

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

PRINTED: 06/08/2016
FORM APPROVED
OMB NO. 0938-0391

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 02/04/2016
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT C			STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321		
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{W 000}	<p>INITIAL COMMENTS</p> <p>This report is a result of a Credible Allegation revisit Survey at Rainier PAT C on 1/11/16 to 1/14/16. The Department received a letter of Credible Allegations on 12/18/15. Failed provider practice was identified and an Immediate Jeopardy was cited at W104 due to the failure of the facility to ensure there was a comprehensive and effective system in place related to off-campus trips by Clients whereby management could ensure the Client's safety and the needs of the Clients were met by staff. Notification letters of Immediate Jeopardy with attached 2567 was sent on 1/19/16.</p> <p>On 2/04/16, State Surveyors revisited Rainier School PAT C and determined that a plan of correction related to the Immediate Jeopardy, identified during the Credible Allegation Survey at Rainier School PAT C on 1/11/16 to 1/14/16, had been implemented. The Facility developed an effective system to ensure Clients safety related to off campus trips and the Immediate Jeopardy cited at W104 is now abated. The 2567 was modified to reflect the changes.</p> <p>On 2/18/16 the 2567 was modified to remove W149 which was included in error. The modified 2567 was then sent to the facility.</p> <p>The survey was conducted by:</p> <p>Jim Tarr Sarah Tunnell Justin Smith</p> <p>The survey team is from:</p>	{W 000}			
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 000}	Continued From page 1	{W 000}			
{W 125}	<p>State of Washington Department of Social and Health Services Residential Care Services Administration ICF/IID Survey and Certification Program P.O. Box 45600 Olympia, WA 98504-5600 Office Phone: (360) 725-3215 FAX: (360) 725-2642</p> <p>483.420(a)(3) PROTECTION OF CLIENTS RIGHTS</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process.</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 5 Expanded Sample Clients (Client #11) had access to his personal clothing. His clothes were locked in a hall closet and he did not have a key. This failure prevented Client #11 from getting his personal clothing items independently.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Observation on 1/12/16 at 10:40 AM at 1040 Quinault Court (QC) revealed Client #11's bedroom closet was empty. When asked where Client #11's clothes were, Staff M showed the Surveyor a hallway closet which was locked and indicated Client #11's clothes were in that closet.</p>	{W 125}			

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{W 125}	Continued From page 2 Staff M reported Client #11 did not have a key to unlock the closet. Record review on 1/13/16 at 9:20 AM of Client #11's Individual Habilitation Plan (IHP) dated 7/16/15 and his Positive Behavioral Support Plan (PBSP) with an expiration date of 10/3/16 revealed a secured clothing closet was not indicated for Client #11. Interview on 1/14/16 at 10:00 AM with Staff K, E and F verified Client #11's clothing should not be locked and that he should have access to his personal belongings.	{W 125}			
{W 159}	483.430(a) QIDP Each client's active treatment program must be integrated, coordinated and monitored by a qualified intellectual disability professional. This STANDARD is not met as evidenced by: Based on observations, record review and interviews the facility failed to ensure the Qualified Intellectual Disability Professionals (QIDP) were completing paperwork in a timely manner, following the policies and procedures, ensuring Clients Individual Habilitation Plans (IHP) were implemented correctly and data was critically analyzed to measure progress for 6 of 10 Sample Clients (Clients #1, #2, #4, #5, #7 and #8) and 2 of 5 Expanded Sample Clients (Clients # 11 and #12). This failure prevented Clients from learning new skills, gaining independence and moving to a less restrictive setting. This is repeat citation from the survey on 11/20/16. Findings include:	{W 159}			

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{W 159}	<p>Continued From page 3</p> <p>Client #1: The QIDP failed to ensure current approvals for the use of psychotropic medications were in place from the Human Rights Committee (HRC) and consents from the Legal Guardian were in place. This failure resulted in the Client #1 receiving psychotropic medications that had not been approved by HRC and Legal Guardians. (See W262 and W263 for details.)</p> <p>Client #2: The QIDP failed to ensure Client #2's IHP was implemented as written, Active Treatment Schedule was detailed enough to provide staff direction for his daily activities and accurately measure training objectives to measure progression. This failure prevented Client #2 from having structured training and from the facility determining whether he was learning, maintaining or showing regression in skills. (See W249, W250 and W252 for details.)</p> <p>Client #4: The QIDP failed to ensure Client #4's IHP had objectives that described specific behaviors, training programs that provided instructions for staff to teach skills, training objectives that could accurately measure his success and current approvals for the use of psychotropic medications in place from HRC and consents from the Legal Guardian. This failure prevented Client #4 from having an IHP describing his specific needs, staff who could consistently provide training on his needs and he received psychotropic medications not approved by the HRC or Legal Guardians. (See W231, W234, W252, W262 and W263 for</p>	{W 159}		

