Washington State Department of Social & Health Services

AGING AND LONG-TERM SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
"Transforming Lives"

CHAPTER 11
RESIDENTIAL INSPECTION AND QUALITY ASSURANCE

Residential Inspection and Quality Assurance (RIQA) – Overview

The "Field Analysis" portion of the application process includes an on-site preoccupancy inspection to determine if an applicant meets the licensing requirements for their particular facility. In Residential Care Services (RCS) the RIQA Program is responsible for completing pre-occupancy inspections in enhanced services facilities (ESFs), assisted living facilities (ALFs), and adult family homes (AFHs). In addition, for adult family homes, RIQA conducts an early quality assurance (Early QA) visit after licensure, when the home has residents, providing an opportunity for consultation with providers.

THE PREOCCUPANCY INSPECTION MUST COMPLY WITH THE FOLLOWING APPLICABLE STATE AND FEDERAL REGULATIONS:

- CHAPTER 388-107 – ENHANCED SERVICES FACILITIES
- CHAPTER 388-78A – ASSISTED LIVING FACILITIES
- CHAPTER 388-76 – ADULT FAMILY HOME MINIMUM LICENSING REQUIREMENTS
- CHAPTER 51.51 WAC - STATE BUILDING CODE
- TITLE 42 §441.530 HOME AND COMMUNITY-BASED SETTING
- CHAPTER 74.34 RCW – ABUSE OF VULNERABLE ADULTS
- CHAPTER 388-113 WAC – DISQUALIFYING CRIMES AND NEGATIVE ACTIONS
- CHAPTER 388-112 WAC - RESIDENTIAL LONG-TERM CARE SERVICES

SUBJECT MATTER EXPERT

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Washington State Department of Social & Health Services

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11A – ESF PRE-OCCUPANCY STANDARD OPERATING PROCEDURES

This section contains the Standard Operating Procedures that RCS staff are required to follow when conducting pre-occupancy inspections in an enhanced services facility (ESF).

A. **ESF Pre-Occupancy Standard Operating Procedures**

1. Receiving and Reviewing ESF Applications
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11A1 – Receiving and Reviewing ESF Applications

Background

The Business Analysis and Applications Unit (BAAU) receives, reviews and processes applications for ESF and they verify application materials by using a checklist. The BAAU staff communicate with providers and let them know when they are missing required materials from their applications. They also communicate with the Construction Review Department of Health (DOH) Construction review.

Procedure

A. BAAU staff will perform the following, using the ESF application checklist:
   1. Receive and review the application documents and enter data into the tracking system.
   2. Contact applicant and communicate clearly in writing, if application documentation is incomplete.
   3. Receive and review inspection results from CRS and proceed with application if approved.
   4. Initiate referral to the Residential Inspection and Quality Assurance Program and Fire Marshal's office when the packet is determined to be complete.
   5. Receive approval documentation from Residential Inspection and Quality Assurance Program and Fire Marshal's office.
   6. Document approval in FMS and issue the ESF license, when Residential Inspection and Quality Assurance Program and Fire Marshal's office approval is received.
      a. Retain documentation in accordance with record retention policies.

Residential Inspection and Quality Assurance Program Manager Responsibility

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

Quality Assurance Review

A. The Quality Assurance unit will review these procedures on a semi-annual basis for accuracy and compliance.

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11A2 – ESF General Guidelines

Background

An applicant for an ESF license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the ESF licensing process

RIQA Licensing staff will:

- Contact the Residential Inspection and Quality Assurance Program Manager when concerns arise during the initial licensing that involve interpretation of licensing laws and regulations.
- Communicate with the applicant and staff throughout the process, providing updates and information as needed and appropriate.
- Upon completion of a preoccupancy inspection, forward documentation of a completed preoccupancy inspection to the RIQAP Manager for final review.

The RIQAP Manager will:

- Consult with the Department of Health (DOH) Construction Review Services (CRS) and/or State Fire Marshal's office to clarify approved architectural and construction plans as needed.
- Upon licensor completion, the licensing packet will be forwarded to the Field Manager (FM) when inspection is completed

Procedures

The Licensor will:

A. Use the following Preoccupancy Inspection OPPs:
   1. Pre-Inspection Preparation;
   2. Entrance;
   3. Tour;
   4. Initial Applicant Meeting/Document Review;
   5. Facility Staff Record Review;
   6. Physical Plant Requirements;
   7. Exit Preparation;
   8. Exit Conference;
   9. Post Inspection Actions; and

B. Schedule an on-site preoccupancy inspection after receipt of the approved ESF application and construction review documents.

C. Verify that the Fire Marshall has approved the facility for licensing.

D. Begin with an entrance meeting with the applicant or designee where the licensor describes the Preoccupancy Inspection process.

E. Reference RCW and WAC requirements as they relate to the preoccupancy licensing inspection findings.

F. Conduct an exit conference to review areas not meeting the requirements.

G. Conduct a follow-up inspection as required
   1. Licensing staff may conduct limited follow up visits until licensing requirements are met.

H. Document findings from the preoccupancy licensing inspection as follows:
   1. If approved, send the preoccupancy inspection results letter to the applicant within 10 working days of the completion of the inspection with a copy to BAAU if approved; or
   2. If not approved, send the findings letter to the applicant with a request for a timeline for the follow-up inspections.
   I. The licensing staff will contact the Residential Inspection and Quality Assurance Program Manager when concerns arise during the initial licensing that involve interpretation of licensing laws and regulations.

J. Licensing staff will communicate with the applicant and staff throughout the process, providing updates and information as needed and appropriate.

K. Licensing staff may conduct limited follow up visits until licensing requirements are met.

L. Upon completion of a preoccupancy inspection, licensing staff will forward documentation of a completed preoccupancy inspection to the program manager for final review.

M. The program manager will consult with the Department of Health (DOH) Construction Review Services (CRS) and/or State Fire Marshal's office to clarify approved architectural and construction plans as needed.

N. Upon licensor completion, the licensing packet will be forwarded to the Field Manager (FM) when inspection is completed.

Information and Assistance

A. Licensors will attempt to minimize the disruption of the tenants, if applicable, and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.

B. Dress and behavior:
   1. Dress professionally; and
   2. Communicate with the applicant/designee in a courteous and respectful manner.

C. Data collection:

1. Data collection during the preoccupancy inspection consists of observations, meeting with the applicant or designee, and document review that is:
   a. Collected in a factual and objective manner; and
   b. Not affected by assumptions and personal opinions.
2. Timeliness of data collection:
   a. Licensors will collect data based on reviews and observations as quickly as possible.
   b. Licensors will collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license.
   c. Delay in data collection may negatively impact the department's ability to license a facility.

D. Observations:
1. Are an important part of data collection;
2. Are critical to either substantiate or rule out information obtained through document review and/or interview;
3. Generally require the gathering of additional information from additional observations, and/or document review to clarify or verify; and
4. Observations alone do not always support a failure to meet minimum requirements for licensure.

E. Licensors will contact their program manager for guidance when situations occur during the preoccupancy inspection process such as:
1. When something occurs that will likely extend the length of the onsite visit of the licensing visit;
2. If something has come up and next steps are unclear; or
3. If someone is impeding the preoccupancy inspection process.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A3 – ESF PRE-INSPECTION PREPARATION

BACKGROUND

The Initial Licensing preoccupancy inspection is scheduled with the applicant once all requested documentation has been received for the pre-inspection preparation review, and the State Fire Marshal has completed and approved their on-site visit.

- The Pre-Inspection Preparation:
  - Is to gather and analyze information regarding the enhanced service facility prior to entrance on-site
  - Occurs offsite, prior to the on-site visit.

PROCEDURES

The Licensor will:

A. Review the information obtained during the pre-inspection preparation including:
   1. The approved Construction Review Services (CRS) Report provided by the Department of Health (DOH); and
   2. Available data systems which have relevant applicant/designee information, including staff review of credentials.

B. Always leave the official ESF licensing file at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.

C. Ask applicant or designee if the room list has changed since making application to CRS for services. If so, have the applicant or designee submit an updated room list on the form provided by CRS.

D. Assemble supplies that may be needed prior to inspection: such as: thermometer, dishwasher temperature strips, hair restraints, tape measure, calculator, paper/pen, copies of RCWs and WACs pertaining to enhanced service facility and signs announcing the initial inspection, should the facility have residents.

Information and Assistance

A. Do not request a copy of the policy and procedures content, or the management agreement from the applicant or designee.

B. CRS will provide a draft room list within the project packet that was completed by the applicant or designee when they made application for services (see Initial Applicant Meeting/Document Review for full list of documentation provided by CRS).

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A4 – ESF ENTRANCE

BACKGROUND

The entrance introduces the licensor to the applicant or designee and establishes the tone of the inspection.

PROCEDURES

THE LICENSOR WILL:

A. Provide an overview of the inspection process with the applicant or designee or staff and cover the following during the entrance conference:
   1. Explain that the first step will be a guided tour of the facility as well as other areas accessed by the residents; and
   2. Request a contact person for the facility; either the applicant or designee must be present during the inspection.

B. Ask the applicant or designee to describe any special features of the facility pertaining to resident care and services.

Information and Assistance

A. Begin observations upon arrival at the facility and note any obvious exterior environmental issues, physical plant, or potential hazards.
   1. Entering the ESF:
      a. Enter the front/main entrance and go to the reception desk or lobby area to locate staff; and
      b. Do not tour the ESF without staff or applicant or designee present.
   2. Upon entrance:
      a. Make introductions to the applicant or designee and provide a business card;
      b. Have department nametag visible or show state ID card to applicant, designee or staff;
      c. Give the applicant, designee or staff a reasonable amount of time to complete whatever task with which they were involved before beginning or continuing the entrance conference; and
      d. If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.
   3. At all times during the inspection, remain aware of minimizing disruption of facility routines as much as possible.

4. Adjust procedures of the inspection accordingly; however, do not delay the process. If unable to do a certain inspection task, use that time to do another task related the inspection.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A5 – ESF INITIAL APPLICANT MEETING/DOCUMENT REVIEW

BACKGROUND

The RIQA Licensor reviews information about the facility gathered from document review and pre-inspection preparation.

- Document reviews will be conducted on site to verify compliance with licensing regulations, respond to questions and/or discrepancies.
- Discussions will include applicant or designee and other contacts if necessary to validate minimum licensing requirements.
- Licensing staff will not review management agreements.

PROCEDURES

The Licensor will:

A. Discuss and review with the applicant or designee information collected prior to the on-site inspection and check for changes in the information provided:
   1. On the application form,
   2. In the Construction Review Services (CRS) project packet:
      a. Project comment form;
      b. Overall Floor Plan;
      c. Functional Program Plan;
      d. Draft room list; and
      e. Certificate of Occupancy or other form of approval from local jurisdiction.

B. Identify other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (for example State Fire Marshal, Construction Review Services, Food Safety Code Officer).

C. Verify that the ESF has a policy and procedure manual.

   Note: Licensing staff is not required to review the content of the policy and procedure manual.

D. Verify if the applicant or designee has indicated that they want to have a Medicaid contract in their initial application and review the physical plant requirements related to the contract for which they are applying.

E. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components; whether hardcopy or electronic it must contain items listed in WAC 388-107-0040 through 0190.

