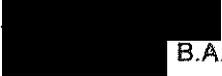
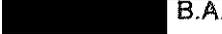


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

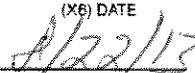
PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 Annual Recertification Survey conducted at Rainier School PAT E on July 10, 2013 and July 11, 2013. A sample of 8 residents from a census of 121. The Expanded Sample included 37 current residents from a census of 121.</p> <p>The survey was conducted by:  R.N., B.S.N.  B.A.</p> <p>The survey team is from:</p> <p>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 reviews and interviews 2 of 8 sample residents (Resident #1, & 2) and 2 of 37 expanded sample residents (Resident #9 & 10)</p>	(W 322)		

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.

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 322)	Continued From page 1 had not received their recommended audiology exam. Failure to provide an audiology exam by a specialist placed residents at risk of unidentified changes in hearing and/or other medical issues which could lead to deterioration in their overall health. Findings include: All documents and interviewed were conducted between 07/10/13 and 07/11/13 unless otherwise stated. Resident #1 ' s record revealed she had profound hearing loss in the right ear and normal hearing acuity in the left ear as of 12/30/09 with a suggested follow-up in three years or any point in time when hearing apparently is changed. There was no reference to a follow-up audiology referral or that resident was referred out to an audiologist. Resident #2 ' s record revealed his last hearing evaluation was completed 05/26/11 which showed moderate to severe hearing loss and he was returning to have right hearing aide repaired with a recommended follow-up in one year. There was no reference to having had the hearing aide repaired or having a follow-up audiology referral made. Resident #9 record revealed he had near normal hearing in the right ear and mild to moderate hearing loss in the left ear with was occlusion that needed to be removed in both ears especially in the left on 01/08/08. He had recommended retest follow-up in three years. Per the physician ' s Annual Health Care Assessment completed 03/28/13 the physician documented that the resident had mild wax build up in both ear canals and no further follow-up. There was no reference to residents hearing ability at that time. Resident #10 ' s record revealed an audiology	(W 322)	During the annual physical exam, all clients in PAT E will be reviewed for hearing loss. Based on assessed need, any client identified with moderate to severe hearing loss will be referred to a Speech Pathologist to determine if there is any further testing is needed, including Audiology services. At the 90-day review, client #1 ' s hearing was assessed. Speech Pathologist checked client #2 ' s hearing aid and determined it is in good working condition and is used by client #2. Schedule Dr. appointment for client #9 to check for wax build-up. Assessment dated 5/23/13 for client #10 will be modified to include the 2011 audiology evaluation and address the concerns regarding his response to high frequency and need for re-evaluation by an Audiologist. Person responsible: Clinical Director Monitor: Asst. Superintendent/DDA2 All Audiology assessments for clients in PAT E have been reviewed. Any Audiology assessments that identify client with a moderate or severe hearing loss will be referred to the Speech Pathologist to determine if there is any further testing needed, including Audiology services. Person responsible: Primary Care Physician Monitor: Clinical Director/DDA1	Completed 09/10/13 and ongoing Completed 8/8/13 Completed 8/21/13 9/10/13 9/10/13 9/10/13 and ongoing	

AM
8/22/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 322}	Continued From page 2 evaluation dated 02/08/11 which documented new concerns with Resident #10 's response to high frequencies. It was recommended Resident #10 be re-evaluated in 6 months to assess any additional changes with his hearing and also stay on an annual re-test schedule. Resident #10 has not been referred back to the audiologist since the evaluation on 02/08/11. On 05/23/13 Staff C reviewed Resident #10 's audiology evaluation dated 02/25/10 and determined the resident was not in need of audiology services. However there was not reference made to the most current audiology evaluation and there was no referral to an audiologist.	{W 322}		9/12/13 and ongoing	
{W 473}	483.480(b)(2)(ii) MEAL SERVICES Food must be served at appropriate temperature. This STANDARD is not met as evidenced by: Based on observation and interviews the facility failed to serve food within 15 minutes of removal from a temperature control device or failed to maintain the appropriate food temperature on Alpine, Orcas, Omak, and San Juan. Failure to serve food promptly resulted in residents being served food that had not been held at the appropriate temperature creating a potential for foodborne illness. Findings include: Observations were made on 07/10/13 and 07/11/13. 07/10/13 Lunch: Alpine: Temperature of the soup for Resident #9 was 110 degrees after sitting on the table (unopened)	{W 473}	Kitchen/Serving staff responsibilities were developed. PAT E staff will be instructed/trained in Kitchen/serving staff responsibilities including to serve food within 15 minutes of removal from food cart and/or maintaining the appropriate food temperature. Staff will use a thermometer to check food temperatures. Tools: Inservice record form Person Responsible ACM Monitor DDA2 Observation teams will randomly select three meals monthly and ensure food is served within 15 minutes of removal from food cart, and/ or maintaining the appropriate food temperatures. Tools: Observation form Person Responsible: ACM Monitor: DDA2	8/12/13 and Ongoing	