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{W 159}	Continued From page 4 details.) Client #5: The QIDP failed to ensure Client #5 had an IHP objective written in singular terms and program instructions which provided enough instruction and information for staff to train him consistently over the course of the day. This failure put Client #5 at risk of not learning new skills which would allow him to be more independent. (See W229 and W234 for details.) Client #7: The QIDP failed to ensure Client #7 had his IHP modified when he showed regression in a training objective. This failure resulted in Client #7 continuing to work on a skill on which he was not making progress. (See W256 for details.) Client #8: The QIDP failed to ensure Client #8 had program instructions which provided enough instruction and information for staff to train him consistently over the course of the day, his IHP consistently implemented and to have training objectives which could be accurately measured to determine if he was learning skills. This failure prevented Client #8 from learning new skills and being accurately assessed to determine if/when he had achieved a new skill. (See W234, W249 and W252 for details.) Client #11: The QIDP failed to ensure Client #11 had basic needs identified, his IHP was implemented	{W 159}		

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{W 159}	Continued From page 5 consistently and to have an IHP objective modified when he had passed criteria. This failure prevented Client #11 from receiving training on a basic need, receiving consistent program implementation and delayed his ability to learn new skills. (See W214, W249 and W255 for details.) Client #12: The QIDP failed to ensure Client #12 had an updated Comprehensive Functional Assessment (CFA) following a significant medical event. This failure prevented Client #12 from learning new skills, maintaining skills, gaining independence and moving to a less restrictive setting. (See W259 for details.)	{W 159}			
{W 195}	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observations, record review and interviews the facility failed to develop systems for 6 of 10 Sample Clients (Clients #1, #2, #4, #5, #7 and #8) and 2 of 5 Expanded Sample Clients (Clients # 11 and #12) which ensured their training methods allowed the correct needs to be identified; the objectives were written in a way which would allow success to be determined; training programs contained enough detail to ensure consistent implementation; the data being taken allowed measurement of the objective and the Qualified Intellectual Disabilities Professionals	{W 195}			

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{W 195}	<p>Continued From page 6</p> <p>(QIDP) were monitoring and advocating for clients in a way which ensured they were progressing toward independence. This failure prevented Clients from learning new skills, maintaining skills, gaining independence and moving to a less restrictive setting.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <ol style="list-style-type: none"> The facility failed to ensure the behavioral needs for Client #11 were identified and supports put in place to ensure his health and safety. This failure resulted in the Client crouching and eating on an unsanitary floor. (See W214 for details.) The facility failed to ensure Client #5 had an objective written in singular fashion, with only one discreet objective being trained and monitored. This failure of the facility to ensure objectives were written in a singular format prevented staff from determining which specific skills the Client was learning, maintaining or showing regression. (See W229 for details.) The facility failed to ensure Client #4 had terms to describe behaviors that could be changed or replaced. This failure resulted in the facility using a training objective which could not be quantified and the staff could not know what behavior to look for or whether the behavior was being expressed appropriately. This put the Client at risk of not learning new skills which would make him more independent. (See W231 for details.) 	{W 195}			

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{W 195}	Continued From page 7 4. The facility failed to ensure Clients #4, #5, and #8 had skill training programs which provided enough instruction and information for staff to train the Clients the same way over the course of the day. This failure put the Clients at risk of not learning new skills which would allow them to be more independent. (See W234 for details.) 5. The facility failed to ensure Clients #2, and #8 and 1 of 5 Expanded Sample Clients (Client #11) had Individual Habilitation Plans (IHP) that was implemented as they were written. This failure prevented the Clients from receiving the training they needed to become more independent. (See W249 for details.) 6. The facility failed to provide Active Treatment Schedules for Client #2 which directed staff on how and when to implement activities designed to teach independence during the course of Client #2's day. This failure prevented the Client from having staff who knew what and when to do meaningful activities with him throughout the day. (See W250 for details.) 7. The facility failed to ensure the data collected on skill training objectives for Clients #2, #4 and #8 was measurable in order to determine whether the Clients were learning the skill. This failure prevented the facility from accurately determining whether the Clients were making progress on learning the skill. (See W252 for details.)	{W 195}		

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{W 195}	<p>Continued From page 8</p> <p>8. The facility failed to ensure Client #11 had an IHP that had been modified or changed after he had successfully accomplished the objective. This failure resulted in the Client not receiving training on other identified needs. (See W255 for details.)</p> <p>9. The facility failed to ensure Client #7 had his IHP modified after he showed continuous regression in a training objective over 6 continuous months. This failure resulted in the Client continuing to work on a skill on which he was not making progress. (See W256 for details.)</p> <p>10. The facility failed to ensure Client #12 had his Comprehensive Functional Assessment (CFA) updated in response to a significant change in his functioning due to a mental health crisis. This failure to update and change the CFA prevented the facility from having a clear picture of the Client's current strengths and weaknesses in order to meet his current needs. (See W259 for details.)</p> <p>11. The facility failed to ensure Clients #1 and #4 had consents from the Human Rights Committee (HRC) for their psychotropic medications. This failure resulted in the Clients receiving psychotropic medications that had not been approved. (See W262 for details.)</p> <p>12. The facility failed to ensure Clients #1 and #4 had current signed informed consents for psychotropic medications within the required 30</p>	{W 195}			

