

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

PRINTED: 03/25/2016
FORM APPROVED
OMB NO. 0938-0391

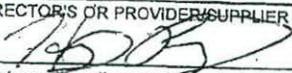
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/26/2016
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NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL 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	<p>INITIAL COMMENTS</p> <p>This report is the result of Complaint Investigation 3135528 conducted at Rainier School PAT A from 8/12/15 through 2/26/16. Failed provider practice was identified and a citation was written.</p> <p>The survey was conducted by: Gerald Heilinger</p> <p>The surveyor is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/ID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504</p> <p>Telephone: (360) 725-3215</p>	W 000	<p>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 corrective action as need.</p> <p>Rainier School QA will review serious incident of abuse, neglect, and mistreatment on a quarterly basis for trends and pattern and provide data to DDA2 for follow-up.</p> <p>Dates when corrective action will be completed (no more than 60 days from the last day of the inspection) and the title of the person or persons responsible to ensure correction for each deficiency.</p> <p>10/7/15 - corrective action for sample individual 5/25/16 - measures to insure deficient practice will not reoccur (DDA2) Ongoing - monitor performance to insure solutions are sustained (QA)</p>	
W 149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff followed emergency medical procedures when Client #1 was found unresponsive. Facility Staff did not immediately initiate CPR when Client #1 was determined to be unresponsive. This failure puts Clients at risk of harm during emergency situations.</p> <p>Findings include: Review on 12/22/15 of the facility investigation into the death of Client #1 revealed Staff A</p>	W 149		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Superintendent	(X6) DATE 4/1/16
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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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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 149	<p>Continued From page 1</p> <p>approached Client #1 at 8:10 PM to check her vital signs. Staff A was unable to get a pulse and she did not detect breath sounds. Staff A determined Client #1's skin was cool to the touch. Staff A then called Staff B. Staff B consulted with Staff C and told Staff A to call Staff D. Staff D called Staff A and told her to call 911 but did not tell her to start CPR as she assumed this was already occurring per policy. Staff B and C went to the house where the incident was occurring. Approximately 4 minutes after Staff A had discovered Client #1 to be unresponsive, Staff E arrived with the facility Emergency Response Team (ERT) and he started CPR. He reported that Staff A, D, and Direct Care staff were there prior to his arrival and that they were not doing CPR.</p> <p>Review on 12/22/15 of facility Standard Operating Procedure (SOP) 2.13 Emergency Medical Care revealed staff were to provide emergency care until the ERT or Community Emergency Team instructed them otherwise.</p> <p>Review on 12/22/15 of the facility investigation dated [REDACTED] 5 revealed the facility concluded Staff A, B, C, F, and G failed to follow facility Standard Operating Procedure 2.13 - Emergency Medical Care.</p> <p>Interview on 2/19/16 at 1:45 PM with Staff H verified she had conducted the facility investigation. She verified the conclusion of Staff not following the policy. She revealed she was not able to determine a good reason for why the policy was not followed by Staff.</p>	W 149	<p>How the facility will correct the deficiency as it relates to the resident.</p> <p>Client #1 passed away from an unexpected death of Cardiopulmonary arrest.</p> <p>How the facility will act to protect residents in similar situations.</p> <p>Staff #A, #B, #C was reassigned during the investigation.</p> <p>Upon completion of the investigation, the staff #A & #C and all PAT A nursing were trained on calling 911 for Life threatening emergencies and initiating CPR. Staff #B no longer works at Rainier School. PAT A staff will be trained on calling 911 for Life threatening emergencies and initiating CPR. Standard Operating Procedure (SOP) 2.13 dated February 2014 is being reviewed and updated.</p> <p>Measures the facility will take or the systems it will alter to ensure that the problem does not recur. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>DDA2 and/or designee will review incidents of mistreatment, neglect or abuse of a client and ensure CRU and Rainier School Administration</p>		