DSHS WASHINGTON STATE Department of Social and Health Services

Assisted Living Facility
Contract and Certification Requirements

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

ENTRANCE DATE	LICENSOR NAME

Inspection Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

RCS has the authority to regulate to ALF contract requirements found within WAC 388-110 for all partially or fully funded state pay resident(s). For all contracts, the provider must develop and provide services as agreed upon in a negotiated service agreement developed according to WAC 388-78A including reasonable accommodations as required by RCW 70.129.

RCS also regulates to the memory care certification requirements found in WAC 388-78A for all facilities certified as a memory care facility or memory care unit.

Contract requirements pertain to state pay residents only whereas memory care certified facilities may pertain to either state pay or private pay residents. Select which contract(s) / certification the ALF holds and complete the corresponding sections below. If none, check none and skip the rest of this form.

☐ None

Contracts: ☐ AL ☐ ARC ☐ EARC ☐ EARC-SDC

Memory Care Certification: ☐ Yes ☐ No

Assisted Living (AL) (WAC 388-110-140 and 388-110-150)

Yes	No	Standard / Regulation	Notes
☐	☐	Provide the following: 1. Intermittent Nursing services 2. Medication administration 3. Personal care services 4. Supportive services that promote independence and self-sufficiency 5. Provide generic personal care items 6. Access to on-site washing machine and dryer 7. Provide beverages and snacks	
☐	☐	Resident room – meeting the requirements of a type “B” dwelling after 09/01/2004: 1. Single occupancy room (no exemption required if spouse) 2. Private bathroom with sink, toilet, shower or bathtub 3. Kitchen with refrigerator, microwave or stove top, counter or table, kitchen sink 4. Lockable door 5. 220 sq feet (180 sq feet before 09/01/2004)	
☐	☐	Includes storage for utensils / supplies, counter surface with knee space and wired for phone (if new after 09/01/2004)	
☐	☐	Accessible mailbox	

DSHS WASHINGTON STATE Department of Social and Health Services

Assisted Living Facility
Contract and Certification Requirements

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
ENTRANCE DATE	LICENSOR NAME

Inspection Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

☐	☐	Common areas: 1. Available at any time to residents 2. Smoke-free 3. Homelike 4. Outdoor areas	
Assisted Residential Care (ARC) (WAC 388-110-240 and 388-110-150)			
Yes	No	Standard / Regulation	Notes
☐	☐	Providing personal care services	
☐	☐	Ability to lock resident unit door if desired	
Enhanced Assisted Residential Care (EARC) (WAC 388-110-220)			
Yes	No	Standard / Regulation	Notes
☐	☐	No more than two residents per room	
☐	☐	Provide the following: 1. Intermittent nursing services 2. Medication administration 3. Personal care services 4. Supportive services promoting independence and self-sufficiency	
Enhanced Assisted Residential Care – Specialized Dementia Care (EARC-SDC) (WAC 388-110-220) and Memory Care Certification			
Memory Care Physical Environment requirements are found in Attachment I			
Yes	No	Standard / Regulation	Notes
☐	☐	No more than two residents per room	
☐	☐	Rooms: 1. Furnished and/or decorated to resident preference and needs 2. Accessible without staff assistance	
☐	☐	Providing the following: 1. Intermittent nursing services 2. Medication administration 3. Personal care services 4. Supportive services promoting independence and self-sufficiency 5. Provide generic personal care items (EARC-SDC only)	
☐	☐	Maintain either an EARC or AL contract in addition to EARC-SDC contract	
☐	☐	24-hour awake staff in each facility, unit, and/or cottage(s) responsive to resident's needs	

DSHS WASHINGTON STATE Department of Social and Health Services

Assisted Living Facility
Contract and Certification Requirements

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

ENTRANCE DATE	LICENSOR NAME

Inspection Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

☐	☐	Additional policies for: 1. Wandering 2. Actions to be taken regarding missing resident 3. Obtaining and using consultation resources to address behavioral issues	
☐	☐	Continuing Ed 12 hours / year requirement for staff to include 6 hours related to dementia.	
☐	☐	Routine eating assistance to include: 1. Extensive assistance, oversight, supervision, cuing and encouragement 2. Occasional total assistance when applicable. Note: tube feeding and IV feeding are not required.	
☐	☐	Daily activities: 1. Opportunities for independent, self-directed activities 2. Individual activities 3. Group activities 4. Activities that accommodate variations in mood, energy and preferences – based upon individual resident schedules and interests	
☐	☐	Public address system is used only for emergencies.	

Notes