended the change of mixing peanut butter with applesauce at a 50/50 consistency to increase the product's safety. This recommendation is under reconsideration and additional 		

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		W149	<p>assessment by the committee to determine whether it is overbroad when applied to all Rainier School clients. Unless the NAR Committee determines that unmodified peanut butter is unsafe for any and all clients, the orders for modified peanut butter will be limited to only those clients for whom plain peanut butter creates a safety risk.</p> <ul style="list-style-type: none"> PAT A staff will be in-serviced on any updates / changes to individual's eating protocols on an ongoing basis. <p>W 149 The methods by which the facility will monitor the corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <ul style="list-style-type: none"> ACM/DDA2 will review incident reports for allegation of abuse, neglect, and/or mistreatment and ensure CRU and Rainier School Administration are notified of any allegation. Any employees suspected of abuse will be reassigned during the investigation and appropriate measures to be taken in the plan of correction, and provide training and/or correction action as needed. Rainier School QA will review serious incidents of abuse, neglect and mistreatment on a quarterly 		

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		W149	<p>basis for trends and pattern and provide data to DDA2 for follow-up.</p> <ul style="list-style-type: none"> PAT A Management team will complete a random sample (minimum of five per quarter) of actual observations at trip location ensuring that SOP 3.17 is being followed. This will include monitoring the use of eating protocols if a meal/snack is involved as part of the sampled trip. PAT Director will review observations and follow-up as needed. PAT A Management team members will complete unannounced sampling of meal / dining / eating observations to monitor for correct implementation of diet orders, eating protocols and other identified, individualized precautions regarding eating and meal service (at a frequency of 5 or more per quarter). The intent of the observations is to monitor for compliance to relevant SOP, prescribed plans and protocols. Any concerns noted in the observation are forwarded to the PAT A director for review and needed action. Rainier School QA unit will complete independent meal / dining/ eating observations for additional monitoring of 		

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		W149	<p>dietary compliance and meal service. The QA unit will develop standard monitoring tools to identify trends and patterns related to compliance of dining and meal service procedures on a quarterly basis and notify DDA2 of concerns for follow-up.</p> <hr/> <p>W 149 When the corrective actions will be accomplished. 4/15/16 and ongoing</p> <hr/> <p>W 149 The person(s) responsible for ensuring the corrective actions is accomplished. PAT-A DDA 2 , ACM, QA Director, Nutritional Aspiration Risk Committee</p>		