Exhibit 3
This report is a result of a Credible Allegation Survey conducted at Rainier School - PAT C on 1/3/17, 1/4/17, 1/5/17 and 1/6/17. A sample of 9 Clients was selected from a total of 89 Clients. 3 Expanded Sample Clients were added. Deficiencies were found. Repeat and new citations were written.

The survey was conducted by:

Gerald Heilinger
Patrice Perry
Shana Privett
Justin Smith
Jim Tarr
Sarah Tunnell

The surveyors are from:

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Residential Care Services, ICF/IID Survey and Certification Program
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W 104

483.410(a)(1) GOVERNING BODY

The governing body must exercise general policy, budget, and operating direction over the facility.
W 104
Continued From page 1

This STANDARD is not met as evidenced by: Based on observations, record reviews and interviews, it was determined the facility’s governing body failed to provide sufficient oversight to ensure 2 of 8 houses (1010 Quinault Court and 1050 Quinault Court) were kept in good repair. This failure resulted in Clients living in an environment that was not clean and had potential safety risks.

Findings include:

1. Observation on 1/3/17 at 9:45 AM at 1010 Quinault Court revealed the kitchen and dining room floors had holes in the vinyl and marring throughout both rooms. The counter in the bathroom was missing the edge molding and both bathrooms had rusted areas in the bathtubs.

Interview on 1/5/17 at 12:40 PM with Staff A verified the vinyl floors had been patched several times, needed repairs and the bathroom counter needed to be repaired. Staff A verified the bathrooms and bathtub areas needed cleaning and updating.

2. a. Observation on 1/3/17 at 10:20 AM on the B side of 1050 Quinault Court revealed a broken plastic handle on the laundry room cabinet door.

b. Observation on 1/3/17 at 3:05 PM on the B side of 1050 Quinault Court revealed peeling paint on the door to the desk area and food splatters on the wall of the dining room.

c. Observation on 1/3/17 at 3:20 PM on the A side...
| W 104 | Continued From page 2 of 1050 Quinault Court revealed the bases of both dining room tables had food/debris splattered on them and the vents on the dining room wall were dented and bent. d. Observation on 1/4/17 at 9:10 AM on the A side of 1050 Quinault Court revealed spider webs and dust in the light fixtures in the living area near the door to the patio. Record review on 1/5/17 revealed an Environmental Observation form dated 12/7/16 that identified dust, cobwebs and the need for cleaning of the vents on the A side of 1050 Quinault Court. Interview on 1/5/17 at 10:00 AM with Staff M verified the overall cleanliness of the house needed improvement and he was unable to produce a work order identifying the request for housekeeping services, the repair of the cabinet door handle or the vents. |  |
| W 112 | 483.410(c)(2) CLIENT RECORDS | W 112 |  |
|  | The facility must keep confidential all information contained in the clients' records, regardless of the form or storage method of the records. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure protection of personal Client information in 2 of the 8 houses occurred when Clients' diet and personal health information was readily available for anyone coming into the house to see. This failure resulted in Clients' personal health information being accessible to anyone without the Client's permission. |
Findings include:

1. Observation on 1/3/17 at 3:25 PM at 1010 Quinault Court revealed a board on the dining room wall listing each Client’s specified diet order. Also attached to the board was a list of each Client’s adaptive equipment.

   Interview on 1/5/17 at 1:15 PM with Staff A verified the diet orders and adaptive equipment lists for all Clients residing at the home were on the board in full view to anyone who entered the home.

2. Observations on 1/3/17 at 11:13 AM and 2:08 PM and on 1/4/17 at 8:30 AM on 1040 Quinault Court revealed a dining protocol binder opened to the Rainier School Food and Nutrition Client Dietary List. The document listed 9 Clients’ first and last names, their current weight ranges, diet order dates and their current diet order. The diet order also included personal health information, i.e. food allergies and if the client was diabetic.

   Interview on 1/5/17 at 1:30 PM with Staff D, E, G, and F verified the dining protocol binder should be stored closed at all times.

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 reviews and interviews, the facility failed to ensure the Qualified Intellectual Disability Professionals (QIDP) provided aggressive oversight of all
Continued From page 4 aspects of 9 of 9 Sample Clients’ (Clients #1, #2, #3, #5, #6, #7, #8, #9 and #10) and 3 Expanded Sample Clients’ (Clients #11, #13 and #14) habilitation plans. The QIDPs did not ensure: Clients’ dignity was promoted; training plans were developed for Clients’ identified needs; data collection processes were able to actually measure the progress of the objective: objectives were updated when the completion criteria had been achieved; and objectives were revised when Clients regressed or lost skills. This failure prevented Clients from receiving training programs which aggressively met their needs, maximized their opportunity to learn new skills, and gave them every opportunity to become more independent.