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{W 195}	Continued From page 9 days. This failure resulted in the Clients and Legal Guardians unable to give consent for the administration of medication. (See W263 for details.)	{W 195}			
{W 214}	483.440(c)(3)(iii) INDIVIDUAL PROGRAM PLAN The comprehensive functional assessment must identify the client's specific developmental and behavioral management needs. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure appropriate dining skills in 1 of 5 Expanded Sample Clients (Client #11) was identified and supports put in place to insure his safety. This failure impacts Client #11's ability to eat in public by having negative attention drawn to him and ensuring sanitary dining conditions. This is a repeat citation from the survey on 11/20/15. Findings include: Observation on 1/11/16 at 11:00 AM at 1040 Quinault Court (QC) revealed Client #11 was crouched, leaning on the kitchen wall, next to the kitchen door. His plate was full of food and sitting on the floor to the left of his feet, in the doorway from the kitchen. The Surveyor had to step over the plate to exit the kitchen. Observation on 1/12/16 at 8:20 AM at 1040 QC revealed Client #11 crouched, leaning on the kitchen wall, next to the kitchen door with a bottle of juice sitting on the floor to the left of his feet	{W 214}			

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{W 214}	Continued From page 10 obstructing the doorway. The Surveyor had to step over the juice to exit the kitchen. Record review on 1/13/16 at 9:20 AM of Client #11's Individual Habilitation Plan (IHP) dated 7/16/15 and Comprehensive Functional Assessment (CFA) dated 7/8/15 revealed Health and Safety considerations for eating but the IHP did not address the problem of eating on the floor. Interview on 1/11/16 at 11:00 AM with the Direct Care Staff supervising Client #11 revealed Client #11 chose to eat his lunch in the kitchen on the floor that day. Interview on 1/14/16 at 10:00 AM with Staff K, E and F verified when Client #11 eats on the floor, it is not sanitary and verified appropriate dining skills were not identified as a need in the IHP or the CFA.	{W 214}			
{W 229}	483.440(c)(4)(i) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be stated separately, in terms of a single behavioral outcome. This STANDARD is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 1 of 10 Sample Clients (Client #5) had an objective that was written in singular fashion with only one discrete behavior being trained and monitored. Objective #1021 instructed Client #5 to set a dining table and to gather utensils from a cabinet. Failure of the facility to ensure that objectives were written in a singular format prevented staff	{W 229}			

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{W 229}	Continued From page 11 from determining which specific skill Client #5 was learning, maintaining or showing progression in. This is a repeat citation from the survey on 11/20/15. Findings include: Observation on 1/11/16 at 11:45 AM at 1030 Quinault Court (QC) revealed Direct Care staff cued Client #5 to go to the dining room cabinet and get his dishes from the cabinet and set his place at the table in preparation for lunch. Client #5 grabbed a dinner plate and a glass from the cabinet and placed them on the table. Record review on 1/13/15 at 8:30 AM of Client #5 's Individual Habilitation Plan (IHP) dated 6/30/15 revealed Objective #1021: " With a verbal cue, [Client #5 's first name] will prepare his place setting for meals including getting his dishes from the cabinet, utensils and setting his place at the table with 85% accuracy or greater for 6 consecutive months. "	{W 229}			
{W 231}	483.440(c)(4)(iii) INDIVIDUAL PROGRAM PLAN The objectives of the individual program plan must be expressed in behavioral terms that provide measurable indices of performance. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure terms describing behaviors to be	{W 231}			

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{W 231}	Continued From page 12 changed/replaced in 1 of 10 Sample Clients (Client #4) were defined. This failure resulted in the facility using a training objective which lacked quantifiable terms. In addition this failure prevented the facility from ensuring all staff knew what behavior to look for in Client #4, how to train him, how staff were to determine how he was feeling, if his feelings were appropriately being expressed, how the accuracy of his emotional expression was to be determined and how to know if he was learning the skills being taught. This put him at risk of not learning skills which would make him more independent. Findings include: Record review on 1/13/16 at 3:39 PM of Client #4 's Individual Habilitation Plan (IHP) dated 6/2/15 revealed Objective #3006: " [Client #4 's first name] will appropriately express his feelings and emotions with 100% accuracy for 11 of 12 consecutive months. " The Positive Behavior Support Plan (PBSP) dated 8/7/15 did not give specific directions on how staff were to determine how Client #4 was feeling, if his feelings were appropriately being expressed, or how the accuracy of his emotional expression was to be determined. Interview with Staff A, B, and C on 1/14/16 at 8:05 AM, verified the PBSP did not tell how staff were to determine how Client #4 was feeling, if his feelings were appropriately being expressed, or how the accuracy of his emotional expression was to be determined.	{W 231}			
{W 234}	483.440(c)(5)(i) INDIVIDUAL PROGRAM PLAN Each written training program designed to	{W 234}			

