

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

PRINTED: 12/02/2013
FORM APPROVED
OMB NO. 0938-0391

8802

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G047	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/14/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT C			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 POST visit for an Annual Recertification Survey conducted at Rainier School PAT C on 11/13/13 and 11/14/13. A sample of 10 residents was selected from a census of 99 residents.</p> <p>The survey was conducted by: [REDACTED] R.N., B.S.N.</p> <p>The survey team is from: 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 322)	<p>483.460(a)(3) PHYSICIAN SERVICES</p> <p>The facility must provide or obtain preventive and general medical care.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure Annual Health Care Assessments were completed for 2 of 10 sample residents (Resident #2 & #7). Failure to have Annual Health Care Assessment placed residents at risk of</p>	(W 322)		

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DCH/ARCA
Residential Care Services
ICF/MR Program

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 322}	<p>Continued From page 1</p> <p>unidentified medical issues and further deterioration of Resident #2 & #7 's health.</p> <p>Findings include:</p> <p>On 11/13/13 and 11/14/13 facility records revealed that Resident #2 & #7 did not have updated Annual Health Care Assessments. Resident #2 's file revealed that the Assessment was due 01/03/13 and Resident #7 's Assessment was due 01/25/13. Interview with Staff B revealed that Resident #2 last had an Annual Health Care Assessment completed 04/24/12 and Resident #7 's last assessment was 08/30/12.</p> <p>Interview with facility assistant Superintendent, PAT C nursing supervisor and PAT C assistant director revealed that they were unaware of any assessments that were not completed. Nursing supervisor stated that the facility had gone through and noted when all the assessments were due and the list was given to the physician in charge of PAT C.</p>	{W 322}	<p>W 322 Physician Services</p> <p>Rainier School will consolidate physician services into a centralized location in order to help ensure adequate Physician coverage and timely assessments Of residents needs and use newly developed tracking system For clinic nurses and PCP to use when completing AHCA</p> <p>PERSON RESPONSIBLE: PCP</p> <p>MONITOR: ADMIN</p> <p>09/13/13</p> <p>Resident 2 and 7 will have updated health care resident 2 completed ^{9/20/13} Assessments completed</p> <p>PERSON RESPONSIBLE: PCP</p> <p>MONITOR: CLINICAL DIRECTOR</p> <p>12/30/13</p> <p>Rainier School hired another physician to assist In completing duties</p> <p>PERSON RESPONSIBLE: CLINICAL DIRECTOR</p> <p>MONITOR: SUP</p> <p>11/01/2013</p>		