This is a repeat citation from the survey on 2/4/16.

Findings include:

The QIDP failed to develop training objectives for identified needs in the Comprehensive Functional Assessment (CFA) for 3 of 9 Sample Clients (Client #3, #5 and #10). See W227 for details.

The QIDP failed to request data in a way that would allow measurement of the Clients’ progress in the objectives as they were written for 7 of 9 Sample Clients (Clients #2, #3, #5, #7, #8, #9, and #10). See W237 for details.

The QIDP failed to ensure correct implementation of the Individual Habilitation Plan (IHP) for 2 of 9 Sample Clients (Client #5 and #6) and 1 Expanded Sample Client (Client #11) when they did not ensure prescribed diet orders were
Continued From page 5
implemented as written and Clients were wearing their prescribed eye glasses. See W249 for details.

The QIDP failed to ensure the data was recorded in the proper format for 1 of 9 Sample Clients (Client #5). See W252 for details.

The QIDP failed to identify and update a completed objective in 1 of 9 Sample Client 's (Client #1) Individual Habilitation Plan (IHP). See W255 for details.

The QIDP failed to modify or change an objective in the Individual Habilitation Plan (IHP) for 1 of 9 Sample Clients (Client #1) when progress did not occur. See W256 for details.

The QIDP failed to ensure restrictive programs and medications for 2 of 9 Sample Clients (Client #5 and #10) were not implemented prior to gaining consent from the Human Rights Committee (HRC) or guardian. See W263 for details.

Client #5
Record review on 1/4/17 of Client #5 's file revealed two 90-day [redacted] reviews dated "Oct and Nov 2016 " and "July, August 2016." The progress notes written for these two documents were identical and referenced no analysis of the data collected within the time periods of the reviews. The review also contained no information about the effectiveness of Client #5 's current behavioral interventions.

Interview on 1/5/17 at 1:30 PM with Staff D, E, F, and G verified the information contained within
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>W 159</td>
<td>Continued From page 6</td>
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<td>the progress notes section was identical and no analysis was provided on the review forms.</td>
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<tr>
<td>W 186</td>
<td>483.430(d)(1-2) DIRECT CARE STAFF</td>
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<tr>
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<td>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</td>
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<td>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.</td>
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<td>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide sufficient staff at Adult Training Program (ATP) to ensure Clients were able to work according to their Individual Habilitation Plans (IHP). Failure to provide sufficient staff resulted in Clients having their work cancelled and not having their active treatment needs met as defined in their IHP.</td>
</tr>
<tr>
<td></td>
<td>Findings include:</td>
</tr>
<tr>
<td></td>
<td>1. Record review on 1/4/17 of Client #9's ATP Monthly Program Record for the month of December 2016 revealed work was cancelled 9 times.</td>
</tr>
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<td>Interview on 1/4/17 at 2:36 PM with Staff O revealed Client #9 had work cancelled due to a vacant staff position. A float staff was assigned to the area to work with Client #9 and his peers, but the float resigned and missed work frequently before leaving her position.</td>
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<tr>
<td></td>
<td>2. Record review on 1/9/17 of ATP coverage</td>
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W 186

Continued From page 7

sheets for the month of November 2016 revealed work was cancelled on the following dates on the AM and/or PM shifts for Program Area Team C (PAT C): 5 clients on 11/1/16, 4 clients on 11/2/16, 6 clients on 11/3/16, 19 clients on 11/4/16, 8 clients on 11/8/16, 4 clients on 11/9/16, 13 clients on 11/10/16, 23 clients on 11/14/16, 13 clients on 11/15/16, 2 clients on 11/16/16, 7 clients on 11/17/16, 14 clients on 11/18/16, 19 clients on 11/21/16, 8 clients on 11/22/16, 8 clients on 11/23/16, 11 clients on 11/29/16, and 13 clients on 11/30/16. Data for all program areas was not available for 11/1/16, 11/11/16, and 11/28/16. Work cancellations did not include holidays, when a client or home cancelled work due to other obligations, or IHP meetings.

3. Record review on 1/9/17 of ATP coverage sheets for the month of December 2016 revealed work was cancelled on the following dates on the AM and/or PM shifts for PAT C: 14 clients on 12/1/16, 27 clients on 12/2/16, 11 clients on 12/5/16, 17 clients on 12/6/16, 7 clients on 12/7/16, 4 clients on 12/8/16, 5 clients on 12/12/16, 11 clients on 12/13/16, 9 clients on 12/14/16, 19 clients on 12/15/16, 23 clients on 12/16/16, 14 clients on 12/19/16, 14 clients on 12/20/16, 6 clients on 12/21/16, 13 clients on 12/22/16, 15 clients on 12/23/16, 15 clients on 12/27/16, 23 clients on 12/28/16, 21 clients on 12/29/16, and 28 clients on 12/30/16. Work cancellations did not include holidays, when a client or home cancelled work due to other obligations, or IHP meetings.

