

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

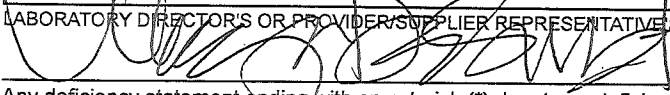
PRINTED: 02/28/2020
FORM APPROVED
OMB NO. 0938-0391

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 C 02/27/2020
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NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E	STREET ADDRESS, CITY, STATE, ZIP CODE 320 RYAN ROAD BUCKLEY, WA 98321
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(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
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W 000	<p>INITIAL COMMENTS</p> <p>This report is the result of Complaint Investigations 3678781, 3678941, 3679096, 3679209, 3679232, 3679312, 3679795, 3680462, 3680622, 3680662, 3680999, 3681764, and 3683490 conducted at Rainier School Program Area Team (PAT) E on 11/20/19, 12/05/19, 12/13/19, 12/17/19, 12/18/19, 12/20/19, 12/26/19, 12/27/19, 12/30/19, 01/02/20, 01/03/20, 01/06/20, 01/07/20, 02/25/20, and 02/27/20. No failed provider practice was identified and no citations were written.</p> <p>Complaint Investigation 3682546 was also conducted at Rainier School PAT E on 2/26/19, 12/30/19, 01/06/20, 01/07/20, and 02/27/20. Failed provider practice was identified and a citation written.</p> <p>The survey was conducted by: Olivia St. Claire</p> <p>The survey team is from: Department of Social & Health Services Aging & Long Term Support Administration Residential Care Services, ICF/IID Survey and Certification Program PO Box 45600, MS: 45600 Olympia, WA 98504</p>	W 000	<p>RECEIVED</p> <p>MAR 16 2020</p> <p>Residential Care Services ICF/IID Program</p>	
W 157	<p>STAFF TREATMENT OF CLIENTS CFR(s): 483.420(d)(4)</p> <p>If the alleged violation is verified, appropriate corrective action must be taken.</p>	W 157		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE SUPT.	(X6) DATE 3/13/2020
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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 157	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to take appropriate action when a staff deliberately chose not to follow the policy regarding the prevention and control of blood borne pathogens for three of three Clients (Clients #1, #2, and #3). The facility action was to in-service Staff A, Laboratory Technician 2, after the investigation showed he knew the policy and chose not to follow it. This failure placed all the Clients at the facility at risk of exposure to blood borne pathogens and skin infections as the root cause was not addressed in the facility's plan of correction.</p> <p>Findings included ...</p> <p>Record review of the facility 5-Day Investigation Report #8953 showed an investigation was conducted because of an allegation called in to the Complaint Resolution Unit that a staff failed to change his gloves in between drawing blood from three Clients. The investigation showed Staff A admitted he did not change gloves between Clients, because it took too long for his hands to dry enough so he could put on the next pair of gloves. He stated he used alcohol prep wipes on the gloves instead. The investigation showed that Staff A knew he should change gloves between Clients and chose not to. The investigation contained information from the facility's Standard Operating Procedure 4.21 titled, "Bloodborne Pathogens," that showed all facility employees were to wear gloves when working with blood and body fluids. It also showed not to wash or disinfect gloves for reuse, and to change gloves between Clients.</p>	W 157			

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W 157	Continued From page 2 During an interview on 12/26/19 at 11:10 AM, Staff C, Attendant Counselor 2, stated that she saw Staff A did not change his gloves between Clients when drawing their blood. She asked Staff A if he wanted another pair of gloves. Staff C stated that Staff A told her she was correct and gloves should be changed between Clients. However, it took him too long to get the gloves on since it took a while for his hands to dry sufficiently. She stated that she offered to get a new pair of gloves for him and he declined her offer. During an interview on 12/30/19 at 8:58 AM, Staff B, Infection Control Nurse, stated that Staff A did know the procedure to change gloves but did not do it. Record review of the Plan of Correction (POC) for this incident, dated 12/13/19, showed the Infection Control Nurse did a training with Staff A about standard precautions related to personal protection equipment and hand hygiene on 12/13/19. The POC did not address Staff A's willful disregard of the Clients' protection. There was no personnel action. There was no plan to monitor Staff A's performance to ensure he protected the Clients' safety.	W 157			
W 454	INFECTION CONTROL CFR(s): 483.470(l)(1) The facility must provide a sanitary environment to avoid sources and transmission of infections. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure a staff took precautions to	W 454			

