

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

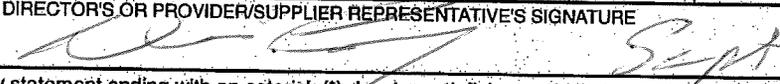
PRINTED: 03/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RAINIER SCHOOL PAT E</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>
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W 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an Annual Recertification Survey conducted at Rainier School Pat E from 01/13/2014 through 01/17/2014. Amended on March 28, 2014 as a result of an Informal Dispute Resolution. A sample of 12 residents were selected from a census of 121. The survey was conducted by:</p> <p>Terry Patton, R.N., B.S.N. Claudia Baetge, M.A. Christina Borchardt, R.N., B.S.N. Penelope Farick, B.A.</p> <p>The survey team is from: ICF/IID Survey and Certification Program Residential Care Services Division Aging and Long-Term Services Administration Department of Social and Health Services P O Box 45600 Olympia, Washington 98504-5600</p> <p>Telephone: (360) 725-2419 Fax: (360) 725-2642</p>	W 000	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">APR 04 2014</p> <p style="text-align: center;">DOHS-ADSA Residential Care Services ICF/MR Program</p>	
W 438	<p><b>483.470(h)(1) EMERGENCY PLAN AND PROCEDURES</b></p> <p>The facility must develop and implement detailed written plans and procedures to meet all potential emergencies and disasters such as fire, severe weather, and missing clients.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interviews, facility failed to develop, implement, and keep current a written Disaster Plan to meet</p>	W 438		3/14/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Sept</i>	(X6) DATE <i>4/2/14</i>
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 438	<p>Continued From page 1</p> <p>all potential emergencies and disasters. Failure to have a current, updated Disaster Plan placed staff and residents at risk of harm if a disaster should occur. Findings include:</p> <p>All observations, record reviews and interviews occurred between January 13, 2014, and January 17, 2014.</p> <p>Record review revealed the following phone numbers in the January 23, 2013, Disaster Plan:</p> <p>Duty Office - Extension 4496 Emergency Preparedness Hotline 24/7 toll free number - 1-877-256-4859 RS Satellite phone number - 254-240-3750 Health Center - Extension 4297 Superintendent 's Office - Extension 3000 Maintenance - 360-829-0258</p> <p>Telephone calls placed by the State Surveyor to the phone numbers listed above verified the phone numbers were disconnected and/or did not connect to the location identified.</p> <p>Record review revealed the January 23, 2013 Disaster Plan identified the Disaster Supply Rooms in Cedar House as being stocked with a 7 day supply of the items listed below. However, observation of the Cedar House Disaster Supply Room revealed the items were not stocked or were stocked in lesser amounts. The actual amount of those Disaster supplies stocked in the Disaster Supply Room was:</p>	W 438	<p>Rainier School Disaster Plan will be reviewed/ revised to meet potential emergencies and disasters. Phone numbers, locations and quantity of disaster supplies will be updated.</p> <p><b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent</p> <p>PAT E staff will be trained in the updated Disaster Plan. Disaster Plan will be reviewed/ revised yearly or as needed. Safety Committee will check emergency supply areas two times per year to ensure adequate supplies are available and have not expired.</p> <p><b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent</p>	<p>Completed 2/28/14</p> <p>3/14/14 and ongoing</p>	

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W 438	<p>Continued From page 2</p> <p>Paper plates/cups - None stocked Toilet Paper - None stocked Plastic Utensils - A box of plastic spoons is stocked. No other utensils. Blankets/Pillows - Four boxes of blankets stocked. No pillows stocked. Flashlights and Batteries - None stocked Fire Extinguishers - None stocked Waterproof Tarps - None stocked Propane Lanterns - One propane lantern is in stock, there is no propane for it. Plastic Gloves - None stocked Dust Masks and Goggles - None stocked AM Radios - None stocked Sheets/Pillowcases - None stocked First Aid Kits - None stocked</p> <p>Record Review revealed the facility Disaster Plan dated January 23, 2013, noted portable space heaters could be used as a supplementary heat source. Interview with Staff A revealed portable space heaters were not permitted for use at the facility and the facility does not have any.</p> <p>The facility Disaster Plan noted in one section that emergency medication carts are located in the Rainier Building room 132. However, another section of the Disaster Plan noted the emergency medication carts are located in the Rainier Building room 123. The Rainier Building does not have a room 132. Room 123 is used for staff education and no emergency medication carts are located there.</p> <p>Interviews with Staff A and Staff B revealed they</p>	W 438			

