

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

PRINTED: 03/24/2020
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 C 02/05/2020
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	INITIAL COMMENTS This report is the result of Complaint Investigation 3691354 at Rainier School PAT C. The investigation occurred on 02/03/20, 02/04/20, and 02/05/20. Failed provider practice was identified and an Immediate Jeopardy was called. The survey was conducted by: Linda Davis Jim Tarr Justin Smith Gerald Heilinger The survey team is from: Department of Social & Health Services Aging and Long-Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504	W 000			
W 104	GOVERNING BODY CFR(s): 483.410(a)(1) 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 interview, the facility failed to ensure there were enough Direct Care Staff (DCS) to provide for the supervision, protection, and care determined necessary by the facility assessments of nine of nine Sample Clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and	W 104			

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 104	<p>Continued From page 1</p> <p>#9). The facility failed to create a plan and design an environment for 2015 Quinault Court House to ensure staff could supervise, protect, and care for every Client. These failures resulted in DCS having to make choices about what supervision, protection, or care to provide to a Client at the expense of the other Clients. These failures resulted in Client #1 going missing and not being found.</p> <p>Findings included ...</p> <p>1. Review of Complaint Resolution Unit (CRU) Intake 3691360, called in at 9:03 PM on 01/31/20 by the facility, showed that Client #1 was last seen around 6:00 PM that night.</p> <p>During an interview on 02/05/20 at approximately 3:00 PM, Staff A, Superintendent, stated that Client #1 had not been found.</p> <p>2. Through record review and interviews, it was determined that the facility failed to deploy sufficient staff (enough DCS to effectively implement the active treatment programs as defined in the Individual Habilitation Plans (IHP) and Positive Behavior Support Plans (PBSP), to meet Client needs, and to respond to emergencies, illness, or injuries) to 2015 Quinault Court House to ensure that DCS could meet the assessed needs of all Clients at 2015 Quinault Court House.</p> <p>See W186 for details.</p> <p>3. The facility did not ensure directions provided to DCS within IHPs and PBSPs would be achievable even when a DCS might be</p>	W 104			

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W 104	Continued From page 2 responsible for multiple Clients. The IHP and PBSP directions in one Client's case might prevent the DCS from being able to do both directions simultaneously.	W 104			
W 186	See W234 for details. DIRECT CARE STAFF CFR(s): 483.430(d)(1-2) The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans. Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure there were enough Direct Care Staff (DCS) assigned to the house to meet the needs of nine of nine Sample Clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9). The facility employed six DCS at 2015 Quinault Court House on swing shift, but they were not able to meet the need of knowing where Client #1 was, and Client #1 left the house. This failure resulted in Client #1 going missing and not being found. Findings included ... Review of the Rainier School Staff Communication Sheet for 2015 Quinault Court House, dated 01/31/20, showed the facility deployed six DCS to the house on the swing shift.	W 186			

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W 186	<p>Continued From page 3</p> <p>Record review of Rainier School Duty Office Basic Care Levels sheet, dated "revised 02/05/20", showed 2015 Quinault Court's PM shift minimum care level for staffing was six on the swing shift.</p> <p>Review of the Client Listing for 2015 Quinault Court House showed there were nine Clients living at the house.</p> <p>Review of the Rainier School Staff Communication Sheet for 2015 Quinault Court House, dated 01/31/20, showed, for swing shift, three DCS were assigned 1:1 supervision (dedicated to the care of that Client only) for one Client each (Client #2, #4, and #8). Two DCS were designated as "Float" staff and one staff was designated as the "Charge". The two "Float" staff and the "Charge" staff had responsibility for the care of the remaining six Clients (Clients #1, #3, #5, #6, #7, and #9).</p> <p>During an interview on 02/05/20 at 12:44 PM, Staff B, Qualified Intellectual Disabilities Professional and Staff C, Developmental Disabilities Administrator 1, stated that DCS designated as "Float" were assigned to provide care for specific Clients who were not designated as 1:1 and to cover for staff breaks. They stated that staff designated as "Charge" were not assigned specific Clients to care for but provided coverage for breaks and helped with Clients where needed. The result of this was that during break coverage times there would be only two staff caring for the six Clients not designated as 1:1.</p> <p>Record review of the Staff Communication Sheet, dated 01/31/2019, from 1800 to 1930 (the time</p>	W 186			