Information and Assistance

A. During the meeting,

1. Use pre-preparation information, observations and informal interviews conducted during the tour and a brief review of the sample resident record to supply information and points of discussion.
2. Review the structural components of the record.
3. RCS Staff do not provide best practice information; they may provide contact information for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.

B. At the conclusion of the meeting:
   1. Allow the applicant or designee to ask questions or provide any additional information;
   2. If a follow up discussion is anticipated, inform the applicant or designee that they will be contacted to inquire as to their availability; and
   3. Complete documentation of discussion and review.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A6 – ESF TOUR

Purpose

To provide the licensing unit with an initial introduction to and observation of the physical environment to determine if the facility meets minimum licensing requirements.

Operational Principles

A. The tour is focused on the facilities environment, systems, and safety issues.

B. Data collection during the tour consists of observations and informal interviews or discussions.

C. RCS staff does not provide best practice information, they may provide contact information for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.

Procedures

The Licensor will:

D. Tour the facility as a team with the applicant or designee.

E. Conduct general observations of interior and exterior environments and document the tour information.

F. Observe the physical environment for maintenance and safety early in the initial licensing inspection. If environmental issues are identified during the tour, licensors will have more time to conduct in-depth observations throughout the inspection.

G. Observation of the following areas will occur:

Interior environment:

1. Identify and conduct general observations of all areas designated for resident use;
2. Observe if common areas are homelike;
3. Observe resident furnishings, beddings, walls and floors to ensure they are maintained and clean;
4. Ask the applicant or designee to explain how the 'resident to facility' communication system operates;
5. Observe for adequate lighting necessary for safety and needs of residents; is there adequate lighting for residents to do what they want to do and for staff to do what they need to do;
6. Measure for room temperature – capable of 75º F for areas occupied by residents and 70º F for non-resident areas and

7. Conduct initial kitchen tour and observe for compliance with (a) through (h) of 388-107-0920 WAC, as well as for general cleanliness and sanitation practices.

Exterior environment:

1. Walk outside and around the property of the ESF;
2. Note the area utilized for storage of garbage and refuse;
3. Observe for rodent/pest presence;
4. Observe exterior exit;
5. Observe for resident access to outside without staff assistance and note uneven walking areas or unsafe areas;
6. Note any areas with restricted egress and determine if consistent with WAC requirements;
7. Determine that there is an outside area accessible and protected from the elements for residents to walk;
8. Observe for unsafe stairs, ramps, and hand rails requiring maintenance.

Information and Assistance

A. Communicate with the applicant or designee throughout the tour regarding the features of the facility, clarification, and enhancement of observation and/or concerns.

B. Provide an explanation of the onsite visits and provide the applicant or designee a business card for each onsite licensor.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A7 – ESF Facility Staff Record Review

Background

To review facility staff records to ensure that the ESF employs individuals that meet the requirements for training, certification, experience, qualifications, and credentials to provide the care and services for the residents.

The ESF is responsible for:

- Orientation of each staff member and ensuring all staff members meet the training requirements specified in chapters 388-107 WAC and RCW 70.97.080.
- Developing a system to ensure that documents related to the administrator and each staff's qualifications, training, and other requirements, are obtained and maintained on the ESF premises and easily accessible to department staff.
- Records for all identified staff must be reviewed.

Procedures

The Licensor will:

A. Request an ESF staff list at the entrance.
   1. If the facility does not have any staff employed at the time of the pre-occupancy licensing inspection, request and review documentation of the staffing model to ensure that it meets the regulatory requirements.

B. Request copies of credentials for identified staff from the facility representative.

C. Review staff credentials and other qualifications as they pertain to their job requirements and document the review in working papers.

D. Review background checks for all (100%) staff.

Residential Inspection and Quality Assurance Program Manager Responsibility

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

Quality Assurance Review

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A8 – ESF PHYSICAL PLANT REQUIREMENTS

Purpose

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems.

Operational Principles

A. The Department of Health, Construction Review Services (CRS) completes a construction plan review prior to the preoccupancy inspection. The primary purpose of this inspection is a high level validation that the building was actually constructed in accordance with the approved design.

B. Review of the Project Comment Form in the CRS approval packet to identify where the plan reviewer has documented deficiencies that need to be verified during inspection.

Procedures

The Licensor will:

A. Validate the "Approved Sleeping Room List" provided by Construction Review Services (DSHS 10-389).

1. Record any discrepancies, corrections or additional information you found during the on-site inspection on the "Additional Rooms List" (DSHS 10-389A)
   a. Following the inspection, reconcile the information provided by Construction Review Services with the program manager.
   b. Make three copies and distribute the room list(s) as follows:
      i. The Enhanced Services Facility applicant or designee;
      ii. The Business Analysis and Applications Unit, RCS Headquarters; and
      iii. The Enhanced Services Facility licensing file.

B. Review information provided by the Department of Health (DOH), Construction Review Services (CRS). The approval packet includes the following:

1. Project comment form;
2. Overall floor plan;
3. Functional program;
4. Draft room list; and
5. Certificate of Occupancy or other form of approval from the local jurisdiction.

C. Verify the capacity of the existing facility by performing the following checks:

1. Reconcile the room count on the room list; and
2. Verify room sizes by review of one of each room configuration and contract type.

D. Verify that key furnishings and equipment are installed and ready to be used by residents:
1. Laundry equipment;
2. Furnishings; and
3. Communication system (if provided).

E. Verify that key building systems are installed, functioning and ready for use:
1. Heating system;
2. Cooling system (if provided);
3. Telecommunications;
4. Hot water; and
5. Food service preliminary inspection (including food service equipment).

Information and Assistance

A. Measuring of any rooms is not required unless a significant observation of a discrepancy is noted, such as:
1. Layout of facility or rooms is significantly different than the overall plan provided by CRS; and
2. Discrepancies between the action approved in the CRS project comment form and actual construction.

B. The Initial Licensing Program Manager will report the significant discrepancies to CRS.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.
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11A9 – ESF EXIT PREPARATION

Purpose

To prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes, and determine whether the facility will be recommended for licensure.

Operational Principles

A. The exit preparation occurs at the end of the inspection prior to the exit.

B. A team meeting is conducted to review and analyze the data collected and determine unmet licensing requirements, based on the regulations and/or statutes.

Procedures

The licensor will:

A. Communicate with the applicant or designee throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.

B. Notify the applicant or designee when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.

C. Review all information collected during inspection process.

D. Schedule the exit conference with the applicant or designee to attend.

E. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the applicant or designee.

F. Not provide best practice information, though contact information may be provided for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.

Information and Assistance

A. If more than one RCS staff is present for the inspection, conduct a team meeting in order to collaborate and identify concerns based on observations and record reviews that may lead to unmet licensing requirements.

B. Document and prioritize the information about unmet licensing requirements.

C. Conduct the exit preparation in a setting that is on-site and allows for privacy;

D. Review exit preparation as it may not be the final determination of met or unmet licensing requirements.

E. Continue further analysis and data collection if needed after the on-site visit.

F. Document if further information will be required after the exit and establish the licensor responsible for that data collection.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A10 – ESF EXIT

Purpose

To provide the applicant or designee with information on the results of the inspection, the identified licensing requirement deficiencies and findings; and to provide the applicant or designee an opportunity to present additional information.

Authority

RCW 70.97

Operational Principles

A. The exit conference occurs at the end of the preoccupancy inspection.

B. The exit conference is conducted with the RCS Initial Licensing Program and the applicant or designee.

C. The licensor identifies unmet licensing requirements at the exit conference and they must be regulatory based.

D. Because the licensors have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be unexpected by the applicant/licensee.

E. The exit conference is held in a private setting in the facility, observing confidentiality and encouraging dialogue.

II. Procedures

The Licensor will

A. Be required to discuss specific issues throughout the exit conference if needed, however the RCS team leader/coordinator will facilitate the exit conference.

B. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.

C. Indicate to applicant or designee recommendation for license will be processed, if requirements are met.

D. If, after the exit, licensors make changes or additions to the information presented at the exit, a licensor will contact the applicant with information about the changes prior to sending the approval or denial letter for licensing.

III. Information and Assistance

A. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit conference.

B. Provide the information in an organized manner.

C. Provide the applicant or designee an opportunity to discuss, ask questions and present related additional information.

D. Inform the applicant or designee of the process following the exit conference and what to expect, including further data collection, approval or denial letter.

E. Clarify that if further information is obtained after the exit conference, the applicant will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit conference.

F. Notify the applicant of any delays in their receipt of the approval or denial letter.

G. Ensure the applicant or designee has a business card and contact phone number for the assigned licensor that completed the inspection.

H. Thank the applicant or designee for cooperating with the inspection.

I. Provide contact information for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance. RCS staff does not provide best practice information.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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11A11 – ESF POST INSPECTION ACTIONS

Background

Provide direction for actions to take when the applicant or designee has met the licensing requirements, or has not met them.

Procedures

A. Determine whether to recommend licensure, if the inspection results confirm that the applicant or designee meets the applicable minimum licensing requirements.

B. Determine whether to prepare for the next inspection if applicant or designee does not meet the minimum licensing requirements.

Responsibilities

The Licensor will: (If the applicant or designee **meets** the licensing requirements)

A. Notify Residential Inspection and QA Program Manager that an applicant meets minimum licensing requirements and licensure is recommended

B. Prepare the licensing file for closure and forward the facility file to the Initial Licensing Program Manager who will return it to the BAAU.

The Licensor will: (If the applicant or designee **does not meet** the licensing requirements)

A. Prepare and send a notice letter by certified mail, within 10 working days after exit.

1. Identify areas that do not meet the licensing requirements;
2. Applicants that do not meet all of the licensing requirements during the initial onsite inspection may have follow-up inspections.
3. Let the applicant know that subsequent visits will be scheduled after receiving a written request, according to next available date/time on licensors schedule. Instruct the applicant to request a follow up inspection in writing to the licensor when they have corrected the identified areas.

B. If the applicant still does not meet all of the licensing requirements after the third follow-up visit:

1. Prepare and send a notice letter by certified mail, within 10 working days after exit.
   a. Identify areas that do not meet the licensing requirements;
   b. Let the applicant or designee know that any additional visits must be approved before they can be scheduled.

2. The Initial Licensing Program Manager will make a referral to the Office Chief for Department Review.
3. The Department Review may permit a third follow-up inspection, or deny the license application, or give the applicant or designee an opportunity to withdraw their application.

I. Information and Assistance

A. Follow-up inspections will be brief, focused and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. RIQAP Manager will conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. This procedure will be reviewed for accuracy and compliance at least every two years.

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Washington State Department of Social & Health Services

11B – ALF PRE-OCCUPANCY STANDARD OPERATING PROCEDURES

This section contains the Standard Operating Procedures that RCS staff are required to follow when conducting pre-occupancy inspections in an assisted living facility (ALF).

B. **ALF Pre-Occupancy Standard Operating Procedures**

1 General Guidelines

2 Pre-Inspection Preparation

3 Entrance

4 Tour

5 Initial Applicant Meeting / Document Review

6 Physical Plant Requirements

7 Exit Preparation

8 Exit

9 Post Inspection Actions

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Washington State Department of Social & Health Services

11B1 – ALF GENERAL GUIDELINES

Background

To provide licensors with consistent directions to determine if applicant or designee meets the minimum licensing requirements.