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{W 234}	<p>Continued From page 13</p> <p>implement the objectives in the individual program plan must specify the methods to be used.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide instructions on skill training programs for 3 of 10 Sample Clients (Client #4, #5, and #8) which provided enough information and detail to ensure that all staff across all days and shifts would train these Clients in exactly the same way. This failure put Clients at risk of not receiving consistent training on needs identified as important and potentially put Clients at risk of not learning the skills which would allow them to become more independent.</p> <p>Findings include:</p> <p>Record review of Client #4 on 1/13/16 at 3:40 PM revealed:</p> <p>1. The data sheet for Objective #1071 for Handwashing, included the teaching method topics of Positive Behavior Support Plan (PBSP) precautions, the need to cue, to correct using re-cue, further assistance, or a reinforcer, reinforcement, start date, and materials needed. However, it lacked details of specifically how staff were to do these things so that all staff would say and do the same thing each time.</p> <p>The program omitted other teaching details to ensure all staff across all shifts would conduct the training in the same way, for example: Objective #1071 for Handwashing did not include how long Client #4 should wait for a response, how to respond if he refuses, examples of cue responses, etc.</p>	{W 234}			

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{W 234}	<p>Continued From page 14</p> <p>The in-service roster for Objective #1071 restated the Individual Habilitation Plan (IHP) objective in " Short Summary of Training " section and did not provide further instruction.</p> <p>2. Objectives #1007 for cutting a snack, #1104 for using a hanky to wipe his mouth, and #1136 for laundering an item revealed the same issues. Reinforcement was consistent for Objectives #1071, #1007, #1136 and #1104 despite different training needs and locations being carried out.</p> <p>Interview of Staff A and B about Clients #4 and #8 on 1/14/16 at 8:05 AM, verified the staff instructions were not clear on the in-service rosters or program/data sheets.</p> <p>Record review of Client #5 on 1/13/16 at 8:30 AM revealed:</p> <p>1. The data sheet for Objective #1097 to brush teeth, included the teaching topics of precautions, the need to cue, materials needed, correction, reinforcement, and start date. However, it lacked details of specifically how staff were to do these things so that all staff would say and do the same thing each time.</p> <p>The program omitted other teaching details to ensure all staff across all shifts would conduct the training in the same way, for example: Objective #1097 for tooth brushing did not include how to approach Client #5 if he refuses the first prompt, how many times he can be re-cued, when/if to apply toothpaste, details on how to brush his teeth, where supplies are kept, other details such as if he applies toothpaste before getting the toothbrush wet, use of mouthwash, etc.</p>	{W 234}			

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{W 234}	<p>Continued From page 15</p> <p>2. Objectives #1021 to prepare a place setting, #1118 to complete a laundry routine, and #1126 to prepare a meal/snack revealed the same issues.</p> <p>Reinforcement was consistent for Objectives #1097, #1021, #1118, and #1126 despite different training needs and locations being carried out.</p> <p>Interview on 1/14/16 at 8:30 AM with Staff G, H, and J verified each of the 4 identified teaching plans did not have enough information in them to effectively assist staff to implement each teaching plan in a consistent manner for Client #5.</p> <p>Record review of Client #8 on 11/13/16 at 8:40 AM revealed:</p> <p>1. The data sheet for Objective #1097 for tooth brushing, included the teaching method topics of PBSP precautions, the need to cue, to correct Client #8 by re-cueing, and reinforcement. However, it lacked details of specifically how staff were to do these things so that all staff would say and do the same thing each time.</p> <p>The program omitted other teaching details to ensure all staff across all shifts would conduct the training in the same way, for example: Objective #1097 for tooth brushing did not include what to do if Client #8 refused the first prompt, how many times he could be re-cued, details regarding where supplies are kept or how they should be presented to Client #8 at the start of the program, if Client #8 preferred his left or right hand, and other details such as if he applied toothpaste before getting the toothbrush wet, etc.</p>	{W 234}			

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{W 234}	Continued From page 16 The in-service roster for Objective #1097 restated the IHP objective and included when to run the program and take data in the " Short Summary of Training " section but did not provide further instruction or any additional details. 2. Objective #2075 for signing one word [using American Sign Language], Objective #2227 for taking clothes off hangers, Objective #1167 for putting money in his wallet, and Objective #1126 for preparing a lunch or snack revealed the same issues. Reinforcement was consistent for Objectives #2227, #2075, and #1167 despite different training needs and locations being carried out. Reinforcement was consistent for Objectives #1126 and #1097 despite different training needs and locations being carried out. Interview of Staff A and B about Clients #4 and #8 on 1/14/16 at 8:05 AM, verified the staff instructions were not clear on the in-service rosters or program/data sheets.	{W 234}			
{W 249}	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan.	{W 249}			

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{W 249}	<p>Continued From page 17</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure 2 of 10 Sample Clients (Clients #2 and #8) and 1 of 5 Expanded Sample Clients (Client #11) had Individual Habilitation Plans (IHP) that were implemented as they were written. This failure prevented the Clients from receiving training for their current needs and prevented them from having the opportunity to become more independent.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Client #2</p> <p>1. Record review on 1/14/16 at 10:40 AM revealed Client #2 had Objective #1136 to launder his clothing as needed and data was to be recorded 1 time per week. A review of Client #2's Total Task and Data Sheets revealed that for the month of October 2015 data was not recorded for 3 weeks. For August 2015, November 2015 and December 2015 data was not recorded for 2 weeks for each of those months.</p> <p>2. Record review on 1/14/16 at 10:40 AM revealed that Client #2 had Objective #1111 to independently complete his AM and PM hygiene routine and data was to be recorded separately for each shift 3 times per week. A review of Client #2's Total Task and Data Sheets for the AM shift revealed: September 2015 through</p>	{W 249}			