Interview on 1/5/17 at 3:01 PM with Staff O, J, P, Q, K, and B revealed if ATP staff call-in last minute, then work may have to be cancelled. There was a float staff who filled in vacant spots.
W 186 Continued From page 8

and an Adult Training Specialist 3 (ATS 3) staff
can fill in, but it depended on other priorities such
as client payroll. Staff K stated the areas he
supervised needed more staff and he had 4 staff
vacancies. Staff J revealed she had 2 staff
vacancies.

W 189 483.430(e)(1) STAFF TRAINING PROGRAM

The facility must provide each employee with
initial and continuing training that enables the
employee to perform his or her duties effectively,
efficiently, and competently.

This STANDARD is not met as evidenced by:

Based on observations and interviews, the facility
failed to treat 2 of 9 Sample Clients (Client #6 and
Client #7) and 2 Expanded Sample Clients (Client
#13 and Client #14) with dignity and respect when
staff were verbally stern and forceful with them.
This failure demeaned Clients, prevented them
from learning appropriate social interactions and
promoted a negative environment for Clients.

Findings include:

1. Observation on 1/3/17 at 10:41 AM at 1010
Quinault Court revealed Client #6 was told to sit
at the table and finish his bowl of corn. He was
frequently given commands related to what to do
while eating a snack such as sit up straight, put
his covering on and to wipe his mouth. This was
done by 3 different staff. Later at 11:20 AM Client
#6 sat at the table eating his lunch. He was
directed several times to "wipe your mouth"
and "sit up straight" in a loud and commanding
tone. Client #6 asked about dessert and staff
announced "No one gets dessert until you finish
<table>
<thead>
<tr>
<th>W 189</th>
<th>Continued From page 9 your meal.</th>
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<tbody>
<tr>
<td>2. Observation on 1/3/17 at 11:05 AM at 1010 Quinault Court revealed Client #7 was sitting in the living room on a couch. He was told sternly to &quot;sit up straight&quot; and to &quot;wipe your drool with a wash cloth&quot;. At 11:15 AM, throughout his lunch, 3 staff could be heard frequently giving him commands from across the room to &quot;Sit up straight&quot;, &quot;wipe your mouth&quot;, &quot;put your spoon down&quot;, &quot;what's in your mouth&quot;, &quot;drink some juice&quot;, &quot;wipe your mouth&quot;, &quot;swallow before you talk&quot;, &quot;put your spoon down&quot;, &quot;sit up&quot;, and &quot;wipe your mouth.&quot; This type of interaction occurred until Client #7 finished his meal at 12:10 PM.</td>
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</table>
| 3. Observation on 1/3/17 at 11:20 AM at 1010 Quinault Court revealed Client #13 served himself food from a heated tray. He accidentally dropped some food on the floor and said "Uh Oh". Staff working with him sternly stated "You need to be careful!"
| 4. a. Observation on 1/3/17 at 11:55 AM at 1010 Quinault Court revealed Client #14 stood up from the table and attempted to walk away. However staff pulled on his jacket and said "Where are you going?" Staff pushed a serving dish into his stomach stating "Take this into the kitchen." b. Observation on 1/5/17 at 8:05 AM outside of 1010 Quinault Court revealed Client #14 walked away from the house with a coffee cup in his hand. It was very cold outside and Client #14 had no coat. A staff ran out of the house after Client #14 stating "Give me that cup" and grabbed the cup from him before turning around and
W 189 Continued From page 10

heading back to the house. After the staff appeared to notice the surveyor, the staff turned to direct Client #14 back to the house to put a coat on.

Interview on 1/5/17 at 11:50 AM with Staff A, N and R verified they were aware of direct care staff using forceful language. They revealed they have witnessed staff be brash and overbearing with Clients.

W 194 483.430(e)(4) STAFF TRAINING PROGRAM

Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.

This STANDARD is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure relief staff were adequately trained in the Adult Training Program (ATP) for 1 of 9 Sample Clients (Client #7). This failure prevented Clients from receiving the formal training stated in their Individual Habilitation Plans (IHP) and gaining skills to become more independent.

