

Exhibit 7

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

PRINTED: 07/13/2017
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 03/21/2017
NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT C			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)	D 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 Complaint Investigation 3319555 conducted at Rainier School PAT C from 01/10/17 to 03/21/17. Failed provider practice was identified and a citation written.</p> <p>Complaint Investigations 3308952, 3309063, 3312563, 3312604, and 3315450 were also conducted at Rainier School PAT C from 01/10/17 to 03/21/17. No failed provider practice was identified and no citations were written for these complaints.</p> <p>The survey was conducted by: Olivia St. Claire 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> <p>Telephone: (360) 725-3215</p>	W 000			
W 189	<p>483.430(e)(1) STAFF TRAINING PROGRAM</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure staff was up to date with his CPR/First Aid training. This failure resulted in</p>	W 189			

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 189	<p>Continued From page 1</p> <p>Client #1 receiving the Heimlich maneuver when it was not indicated and placed the Client at risk of serious injury.</p> <p>Findings included:</p> <p>Record review on 02/23/17 of Rainier School Incident Report 906492 showed that Client #1 began to cough hard while eating a brownie. The staff wrote Client #1 was coughing off and on for about 4 minutes when he decided to do the Heimlich and then had him walk around the house "to keep his airway open". Client #1 stated repeatedly after this that he had a cold.</p> <p>During an interview on 03/21/17 at 12:15 PM, Staff A stated that he had been told he performed the Heimlich when it was not appropriate to do so as Client #1 was still breathing, he shouldn't have performed it while Client #1 was seated, and he shouldn't have had Client #1 walk around afterwards. Staff A also stated his CPR card was expired at the time.</p>	W 189			