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{W 249}	<p>Continued From page 18</p> <p>November 2015 no data was collected to fulfill the 3 times in one week requirement, and for December 2015 no data was collected for 3 weeks. For the PM shift, the Total Task and Data Sheets revealed there was no data to fulfill the 3 times in one week requirement collected for 4 months from September 2015 through December 2015.</p> <p>3. Record review on 1/14/16 at 10:40 AM revealed that Client #2 had Objective #1097 to brush his teeth twice daily and data was to be recorded 3 times a week. A review of Client #2 's Total Task and Data Sheets revealed no data to fulfill the 3 times in one week requirement was recorded for a 4 month period from September 2015 through December 2015.</p> <p>An interview with Staff D on 1/14/16 at 10:53 AM verified that staff were not recording data for Client #2 's IHP objectives as often as required.</p> <p>Client #8</p> <p>1. Observation of Client #8 on 1/11/16 at 1010 Quinault Court (QC) at 11:39 AM revealed he finished his lunch, went to his bedroom and laid down on his bed. At 11:56 AM, when the observation ended, no staff had gone into his room to check on him.</p> <p>Record review on 1/13/2016 at 8:40 AM of Client #8 's IHP dated 9/8/15 revealed he has [REDACTED] and " is also encouraged to sit up after meals" and "encourage [Client #8 's first name] not to go to bed right after he eats."</p>	{W 249}		

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{W 249}	<p>Continued From page 19</p> <p>Interview with Staff A on 1/14/16 at 8:05 AM, verified Client #8 was to stay up after meals " because of GERD. " He verified staff had not correctly implemented Client #8 ' s IHP.</p> <p>2. Record review on 1/13/16 at 8:40 AM of Client #8 ' s IHP dated 9/8/2015 revealed Service Care Plan #1161 stated " money management skills have been assessed to determine his needs in this area. Appropriate money management training will be developed in the near future " and the completion of development of appropriate training was to be " completed ASAP. "</p> <p>Review of Staff training on Objective #1167 for money management revealed the program was written and training occurred on 1/8/16, 4 months after the IHP dated 9/8/15.</p> <p>Interview of Staff B on 1/14/16 at 8:05 AM, verified Client #8 had not received training for money management until 1/11/16, 4 months after his IHP dated 9/8/15.</p> <p>Client #11</p> <p>1. Record review on 1/13/16 at 9:20 AM of Client #11 ' s IHP dated 7/16/15 and the Qualified Intellectual Disabilities Professional (QIDP) Active Treatment Review form revealed training Objective #1092 to take a shower. Data revealed Client #11 was declining in his skill level to shower from 36% in May 2015, 16% in June 2015, 12% in July 2015, .08% in August 2015, 7% in September 2015, 3% in October 2015 and 3% in December 2015.</p>	{W 249}			

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{W 249}	Continued From page 20 2. Record review on 1/13/16 at 9:20 AM of Client #11 's IHP dated 7/16/15 and the QIDP Active Treatment Review form revealed training Objective #1169 sign a cash withdrawal slip. Data revealed the training objective for signing for a cash withdrawal had not been implemented from July 2015 to December 2015, noting " No Data. " 3. Further record review on 1/13/16 at 10:30 AM revealed an AD HOC dated 3/5/15 and a Service Care Plan (SCP) #1115.2 located within the IHP that outlined steps to ensure Client #11 showered 2 times a week for adequate hygienic health. Review of a Format 13 Data tracking sheets revealed Client #11 had not showered for 17 consecutive days/nights during November 2015 and 16 consecutive days/nights during December 2015. Interview on 1/14/16 at 10:00 AM with Staff K, E and F verified Client #11 had specific training programs (#1092, SCP #1115.2 and AD HOC) designed to assist him with showers. They verified that the data indicated that staff were not implementing Objective #1092 shower program consistently. Staff K was unable to produce data sheets confirming Objective #1169 to sign a cash withdrawal was implemented. 4. Observation on 1/12/16 at 10:40 AM at 1040 QC revealed Client #11 sleeping in his room on a bare mattress placed on the floor with one blanket on him. Record review on 1/13/16 at 9:20 AM of Client #11 's IHP dated 7/16/15 revealed a mechanical support list that noted Client #11 was to use a bedframe with short legs to improve environment	{W 249}			

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

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{W 249}	Continued From page 21 and physical hygiene and Service Care Plan (SCP) #1115.1 gave staff instructions to daily work with Client #11 to use his bed and to ensure he had a clean sheet on his mattress to prevent boils. Client #11 was to use the bedframe with short legs to allow enough space to mop under the bed 2x daily (to adequately clean up urination) and to prevent Client #11 from stubbing his toes. Interview on 1/14/16 at 10:00 AM with Staff K, E and F verified that Client #11 had a bedframe with short legs but Client #11 had thrown it out of his room and the bed was now on the back porch of the house. They also verified staff were not implementing the training daily as described in the IHP.	{W 249}			
{W 250}	483.440(d)(2) PROGRAM IMPLEMENTATION The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff. This STANDARD is not met as evidenced by: Based on interviews and record review the facility failed to provide Active Treatment Schedules for 1 of 10 Sample Clients (Client #2) which directed staff on how and when to implement activities designed to teach independence over the course of Client #2's day. This failure prevented Client #2 from having staff who knew what activities to teach and when to teach them throughout his day. This is a repeat citation from the survey on	{W 250}			

