

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

GENERAL GUIDELINES

I. Purpose

To provide staff with consistent direction for licensing inspection and follow-up inspection.

II. Authority

[RCW 70.128.005](#)
[RCW 70.128.070](#)

[RCW 70.128.007](#)
[RCW 70.128.090](#)

III. Operational Principles

A. Residential Care Services (RCS) will conduct unannounced inspections in a licensed adult family home (AFH) at least every 18 months, except that:

1. RCS may inspect every 24 months if the AFH has:
 - a. No citations for the past three consecutive inspections; and
 - b. Received no conditions or citations resulting from complaint investigations during the same time period.

NOTE: The Field Manager has authority to require early inspections if problems are identified

B. The Field Manager must schedule adult family home inspections so that they are unpredictable, and result in a distribution of inspection times that follows a normal bell curve pattern.

1. Inspections must be done sooner (9-12 months) in homes with known problems, and later (16-18 months) in homes with a good track record. This would result in most of the homes being inspected between 13-15 months.

NOTE: An AFH inspection schedule where most homes are inspected at 17-18 months is not unpredictable.

C. The AFH will:

1. Meet, and always be in compliance with, the applicable minimum licensing requirements.
2. Correct all deficiencies in a timely manner; time frames must be acceptable to the department.
3. Begin correction of any citation as soon as they are notified of a deficiency.

IV. Procedures

General

The Licensor will:

- A. Follow the [Inspection Operational Principles and Procedures \(OPPs\)](#) to ensure consistent application of the inspection processes statewide.
- B. Use observations and interviews to determine provider compliance with the licensing laws and rules.

RCS OPP FOR AFHS
LICENSING INSPECTIONS – GENERAL GUIDELINES

- C. Use record reviews to validate concerns and issues identified by observation and interview.
- D. Only collect collateral information off-site after the last date on-site if necessary to determine and support deficient practice.
- E. Consult and clearly communicate general observations and/or concerns with the provider/staff throughout the inspection, without interfering with the ability to determine failed practice.

INSPECTION PROCEDURES

- A. The field staff will use the following inspection processes:
 - 1. Preparation for the on-site inspection
 - 2. Entrance on-site
 - 3. Tour
 - 4. Interview
 - 5. Observations.
 - 6. Medication Service
 - 7. Food Service
 - 8. Abuse / Neglect Prevention
 - 9. Resident Record Review
 - 10. Administrative Staff Record Review & Staff Interview
 - 11. Exit Preparation
 - 12. Exit
 - 13. Follow-up Inspection (*if needed*)

FOLLOW-UP PROCEDURES

- A. The field staff must use the following processes for a follow-up, focused on the areas needed to determine compliance with the issues of deficient practice.
 - 1. Focused Preparation for the on-site visit
 - 2. Entrance on-site
 - 3. Focused Tour
 - 4. Focused Interviews
 - 5. Focused Observations.
 - 6. Medication Service (only if medication issues were cited)
 - 7. Food Service (only if food service issues were cited)
 - 8. Abuse / Neglect Prevention (only if abuse/neglect issues were cited)
 - 9. Focused Resident Record Review
 - 10. Focused Administrative Staff Record Review and Staff Interview
 - 11. Exit Preparation
 - 12. Exit
 - 13. Additional follow-up Inspection (*if needed*)

RCS OPP FOR AFHS
LICENSING INSPECTIONS – GENERAL GUIDELINES

INFORMATION AND ASSISTANCE

A. Inspection:

1. The inspection is unannounced, therefore the Licensor will not disclose the planned date of the inspection to anyone; and
2. Licensors will minimize the disruption of the resident and/or home routines during the inspection process.

EXAMPLE: if you are working at the dining room table and it is the resident mealtime, you will need to move your items to another area of the home.

B. Dress and behavior:

1. Dress professionally; and
2. Interact with the provider, staff and residents in a courteous and respectful manner.

C. Data collection:

1. Delay in data collection may negatively impact the department's ability to cite or do enforcement; therefore
2. Be thorough, but collect data as quickly as possible.
3. Keep a detailed record of what you see, hear etc. Documentation should include sufficient data to support out compliance decisions.

D. Resident rights:

1. Monitor staff and residents throughout the inspection for resident rights including:
 - a. Honoring Choice - Right to refuse
 - b. Dignity

E. Observations are:

1. An important piece of data collection;
2. Generally require the gathering of additional information from more observations, from interviews and/or record review to clarify; and
3. By themselves, do not always verify a failed practice issue or concern.

F. Other considerations:

1. Be detailed and specific when identifying issues that need to be corrected. Be sure to clearly communicate all deficiencies in a manner that is consistent with the procedures described in the Exit and Exit Preparation OPPs.



Joyce Pashley Stockwell, Director
Residential Care Services

May 3, 2011
Date