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W 186	<p>Continued From page 4 when Client #1 may have left the house showed:</p> <ul style="list-style-type: none"> - From 1800 - 1830, Staff K was on lunch break, leaving two staff to care for the six Clients not designated as 1:1. - From 1830 - 1900, Staff G was on lunch break, leaving two staff to care for the six Clients not designated as 1:1. - From 1900 - 1930, Staff F and Staff H were on lunch break leaving one staff to care for the six Clients not designated as 1:1 <p>The needs of the six Clients (Clients #1, #3, #5, #6, #7, and #9) who were not 1:1 were significant and would, at any given time, require a DCS to provide their undivided attention for a time leaving them unable to meet needs of any of the other five Clients):</p> <p>Clients #5, #6, and #9 required direct staff intervention for their basic care, safety, and transferring in/out of wheelchairs.</p> <p>Clients #1, #3, and #7 had physical aggression requiring staff to protect other Clients from their behavior.</p> <p>Clients #1 required staff to follow him when he left the house.</p> <p>Client # 3 required staff to follow him, if they were available, but to locate him if he was gone from the house over 15 minutes.</p> <p>The following specific needs, of the six Clients who were not assigned 1:1 DCS, would require undivided attention of staff for a given period of time, were:</p>	W 186			

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W 186	<p>Continued From page 5</p> <p>Record review of Client #1's Individual Habilitation Plan (IHP), dated 08/06/19, and Positive Behavior Support Plan (PBSP), dated 08/06/2019, showed:</p> <ul style="list-style-type: none"> - He required 1:1 supervision whenever he left his house. This supervision required Staff to have Client #1 within their line of sight. - Staff were required to be in a position to get in between Client #1 and any peer he was aggressing towards. - Client #1's supervision would be upgraded to include 1:1 line of sight supervision on his house, for 24 hours, if he was physically restrained due to aggression or attempted elopements. - Client #1's challenging behaviors include verbal aggression, physical aggression, elopement, and inappropriate sexual behavior. - Client #1's challenging behaviors escalate after family visits and when he makes frequent phone calls. <p>Record review of Client #3's IHP, dated 10/24/19, and PBSP, dated 11/29/19, showed:</p> <ul style="list-style-type: none"> - He required 1:1 line of sight supervision, from 0600 to 1400 daily. - Staff must accompany Client #3 to the coffee shop, vending machines and off campus. - When Client #3 left the house, staff should shadow Client #3 if one is available. If staff is not available they still must locate Client #3 after he's been off the house for 15 minutes. If Client #3 cannot be located in 30 minutes, Staff will following Missing Client policy. - Client #3's challenging behaviors include physical aggression, property destruction and inappropriate acquisition. - Immediate intervention is required for aggression towards himself, aggression towards others, inappropriate acquisition, and property destruction. 	W 186			

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W 186	Continued From page 6 Record review of Client #5's IHP, dated 08/01/19 and PBSP, dated 08/01/19, showed: - He is dependent on a wheelchair for mobility on and off house. - Client #5 needs a staff when going off campus. - Client #5 needs staff assistance when transferring out of his wheelchair. - Client #5's challenging behaviors include verbal aggression. Record review of Client #6's IHP, dated 07/09/2019, showed: - He uses a wheelchair for optimal mobility. - Client #6 requires physical assistance for transfers in and out of his wheelchair. - Client #6 requires physical assistance with toileting, showering/bathing, and dressing. Record review of Client #7's IHP, dated 05/14/19, and PBSP, dated 05/14/19, showed: - He has no special supervisory requirements - Client #7's challenging behaviors include swearing and physical aggression. - Client #7's interventions include protecting peers from him and using Therapeutic Options (methods for protecting Clients and reducing aggressive behaviors). Record review of Client #9's IHP, dated 10/09/19, showed: - He requires staff supervision when in the community due to inability to recognize hazards. - Client #9 requires verbal assistance when toileting, showering/bathing, and dental hygiene. - Client #9 requires physical assistance in adjusting water temperatures, brushing his teeth, dressing, shaving, serving food, and his personal	W 186			