Findings include:

Observation on 1/4/17 at 9:00 AM at the Stone Room in ATP revealed Client #7 arrived at his work station. The assigned staff was absent and relief Staff I introduced herself to the Surveyor stating her regular work station was in the wood shop and she did not know what to do in the Stone Room. At approximately 9:20 AM, Staff I telephoned a house to inquire if Client #15 was
### Exhibit 3, Page 12

**Summary Statement of Deficiencies**

**Provider/Suppliers/CLIA Identification Number:** 50G047

**Multiple Construction**
- **Building:**
- **Wing:**

**Completion Date:** 01/06/2017

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<tr>
<th>(X4) ID Prefix Tag</th>
<th>(X5) Completion Date</th>
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**Provider's Plan of Correction**

**Record review on 1/3/17 of the ATP work schedule revealed Client #7 was assigned to work at the Stone Room in the mornings and afternoons, Monday through Friday.**

**Interview on 1/5/17 at 3:00 PM with Staff J and K verified Staff I was not familiar with the specialized work area in the Stone room.**

**483.440(c)(4) Individual Program Plan**

The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.

This STANDARD is not met as evidenced by:

Based on observation, record reviews and interviews the facility failed to develop training objectives for identified needs in the Comprehensive Functional Assessment (CFA) for 3 of 9 Sample Clients (Client #3, #5 and #10). This failure prevented Clients from learning skills.

Findings include:

**Client #3**

Observation on 1/5/17 at 8:54 AM on the B side of 1050 House revealed Staff M stated "[Client #3 first name] do you want your ..." Client #3 responded "Yes, please." Staff M went behind the staff desk and retrieved a plastic...
W 227  Continued From page 12

rum, removed a [redacted] and stated "Here you go" and handed the [redacted] to the
Client. Client #3 attempted to place the [redacted] for approximately 4 minutes
while a staff member sat next to him at the dining room table. At 8:58 AM Client #3 stated " [Staff M
first name] I don't know how to put this in. "
Staff M provided hand over hand assistance and
placed the [redacted] the Client's
Approximately 2 minutes later the [redacted] fell
to the floor and Client #3 stated [redacted]
problem! and Staff M assisted by placing the
back [redacted] without assistance
from Client #3.

Record review on 1/4/17 of Client #3's CFA
dated 8/23/16 revealed his [redacted] went
through the laundry in 2016, it was sent for repair
and he reported wearing it daily and wanted to
continue using it. Client #3's Individual
Habilitation Plan (IHP) dated 8/23/16 revealed
Core Needs to include increasing independent
engagement in self-care and increasing life skills
and listed a [redacted] for the [redacted]
as adaptive equipment with a schedule "Per [Client
#3's first name] preference ". A formal program
for managing his [redacted] was not identified in
his IHP.

Interview on 1/5/17 at 10:00 AM with Staff M
verified that a formal training plan was not
developed to assist in training Client #3 with
managing his [redacted]

Client #5

Record review on 1/4/17 of Client #5's IHP
dated 1/21/16, revealed Physician Dietary Orders
dated 2/28/08, and a Height & Weight Flow Sheet
for 2016. Client #5's IHP contained Service
Continued From page 13

Care Plan #7013 which stated "Modified Diet: [Client #5's first name] is prescribed a 1500 calorie diet with a restriction for weight management. [Client #5's first name] has a history of difficult weight control, with her weight significantly above her recommended weight range (RWR). [Client #5's first name] has a history of [redacted] and [redacted] and [redacted] all of which are negatively impacted by [redacted]." The Physician's Dietary Orders listed Client #5's special needs as [redacted], calories for 3 meals as 1500 and recommended weight range of [redacted] lbs. The Height & Weight Flow Sheet for 2016 listed weights as JAN [redacted] pounds (lbs.), FEB [redacted] lbs., MAR [redacted] lbs., APR [redacted] lbs., MAY [redacted] lbs., JUNE [redacted] lbs., JULY [redacted] lbs., AUG [redacted] lbs., SEPT [redacted] lbs., OCT [redacted] lbs., and NOV [redacted] lbs.

Interview on 1/5/17 at 1:30 PM with Staff D, E, F, and G verified there was no formal objective to assist Client #5 in reaching her recommended weight range.

Client #10

Record review on 1/5/17 of Client #10's file revealed an Admission Healthcare Assessment dated 9/15/15. An Annual Healthcare Assessment (AHA) for 2016 was not available in her chart.

Interview on 1/5/17 at 8:49 AM with Staff H verified an AHA had not been completed as "She runs away from the doctor, we are attempting to find familiar staff to go with her."

Record review of Client #10's file revealed there was no objective related to teaching her how to successfully attend her appointments with the
W 227  Continued From page 14

Physician.

Interview on 1/5/17 at 3:10 PM with Staff B, F and G verified there was no plan to teach her how to complete an appointment with the Physician.