AM
8/27/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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)	(X6) COMPLETION DATE	
{W 473}	<p>Continued From page 3</p> <p>for approximately 5 minutes and then being dished up at 11:10 am.</p> <ul style="list-style-type: none"> 11:20 am staff were starting to put food out for residents to eat. Temperatures were 50 degrees for the potato salad, 100 degrees for toasted cheese sandwiches, and 118 degrees for tomato soup. Staff did not initiate temperature check on food until surveyor asked if they check the temperatures of the food. <p>Orcas:</p> <ul style="list-style-type: none"> Temperature of the food was taken after removal from main kitchen temperature regulated food cart revealed the temperature for the toasted cheese sandwich was 135 degrees. Fifteen minutes into serving revealed tuna salad 50 degrees and macaroni salad 53 degrees. Twenty five minutes into serving the meal revealed the tuna salad to be 67 degrees, macaroni salad 56 degrees, toasted cheese sandwiches 117 degrees and the milk was 55 degrees. During the meal service the cheese sandwiches were reheated in a microwave but the temperature of the food item was not taken before serving the reheated sandwich to the resident. <p>07/10/13 Dinner: San Juan:</p> <ul style="list-style-type: none"> Temperature of the food was taken five minutes into serving and revealed cooked ravioli was 80 degrees. Fifteen minutes into serving meal revealed the chicken salad at 52 degrees and the cooked ravioli at 120 degrees. Thirty minutes into the serving of the meal revealed the chicken salad was 55 degrees, pasta salad was 55 degrees and the cooked ravioli was 128 degrees. <p>07/11/13 Lunch: Alpine:</p> <ul style="list-style-type: none"> Temperature regulated food cart arrived from 	{W 473}			

AM
8/22/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 473}	Continued From page 4 the main kitchen at 11:03 am and temperature reading on the cart was 146.1 degrees. At 11:05 am Staff # A made the specialty drink for Resident # 12 with coffee and Phenyl-free powder as ordered. · At 11:05 am residents were sitting in their perspective seats waiting for the meal to be brought out of the kitchen and readied for the residents to serve themselves. · 11:08 am door to the regulated cart was opened and left open and temperature dropped to 133.7 degrees after 2 minutes. · 11:16 am cart temperature was 132.7 degrees and doors opened and left open. · 11:18 am the cart temperature was 117.0 degrees. Resident # 13 started taking hot food items out of the cart and placing them on the counter and movable cart in the kitchen. No staff was supervising resident at the time to redirect. Resident was not wearing gloves when touching the food items. Resident # 13 dropped a dish of what appeared to be a sauce on the floor (lid stayed sealed) and Staff B picked it up and put it on the cart. · 11:20 am Staff # A plugged in the warming tray in the dining room to have it warm up for the meal. · 11:25 am Staff # A put the tator tots back into the cart but door left open. · 11:28 am Resident #13 took the tater tots back off the cart and left the cart door open. · 11:32 am the cart was brought into the dining room. The tater tots and hamburger patties and chopped hamburger were put into the warming device to keep warm. Temperature of the food at this time was: chopped hamburger patties 110 degrees, whole hamburger patties 100 degrees, tator tots 80 degrees, ground/puree hamburgers 152 degrees, and the chicken salad (that is to be	{W 473}			