Procedures

A. The licensing staff will follow the written initial licensing inspection principles and procedures to ensure that the initial inspection visits are done in a consistent manner.

B. An applicant for an ALF license must meet the applicable minimal licensing requirements established in law and regulation.

C. The pre-inspection preparation will occur offsite, prior to the on-site visit.

D. The preoccupancy initial inspections are a critical component in the ALF licensing process.

E. The licensing staff will contact the program manager when concerns arise during the initial licensing visit that involves interpretation of licensing laws and regulations.

F. Licensors may conduct limited follow up visits until licensing requirements are met.

G. Upon completion of a preoccupancy initial licensing inspection, licensing staff will document findings from the initial licensing inspection as follows:

If approved, send the initial licensing results letter to the applicant within 10 working days of the completion of the inspection with a copy to BAAU if approved; or

If not approved, send the findings letter to the applicant with a request for a timeline for the follow-up inspections.

H. For newly licensed facilities, forward documentation of the completed initial licensing inspection to the program manager for final review.

I. The program manager will consult with the Department of Health's (DOH), Construction Review Services (CRS) program to clarify approved architectural and construction plans as needed.

Responsibilities

THE LICENSOR WILL:

A. Use the following Preoccupancy Initial Licensing Inspection SOPs:

1. Pre-Inspection Preparation;
2. Entrance;

3. Tour;
4. Initial Licensee Meeting/Document Review;
5. Physical Plant Requirements;
6. Exit;
7. Post Inspection Actions; and
8. Follow-up Inspections.

B. Schedule an on-site initial licensing inspection after receipt of the approved ALF application and construction review documents.

C. Verify that the Fire Marshall has approved the facility for initial licensing.

D. Upon entry of the facilty, begin inspection with an entrance meeting with the applicant or designee where the licensor describes the Preoccupancy Initial Licensing Inspection process.

E. Reference RCW 18.20 and WAC 388-110 requirements as relates to the initial licensing inspection.

F. Conduct an exit conference to review areas not meeting the requirements.

G. Conduct a follow-up initial inspection as required.

Information and Assistance

A. Licensors will attempt to minimize the disruption of the tenants and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.

B. Dress and behavior:
   3. Dress professionally; and
   4. Communicate with the applicant / designee in a courteous and respectful manner.

C. Data collection:
   3. Data collection during the initial inspection consists of observations, meeting with the applicant or designee, document review and is:
      c. Collected in a factual and objective manner; and
      d. Not affected by assumptions and personal opinions
   4. Timeliness of data collection:
      d. Collect data based on reviews and observations as quickly as possible;
      e. Collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license; and
      f. Delay in data collection may negatively impact the department's ability to license a facility.

D. Observations:
   1. Are an important part of data collection;

2. Are critical to either substantiate or rule out information obtained through document review and/or interview;
3. Generally require the gathering of additional information from additional observations, and/or document review to clarify or verify; and
4. Observations alone do not always support a failure to meet minimum requirements for licensure.

E. Contact the program manager for guidance when situations occur during the preoccupancy initial licensing inspection process:
   1. When something occurs that will likely extend the length of the onsite visit of the licensing visit;
   2. If something has come up and you are not sure how to proceed; or
   3. If someone is impeding the preoccupancy initial licensing inspection process.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B2 – ALF PRE-INSPECTION PREP

Background

To gather and analyze information regarding the assisted living facility prior to entrance on-site.

Procedures

The preoccupancy initial licensing inspection is scheduled with the applicant once all requested documentation has been received for the pre-inspection preparation review, and the State Fire Marshal has completed and approved their on-site visit.

Responsibilities

The Licensor will:

A. Review the information obtained during the pre-inspection preparation including:

B. Review of the approved Construction Review Services (CRS) Report provided by the Department of Health (DOH); and

C. Search available data systems to find any significant applicant / designee information.

D. Always leave the official ALF licensing file at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.

E. Assemble supplies that may be needed prior to inspection: such as, thermometer, dishwasher temperature strips, tape measure, calculator, paper/pen, RCWs and WACs pertaining to assisted living facilities.

F. Request the management agreement from the applicant or designee.

Information and Assistance

Do not request a copy of the policy and procedures content from the applicant or designee. Only verify that the facility has the required policy and procedures as identified in WAC.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B3 – ALF ENTRANCE

Background

To initiate the scheduled preoccupancy initial licensing inspection of the assisted living facility and to review any updated information on the physical environment provided by the applicant or designee during the pre-inspection preparation.

Procedures

The entrance introduces the licensor to the applicant or designee and establishes the tone of the inspection.

Responsibilities

THE LICENSOR WILL:

A. Review the inspection process with the applicant or designee or staff and cover the following during the entrance conference:
   1. Explain that the first step will be a guided tour of the facility as well as other areas accessed by the residents; and
   2. Request a contact person for the facility. Either the applicant or designee must be present during the inspection.

B. Ask the applicant or designee to describe any special features of the facility pertaining to resident care and services.

Information and Assistance

Begin observations immediately upon arrival at the facility. Note any obvious exterior environmental issues, physical plant, or potential hazards.

1. Entering the assisted living facility:
   a. Enter the front/main entrance and go to the reception desk or lobby area to locate staff; and
   b. Do not tour the ALF without staff or applicant or designee present.
2. Once introduced to the applicant or designee:
   a. Make introductions to the applicant, or designee and provide a business card;
   b. Have department nametag visible or show state ID card to applicant, designee or staff;
   c. Give the applicant, designee or staff a reasonable amount of time to complete whatever task with which they were involved with before beginning or continuing the entrance conference; and

   d. If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.

3. At all times during the inspection, remain aware of minimizing disruption of facility routines as much as possible.
4. Adjust procedures of the inspection accordingly. However, do not delay the process. If unable to do a certain inspection task, use this time to do another task of the inspection.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B4 – ALF TOUR

Background

To provide the licensing unit with an initial introduction to and observation of the physical environment to determine if the facility meets minimum licensing requirements.

Procedures

The tour is focused on the facilities environment, systems, and safety issues. Data collection during the tour consists of observations and informal interviews or discussions.

Responsibilities

The Licensor will:

A. Tour the facility as a team with the applicant or designee.

B. Conduct general observations of interior and exterior environments and document the tour information

C. Observe the physical environment for maintenance and safety early in the initial licensing inspection. If environmental issues are identified during the tour, licensors will have more time to conduct in-depth observations throughout the inspection.

D. The following areas must be observed by the end of the tour:

Interior and exterior environment:

1. Identify and conduct general observations of all areas designated for resident use;
2. Observe if common areas are homelike;
3. Resident furnishings, beddings, walls and floors are maintained and clean;
3. Note any areas with restricted egress and determine if consistent with WAC requirements;
4. Ask the applicant or designee to explain how the 'resident to facility' communication system operates;
5. Observe for adequate lighting necessary for safety and needs of residents; is there adequate lighting for residents to do what they want to do and for staff to do what they need to do;
6. Measure for room temperature – maintained at comfortable temperature for resident living (at least 60º F during sleeping hours; at least 68º F during waking hours); and
7. Conduct initial kitchen tour and observe for general cleanliness and sanitation practices.
8. Walk outside and around the property of the ALF;

9. Note the area utilized for storage of garbage and refuse;
10. Observe for rodent/pest presence;
11. Observe exterior exit;
12. Observe for resident access to outside without staff assistance and note uneven walking areas or unsafe areas;
13. Note any areas with restricted egress and determine if consistent with WAC requirements;
14. Determine that there is an outside area accessible and protected from the elements for residents to walk;
15. Observe for unsafe stairs, ramps, and hand rails requiring maintenance; and
16. In secure units, including EARC-SDC, access to outdoors, observe for wall or fence surrounding outside area at least 72 inches high.

Information and Assistance

A. Communicate with the applicant or designee throughout the tour regarding the features of the facility, clarification, and enhancement of observation and/or concerns.

B. Provide an explanation of the onsite visits and provide the applicant or designee a business card for each onsite licensor.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B5 – ALF Initial Applicant Meeting/Document Review

Background

To review information about the assisted living facility gathered from document review and the initial tour.

Procedures

Document reviews will be conducted on site to verify compliance with licensing regulations, respond to questions and/or discrepancies.Discussions will include applicant or designee and other contacts if necessary to validate minimum licensing requirements.

Responsibilities

The Licensor will:

A. Discuss with the applicant or designee to review information collected prior to the on-site inspection, check for changes in the information provided.
   1. Initial licensing application
   2. Construction Review Services (CRS) project packet for the following:
      a. Project comment form;
      b. Overall Floor Plan;
      c. Functional Program Plan;
      d. Draft room list; and
      e. Certificate of Occupancy or other form of approval from local jurisdiction.

B. Identify other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (for example State Fire Marshal, Construction Review Services, Food Safety Code Officer).

C. Verify the policy/procedure manuals include the following policies that are specific to chapter WAC 388-78A-2600, do not review for content.

D. Verify if the applicant or designee has indicated that they want to have a Medicaid contract in their initial application. Review the physical plant requirements related to the contract for which they are applying.

E. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components, whether hardcopy or electronic it must contain items listed in WAC 388-78A-2390 through 2410.

Information and Assistance

A. During the meeting: Use pre- preparation information, observations and informal interviews conducted during the tour, and a brief review of the sample resident record to supply information and points of discussion.
   1. The content of the documentation, such as the policy and procedures manual, liability insurance, etc., will not be reviewed by the licensing staff, only the structural components of the record.
   2. Management agreements will not be reviewed by the licensing staff.

B. At the conclusion of the meeting:
   1. Allow the applicant or designee, to ask questions or provide any additional information;
   2. If a follow up discussion is anticipated, inform the applicant or designee that you may need to contact them again and inquire as to their availability; and
   3. Complete documentation of discussion and review.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B6 – ALF PHYSICAL PLANT REQUIREMENTS

Background

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems.

Procedures

The Department of Health, Construction Review Services (CRS) has completed a construction plan review. The primary purpose of this survey is a high level validation that the building was actually constructed in accordance with the approved design. Review of the Project Comment Form in the CRS approval packet, to identify where the plan reviewer has documented deficiencies that need to be verified on survey.

Responsibilities

The Licensor will:

A. Measure only one of each configuration type of the resident rooms. Document each room configuration types square footage, capacity, and room type on a blank page or a notes page of the ALF working papers. Forward to RIQA manager as part of the license recommendation.

B. Review information provided by the Department of Health's (DOH), Construction Review Services (CRS) program. The approval packet includes the following:

1. Project comment form;
2. Overall floor plan;
3. Functional program;
4. Draft room list; and
5. Certificate of Occupancy or other form of approval from the local jurisdiction.

C. Verify the capacity of the existing facility by performing the following checks:

1. Reconcile the room count on the room list; and
2. Verify room sizes by review of one of each room configurations and contract type.

D. Verify that key furnishings and equipment are installed and ready to be used by residents:

1. Laundry equipment;
2. Furnishings; and
3. Communication system (if provided)

E. Verify that key building systems are installed, functioning and ready for use:

1. Heating system;
2. Cooling system (if provided);
3. Telecommunications;
4. Hot water; and
5. Food service preliminary inspection (including food service equipment).