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{W 250}	Continued From page 22 11/20/15. Findings include: Record review on 1/13/16 at 11:23 AM revealed Client #2's Active Treatment Schedule stated " 0630-0730 Morning ADLs; 07:30-08:45 Pre meal, Breakfast, Post meal; 0845-1100 Prep for Work/ Robin, Weekends recreational activities or when canceled; 1100-1200 Pre meal, lunch, Post meal; 1200-1500 Rec/Leisure activities; 1500-1630 Pre meal, dinner, Post meal; 1630-1800 Rec/leisure-Social; 1800-2000 Rec/leisure, Social and 1900-2200 Leisure, Recreation, Social, Evening ADLs, Leisure Prepare for bed. " The Active Treatment Schedule also stated " Work on IHP objectives daily: 1111 AM and PM Hygiene routine, 1097 improve oral hygiene and 1136 improve laundry skills. "	{W 250}			
{W 252}	483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms. This STANDARD is not met as evidenced by:	{W 252}			

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{W 252}	<p>Continued From page 23</p> <p>Based on observation, interview, and record review, the facility failed to ensure the data collected on skill training objectives accurately measured whether Clients were learning the skill for 4 of 10 Sample Clients (Client #2, #4, #7, and #8). The facility practice was to break the skill identified in the objective into several small steps. Staff then recorded how the Client did on each small step each time the Client was trained. The Qualified Intellectual Disability Professionals (QIDP) then averaged the scores from all the small steps and used this as the measure of progress on the objective rather than directly measuring the number of times the objective had been completed. The QIDP did not determine how many times the Client had performed the skill as stated in the objective. This failure prevented the facility from accurately determining whether the Clients were making progress on learning the skill.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Client # 2</p> <p>Record review on 1/14/16 at 10:40 AM of Client #2's Individual Habilitation Plan (IHP) revealed:</p> <p>1. Objective #1097 stated: "[Client #2's first name] will independently brush his teeth at least twice daily with 75% accuracy or greater for 3 of 5 consecutive months."</p> <p>Review of the Data Sheet revealed the facility had broken the objective task into 7 separate steps encompassing brushing teeth. Each step could</p>	{W 252}			

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{W 252}	<p>Continued From page 24</p> <p>be scored independently, 1 verbal cue, 3 or more verbal cues and modeling.</p> <p>Review of the Data Sheet for the month of December 2015 revealed Client #2 ' s performance on each step was variable and inconsistent throughout the month.</p> <p>2. Objectives #1111 for AM and PM hygiene routine and Objective #1136 for laundering revealed the same issue.</p> <p>Interview on 1/14/16 at 8:08 AM with Staff D verified the way the facility was taking data did not allow them to know if the training objective was being met.</p> <p>Client #4</p> <p>Record review on 1/13/16 at 3:39 PM of Client #4 ' s IHP dated ----6/2/15 revealed:</p> <p>1. Objective #1104: " [Client #4 ' s first name] will independently use a hanky/cloth or tissue to wipe his mouth at times as needed with 100% accuracy for 5/6 consecutive months. "</p> <p>Review of the Data Sheet revealed the facility had broken the task into 2 separate steps encompassing using a hanky. Each step could be scored as independent, gesture, verbal cues, gesture and verbal cues, and client unwilling to participate.</p> <p>Review of the Data Sheet for the month of December 2015 revealed Client #4 ' s performance on each of the steps was variable</p>	{W 252}		

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{W 252}	<p>Continued From page 25 and inconsistent throughout the month.</p> <p>2. Objectives #1071 for handwashing and #1136 for laundering an item revealed the same issues.</p> <p>Interview with Staff A, B, and C on 1/14/16 at 8:05 AM verified the way the facility was taking data did not allow them to know if the training objective was being met.</p> <p>Client #7</p> <p>1. Observation on 1/11/16 at 11:30 at 1040 Quinault Court (QC) revealed Client #7 sitting at the dining room table for lunch. He independently lifted the juice container and poured juice into his cup, spilling some on the table and floor.</p> <p>Observation on 1/12/16 at 8:15 AM at 1040 QC revealed Client #7 sitting at the dining room table having breakfast. His glass was empty and Staff assisted him to pour the juice with hand over hand assistance because the juice container was full.</p> <p>Record review on 1/13/16 at 9:20 AM of Client #7 's IHP dated 5/21/15 revealed Objective #1010: "[Client #7 's first name] will independently pour his liquids without spilling with 85% or greater accuracy for 8 of 10 consecutive months, by 05/16." Review of Total Task Program Data Sheet for Objective #1010 revealed data with steps: 1. Grab handle 2. Pick up pitcher 3. Pour liquids 4. Set pitcher on table. The program sheet did not measure if liquids had been spilled or not.</p>	{W 252}			