W 237  483.440(c)(5)(iv) INDIVIDUAL PROGRAM PLAN

Each written training program designed to implement the objectives in the individual program plan must specify the type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.

This STANDARD is not met as evidenced by:

Based on record review and interview, the facility failed to request data in a way that would allow measurement of the Clients' progress on the objectives as they were written for 7 of 9 Sample Clients (Clients #2, #3, #5, #7, #8, #9, and #10). This failure prevented accurate analysis of the effectiveness of the training programs and prevented the facility from knowing if the Clients were making progress towards meeting objectives.

Findings include:

Client #2

1. Record review on 1/5/17 of Client #2's file revealed a Teaching Plan for the following objective: "With the original verbal cue [Client #2 first name] will use a calculator to add money with 4.0 accuracy for 2 of 3 consecutive months."

Staff were only collecting data on 1 of the 3 "phases" which comprised using a calculator.
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<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LICENSING INFORMATION)</th>
<th>D</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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Interview on 1/5/17 at 1:58 PM with Staff U, C, V, and B acknowledged the data being collected would not allow analysis of progress on the objective.

Client #3
Record review on 1/4/17 of Client #3's Total Task Program Data Sheet revealed Objective #1111: "[Client #3's first name] will independently complete his ADL [Activity of Daily Living] routine with 80% accuracy or greater for 3 consecutive months."
Staff were directed to score each of the 3 tasks which comprised the ADL routine (identified in the objective) with a code which corresponded to the level of assistance staff provided: 3 = independent, 2 = verbal cue and 1 = partial physical assistance rather than score whether the objective was completed.

Interview on 1/5/17 at 10:00 AM with Staff H, M, and N verified the data being collected would not allow determination of completion of the objective.

Client #5
Record review on 1/4/17 of Client #5's Teaching Plan for Objective #1183 revealed the objective: "[Client #5's first name] will independently make a purchase using a vending machine with 95% or greater accuracy for 2 of 3 consecutive months, by 01/17". Data was only taken on Phase 1. "Puts money into machine." Since data was only taken on one phase of the objective, the data being collected did not allow analysis of the full objective as it was written.
### Summary Statement of Deficiencies

**Exhibit 3, Page 17**

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<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>DESCRIPTION</th>
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<td>W 237</td>
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<td>Continued From page 16</td>
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Interview on 1/5/17 at 1:30 PM with Staff D, E, F and G verified the data being collected could not be used to analyze Client #5's progress on the objective as it was written.

Client #7

Record review on 1/3/17 of Client #7's Teaching Plan Objective #5247: "With original cue, [Client #7's first name] will wash the hamper contents in the washer with a score of 4.0 for 6 out of 8 data sessions or no change in 14 data sessions. Data was only taken on Step 5 " [Client #7's first name] will push the button to start the washer. " Since data was only taken on one phase of the objective, the data being collected did not allow analysis of the full objective as it was written.

Interview on 1/5/17 at 3:00 PM with Staff J and K verified the data being collected could not be used to analyze Client #7's progress on the objective as written.

Client #8

1. Record review on 1/4/17 of Client #8's Teaching Plan for Objective #1090 revealed the objective: "Given verbal cue, [Client #8's first name] will wash his hands with 75% or greater accuracy for 3 consecutive months, by 09/17." Data was taken on "Phase 2. Puts soap on hand." Since data was only taken on one phase of the objective, the data being collected did not allow analysis of the full objective as it was written.

2. Record review on 1/4/17 of Client #8's Teaching Plan for Objective #1097 revealed the objective: "Given verbal cue, [Client #5's first name] will brush his teeth with 75% or greater accuracy for 3 consecutive months, by 09/17." Data was only taken on "Phase 2. Brush upper
**Continued From page 17**

Since data was only taken on one phase of the objective, the data being collected did not allow analysis of the objective as it was written.

Interview on 1/5/17 at 1:30 PM with Staff D, F, E and G verified the data being collected could not be used to analyze Client #8’s progress on the objectives as they were written.

Client #9

1. Record review on 1/4/17 of Client #9’s file revealed a Teaching Plan for the objective: "Given initial verbal cue, [Client #9 first name] will wash his hands with 67% or greater accuracy for one calendar month per phase, by 3/17."

Staff were directed to score the Client's performance with a code which corresponded to the level of assistance staff provided. 1 = full physical assistance, 2 = gesture, 3 = verbal cue, and 4 = initial verbal cue rather than if he completed the objective as written.

2. Record review on 1/4/17 of Client #9’s file revealed a Teaching Plan for the objective: "Given initial verbal cue, [Client #9 first name] will point to a picture of a key to unlock his closet with 75% or greater accuracy for 3 consecutive months, by 5/17."