F. Identify that each sleeping room or apartment configuration that has an ALF contract that requires a separate or private bathroom with a sink, toilet, and bathtub or shower.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.
4. Enter the room list data into FMS, and email a finalized copy of the FMS room list to the facility provider.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B7 – ALF EXIT PREPARATION

Background

To prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes and determine whether the facility will be recommended for licensure.

Procedures

The exit preparation occurs at the end of the inspection prior to the exit. An RCS team meeting is conducted to review and analyze the data collected and determine whether there are unmet licensing requirements based on the regulations and/or statutes.

The team will collaborate to identify concerns based on observations, and record reviews that may lead to unmet licensing requirements.

Responsibilities

The Licensor will:

A. Communicate with the applicant or designee throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.

B. Conduct the exit preparation in a setting that is on-site and confidential.;

C. Notify the applicant or designee when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.

D. Review information and deficiencies.

E. Document and prioritize the information about unmet licensing requirements.

F. Schedule the exit conference with the applicant or designee to attend.

G. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the applicant or designee.

Information and Assistance

A. Exit preparation may not be the final determination of met or unmet licensing requirements.

B. Further analysis and data collection may continue after the on-site visit.

C. Note if further information will be required after the exit and establish the licensor responsible for that data collection.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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Washington State Department of Social & Health Services

11B8 – ALF EXIT

BACKGROUND

To provide the applicant or designee with information on the results of the inspection, the identified licensing requirement deficiencies and findings; and to provide the applicant or designee an opportunity to present additional information.

- The exit conference occurs at the end of the initial inspection.
- The exit conference is conducted with the RCS Initial Licensing Program and the applicant or designee.
- Unmet licensing requirements identified by the licensor at the exit must be regulatory based. Because the licensors have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be a surprise.
- The exit conference is held in a private setting in the facility, observing confidentiality and encouraging dialogue.

RESPONSIBILITIES

The Licensor will

A. Be required to discuss specific issues throughout the exit if needed, however the RCS team leader/coordinator will facilitate the exit.

B. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.

C. If licensing requirements are met, indicate to applicant or designee recommendation for licensor will be processed.

D. If, after the exit, licensors make changes or additions to the information presented at the exit, a licensor will contact the applicant with information about the changes prior to sending the approval or denial letter for licensing.

Information and Assistance

A. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit.

B. Provide the information in an organized manner.

C. Provide the applicant or designee an opportunity to discuss, ask questions and present related additional information.

D. Inform the applicant or designee of the process following the exit and what to expect, including further data collection, approval or denial letter.

E. Clarify that if further information is obtained after the exit, the applicant will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit.

F. Notify the applicant of any delays in their receipt of the approval or denial letter.

G. Ensure the applicant or designee has a business card and contact phone number for the assigned licensor that completed the inspection.

H. Thank the applicant or designee for their cooperation with the inspection.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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11B9 – ALF POST INSPECTION ACTIONS

Background

Provide direction for actions to take when the applicant or designee has met the licensing requirements, or has not met them.

Procedures

Determine whether to recommend licensure, if the inspection results confirm that the applicant or designee meets the applicable minimum licensing requirements; and whether to recommend denial if applicant or designee does not meet the minimum licensing requirements.

Responsibilities

The Licensor will: (If the applicant or designee **meets** the licensing requirements)

A. Search available data systems to find any significant applicant and designee information.

B. Notify RIQAProgram Manager that an applicant meets minimum licensing requirements and licensure is recommended

C. Return the BAAU file to BAAU.

The Licensor will: (If the applicant or designee **does not meet** the licensing requirements)

A. Search available data systems to find any significant applicant and designee information.

B. Prepare and send a notice letter by certified mail, within 10 working days after exit.

   1. Identify areas that do not meet the licensing requirements;
   2. Applicants that do not meet all of the licensing requirements during the initial onsite inspection may have follow-up inspections.
   3. Let the applicant know the second visit will be scheduled after receiving a written request, according to next available date/time on licensors schedule. Instruct the applicant to request a follow up inspection in writing to the licensor when they have corrected the identified areas.

C. If the applicant still does not meet all of the licensing requirements after the second follow-up visit:

   1. Prepare and send a notice letter by certified mail, within 10 working days after exit.

      a. Identify areas that do not meet the licensing requirements;

b. Let the applicant or designee know that any additional visit must be approved before it can be scheduled.

2. The RIQA Program Manager will make a referral to the Operations Office Chief for the Department Review committee.
3. The Department Review committee may permit a third follow-up inspection, or deny the license application, or give the applicant or designee an opportunity to withdraw their application.

Information and Assistance

Follow-up inspections will be brief, focused and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

RIQA Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

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Washington State Department of Social & Health Services

11C – AFH PRE-OCCUPANCY STANDARD OPERATING PROCEDURES

This section contains the Standard Operating Procedures that RCS staff are required to follow when conducting pre-occupancy inspections in an adult family home (AFH).

C. **AFH Pre-Occupancy Standard Operating Procedures**

1. General
2. AFH Application Intake
3. Pre-Inspection Preparation
4. Entrance Conference
5. Physical Environment
6. Exit
7. Post Inspection Actions
8. Follow-Up Inspection
9. Department Review
10. Application Void/Close File

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Washington State Department of Social & Health Services

11C1 – AFH PRE-OCCUPANCY INSPECTION GENERAL GUIDELINES

BACKGROUND

The purpose of AFH pre-occupancy inspection preparation is to provide licensors with consistent directions to determine if applicant or designee meets the minimum licensing requirements.

An applicant must complete the application process and be licensed within 12 months from the date the Department received the application.

RCS Director, or designee, has the authority to:

- Grant an AFH license;
- Deny the application for an adult family home license; or
- Approve the recommendation for voiding an application and closing the application file;

The assigned licensor will make initial contact with the applicant to review the application file and to schedule the onsite licensing inspection according to the procedures outlined in this document.

The Program Manager (PM), or designee will recommend whether the applicant should be licensed or not through the Facility Management System (FMS).

The Business Analysis Application Unit (BAAU) will issue the adult family home license after the RCS Director, or designee, approves the recommendation.

Pre-Occupancy Licensing Inspection "Working Papers" files will be kept at Residential Care Services (RCS) central files.

PROCEDURE

A. **The licensor will:**

1. Review the application file.
2. Review available data systems which have relevant applicant/designee information, including staff review of credentials.
3. Always leave the official AFH application file at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.
4. Assemble supplies that may be needed prior to inspection: such as: thermometer, tape measure, calculator, and copies of RCWs and WACs pertaining to AFHs.

PROGRAM MANAGER RESPONSIBILITY

A. BAAU completes their review of the application file and forwards to the RIQA program in FMS.

B. The PM will follow Section 11C2 – AFH Application Intake; completing *Attachment A*[1] of the AFH pre-occupancy licensing working papers

C. The PM will recommend licensure if the applicant meets the state minimum licensing requirements; or

   1. Recommend denying the license if they do not meet the requirements.

D. In general, the PM will recommend offering the applicant the opportunity to withdraw their application before the denial process begins.

E. The PM may recommend voiding the application if the applicant is not licensed within 12 months from the date the Department received the application.

F. PM will conduct the following activities in relation to this procedure:

   1. Train new staff and ensure they are able to demonstrate they understand this procedure.
   2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
   3. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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Washington State Department of Social & Health Services

11C2 – AFH Application Intake

Background

The purpose of application intake is to provide direction for the intake of an Adult Family Home (AFH) license application file received from the Business Analysis and Application Unit (BAAU) and assignment to Residential Inspection Quality Assurance (RIQA) Licensor for the initial licensing inspection.

Procedures

A. **The PM (or designee) will:**

1. Date stamp the BAAU application checklist.
2. Assign application to a licensor.
3. Enter applicant information into RIQA Initial and QA Tracking System.
4. Set-up the AFH initial working papers for licensor.
5. Review the paperwork in application file:
   a. Identify any questions, issues or missing documentation;
   b. Save scanned documents from BAAU to the "Q" drive; and
   c. Notify the licensor about a new application assigned in FMS and the files available on the "Q" drive.

NOTE: If the Resident Manager or Co-Provider changes from original application, stop the Intake Process and refer the application back to the BAAU. BAAU will gather all the necessary information on this new Resident Manager/Co-Provider.

Quality Assurance Review

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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Washington State Department of Social & Health Services

11C3 – AFH PRE-INSPECTION PREPARATION

BACKGROUND

The purpose of AFH pre-occupancy inspection preparation is to gather and analyze information regarding the AFH prior to entrance on-site.

PROCEDURES

A. **The licensor will:**

1. Create a file for the applicant's pre-occupancy licensing inspection.
   a. Print the AFH pre-occupancy licensing working papers and any documents needed in hard copy;
   b. Review the file packet for completeness;
   c. Identify any issues identify or missing paperwork; and
   d. Review the building inspection checklist.
2. Contact the applicant by telephone – record results AFH pre-occupancy working papers.
   a. Discuss any issues or concerns with the application file;
   b. Request copies of any missing information/forms needed to review prior to inspection;
   c. Briefly explain the inspection process. Inform applicant that everything must be ready before the on-site visit;
   d. Schedule the onsite visit only if the applicant assures you that the house and all systems are ready;
   e. Inform applicant to notify you immediately if a problem occurs and the applicant will need to re-schedule the pre-occupancy inspection;
   f. Follow up the telephone conversation by:
      i. Drafting a confirmation letter, which includes the time and date of scheduled inspection, as well as, check marking any documents that need to be submitted
      ii. Send letter by email or certified mail;
      iii. Print a copy for your working file; and
      iv. Send the AFH Pre-occupancy Inspection Preparation Checklist with the confirmation letter.
3. If the applicant cannot be reached by phone after three attempts, record results on AFH pre-occupancy licensing working papers and:
   a. Draft the "unable to contact" letter;

   b. Send letter by certified mail; and
   c. Print copy for your working file.
4. If the applicant states during the initial telephone call, they are not ready for the pre-occupancy inspection, request the applicant send a written statement saying they are not ready and when they anticipate being ready. Record results on AFH pre-occupancy licensing working papers and:
   a. Notify the PM about the postponement.
   b. Draft the "agreeing to postpone" letter;
   c. Send letter by certified mail; track receipt; and
   d. Print copy for your working file.
5. Enter the following information into RIQA Tracking System (AFH)
   a. First attempt to contact the applicant
   b. First scheduled on-site pre-occupancy licensing inspection date
   c. Makes notes in far right column if necessary re postponement, etc.
   d. Use the RIQA Tracking System (AFH) for tracking onsite visits, notice letter timeframes, and for communicating ongoing dates and details to the PM.
   e. If pre-occupancy licensing inspection is postponed or rescheduled from original agreed date, enter new date in tracking system.
   f. As contact occurs, enter dates and contact with applicant on AFH pre-occupancy licensing working papers.
6. Complete preparation for pre-occupancy visit:
   a. Review all working papers, application documents, and information received from applicant;
   b. Assemble supplies (paper/pen, etc.) & equipment pack (thermometer, tape measure, calculator, etc.).

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.
B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
C. Request training or clarification from headquarters as needed.

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QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C4– AFH ENTRANCE CONFERENCE

BACKGROUND

The entrance conference provides the licensor an opportunity to explain the pre-occupancy inspection process; gather initial data regarding operation of the home, review the resident record system; and discuss the applicant's systems and processes for resident care.