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W 438	Continued From page 3 were unaware of the failures by the facility to meet the requirements of the Disaster Plan. Staff A and Staff C revealed portable space heaters may not be used at the facility. Interview with Staff D revealed that the Emergency Medication Carts were located at sites throughout the campus and are not centrally located in the Rainier Building.	W 438	Rainier School Disaster Plan will be reviewed/revised to meet potential emergencies and disasters. Phone numbers, locations and quantity of disaster supplies will be updated.	Completed 2/28/14
W 439	483.470(h)(2) EMERGENCY PLAN AND PROCEDURES  The facility must communicate, periodically review, make the plan available, and provide training to the staff.  This STANDARD is not met as evidenced by: Based on interviews, the facility failed to periodically review and train staff to the facility's Disaster Plan. Failure to train staff to the Disaster Plan placed staff and residents at risk of harm if a disaster should occur. Findings include:  The following interviews were conducted between January 13, 2014, and January 17, 2014.  Staff G revealed that the facility's Disaster Plan is not included in required staff education. Staff A, Staff C, Staff H and Staff I revealed staff have not been trained by the facility to the facility Disaster Plan. When interviewed, Staff E, Staff H and Staff I were unable to identify alternate water sources that were noted in the facility's Disaster Plan.	W 439	<b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent  PAT E staff will be trained in the updated Disaster Plan. Disaster Plan will be reviewed/revised yearly or as needed. Safety Committee will check emergency supply areas two times per year to ensure adequate supplies are available and have not expired.  <b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent	3/14/14 and ongoing
W 441	483.470(i)(1) EVACUATION DRILLS  The facility must hold evacuation drills under varied conditions.	W 441		

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W 441	Continued From page 4  This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure evacuation drill times varied on day and afternoon shifts and different escape routes were used. Failure to ensure evacuation drills were conducted under various and realistic conditions and by means of different escape routes placed residents at risk of harm should an emergency occur that necessitates evacuation. Findings include:  All record reviews, observations and interviews occurred between January 13, 2014 and January 17, 2014.  Fire evacuation drills at Orcas House on the day shift were held at 1:44 PM on 01/28/13, 1:28 PM on 04/26/13, 1:30 PM on 07/29/13 and 1:26 PM on 10/29/13.  Fire evacuation drills at Alpine House on the day shift were held at 12:55 PM on 01/24/13, 12:51 PM on 4/30/13, 1:36 PM on 07/09/13 and 01:10 PM on 10/29/13.  Fire evacuation drill drills at Shasta House on the afternoon shift were held at 2:25 PM on 02/19/13, 2:25 PM on 05/28/13, 2:20 PM on 08/28/13 and 2:20 PM on 11/16/13.  Fire evacuation drills at San Juan on the afternoon shift were held at 3:00 PM on 2/28/13, 2:45 PM on 05/14/13, 3:25 PM on 08/24/13 and 3:00 PM on 11/22/13.  Observation at Orcas House revealed House Fire Evacuation plans posted at each exit door	W 441	Rainier School Disaster Plan will be reviewed/ revised to meet potential emergencies and disasters.  <b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent  PATE staff will be trained in the updated Disaster Plan. Disaster Plan will be reviewed/ revised yearly or as needed.  <b>Person responsible:</b> QA Director <b>Monitor:</b> Asst. Superintendent	Completed 2/28/14  3/14/14 and ongoing	

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W 441	<p>Continued From page 5</p> <p>displayed 6 potential evacuation routes. This included: 3 front door, 2 side door and 1 back door escape routes. Interview Staff L at Orcas on 01/17/14 revealed during fire evacuation drills residents always use one route and exit through the front door.</p> <p>Observation at Shasta House revealed House Fire Evacuation plans posted at each exit door displayed 6 potential evacuation routes. This included: 3 front door, 2 side door and 1 back door escape routes. Interviews Staff M on 01/14/14 and 01/17/14 at Shasta revealed during fire evacuation drills residents always exit through one of three front doors and not the side or back door exits.</p> <p>Record review of Facility Safety and Drill Reports did not identify which evacuation routes were used for each fire evacuation drill.</p>	W 441		
W 444	<p>483.470(i)(1)(iii) EVACUATION DRILLS</p> <p>The facility must hold evacuation drills to evaluate the effectiveness of emergency and disaster plans and procedures.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interviews, the facility failed to evaluate the effectiveness of the January 23, 2013, Disaster Plan. Failure to evaluate effectiveness of the facility's Disaster Plan and ensure plans were adequate in the event of a disaster placed residents' and staffs' safety at risk. Findings include:</p> <p>The following interviews were conducted between January 13, 2014, and January 17, 2014.</p>	W 444		3/14/14

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W 444	Continued From page 6  Staff A, Staff B, Staff C, Staff H and Staff I could not recall a time when the facility may have evaluated the effectiveness of the Disaster Plan.	W 444			