AW
8/22/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 473}	Continued From page 5 served cold) was 50 degrees. When these temperatures were pointed out the AC3 stated that she did not know why the temperatures were so low. Omak: Temperature of food ten minutes into serving the meal revealed the cooked hamburgers were 130 degrees, twenty minutes into serving the meal the potato salad was 49 degrees and the cooked hamburger was 118 degrees. Thirty minutes into serving the meal revealed the potato salad was 53 degrees. USDA guidelines recommend hot food must be heated to 165 degrees Fahrenheit or above and held above 140 degrees Fahrenheit until served in order to destroy the bacteria that can cause food borne illness. Cold food items should be held and served at 45 degrees Fahrenheit or cooler.	{W 473}			
{W 478}	483.480(c)(1)(ii) MENUS Menus must provide a variety of foods at each meal. This STANDARD is not met as evidenced by: Based on observations and interviews the facility failed to provide an alternative at each meal for 3 of 37 expanded sample Residents (Resident #9, 11, 12) and San Juan who received specialized and non-specialized meals. Failure to provide alternatives did not give residents a choice of foods. Findings include: Observation at Alpine during the lunch meal service on 07/10/13 and 07/11/13, Residents # 9,	{W 478}	Kitchen/Serving staff responsibilities were developed. PAT E staff will be instructed/trained in Kitchen/serving staff responsibilities including offering meal alternatives to residents who receive specialized/non-specialized meals. Tools: Inservice record form Person Responsible ACM Monitor DDA2 Observation teams will randomly select three meals monthly and ensure residents who receive specialized/non-specialized diets receive alternate meal choices. Tools: Checklist Person Responsible: ACM Monitor: DDA2	9/12/13 8/12/13 and Ongoing	

AM
8/22/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 478}	Continued From page 6 11, and 12 did not get a choice to the meal that are prepared in the facility 's main kitchen. Resident #9 had a diet order for an 1800 calorie Whole food with chopped meats, 2 to 3 gram low sodium diet with bread cut up in bite-size pieces. Resident #11 had a diet order for 1200 calorie puree diet, 2 to 3 gram low sodium, and honey to pudding thick liquids and to follow eating protocol. Resident #12 had a 2200 calorie diet with no NutraSweet and six 12 ounce Phenyl-free drinks daily. Resident #9, 11, and 12 were not asked if they wanted something different from what was served on the tray. Residents that did not receive their food in a metal tin from the kitchen were offered an alternative to the main meal. Observation at San Juan during the dinner meal service on 07/10/13 revealed that staff did not offer an alternate meal to residents. An alternate had been prepared and was on a separate table, but staff failed to ask residents if they preferred the alternative meal to the meal that had been prepared by the main facility kitchen.	{W 478}		
{W 488}	483.480(d)(4) DINING AREAS AND SERVICE The facility must assure that each client eats in a manner consistent with his or her developmental level. This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to allow residents the opportunity to serve themselves independently at San Juan and Omak during meal time. Failure placed residents at risk for diminished ability in skill development and potential loss of independence.	{W 488}		

AM
8/22/13

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

PRINTED: 08/01/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 07/11/2013
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E			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 488)	Continued From page 7 Findings include: Observation of San Juan dinner meal services on 07/10/13 revealed residents were not independently serving themselves the pasta dinner or chicken salad. When interviewed staff revealed residents will over serve favorite food items such as pasta. In order to ensure there was enough food to serve all residents and to decrease any challenging behaviors that occur due to limiting the pasta meal, staff decided to serve the meal to the residents. Meal services on Omak, lunch 07/11/13, revealed Resident #19 and #20 were sitting at meal table with empty plates waiting for the lunch to be served. Staff was observed removing empty plates from the two resident taking plates into the kitchen and placing lunch items on the plate, then returning the plates to Resident #19 and #20.	(W 488)	Kitchen/Serving staff responsibilities were developed. PAT E staff will be instructed/trained in Kitchen/serving staff responsibilities. PAT E staff will be instructed/trained to assure that each resident eats in a manner consistent with his or her assessed level of independence. Person Responsible ACM Monitor DDA2 Observation teams will randomly select three meals monthly and ensure residents eat in a manner consistent with his or her assessed level of independence. Person Responsible: ACM Monitor: DDA2	Completed 9/12/13 and ongoing 8/12/13 and Ongoing	

AM
8/22/13