PROCEDURES

A. The licensor will:

1. Begin making observations with the exterior of the home on arrival and continue during the entrance conference;
2. Document information and observations on *Attachment "B[1] & B[2]"* of the AFH pre-occupancy licensing working papers.
3. Introduce yourself and provide the applicant with a business card.
4. Explain the purpose of the visit and describe the inspection process.
5. Determine if applicant cannot speak or understand English, contact the PM with any concerns.
6. Determine home's water and sewer system and collect documents verifying systems meet minimum licensing requirements. Document date information collected on *Attachment B[2]* of the AFH pre-occupancy working papers.
7. Review with the applicant the Notice of Rights and Service Requirements, Disaster Plan and Policies Attestation Form.
8. Review the applicant's administrative records and obtain copies of the medication log, evacuation drill log, accident/injury log and orientation checklist for new staff. Document when the applicant submitted the logs on *Attachment B[2]* of the AFH pre-occupancy working papers.
9. Ensure the applicant has the required training and background checks. The licensor will record the completed or expiration date as applicable on *Attachment C* of the AFH pre-occupancy working papers.
10. Obtain any required training documentation the applicant has not submitted and document on *Attachment C* of the AFH pre-occupancy working papers.
11. Review and discuss with the applicant the sample resident record to ensure the applicant has an organized method of record keeping and the record is kept in a confidential location. Document on *Attachment D[1]* the record contains at a minimum a place to file the following documents:
    a. A name and contact phone number for each sample resident's family/representative;

b. Healthcare practitioner;

c. A contact person name and phone number of any other agency involved in resident care i.e.: Home health, mental health, hospice, etc.;

d. Resident assessment;

e. Preliminary Service Plan;

f. Negotiated Care Plan;

g. Inventory of resident's belongings;

h. Financial recordkeeping if the applicant plans to maintain the resident's finances;

i. Legal documents, if applicable; and

j. Other recorded resident information as required by rule.

12. Complete the "Applicant Interview" section on *Attachment D*[1] of the AFH pre-occupancy working papers and document the applicant's responses in this section. Review with applicant areas in which s/he does not have a clear understanding of the question being asked.

13. Ask the applicant to describe any special features of the home for example pets, resident rooms on multiple levels of the home, who else resides in the home, etc.

IF THE APPLICANT IS NOT HOME ON THE SCHEDULED DATE AND TIME

A. **The licensor will:**

1. Contact the applicant to determine if the on-site inspection will need to be re-scheduled.
2. If the applicant is not home for the first scheduled visit, send a certified letter informing the applicant that:
   a. You arrived on the scheduled inspection date and time and found no one home; and
   b. The applicant must send a written request to schedule a new inspection date.
3. If the applicant is not home for the second scheduled visit, notify the PM.

B. The PM will present the case to Department Review for further instruction.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C5 – AFH PHYSICAL ENVIRONMENT

BACKGROUND

During the physical environment inspection the licensor will inspect the entire home, including the applicant's private areas and any outbuildings to ensure the home meets minimum licensing requirements, determine the home's resident capacity, and identify any potential safety concerns.

PROCEDURES

A. **INTERIOR INSPECTION WILL INCLUDE THE FOLLOWING:**

1. Recording the physical environment observations on Resident Bedroom & Bathroom Worksheets *(Attachments "E[1] – E[7]")* ***and*** Interior Physical Environment *(Attachments "F[1] & F[2]"*) of the AFH pre-occupancy licensing working papers.
2. Observe the home for:
   a. Homelike atmosphere;
   b. Good repair and maintenance; and
   c. Cleanliness (general)
3. Observations include but are not limited to:
   a. Resident bedrooms, common area(s), and outside area;
   b. Applicant/caregiver living space (including other household members living space if applicable);
   c. Bathing facilities;
   d. Kitchen and dining areas;
   e. Storage for medications and resident records;
   f. Laundry facility;
   g. Lighting and heating; and
   h. Emergency safety.
4. Other safety measures:
   a. Water temperature;
   b. Exits; and
   c. Interior steps and stairways.
5. Infection control practices;
   a. Availability of washing supplies; and
   b. Laundry area;
6. Presence of pets.
7. Approval of resident bedrooms:

a. Measurements:
   i. Identify the resident bedrooms that were inspected by building inspector;
   ii. To establish the capacity and usable square footage of the room, measure the room from baseboard to baseboard excluding:
      a. Closets;
      b. Lockers;
      c. Wardrobes; and
      d. Door swing.
b. Single occupancy resident bedroom must not be less than 80 square feet;
c. Double occupancy resident bedroom must not be less than 120 square feet.
d. If home has passed the building inspection but fails to meet a regulation, the licensor will contact the PM to discuss next steps.
e. Ensure applicant can gain access to any room accessible to residents in which the door locks, by demonstrating their ability to rapidly unlock the door.

8. Common use areas:
   a. Sufficient space, such as a living room and outdoor area for the requested license capacity;
   b. Accessibility from resident bedrooms; and
   c. Not used as a sleeping area.
9. Kitchen/Dining Areas:
   a. Cleanliness and sanitation;
   b. Sufficient dining space to accommodate the requested capacity;
   c. Resident accessibility; and
   d. Evaluate potential safety issues.
10. Bathing facilities:
   a. Sufficient grab bars;
   b. One toilet for every 5 persons in the home (not counting caregivers designated bathroom); and
   c. Evaluate potential safety issues.
11. Water temperature must be at or below 120° Fahrenheit at any faucet with resident access.
12. Resident access to potentially hazardous supplies or equipment;
13. Lighting and Heating:
   a. Sufficient lighting in the home, including lighting in the hallways, bedrooms, bathrooms, and common use area(s);
   b. Minimum of 68 degrees Fahrenheit in the home; and
   c. Portable heat sources.

14. Emergency and disaster preparedness:
    a. Smoke detectors functioning and located in the following areas:
        i. Each resident bedroom;
        ii. In proximity to the caregiver sleeping area; and
        iii. One on each level of the home.
        iv. A “five pound 2A;10B-C” rated fire extinguisher located on each floor of the home, and either inspected annually or purchased within the last twelve months;
15. Emergency lighting;
16. First aid supplies and manual;
17. The following must be posted in a common use area where they can be easily viewed by residents, resident representatives, the department, and visitors:
    a. The Complaint Resolution Unit Hotline/Ombud's phone numbers;
    b. The emergency evacuation floor plan that is accurate and shows:
        i. The evacuation route(s) to exit the home; and
        ii. Location of windows, hallways, and rooms.
            a. The Disability Rights of Washington poster;
            b. A statement that the current inspection report is available for review; and
            c. Place to hang the AFH license.

B. **<u>EXTERIOR INSPECTION WILL INCLUDE THE FOLLOWING:</u>**

1. Observation of areas accessible to residents. Identify and document any potential safety concerns on *Attachments F[3] and F[4]* of the AFH pre-occupancy licensing working papers;
2. Home is located on a well-drained site free from hazardous conditions, excessive noise, dust, smoke or odors;
3. Gates accessible to residents can be unlocked without the use of key or special equipment;
4. Pathways are clear and even;
5. Steps and ramps have sturdy handrails and are safe;
6. Decks, patios, and porches:
    a. Have no drop offs; and
    b. Railings and gates are in place where needed;
    c. Any body of water (pool, pond, or hot tub) over twenty four inches deep is enclosed with fences and gates at least forty-eight inches high equipped with audible alarm at the entry point(s) to enclosure;

7. Evaluate potential safety issues, such as boards with nails facing outward, tripping hazards, and broken glass;
8. No obvious indication of rodent or other pest/insect problems; and
9. Ensure non-potable water is marked, if applicable.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C6 – AFH EXIT

BACKGROUND

The purpose of the exit conference is for the Residential Inspection Quality Assurance (RIQA) licensor to either clearly explain to the applicant which area(s) did not meet minimum licensing requirements or to recommend the home be licensed.

Once the inspection is completed, the licensor will review the data collected throughout the inspection process to determine if the applicant meets the Adult Family Home (AFH) minimum licensing requirements. Further analysis and data collection may be needed.

PROCEDURES

A. THE LICENSOR WILL:

1. Review information from the working papers to identify any concerns, potential issues, and areas not meeting the minimum licensing requirements.
2. Document on the Exit Summary Worksheet of the AFH Initial Licensing Working Papers why the area(s) identified during the inspection as not meeting minimum licensing requirements do not meet these requirements.
3. Document any additional notes or new information on AFH Initial Licensing Inspection Notes page of the AFH Initial Licensing Working Papers.
4. Inform the applicant of the areas not meeting minimum licensing requirements per chapter 388-76 Washington Administrative Code.

B. IF THE APPLICANT MEETS THE LICENSING REQUIREMENTS:

1. Calculate the bedroom measurements and mark the resident capacity for each resident bedroom on Floor Plan and Floor Plan Key in the AFH initial licensing working papers;
2. Determine each bedroom's evacuation level. Notate on the floor plan and floor plan key either "I", or "I/A" for each bedroom; "I" means residents who are "Independent" with evacuation and "I/A" means residents who are "Independent" or need "Assistance" with evacuation.
3. Complete and review the Post Inspection – Meets Requirements of the AFH Initial Licensing Working Papers with the applicant.
4. Review and have the applicant sign the Floor Plan Key contained in the AFH Initial Licensing Working Papers. Provide a copy of the Floor Plan Key to the applicant and keep a copy with the licensing file.
5. Review the floor plan(s) with the applicant. Provide a copy of the floor plan to the applicant and keep a copy with the licensing file.

C. If The Applicant Does Not Meet The Licensing Requirements:

1. Review the Exit Summary Worksheet(s) of the AFH Initial Licensing Working Paper with the applicant. Provide the applicant with a copy of the Exit Summary Worksheet(s).
2. Inform the applicant a certified letter will be sent from the Department within 10 working days of the inspection, that will:
   a. Identify the areas that do not meet the minimum licensing requirements; and
   b. Outline the procedures for scheduling a follow-up inspection.
3. Explain the follow-up visit will be scheduled after the licensor receives a written request from the applicant, and the visit will be scheduled according to the next available date on the Licensor's schedule.
4. Inform the applicant if the licensor receives written communication from the applicant requesting a follow-up inspection within ten working days of the inspection, the Department will not send a certified letter.
5. Explain that the applicant may not operate as an adult family home or admit more than one resident until they are licensed.
6. Encourage questions from the applicant.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. Initiate the recommendation for licensure process in the event the RIQA licensor recommends licensure.

B. Train new staff and ensure they are able to demonstrate they understand this procedure.

C. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

D. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C7 – AFH POST-INSPECTION ACTIONS

BACKGROUND

When an applicant has met minimum licensing requirements after going through the pre-occupancy licensing process, the licensor will recommend licensure. Additionally, there may be circumstances in which the PM will need to present a file to department review for a decision.