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W 454	<p>Continued From page 3</p> <p>prevent cross contamination during blood draws for three of three Clients (Client #1, #2, and #3). Staff A, Laboratory Technician 2, did not change gloves between Clients when he withdrew the Clients' blood. This failure placed the Clients at risk to contract a blood borne pathogen or a skin infection.</p> <p>Findings included ...</p> <p>Record review of the facility 5-Day Investigation Report #8953 showed an investigation was conducted because of an allegation called in to the Complaint Resolution Unit that a staff failed to change his gloves in between drawing blood from three Clients. The investigation showed Staff A admitted he did not change gloves between Clients, because it took too long for his hands to dry enough so he could put on the next pair of gloves. He stated he used alcohol prep wipes on the gloves instead. The investigation showed that Staff A knew he should change gloves between Clients and chose not to. The investigation contained information from the facility's Standard Operating Procedure 4.21 titled, "Bloodborne Pathogens," that showed all facility employees were to wear gloves when working with blood and body fluids. It also showed gloves were not to be washed or disinfected for reuse and gloves must be changed between Clients.</p> <p>Record review of the Center of Disease Control Guidance for the Selection and Use of Hand Hygiene in Healthcare Settings showed hand hygiene is an essential infection control practice to protect patients and is required. It directed that hand hygiene be done, "between patient contacts."</p>	W 454			

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W 454	<p>Continued From page 4</p> <p>During an interview on 12/30/19 at 8:58 AM, Staff B, Infection Control Nurse, stated that Staff A did not know the procedure to change gloves but did not do it. She stated that she reeducated Staff A to use hand-sanitizing gel on his hands when changing gloves.</p> <p>During an interview on 12/26/19 at 11:10 AM, Staff C, Attendant Counselor 2, stated that Staff A told her gloves should be changed between Clients, but it took him too long to get the gloves on. She stated that she offered to get a new pair of gloves for him and he declined her offer.</p> <p>During an interview on 01/06/20 at 9:58 AM, Staff A stated that there was a protocol to change gloves between Clients. He stated that he now used sanitizing gel, after he removed and before he put on the next pair of gloves, in between Clients. This added at least five minutes per Client. When asked if he had considered the cross contamination of skin infections by not changing gloves, he stated that he did not think about that.</p>	W 454			

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Plan of Correction for Statement of Deficiency

Rainier School Program Area Team E

Date of SOD: 02/27/2020

Event ID# U0C411

Tag Number W454

Regulation: The Facility must provide a sanitary environment to avoid sources and transmission of infections.

1. The Program Area Team E Taskforce completed a root cause analysis of the occurrence leading to the citation. Staff A Laboratory Technician 2 failed to follow Rainier School S.O.P. (standard operating procedure) 4.21 "Blood Borne Pathogens". S.O.P. 4.21 states in part "not to wash or disinfect gloves for re-use and to change gloves between clients." Staff A admitted he did not change gloves in between drawing blood from 3 Clients because it took too long for his hands to dry enough so he could put on the next pair of gloves. Staff B Infection Control Nurse confirmed via interview that Staff A "Knew he should change gloves between clients and choose not to." Rainier School S.O.P. 4.21 gives clear and concise directions for how to handle glove usage during blood draws, therefore, this is not a systemic issue but rather an individual performance issue with Staff A Laboratory Technician 2 when he willfully disregarded a procedure he was aware of. Staff A's Supervisor failed to properly assign the correct level of discipline for this incident and recommended re-training on a policy Staff A already was familiarized, thus missing an opportunity to implement progressive discipline for Staff A.
2. The Rainier School Superintendent or Designee, will review Staff A's performance for progressive discipline. Staff B infection Control Nurse will be trained by the Rainier School Human Resource Department on Progressive Discipline and Forewarning Training. Staff B Infection Control Nurse will be trained by the Rainier State School Incident Management team on how to appropriately create a plan of correction. I.E. It is not appropriate to retrain an individual on procedures they are already familiar with.
3. The Infection Control Nurse or Designee will monitor all blood draws that Staff A performs on 1 house that involve multiple clients being tested. This monitoring will begin weekly for one month, then monthly for 3 months to ensure compliance with Rainier School S.O.P 4.21 Blood Borne Pathogens. It should be noted that since Staff A performs his job duties between PAT C and PAT E, the monitoring of blood draws could occur on either a PAT C house or a PAT E house. The Rainier School Superintendent or Designee will review all Incident Report Plan of Corrections (P.O.C.) involving Blood Draws for 90 days to ensure opportunities for corrective action occur if appropriate.

The plan of correction will be fully implemented no later than March 23rd, 2020.

4. Rainier School Superintendent or Designee(s), Incident Management Department, Human Resources Department, and the Infection Control Nurse will be responsible for the implementation of the acceptable plan of correction.

SUPT.

Title

[Handwritten Signature]

Signature

3/13/2020

Date