Staff were directed to score the Client’s performance on a scale of 1 = gesture/model and 2 = initial verbal cue rather than on if he completed the objective as written.

Interview on 1/5/17 at 10:31 AM with Staff S, T, .
Continued from page 18

and I verified the data requested would not tell them if the objective had been completed for that trial.

Client #10

1. Record review on 1/4/17 of Client #10's Teaching Plan for December 2016 revealed the following objective: "With initial environmental cue [Client #10 first name] will complete her attendance record with a score of 3.0 for 8 of 10 data sessions." However, staff recorded data on only 1 of 5 steps. "[Client #10 first name] locates attendance record at the beginning of the shift."

2. Record review on 1/4/17 of Client #10's teaching plan for January 2017 revealed Objective #1136: "Given verbal cue [Client #10 first name] will independently wash her clothing with 80% or greater accuracy for 3 consecutive months." Data was only collected on the second step of a four step process.

Interview on 1/5/17 with Staff B, F and G verified the data collected did not allow for analysis of her independence in completing the objectives as written.

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.
Continued From page 19

This STANDARD is not met as evidenced by:
Based on observation, record review and interview, the facility failed to implement the Individual Habilitation Plan (IHP) for 2 of 9 Sample Clients (Client #5 and #6) and 1 Expanded Sample Client (Client #11) when they did not ensure their prescribed diet orders were implemented as written and ensure Clients were wearing their prescribed eye glasses. This failure placed Clients at risk of choking and medical injury while receiving the wrong diet orders and prevented Clients from the ability to see clearly.

This is a repeat citation from the survey on 2/4/16.

Findings include:

Client #5

Observation on 1/3/17 at 11:26 AM on 1040 Quinault Court revealed staff served Client #5 her lunch. Staff used the same size serving utensils to serve all the Clients. Staff served Client #5 portions of tartar sauce, fish, French fries, carrot salad and potato salad. Client #5 had a special salad and fruit cup sent in separate containers from the main kitchen. Per the Rainier School Food and Nutrition Client Dietary List, which was visible in an open binder, Client #5 was prescribed a 1500 calorie daily diet. During the same meal, Client #8 who was prescribed a 3500 calorie daily diet, was served similar sized food portions as Client #5.

Record review on 1/4/17 of Client #5’s Height and Weight Flow Chart for 2016 revealed recorded weights of JAN [Redacted] pounds (lbs.), FEB [Redacted] pounds (lbs.)
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<td>lbs., MAR ___ lbs., APR ___ lbs., MAY ___ lbs., JUNE ___ lbs., JULY ___ lbs., AUG ___ lbs., SEPT ___ lbs., OCT ___ lbs., and NOV ___ lbs. All of these measurements were above Client #5’s recommended weight range of ____ lbs.</td>
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</tbody>
</table>

Interview on 1/5/17 at 1:30 PM with Staff D, E, G and F verified Client #5’s meals should be portioned out as described for any client on a 1500 calorie diet.

Client #6
Observation on 1/3/17 at 11:20 AM at 1010 Quinault Court revealed Client #6 was cued to dish up his lunch of chopped fish and carrots. Staff also cued Client #6 to dish himself whole French fries.

Record review on 1/3/17 of Client #6’s IHP dated 10/27/16 revealed he was prescribed a chopped, ___ diet due to ____ risk of choking and ____.

Interview on 1/5/17 at 1:00 PM with Staff A verified the French fries should have been chopped to prevent the risk of choking.

Client #11
Observation on 1/3/17 at 10:34 AM at Robin Hall revealed Client #11 was not wearing eyeglasses. Observation on 1/3/17 from 11:00-11:34 AM at 1020 Quinault Court revealed Client #11 was eating lunch and was not wearing eyeglasses. Client #11 was not prompted to wear her eyeglasses which were on the lunch serving line table.