PROCEDURES

A. IF THE APPLICANT MEETS THE LICENSING REQUIREMENTS

1. **The licensor will:**
   a. Review entire licensing file to ensure applicant has met the minimum licensing requirements.
   b. Email or telephone/voicemail the PM with the necessary details:
      i. Name of the home;
      ii. Date the licensor is recommending licensure;
      iii. Number of beds the home will be licensed for (*capacity*);
      iv. If the applicant requested a Medicaid contract (*contract*);
      v. If the applicant will have any specialty designations in the home; and
      vi. Any unique issues contained in the application file.
   c. RIQA Tracking System (AFH):
      i. Enter the date of the last inspection
      ii. Check FMS 2-3 days after recommending licensure to obtain AFH license number.
   d. Once the home is licensed, add the following information in the AFH Early QA Visit Tracking Log:
      i. home's license number;
      ii. Date the home was licensed. The relevant dates for the QA visit will be automatically calculated based on this date;
      iii. Resident capacity; and
      iv. If the home had a resident at the time of the last inspection:
   e. Finalize the application file, make necessary copies, and organize paperwork in sequential order.
   f. Scan and email the following documents to the Field Manager with a notation of the home's license number on each document:
      i. AFH Initial Licensing Working Papers;
      ii. The home's floor plan(s) with bed capacity and evacuation level; and

iii. For applicant with multiple homes, also include the operational plan, staffing & parking plan for each of the applicant's homes.

g. Make a copy of the file for use during QA Early Visit.

h. Return original working papers + any other document obtained during inspection process to the PM/designee

2. The PM/designee will:

a. Complete the Field Analysis section in FMS with pertinent data and forward to the Business Analysis and Applications Unit (BAAU).

b. Create a file which contains documents gathered by the licensor during the licensing process, AFH Initial Licensing Working Papers, and documents created by the RIQA PM/designee.

B. IF THE APPLICANT DOES NOT MEET MINIMUM LICENSING REQUIREMENTS:

1. The licensor will:

a. Contact the PM with the necessary details if needed;

b. Within ten (10) working days after exit, prepare and send a certified letter that:

i. Identifies areas that did not meet minimum licensing requirements; and

ii. Instructs the applicant on the process of requesting a follow up inspection when all deficiencies have been corrected.

2. Special Considerations:

After reviewing the entire licensing application file, or when potential issues are identified during an inspection, the PM may determine the issues are the basis for department review. The PM will prepare and present the application file for special consideration at a Department Review. Issues may include but are not restricted to:

a. Continuous failure to meet licensing requirements after second follow-up inspection;

b. Applicant unable to communicate in English in order to correct requirements; and

c. Applicant has more than one resident in the home.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

B. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

C. The next review period for this procedure will be in January 2020.

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11C8 – AFH Follow-up Inspection

Background

A follow-up inspection is conducted to determine if the deficiencies from the pre-occupancy inspection have been corrected to meet minimum licensing requirements.

Procedures:

A. The Licensor will:

1. Contact the applicant to discuss correction of the identified areas once the applicant has submitted a written request for a follow-up inspection.
2. Schedule a follow-up inspection with the applicant.
3. Focus on the areas not meeting minimum licensing standards. This is not meant to limit the licensor if another issue is identified prior to the home being recommended for licensure.
4. Document the follow-up inspection findings on the Initial Licensing Working Papers.
5. Follow the recommend licensure process outlined in the Exit SOP if the applicant meets minimum licensing requirements during the follow-up inspection process.

B. Documentation verification

The PM may permit the licensor to verify the applicant has corrected identified areas and now meets the licensing requirements, without an onsite follow-up inspection in cases where:

1. Missing paperwork can be faxed, mailed, or e-mailed to the licensor;
2. Pictures that substantiate correction may be e-mailed to the licensor; or
3. Other circumstances, as determined by the PM.

C. Applicant does not meet minimum licensing requirements:

1. The licensor will follow the Exit Preparation and Exit SOPs.
2. The licensor will follow the above process for scheduling and conducting an additional follow-up inspection.

Program Manager Responsibility

A. The PM will follow processes in Section 11C9 – AFH Department Review SOP if applicable.

B. Train new staff and ensure they are able to demonstrate they understand this procedure.

C. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

D. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C9 – AFH DEPARTMENT REVIEW

BACKGROUND

Department Review provides a consistent process for a review of application files before the home is licensed when there are concerns identified or where the applicant continually fails to meet the licensing requirements.

PROCEDURES

A. The PM will:

1. Consult with the licensor when issues are identified which require a decision from Department Review.
2. Determine what the issue(s) are and complete any further data collection, if necessary, before presenting it for review.
3. Organize the information and be ready to present it in a concise manner.
4. Present the information at the review meeting.
5. When asked for additional information:
   a. Take careful notes, including who will get the additional information and when to present it;
   b. Make sure that the information is ready; if not, be able to tell why not; and
   c. Present additional information at the requested time.
6. Inform the licensor with the Department's decision.

B. DEPARTMENT REVIEW DECISION

The licensor will:

1. Notify the applicant with the Department's decision and schedule an additional follow-up inspection if applicable;
2. Document the Department Review decision in the AFH Initial Licensing Working Papers;
3. Conduct final follow-up inspection according to process in the Follow-Up SOP; and
4. Notify PM with the results and follow process in the Post Inspection Actions SOP.

C. GRANTING LICENSE WITH A LIMIT

1. The PM will:
   a. Follow the Post Inspection Actions SOP;

b. Complete the Field Analysis section in Field Management System (FMS) with the limit(s) and associated WAC to support limit(s) and forward to Business Analysis Application Unit (BAAU);

c. Transfer AFH file to QA Early Visit section of the RIQA Tracking System (AFH) to await outcome of QA visit in secure cabinet; and

d. Defer to BAAU to notify the applicant by letter.

2. The licensor will follow the Post Inspection Actions to include data entry into RIQA Tracking System.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11C10 – AFH Application Void, Withdraw or Deny

Background

There may be situations in which it is necessary for the department to void an application, such as the home is not licensed within twelve months of the department receiving the application, or the applicant does not supply additional information as requested by the department for the completion of an application.

There may also be instances in which the department may deny an application, such as the spouse of the applicant has a disqualifying crime and will reside in the home or the applicant has not demonstrated financial solvency.

The RCS Director, or designee, has the authority to:

A. Deny an adult family home license;

B. Impose enforcement actions; and

C. Void an application.

Procedures

A. General

1. The department will recommend voiding the application when the applicant:
   a. Has not obtained an adult family home license within twelve months of first submitting the application to the department; or
   b. Does not return information to the department within sixty calendar days of the department's first request for additional information for an incomplete application;
2. The department will review any application file when there are possible exceptions to this policy.
3. The AFH Initial Licensing RIQA PM will track applicant inactivity and lack of applicant contact with the department.
4. The department will send all letters related to inspections that find the applicant does not meet the licensing requirements by certified mail.
5. The department will send all letters related to notice of impending timeframes - by certified mail and regular U. S. mail.
6. The department will not return original paperwork in the application.

B. Procedures for Voluntary Withdrawal of Application by Applicant

The RIQA PM will:

1. Ask applicant for written request to voluntarily withdraw their application for adult family home license.
2. Send a follow-up letter to applicant stating the department received the written request to withdraw application and will close the file.
3. Notify assigned licensor, if necessary.
4. Complete the Field Analysis section in Field Management System (FMS) with appropriate notes and forward case to Business Analysis Application Unit (BAAU).
5. Send the application file and AFH Initial Licensing Papers to central files.
6. In the RIQA Tracking System, enter “application withdrawn” information including date.

The RIQA licensor will:

1. Document in the AFH Initial Licensing Papers the applicant has voluntarily withdrawn their application and other relevant information.
2. Close the file and return the file to the RIQA PM.
3. Close applicant file record in licensor’s QA tab, documenting the applicant withdrew their application.

C. Procedure for Application Void Time Frame – Not licensed within 12 months

The RIQA PM will:

1. Notify assigned licensor.
2. Ensure the case has been presented to department management for review.
3. Send letter to applicant letting them know their application for adult family home license is void and the file will be closed.
4. Complete the Field Analysis section in FMS with appropriate notes and forward case to BAAU.
5. Send the application file and AFH Initial Licensing Papers to central files.
6. In the RIQA Tracking System, enter “application void” information to include the date of the void.

The RIQA Licensor will:

1. Document in the AFH Initial Licensing Papers the application has been voided and why it was voided.
2. Close the file and return the file to the RIQA PM;

3. Close applicant file record in licensor's QA tab, documenting the application was voided.

D. PROCEDURE FOR DENIAL OF A LICENSE:

The RIQA PM will:

A. Notify licensor about decision;

B. Complete the Field Analysis section in FMS with appropriate notes and forward case to BAAU.

C. Send the application file and AFH Initial Licensing Papers to central files.

D. Enter denial information including date In the RIQA Tracking System:

E. Defer to compliance to notify the applicant by letter.

The RIQA Licensor will:

A. Document in the AFH Initial Licensing Papers the application has been denied and why it was denied.

B. Close the file and return the file to the RIQA PM;

C. Close applicant file record in licensor's QA tab, documenting the application was denied.

RESIDENTIAL INSPECTION AND QUALITY ASSURANCE PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D – QUALITY ASSURANCE (QA) VISIT

This section contains the Standard Operating Procedures (SOPs) that RCS initial licensing staff are required to follow for a QA visit in an adult family home (AFH). Additional sections include resources and links to forms as listed below.

A. AFH QA STANDARD OPERATING PROCEDURES

1. General
2. Pre-Inspection Preparation
3. Entrance Onsite
4. Tour
5. Resident Sample
6. Resident Interview
7. Provider Interview
8. Observation of Care
9. Medication Services
10. Abuse/Neglect Prevention Review
11. Resident Record Review
12. Staff Record Review
13. Exit Preparation
14. Exit
15. Follow-up
16. Change of Ownership

Washington State Department of Social & Health Services

11D1 – GENERAL GUIDELINES

BACKGROUND

During the licensing process, applicants describe to the licensor their systems and processes planned for implementation once licensed. The QA visit offers an opportunity for the licensor to identify any concerns with systems or processes in place, as well as, ensuring the resident(s) care and services are being met and the home continues to meet minimum licensing requirements.

The licensor may also offer technical assistance when areas are identified that do not meet minimum licensing requirements. If the licensor offers technical assistance, it will be limited to how the identified issue does not meet regulatory or statute requirements.

The licensor does not have citing authority however, if issues are identified during the inspection for negative resident outcome, or the potential for negative outcome, then the licensor will initiate a referral to the Complaint Resolution Unit (CRU).

PROCEDURE

A. GENERAL INFORMATION – LICENSORS WILL:

1. Follow all procedures to ensure consistent application of the inspection process statewide.
2. Document all contact with the provider in the QA Visit Tracking Sheet.
3. Contact the provider at approximately 60 days of the home being licensed to determine if any residents have been admitted to the home. If the home had a resident at the time of licensure, then phone contact is not required.
4. Repeat contact with the provider until a resident is admitted to the home. Allow adequate time to conduct the inspection prior to the 120 day deadline.
5. Ensure the inspection is unannounced, and do not share the inspection date with anyone.
6. Minimize the disruption of daily routines for the residents during the inspection.
7. Clearly communicate general observations and concerns with the provider and staff throughout the inspection. Do not provide feedback that reflects personal preference opinions or views.
8. Use observations and interviews to determine if the provider is in compliance with minimum licensing standards.
9. Use record reviews to validate concerns and issues identified by observation and interview.

