

Residential Care Services (RCS)
Operational Principles and Procedures for
Adult Family Homes (AFHs)
LICENSING INSPECTIONS

FOLLOW-UP VISITS

I. Purpose

To determine if the home is back in compliance with the state licensing laws and rules cited in any previous inspection or complaint investigation.

II. Authority

[RCW 74.39A.060](#)

[RCW 70.128.070](#)

III. Operational Principles

The Licensor will:

- A. Focus the follow-up visit on the areas of deficient practice previously cited.
- B. Not delay the follow-up visit waiting for the Informal Dispute Resolution (IDR) results or an attestation of correction.

IV. Procedure

The Field Manager will:

- A. Consult with the Licensor or Investigator to determine if the of follow-up visit will be done by:
 - 1. Telephone verification;
 - 2. Documentation/letter verification; or
 - 3. On-site verification.
- B. Track any additional visits/citations once the home is initially out of compliance.
- C. Include the person who did the original inspection or complaint investigation in the follow up visit, whenever possible.
- D. Generally limit the practice of investigating new complaints during follow-up visits. If possible the follow-up visit should be completed before any new complaint investigation so that the provider is back in compliance before writing new citations.
- E. Will notify the Compliance Specialist/Assistant Director to strategize further enforcement action steps if the provider has failed the second follow-up visit.
- F. Only schedule a third follow-up visit after consultation with the Compliance Specialist/Assistant Director.

The Licensor will:

- A. Make follow-up visits within 10 to 15 days after the last date on the Plan of correction (POC) that the provider has indicated for compliance.
- B. During the follow-up visit only review information from the time period between the last date on the attestation of correction and the date of the follow-up visit to determine if the deficient practice has been corrected and the home is back in compliance.

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- C. Conduct the on site follow-up visit:
1. Consider the following prior to the follow-up visit:
 - a. Current deficient practice issues, including the nature, scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of each cited deficiency; and
 - b. The enforcement remedies imposed as a result of the inspection.
 2. Only do the inspection tasks necessary to determine if the deficient practice has been corrected.
 3. Focus the sample selection on residents who are most likely to be at risk of problems/conditions/needs resulting from the deficient practice cited in the original report.
 4. Only review evidence obtained between the provider's last date on the Attestation and the date of the revisit to make compliance decisions.
- D. Upon completion of all follow-up visits:
1. Record corrected and new or uncorrected deficiencies in FMS.
 2. Write a new Statement of Deficiencies for any new or uncorrected deficiencies.
 3. Process telephone, letter or document review follow-up visits in the same manner as an on-site follow-up visit.
 4. After the telephone call, letter, or document review determine if there is enough information to correct deficiencies, or to recommend to the manager that an on-site follow-up be conducted.
 5. Follow the appropriate tasks of the inspection process necessary to determine home compliance.
 6. Follow the decision making and Statement of Deficiency writing processes for any follow-up visit that results in uncorrected deficiencies.
 7. Follow the FMS processes necessary to schedule and complete the follow-up visit.

Information and Assistance

- A. General:
1. Citing additional issues not cited in the original visit should be a rarity and cited only following consultation with the Field Manager.
 2. Base the sample size on the deficient practice cited and the number of residents necessary to review in order to determine compliance. (You will likely need to include more than one resident in the sample in order to have enough information to determine compliance.)
 3. In order to be efficient, you will only complete the inspection tasks related to the deficient practice: i.e. focused preparation, entrance, focused tour, and focused observations and interviews.
- B. Failed follow-up visit:
1. When the first follow-up visit results in any deficiency the field will complete a second follow-up visit before day 90.

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- C. Telephone verification. Correction of the deficiencies may be verified by telephone when:
1. The deficiencies do not have a direct, adverse impact on resident care, i.e. citations are not associated with a negative or potentially negative resident outcome;
 2. The deficient practice issue is such that there are clear, objective criteria for determining compliance;
 3. The provider has a good history of compliance with the provision of care and services to residents; and
 4. Place a note recording the pertinent details of the telephone conversation in the facility file.
- D. Documentation/letter verification. Correction of deficiencies may be verified by letter or documentation submitted by the provider when:
1. The deficiencies do not have a direct, adverse impact on resident care, i.e. citations are not associated with a negative or potentially negative resident outcome;
 2. The home sends a letter that fully addresses the necessary actions taken by the home to implement the correction, whether their plan(s) worked and how and when correction was achieved; and
 3. The home sends copies of documents as verification, i.e. cardiopulmonary resuscitation/first aid cards, tuberculosis test results, orientation checklists, criminal background check results.
 - a. Place documentation in the facility file.
- E. On site verification. Corrections of deficiencies must be verified by an on-site visit:
1. For deficiencies with a negative or potentially negative resident outcome;
 2. When the documentation submitted by the provider does not adequately support the conclusion that correction has been achieved; and
 3. At the manager's discretion.



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Date