Record review on 1/4/16 of Client #11’s IHP dated 1/7/16 revealed she had prescription
| {W 249} | Continued From page 21  
eyeglasses for [REDACTED] and she should be encouraged to wear them.  
Interview on 1/5/17 at 10:31 AM with Staff S, T, and L verified the eyeglasses on the serving line table belonged to Client #11. |
| {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:  
Based on record reviews and interviews, the facility failed to ensure the data was recorded in the proper format for 1 of 9 Sample Clients (Client #5). This failure resulted in the Clients performance being misrepresented and did not allow for proper analysis.  
This is a repeat citation from the survey on 2/4/16.  
Findings include:  
Record review on 1/4/17 of Client #5’s Daily Behavior Summaries for all of the months of 2016 revealed “Appropriate Choices objective #4015”. The data description provided three options: + (for participation), - (not participating), or N/A (for no opportunity for program). During the months of June, July, August, September, October, November and December 2016 direct care staff used "0" as a data measurement even though it wasn’t one of the options. |
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<thead>
<tr>
<th><strong>(252)</strong> Continued From page 22</th>
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<td><strong>(252)</strong> Continued From page 22</td>
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<tr>
<td>Interview on 1/5/17 with Staff D, E, F, and G verified direct care staff were providing the incorrect form of data and it was their responsibility to ensure they were recording data correctly.</td>
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<table>
<thead>
<tr>
<th><strong>(255)</strong> PROGRAM MONITORING &amp; CHANGE</th>
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<tbody>
<tr>
<td><strong>(255)</strong> PROGRAM MONITORING &amp; CHANGE</td>
</tr>
<tr>
<td>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. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to identify and update a completed objective in 1 of 9 Sample Client's (Client #1) Individual Habilitation Plan (IHP). This failure prevented the Client from having other needs identified, from being taught new training skills and from becoming more independent in other life skills. This is a repeat citation from the survey on 2/4/16.</td>
</tr>
</tbody>
</table>

Findings include:

Record review on 1/4/17 of Client #1's IHP dated 3/8/16 revealed training Objective #1111: "[Client #1's first name] will independently engage in his hygiene routine with 80% accuracy or greater for 3 consecutive months by 3/17." Review of the Qualified Intellectual Disability Professional (QIDP) Active Treatment Review form revealed it was not dated but showed data
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>D TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
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<tbody>
<tr>
<td>W 255</td>
<td>Continued From page 23 scores for Objective #1111 for 7 consecutive months at or above 80%. The undated Active Treatment Review Form was for the review period of September - November 2016, but also showed data scores for Objective #1111 for March 2016 through September 2016. Interview on 1/5/17 at 12:58 PM with Staff B, C and L verified the data showed Client #1 had met the criteria for the objective. 483.44Q(f)(1)(ii) PROGRAM MONITORING &amp; 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 record review and interview, the facility failed to modify or change an objective in the Individual Habilitation Plan (IHP) for 1 of 9 Sample Clients (Client #1) who was not making progress. Client #1 did not complete an objective at the required frequency for 5 consecutive months. This failure resulted in the Client continuing to work on a skill even though progress on the skill had not been made and no changes were put into place to help the Client achieve progress. This is a repeat citation from the survey on 2/4/16. Findings include:</td>
<td>W 255</td>
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<td>(W 256)</td>
<td>Continued From page 24</td>
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<td>Record review on 1/4/17 Client #1’s IHP dated 3/8/15 revealed training Objective #1123 B: &quot;[Client #1’s first name] will independently clean his bedroom with 70% accuracy or greater for 3 consecutive months by 3/17.&quot; Review of the Qualified Intellectual Disability Professional (QIDP) Active Treatment Review form revealed it was not dated but showed data scores for Objective #1123 for 5 consecutive months of scores below 70%. The undated Active Treatment Review Form was for the review period of September - November 2016, but also showed data scores for Objective #1123 for March 2016 through September 2016.</td>
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<td>(W 263)</td>
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<td>Interview on 1/5/17 at 12:58 PM with Staff B, C and I verified the data showed Client #1 had not met the criteria for Objective #1123 with 5 consecutive months of scores below 70%.</td>
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<tr>
<td></td>
<td><strong>483.440(f)(3)(ii) PROGRAM MONITORING &amp; CHANGE</strong></td>
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<td>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.</td>
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<td>This STANDARD is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure restrictive programs and medications for 2 of 9 Sample Clients (Client #5 and #10) were not implemented prior to gaining consent from the Human Rights Committee (HRC) or guardian. This failure resulted in Clients having restrictive procedures and taking medications without due process.</td>
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</table>
Continued From page 25

This is a repeat citation from the survey on 2/4/16.

Findings include:

Client #5
Record review on 1/4/17 of Client #5's Summary of Decision by Human Rights Committee revealed Client #5's Individual Habilitation Plan (IHP) with target behaviors of aggression, verbal aggression, and object hoarding included the use of medications. The date of the IHP was 1/21/16 and the HRC didn't approve the IHP until 4/1/16. There was no documentation these medications were suspended until approved by the HRC.

Interview on 1/4/17 at 1:30 PM with staff D, E, G and F verified the medications were used for Client #5 before the facility had received approval from the HRC.

Client #10
Record review on 1/4/17 of Client #10's file revealed a form titled Rainier School Approval and Consent Form signed by the Client’s guardian on 12/7/16. Examination of the form revealed that the guardian signed “I do hereby give consent for the prescribed medication” and had also signed the section for “I do not give consent to changing to another medication in this class or adding a second medication”. It was not clear if the guardian understood what she was signing or if informed consent occurred due to the discrepancy.