10. There may be extenuating circumstances in which it's reasonable that a provider does not meet a regulatory requirement, such as a resident who's at the end of their life participating in a fire drill. At the time of the visit, the licensor will contact the Program Manager (PM) and discuss:
    a. Potential negative resident outcome; and
    b. If it is reasonable in this specific situation the home does not meet the regulatory requirement.
11. The inspection should be completed timely and extended after the last date on-site only in those situations where collateral information (collected off-site) is needed to close the file. The licensor will discuss these cases with the Field Manager (FM) and PM.
12. Dress professionally.
13. Interact with the provider, staff and residents in a courteous and respectful manner.

B. CLOSE THE FILE IF THERE ARE NO RESIDENTS IN THE HOME WITHIN 120 DAYS – LICENSOR WILL:

1. Document on the Review and Contact Log of the QA Working Papers that a QA visit was not conducted and the reason why.
2. Send an electronic copy of the Summary Worksheet of the QA Working Papers to the FM informing him/her that a QA visit was not conducted.
3. Send the hardcopy of Review and Contact Log and the Summary Worksheet of the QA Working Papers to the RIQA PM.
4. Document on the QA Visit Tracking sheet the QA visit was not conducted and why.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D2 – Preparation For On-Site Inspection

Background

The purpose of the preparation for the on-site inspection is to gather and analyze information regarding the AFH prior to the on-site visit. Prior to each on-site inspection, the licensor will complete pre-inspection preparation or "prep" while still in the office. During the prep process, the licensor will determine if the home has had since licensure:

- Any complaint(s); or
- The provider or entity representative is associated with any open complaint(s).

Procedure

A. Pre Inspection Preparation Procedures – Licensor will:

1. Plan to initiate the inspection when observation of care and services can be made.
2. Consider adjusting the timing of the inspection to ensure residents are present during a meal.
3. Print the QA Working Papers for recording data during the inspection.
4. Review available data systems which have relevant provider/designee information and notate on Review and Contact Log of the QA Working Papers
5. Print out the AFH Summary Report in FMS to identify the number of licensed beds and specialty status.
6. Notify the Field Manager (FM) and Program Manager (PM) to determine if a QA visit will be conducted if there are any open complaint(s) in FMS,
7. Review the AFH Licensing Working Papers from the last inspection.
8. Contact the previous licensor to discuss any questions or concerns that were identified during the licensing process if needed.
9. Assemble necessary supplies such as a thermometer, tape measure, calculator, pen, etc.
10. Obtain the home's floor plan from the AFH Initial Licensing Working Papers to note resident bedrooms and other areas used by residents.

B. Close the file if a QA Visit will not be conducted – licensor will:

1. Document the QA visit was not conducted and the reason why on:
   a. The Review and Contact Log of the QA Working Papers; and
   b. The QA Visit Tracking sheet

2. Send an electronic copy of the Summary Worksheet of the QA Working Papers to the FM informing them that a QA visit was not conducted.
3. Send the hardcopy of Review and Contact Log and the Summary Worksheet of the QA Working Papers to the PM.

NOTE: Never remove provider files from the office. Make copies of relevant items such as floor plans and driving directions.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D3 – ENTRANCE ON-SITE

BACKGROUND

How a licensor initiates contact with a provider, staff, and residents will set the tone for the rest of the inspection. Always be respectful and allow the staff/provider time to ask questions. This procedure explains how to initiate the onsite visit and begin the inspection process.

PROCEDURE

A. Upon arrival to the home begin making observations of the outside of the home and note any environmental hazards or concerns.

B. Knock on the resident entrance door of the AFH. If there is no answer, there are no staff available in the home, or if you are denied access contact the Program Manager (PM) immediately.

C. If there is no answer, wait 5 to 10 minutes and knock again. If still no answer, call the home and or an alternate number if one is listed on the AFH Summary Report.

D. If a resident answers the door, ask to speak with the provider. If invited in, you may enter. Observe the residents' immediate environment but do not tour the home. Introduce yourself and explain why you are there. Request that the provider is contacted.

E. If a staff member/provider answers the door, present your business card and explain who you are and the reason for the visit. Provide that person with your business card.

F. If you are denied entrance, restate the reason for your visit and suggest the person contact the provider and explain the situation.

G. If the person who answered the door is not the provider, allow them the opportunity to contact the provider and explain the inspection will not be delayed until the provider arrives.

H. Explain the inspection process including interviews and observations, and documentation that will be needed.

I. Ask the staff member/provider if the home has any special features, if there are any residents currently not in the home and what the normal daily routine is for the home.

J. Explain that the first step will be a guided tour of the areas accessible by residents. The inspection schedule needs to remain flexible to allow residents to receive care and maintain their daily activities.

K. Ask the provider for a place to work that will not interrupt the daily activities of the home but will provide opportunities for ongoing observation of residents.

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Program Manager Responsibility

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D4 – TOUR

BACKGROUND

The tour of the AFH not only allows the licensor the opportunity to inspect the physical environment but it also provides the opportunity for the licensors to meet residents, observe what is happening in the home, and note any quality of life or safety concerns. Informal interviews during the tour may lead the licensor to concerns that would otherwise not be identified by record review or observations.

PROCEDURE

A. Allow the staff member/provider a reasonable amount of time to complete any task they were involved in prior beginning the tour.

B. Document issue(s), or potential issue(s), that were identified during the Tour on the QA Working Papers. This includes but is not limited to:

   1. Interior/exterior physical environment;
   2. Residents who express concerns or appear to have unmet care or service needs;
   3. Use of bedrails or special equipment;
   4. Areas unsafe for residents access;
   5. Resident and staff interactions;
   6. Medications or toxins not properly stored;
   7. Residents engaged in activities;
   8. Cleanliness of the home

C. Review "Attachment B[2]" with the staff member/provider to collect relevant resident information in determining the resident sample. Identify if any residents had been recently hospitalized and the reason for the hospitalization.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D5 – Resident Sample

Background

Adult family homes are licensed for up to six residents and all six residents are considered to be a part of the sample. Licensors should attempt to engage each resident in conversation but will select only two to conduct the comprehensive record reviews, full observations, and interviews. If several residents share a common concern, such as the food is frequently cold, you may expand your sample and ask all residents if they are satisfied with food temperatures.

Procedure

A. When selecting the resident sample for the comprehensive review, select one resident with light care needs and one resident with heavier care needs.

B. Consider the timing of the visit, at least two residents should be home during the visit. If there are not at least two residents present, then the resident sample will be comprised of the resident in the home.

Program Manager Responsibility

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

Quality Assurance Review

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D6 – Resident Interview

BACKGROUND

The purpose of the resident interview is to clarify issues or concerns identified during the inspection process. The interviews should focus on resident quality of life, safety, freedom of choice and care and services.

PROCEDURE

A. The licensor will conduct a comprehensive interview with the two residents who were selected for the comprehensive review. If the resident is unable to participate in an interview, document this information on the Resident Interview form of the QA Working Papers.

B. If the resident does not speak English, obtain an interpreter through interpreter services or language line. This may require a return visit.

C. Relocate to an area in which the interview can be performed with a reasonable amount of privacy.

D. Inform the resident that information given may be included in the final written report.

E. Request permission to conduct the interview.

F. If the resident does not wish to participate in the interview, respect the right to refuse and document on Resident Interview form of the QA Working Papers.

G. The questions in Attachment C1 and Attachment C4 of the QA Working Papers are required questions and document the interviewee's response.

H. Ask at least one question, or related question, from Attachments C2, C3, C5 and C6 of the Resident Interview forms.

I. If the interviewee expresses a specific concern, ask increasingly detailed questions and document the concerns on the QA Working Papers.

J. Conduct focused interviews (a specific topic) with other residents if specific concerns are mentioned.

K. Attempt to individually engage all residents in conversation regarding the care they receive and if resident rights are being respected.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

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QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D7 – Provider and Staff Interview

Background

An important part of the inspection process is to speak with the AFH staff and the provider or resident manager. This is an opportunity to see if they have a clear understanding of resident safety and quality of life, as well as the care and services each resident receives. Information gathered during the pre-inspection preparation work and the inspection may drive the interview questions, otherwise use the questions on the Provider/Resident Manager Interview form.

Procedure

A. Interview the provider or staff member using the questions on the Provider/Resident Manager Interview form in the QA Working Papers and document their responses.

B. If the staff member or provider refuses to be interviewed, clarify the reason and remind them that a failure to cooperate with the inspection is a violation of WAC 388-76-10915.

C. General conversations regarding resident care and services and the operation of the home should occur throughout the inspection.

D. Ask open ended questions and not leading questions.

E. Allow the staff member/provider time to clarify information during both informal and formal interviews.

Program Manager Responsibility

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

Quality Assurance Review

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D8 – OBSERVATION OF CARE

BACKGROUND

Observing resident care as it is happening allows the licensor assess how well the care and services being provided are meeting the residents' physical and emotional needs. Observation of care should focus on ensuring the care provided reflects appropriate training, is consistent with the needs of the residents, and upholds the resident rights for quality of life, dignity, privacy and choice.

PROCEDURE

A. The licensor will make comprehensive observations of the two selected residents and ensure resident care is documented in the QA Working Papers.

B. Informal observations, including the interactions between staff and residents should occur throughout the inspection.

C. All licensors may assess a resident's skin condition but only a nurse may perform a clinical assessment of skin bikini area (breasts, genitals, rectal area).

D. Observe the general appearance and demeanor of residents during the entrance and tour.

E. Note any residents who express problems or concerns or those who appear to have unmet care needs.

F. Note any caregivers who do not appear to know the residents' needs or have the knowledge, skills or abilities to meet those needs.

G. Collect additional observational data if resident or staff interviews reveal additional concerns.

H. If needed, obtain permission from the resident to observe staff providing personal care.

I. Always ensure that residents' health and dignity are addressed at all times. Respect a resident's right to refuse to allow you to observe care.

J. Notify the PM when a situation arises that requires the clinical assessment of a nurse such as wound care, injury, pressure sore, etc.

K. Observation of care, interviews, and collection of data will help the licensor determine if the needs of the residents are being met.

L. Specific observations that should be noted when concerns are identified include but are not limited to:
   1. Behavior of residents and level of cognition;
   2. Resident's level of comfort, signs of pain;
   3. Appropriate infection control practices;
   4. Inclusion of resident's participation in the care task to the level of their ability;

5. Personal hygiene including oral hygiene, grooming, body odors, nail care and hair care;
6. Visible skin conditions such as dryness, bruising, wounds or breakdown;
7. Mobility;
8. Functional risk factors such as positioning, vision deficit or restraints;
9. Appropriate clothing for the season, dignity and comfort;
10. Physical care provided using safe practices and appropriate handling;
11. How the resident responds to the care being provided; and
12. Resident's level of involvement in daily activities.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D9 – MEDICATION SERVICES

BACKGROUND

Adult family homes are required to have systems in place to ensure residents receive their medications as prescribed by their doctor, medications are stored and documented appropriately. Licensors should not only focus on the details of the sampled residents and their medications but on the system the provider has developed to manage medications for all residents.

PROCEDURE

A. Interview the provider or staff member to determine if there will be an opportunity to observe medication services during the inspection.

B. Discretely observe medication services/assistance. Obtain the permission of residents if needed. An example of when permission is needed may include if a resident receives insulin injections in their bedroom compared to when residents are given their medications during meal time.

C. Follow-up on any concerns identified regarding medication services during other parts of the inspection.

D. Complete a comprehensive review of the two selected residents' records for correct identification of medication needs on the assessment and negotiated care plan.