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{W 252}	<p>Continued From page 26</p> <p>Interview on 1/14/16 at 9:30 with Staff K, E and F verified that Direct Care Staff document on if/when Client #7 poured liquids and not if he had spilled any. They concurred that pouring liquids and not spilling liquids were two separate skills for Client #7 to acquire and the data collected would not allow them to know if the training objective was being met.</p> <p>Client #8</p> <p>1. Record review on 1/13/16 at 8:40 AM of Client #8 's IHP dated ---9/8/15 revealed Objective #1097: " [Client #8 's first name] will independently brush his teeth with 80% accuracy for 5/6 consecutive months. "</p> <p>Review of the Data Sheet revealed the facility had broken the task into 8 separate steps encompassing brushing his teeth. Each step could be scored as independent, partial physical assistance, full physical assistance, and client unwilling to participate.</p> <p>Review of the Data Sheet for the month of December 2015 revealed Client #8 's performance on each of the steps was variable and inconsistent throughout the month.</p> <p>Interview with Staff A, B, and C on 1/14/16 at 8:05 AM verified the way the facility was taking data did not allow them to know if the training objective was being met.</p> <p>2. Objectives #1167 for putting money into his wallet, Objective #2227 for taking clothes off hangers, and Objective #1126 for preparing a</p>	{W 252}			

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{W 252}	Continued From page 27 lunch or snack revealed the same issues.	{W 252}			
{W 255}	<p>Interview with Staff A, B, and C on 1/14/16 at 8:05 AM verified the way the facility was taking data did not allow them to know if the training objective was being met.</p> <p>483.440(f)(1)(i) PROGRAM MONITORING & CHANGE</p> <p>The individual program plan must be reviewed at least by the qualified intellectual disability professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview the facility failed to ensure a completed objective for 1 of 5 Expanded Sample Client's (Client #11) Individual Habilitation Plan (IHP) was identified, modified or changed to meet the needs or accomplishments of the Client. This failure prevented Client #11 from having other needs identified, from being taught new training skills and from becoming more independent in other life skills.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Record review on 1/13/16 at 9:35 AM of Client #11's IHP dated 7/16/15 revealed training Objective #2082: "[Client #11's first name] will hold a reality based conversation for at least 1 minute with 96% or greater accuracy for 10 of 12 consecutive months by 07/16." Review of the</p>	{W 255}			

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{W 255}	Continued From page 28 Qualified Intellectual Disabilities Professional (QIDP) Active Treatment Review form was not dated but showed data scores for Objective #2082 for 11 consecutive months of scores at or above 96%. The undated Active Treatment Review Form was for the review period of September 2015 - November 2015, but also showed data scores for Objective #2082 for January 2015 through November 2015. Interview on 1/14/16 at 10:00 AM with Staff E and F verified the data showed Client #11 had met criteria for Objective #2082 when the past consecutive 12 months (January - November 2015) were reviewed. Staff E and F revealed they only count the consecutive months starting at the IHP date and do not consider his progress at the time of the update even though the objective and criteria did not change.	{W 255}			
{W 256}	483.440(f)(1)(ii) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client is regressing or losing skills already gained. This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to modify or change an objective in the Individual Habilitation Plan (IHP) for 1 of 10 Sample Clients (Client #7). Client #7 showed continuous regression in a training objective for 6 consecutive months. This failure resulted in Client #7 continuing to work on a skill on which he was not making progress and the	{W 256}			

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{W 256}	<p>Continued From page 29 facility did not attempt to make any changes.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Observation on 1/11/16 at 11:30 at 1040 Quinalt Court (QC) revealed Client #7 sitting at the dining room table for lunch. He independently lifted the juice container and poured juice into his cup, spilling some on the table and floor.</p> <p>Observation on 1/12/16 at 8:15 AM revealed Client #7 sitting at the dining room table having breakfast. Staff assisted Client #7 to pour the juice with hand over hand assistance because the juice container was full.</p> <p>Record review on 1/13/16 at 9:20 AM of Client #7 's IHP dated 5/21/15 revealed Objective #1010: "[Client #7 's first name] will independently pour his liquids without spilling with 85% or greater accuracy for 8 of 10 consecutive months, by 05/16." Review of the Qualified Intellectual Developmental Professional (QIDP) Active Treatment Review form, dated a review period of September 2015 through November 2015, revealed a decline of skill level from: 100% in May 2015, 59% in June 2015, 67% in July 2015, 48% in August 2015, 48% in September 2015, 28% in October 2015 and 26% in November 2015.</p> <p>Interview on 1/14/16 at 9:30 AM with Staff E verified Client #7 had showed 6 consecutive months of skill accusation decline, he had not analyzed the data and the program had not been revised.</p>	{W 256}			

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{W 259}	<p>483.440(f)(2) PROGRAM MONITORING & CHANGE</p> <p>At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure there was an updated Comprehensive Functional Assessment (CFA) for 1 of 5 Expanded Sample Clients (Client #12) when he experienced a significant change in functioning due to a mental health crisis. Failure to update and change the CFA prevented the facility from having a clear picture of the Client's current strengths and weakness so that an Individual Habilitation Plan (IHP), which met the current needs, could be developed.</p> <p>This is a repeat citation from the survey on 11/20/15.</p> <p>Findings include:</p> <p>Client #12</p> <p>Record Review on 1/14/16 at 2:15 PM revealed the CFA dated 9/03/15 for Client #12 had not been updated after a significant mental health decompensation episode which occurred in April 2015.</p> <p>Interview on 1/14/16 at 2:50 PM with Staff J verified the CFA had not been updated as a result of the significant change in functioning in April 2015.</p> <p>The facility submitted a letter of Credible</p>	{W 259}		