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W 186	<p>Continued From page 7 care.</p> <p>During DCS meal breaks (30 minutes for each of the six DCS assigned to the house on swing shift, a total time period involving 3 hours if only one staff at a time went on break), the needs of the six Clients not assigned 1:1 staff would need to be taken care of by two staff.</p> <p>During DCS 15 minute breaks (15 minutes for each of the six DCS assigned to the house on swing shift, a total time period involving 1 hour and 30 minutes if only one staff at time went on break), the needs of the six Clients not assigned 1:1 staff would need to be taken care of by two staff. (This scenario would occur two times during each shift as DCS are allotted two 15 minute breaks per shift.)</p> <p>Some examples of the risks to the six Clients (Clients #1, #3, #5, #6, #7, and #9) not assigned 1:1 staff could include, but not limited to:</p> <ol style="list-style-type: none"> 1. During a time of staff breaks where two DCS would be providing the care for the six Clients, one staff might be assisting Client #6 in the bathroom while the second staff might have left the house with Client #1 leaving Client #3 able to leave the house without a staff being aware, be aggressive to one of the other three Clients, steal property, or destroy property without a DCS to intervene. 2. During a time of staff breaks where two DCS would be providing the care for the six Clients, Client #3 leaves the house and one of the staff follows him. A few minutes later, Client #1 leaves the house. The remaining staff now faces a 	W 186			

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W 186	Continued From page 8 decision of whether to follow Client #1 leaving the remaining four Clients unsupervised or not follow Client #1 and supervise the remaining four Clients.	W 186			
W 234	3. During a time of staff breaks where two DCS would be providing the care for the six Clients, Client #9 decides to take a shower which would require one of the staff to assist with regulating the water temperature and then provide verbal assistance for the shower. Client #6 needs to use the toilet requiring the second staff to assist him. No staff would be available to know if Clients #1 and #3 left the house. INDIVIDUAL PROGRAM PLAN CFR(s): 483.440(c)(5)(i) Each written training program designed to implement the objectives in the individual program plan must specify the methods to be used. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure directions provided to Direct Care Staff (DCS) within Individual Habilitation Plans (IHP) and Positive Behavior Support Plans (PBSP) would be implemented as written for nine of nine Sample Clients (Clients #1, #2, #3, #4, #5, #6, #7, #8, and #9) when a DCS was responsible for multiple Clients. DCS at 2015 Quinault Court House on swing shift did not have up to date instructions for duties related to their assignments. This failure resulted in Client #1 going missing and not being found. Findings included ... Review on 02/03/20 of the Swing Shift Post Book	W 234			

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W 234	<p>Continued From page 9 for 2015 Quinault Court House showed directions to staff on what to do for each post (the assignment for each staff related to Clients to supervise and other duties). It did not contain directions specifically related to Client #1. It contained directions to staff related to Clients who no longer resided at 2015 Quinault Court House.</p> <p>During an interview on 02/04/20 at 1:32 PM, Staff D, Attendant Counselor Manager, stated that the Swing Shift Post book had not been updated since September, 2019.</p> <p>During an interview on 02/07/20 at 8:10 AM, Staff B, QIDP, stated that she believed Client #1 moved to 2015 Quinault Court House on 10/11/19.</p> <p>During an interview on 02/03/20, Staff E, Attendant Counselor 2 (Shift Charge that day), stated that the Post Book was being updated and that shift charges verbally directed DCS on their duties. She indicated that the "Float" positions should be aware of Client #1's whereabouts when he was at the house.</p> <p>Review of the Swing Shift Post Book for 2015 Quinault Court House showed the following general direction for the two Float posts: "FOLLOW ALL PBSPS ..."</p> <p>Review of Client #1's PBSP, dated 08/06/19, showed that Client #1 was "...provide with protective supervision off of the house." It also stated that during the protective supervision, staff were to keep Client #1 in their line of sight. These directions indicated that if Client #1 left the house, a staff needed to leave the house and follow him.</p>	W 234			

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W 234	Continued From page 10 Record review of Client #1's IHP, dated 08/06/19, and PBSP, dated 08/06/2019, showed it did not have instructions or directions provided to staff on how staff should monitor Client #1 while at the house to ensure they knew when he left the house, while also providing care for other Clients. Review of CRU Intake 3691360 showed staff were not aware Client #1 had left the house and so did not follow him.	W 234			