Interview on 1/5/17 with Staff G verified there was
Continued From page 26

no clear consent for changing medications as the
guardian consented by signing in two places for
two different plans that conflicted with each other.

483.460(a)(3) PHYSICIAN SERVICES

W 322

The facility must provide or obtain preventive and
general medical care.

This STANDARD is not met as evidenced by:
Based on record review and interview, the facility
failed to ensure 1 of 9 Sample Clients (Client #7)
had an annual physical examination. This failure
put the Client at risk of any unidentified health
concerns, receiving preventative care and being
referred for specialized treatments as needed.

Findings include:

Record review on 1/3/17 and 1/5/17 of Client #7’s
records revealed an Annual Health Care
Assessment (AHCA) dated 10/27/15.

Interview on 1/5/17 at 8:49 AM with Staff H
verified the exam was not completed within the
required time frame.

W 454

483.470(l)(1) INFECTION CONTROL

The facility must provide a sanitary environment
to avoid sources and transmission of infections.

This STANDARD is not met as evidenced by:
Based on observations and interviews, the facility
failed to provide 1 of 9 Sample Clients (Client #8)
with a sanitary work environment or provide him
with Personal Protective Equipment (PPE) to
### W 454

Continued From page 27

prevent cross contamination or infection. This failure resulted in Clients being placed in environments where they were unprotected from infections and communicable diseases.

Findings include:

Observation on 1/3/17 from 9:45 AM to 10:50 AM at Suite #2 in Pine Hall revealed Client #8 at work in Adult Training Programs (ATP). Client #8 worked in the Toys area and was expected to unbox, clean, price, sort and box the donated toys. Client #8 was not wearing protective gloves or protective clothing while he performed his job. The Adult Training Specialist (ATS) brought a box of toys over to Client #8 who reached in and pulled out all the toys onto the sorting table. Four additional Clients who worked with toys were also observed not wearing gloves or protective clothing. Clients were served snacks at 10:00 AM, and none of the Clients left the work area to wash their hands prior to eating their snacks.

Interview on 1/4/17 at 1:00 PM with an ATS revealed Client #8’s work area receives toys, dolls and stuffed animals that were donated. The items had not been cleaned.

Interview on 1/5/17 at 3:00 PM with Staff J verified the Clients working in the toys area were not required to wear gloves.

### W 455

483.470(i)(1) INFECTION CONTROL

There must be an active program for the prevention, control, and investigation of infection and communicable diseases.
**Exhibit 3, Page 29**

### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>W 455</td>
<td>Continued From page 28</td>
<td>This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to design a program to locate, prevent and investigate potential areas of infection or communicable diseases in the Adult Training Programs (ATP). This failure resulted in Clients being exposed to infections or diseases while working in the ATP. Findings include: Observation on 1/3/17 from 9:45 AM to 10:50 AM at Suite #2 in Pine Hall revealed Client #8 at work in ATP. Client #8 worked in the Toys area and was expected to unbox, clean, price, sort and box the donated toys. Client #8 was not wearing any protective gloves or protective clothing while he performed his job. The Adult Training Specialist (ATS) brought a box of toys over to Client #8 who reached in and pulled out all the toys onto the sorting table. All of the other Clients working in the work area with toys were also not wearing gloves or aprons. Clients were served snacks at 10:00 AM, none of the Clients left the work area to wash their hands prior to eating their snacks. Interview on 1/5/17 at 9:00 AM with Staff W and X revealed the infection control nurse had been contacted, in the past, in regards to an infection control issue within ATP areas related to handling donated clothing and potential health concerns. Staff W stated Staff J had contacted her to discuss which types of items would pose a threat of communicable diseases and infections to Clients. Staff W informed Staff J clothing would most likely be the only threat to Clients. Staff W stated she was not asked to look at all the ATP areas to locate all potential issues of communicable diseases nor did she do a</td>
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**NOTE:** The above content is a sample of a page from a document. For a complete understanding, please refer to the original document.
**Exhibit 3, Page 30**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>D PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
</table>
| W 455   |            | Continued From page 29  
walk-through of ATP to ensure there were no other potential infection control concerns.  
Interview on 1/5/17 at 3:00 PM with Staff J verified she consulted with Staff W in regards to the transmission of communicable diseases and infections coming in from donations. Staff J confirmed Staff W had informed her that clothing would pose the greatest risk to Clients. Staff J and Staff W verified neither conducted an investigation of ATP to identify other areas where Clients might be in danger of contracting a communicable disease or infection. | W 455        |                                                                                                  |                      |