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{W 259}	Continued From page 31	{W 259}			
{W 262}	<p>Allegations with a Plan of Correction, stating this citation (naming this particular Client) would be corrected by 12/18/15.</p> <p>483.440(f)(3)(i) PROGRAM MONITORING & CHANGE</p> <p>The committee should review, approve, and monitor individual programs designed to manage inappropriate behavior and other programs that, in the opinion of the committee, involve risks to client protection and rights.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure there were current, signed informed consents for psychotropic medication for 2 of 10 Sample Clients (Clients #1 and #4). The facility was unable to provide documentation of any current approvals for the use of psychotropic medications by Client #1 and #4 (to manage behaviors) by the Human Rights Committee (HRC). This failure resulted in Clients receiving drugs to manage their behaviors which had not been approved by the HRC.</p> <p>Findings include:</p> <p>Client #1</p> <p>Record review on 1/13/16 at 8:40 AM of a Psychoactive Medications and Consents list dated 1/12/16 provided by the pharmacy revealed there were no consents for the following listed psychotropic medications: Lurasidone, Clonazepam, Pregablin, Citalopram, Metoprolol Tartrate and Prazosin.</p>	{W 262}			

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{W 262}	<p>Continued From page 32</p> <p>Interview with Staff C on 1/14/16 at 9:34 AM revealed she could not locate the psychotropic medication consents in Client #1 's program book. At 9:58 AM Staff C reported she had spoken with the facility 's physician who suggested the consents could be with Staff L at the placement office. Interview by phone on 1/14/16 at 10:00 AM with Staff L at the placement office revealed he did not have the consents for Client #1 's psychotropic medications.</p> <p>Client #4</p> <p>Record review on 1/14/16 at 3:39 PM of Client #4 's Individual Habilitation Plan (IHP) dated 6/2/15 revealed " He is being effectively maintained on [REDACTED] The psychiatrist recommends no changes to his psychotherapeutic medications. "</p> <p>Record review on 1/13/16 at 3:39 PM of Client #4 's file revealed the consents for [REDACTED] and [REDACTED] had not been signed by the Legal Guardian.</p> <p>Interview with Staff C on 1/14/16 at 8:05 AM revealed a verbal consent had been obtained on 8/7/15 from the Legal Guardian. She verified there was not a current signed consent by the Legal Guardian.</p> <p>Record review on 1/14/16 of the facility Standard Operating Procedures 3.09 Consent revealed " Telephone consent is valid for 60 days. " Review of Standard W263 revealed consents should be authenticated in writing within 30 days.</p>	{W 262}		

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{W 263}	<p>483.440(f)(3)(ii) PROGRAM MONITORING & CHANGE</p> <p>The committee should insure that these programs are conducted only with the written informed consent of the client, parents (if the client is a minor) or legal guardian.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure there were current signed informed consents from the Legal Guardian for psychotropic medication for 2 of 10 Sample Clients (Clients #1 and #4). The facility was unable to provide documentation of any consent from the Legal Guardian for Client #1, and #4 had telephonic consent which was past 30 days. This failure resulted in medication being given to clients prior to Legal Guardian approval.</p> <p>Findings include:</p> <p>1. Record review on 1/13/16 at 8:40 AM of Psychoactive Medications and Consents list dated 1/12/16 provided by the pharmacy for Client #1 revealed there were no consents for the following psychotropic medications: [REDACTED]</p> <p>Interview with Staff C on 1/14/16 at 9:34 AM revealed that she could not locate the psychotropic medication consents in Client #1's program book. At 9:58 AM Staff C reported that she had spoken with the facility's physician who suggested the consents could be with the Staff L at the placement office.</p> <p>Interview by phone on 1/14/16 at 10:00 AM with</p>	{W 263}		

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{W 263}	<p>Continued From page 34</p> <p>Staff L in the placement office revealed he did not have the consents for Client #1 ' s psychotropic medications.</p> <p>2. Record review on 1/14/2016 at 3:39 PM of Client #4 ' s Individual Habilitation Plan (IHP) dated 6/2/15 revealed: " He is being effectively maintained on [REDACTED]. The psychiatrist recommends no changes to his psychotherapeutic medications. "</p> <p>Record review on 1/13/16 at 3:39 PM of Client #4 ' s file revealed the consents for [REDACTED] and [REDACTED] had not been signed by the Legal Guardian.</p> <p>Interview with Staff C on 1/14/16 at 8:05 AM revealed a verbal consent had been obtained on 8/7/15 from the Legal Guardian. She verified there was not a current signed consent by the Legal Guardian.</p> <p>Review on 1/14/16 of the facility Standard Operating Procedures 3.09 Consent revealed " Telephone consent is valid for 60 days. " Review of Standard W263 revealed consents should be authenticated in writing within 30 days.</p>	{W 263}		