E. For the two selected residents, reconcile the prescription, medication bottle label and the Medication Administration Record (MAR). Document any discrepancies in the QA Working Papers.

F. If a resident is assessed as being independent with their medication, observe them to see if they are able to properly manage their medications if the opportunity arises. If they keep medications in their room, make sure the medications are in a locked storage container.

G. Observe the medication storage area and ensure medications (including over the counter medication such as aspirin) are in a locked storage area. Document the observations in the QA Working Papers.

H. Observe if all medications are stored in the original containers or in organizers that clearly identify; the resident name, name of medication, doses and frequency.

I. Gather data from other sources to support any concerns with medication services. An observation alone does not necessarily confirm deficient practice.

J. Identify if the two selected residents require nurse delegation for medication administration and document relevant information in the QA Working Papers.

K. Contact the PM if a discrepancy is found and s/he will help determine if a nurse is needed to complete the medication review.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D10 – Abuse and Neglect Prevention

Background

The primary focus on abuse/neglect prevention review is to ensure the AFH has policies and procedures in place to protect residents from harm. It is the provider's responsibility to ensure that all the staff working in the AFH has received the proper training and are aware of mandatory reporting laws.

Procedure

A. If a licensor identifies or suspects possible abuse or neglect during an inspection, they must call the PM and initiate a referral with CRU.

B. Observe residents and the environment for possible issues regarding abuse, neglect and involuntary seclusion.

C. Observe resident-to-resident interaction for possible unsafe behavior of one resident toward another.

D. Interview residents for any concerns regarding possible abuse, neglect, involuntary seclusion and misappropriation of property. Questions will be open-ended and not leading. Document answers in the QA Working Papers.

E. Observe for signs of abuse such as:
   1. Presence of locks on doors preventing residents from exiting
   2. The use of physical or chemical restraints
   3. Residents who appear fearful
   4. Uncommon or numerous skin tears
   5. Bruising or injuries with unknown cause

F. Note staff to resident interactions and look for staff's demeanor toward residents noting any intimidation, ignoring resident's needs, yelling, physical aggression, or verbal abuse.

G. Observe resident's responses to staff and note any sign of fear, flinching, pulling back when approached, etc.

H. Review the facility's incident log if you become aware of an incident, injury or accident to determine if the facility followed the process for reporting and documenting the information.

Program Manager Responsibility

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D11 – Resident Record Review

Background

The resident record review is to ensure that the information contained in the resident's record is consistent with the resident's care and service needs. All concerns that arise from a record review should be followed-up with interviews and observations to determine failed practice.

Procedure

A. The licensor will conduct a complete review of the records for the two residents chosen for a comprehensive review.

B. The focus of the complete resident record review will be to determine if the information is accurate and current, as well as, how it supports the quality of life, safety and provision of care and services for the resident.

C. Conduct a complete review of the two residents that were selected for a comprehensive review.

D. Document the findings in the QA Working Papers.

E. Evaluation of records should include but not limited to:
   1. Resident assessment;
   2. Preliminary Service Plan or Negotiated Care Plan; and
   3. Staff notes included in the resident record.

F. The record review should be resident centered and reflect their current status and care needs.

G. During the record review process, be alert at all times to the residents' environment and activities around you.

H. Review a collateral record only if there is an actual or potential negative resident outcome and the collateral record review is necessary to clarify or validate identified issues.

I. Document a contact name and phone numbers, fax numbers and/or addresses regarding a contact for the collateral record information only if required to complete the data collection.

J. Do not delay necessary collateral record review (written request, onsite visits, fax or phone call) because time is important and the inspection process is not considered complete until the last date of data collection.

Program Manager Responsibility

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D12 – STAFF RECORD REVIEW

BACKGROUND

The provider or entity representative is responsible for ensuring that all staff are competent and qualified for their positions. Qualifications range from TB testing to background checks and training. It is up to the provider to develop a system to keep track of all the necessary qualifications of their staff.

PROCEDURE

A. Request staff records for the current caregiver(s), provider, and resident manager.

B. Request to review copies of the background check results for all employees employed since the home was licensed, even if the employee no longer works in the home. This includes:

   1. The provider;
   2. Resident manager;
   3. All staff who may have unsupervised access to residents;
   4. Volunteers and Students; and
   5. Household members who are 11 years old or older

C. Review the provider record if there are no caregivers employed at the AFH.

D. Review the records listed on the Records and Administration form in the QA Working Papers. Record the dates of training and expiration dates on that form.

E. If records appear incomplete or dates are not current for certifications or trainings, communicate the findings to the provider or caregiver to ensure there are not more recent documents available.

F. Expand the staff record review sample if observations, interviews or record reviews reveal concerns regarding staff records.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D13 – EXIT PREPARATION

BACKGROUND

Once the inspection is completed, the licensor will review the data collected through observations, interviews, and record review and will use the information to determine AFH compliance.

PROCEDURE

A. Review the forms and documentation to identify concerns and specific issues relating to any requirements the AFH potentially failed to meet.

B. Document areas which did not meet minimum licensing requirements that were identified during the inspection on the Summary Worksheet "Attachment H[1]" of QA Working Papers.

C. Note examples to assist the provider with understanding the non-compliance issues.

D. Document areas for follow-up, or the need for a Follow-Up Inspection, in the Summary Worksheet "Attachment G" of QA Working Papers.

E. Review the information to determine if the failure to meet a requirement has resulted in a negative resident outcome or has the potential for a negative outcome.

F. Well organized data will help facilitate the communication between the licensor and the provider during the exit.

G. The information given at the exit is not necessarily the final determination of the home's compliance. Further analysis and data collection may need to continue after the on-site visit.

PROGRAM MANAGER RESPONSIBILITY

A Train new staff and ensure they are able to demonstrate they understand this procedure.

B Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D14 – EXIT

BACKGROUND

The purpose of the exit conference is for the licensor to clearly explain the findings during the inspection and to explain the preliminary decision/s regarding non-compliance with licensing requirements. Licensors will explain what information or evidence they are using to support their decision. The licensors should also allow the provider or caregiver to provide additional information they feel is relevant to the discussion.

PROCEDURE

A. GENERAL

1. Review with the provider or staff member issue(s) and/or concerns documented on the Summary Worksheet "Attachment H[1]" of the QA Working Papers. Request the provider or staff member make a copy for their records or send a copy when returning to the office.
2. Review with the provider or staff member deficiency finding(s) and other issues documented on the Summary Worksheet "Attachment G" of the QA Working Papers that will require further information after leaving the home. Request the provider or staff member make a copy for their records or send a copy when returning to the office.
3. Determine if there will be a Follow-up Visit and schedule the visit with the provider.
4. Allow the provider/representative the opportunity to discuss and supply additional information they believe is pertinent to the findings.

B. CLOSE THE FILE IF A FOLLOW-UP VISIT WILL NOT BE CONDUCTED

1. Review the QA Working Papers for completeness.
2. Send an electronic copy of the QA Working Papers to the FM;
3. Send the hardcopy of the QA Working Papers to the PM.
4. Document on the QA Visit Tracking sheet:
   a. If there was a CRU referral;
   b. The date the inspection was conducted;
   c. Areas which either did not meet or had the potential for not meeting minimum licensing requirements; and
   d. Any significant notes regarding the inspection.

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PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D15 – FOLLOW-UP VISITS

BACKGROUND

The purpose of conducting a follow-up visit is to determine if a home is back in compliance with minimum licensing standards. A follow-up visit is conducted when issues were identified during the QA visit that could potentially lead to negative resident outcome but did not rise to the level of initiating a referral to CRU. Follow-Up Visits are scheduled during the Exit Conference.

PROCEDURE

A. GENERAL

1. Focus the follow-up visit on the areas of deficient practice that were previously identified, and only complete the inspection tasks related to the deficient practice: i.e. focused preparation, entrance, focused tour, and focused observations and interviews.
2. Follow-up visits are not to be delayed, and in the event the file is nearing the 120 day deadline, communicate this to the PM and FM.
3. Only do the inspection tasks necessary to determine if the deficient practice has been corrected.
4. Focus the sample selection on residents who are most likely to be at risk of problems/conditions/needs resulting from the deficient practice documented at the QA Visit.
5. If the area(s) have not been corrected at the time of the Follow-Up Visit, consult with the PM.

B. CLOSE THE FILE

1. Review QA Working Papers for completeness.
2. Send an electronic copy of the QA Working Papers to the FM;
3. Send the hardcopy of the QA Working Papers to the RIQA PM.
4. Document on the QA Visit Tracking sheet:
   a. If there was a CRU referral;
   b. The inspection dates;
   c. Areas which either did not meet or had the potential for not meeting minimum licensing requirements; and
   d. Any significant notes regarding the inspection.

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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11D16 – CHANGE OF OWNERSHIP (CHOW)

BACKGROUND

A CHOW of an adult family home can occur for many reasons; the provider may be selling their home, changing their business structure or adding or removing someone from their license. The following section outlines the CHOW process as it relates to the QA Visit.

PROCEDURE

A. Inspections are not conducted prior to the licensure of a CHOW.

B. The FM and PM will determine if a QA Visit will be conducted.

C. The QA Visit must be conducted within 60-days of the home being licensed.

D. For the exception of the following, the licensor will follow the QA Visit SOP sections:

1. The licensor will contact the provider 30 to 45 days of being licensed to introduce him/herself and discuss the QA Visit – this is also an unannounced visit;
2. It's assumed there are resident(s) in the home at the time of licensure;
3. Information related to the CHOW QA Visit will be documented on the CHOW Tracking Sheet;

PROGRAM MANAGER RESPONSIBILITY

A. Train new staff and ensure they are able to demonstrate they understand this procedure.

B. Conduct periodic reviews of this procedure to ensure staff are following it correctly.

C. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

A. The Quality Assurance unit will review these procedures on a biennial basis for accuracy and compliance.

B. The next review period for this procedure will be in January 2020.

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APPENDIX A– FORMS AND RESOURCES

FORMS

1. ESF Application (DSHS 10-535)
2. AFH Application (DSHS 10-410)
3. ALF Applications

RESOURCES

1. Definitions
2. AFH Professional Provider Website
3. AFH Prospective Provider Website
4. Complaint and Enforcement Licensing Decision Chart

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APPENDIX A1 – DEFINITIONS

The following definitions are used throughout this chapter and are not necessarily defined in WAC:

CONSULTATION IN AFH: Documentation of a first time violation of statute or regulation with minimal or no harm to residents identified in an adult family home. Documentation of a consultation includes an entry made on the cover letter that consists of a regulatory reference to the Washington Administrative Code (WAC) requirement and/or Revised Code of Washington (RCW) and a brief (1 – 2 sentences) statement summarizing the deficient practice.

COMPLAINT INVESTIGATION (CI): An onsite visit that resulted from a complaint rather than a routine inspection.

COMPREHENSIVE INTERVIEW, RECORD REVIEW OR OBSERVATION: Involves pre-determined subject areas that licensors are required to look at during every inspection for selected individuals. It is in contrast to a focused interview, record review or observation that is in response to an identified issue or concern. Focused reviews are different for every inspection depending on the issues identified in the home.

DEFICIENCY CITATION: Documentation of a violation of statute or regulation, other than those defined as a consultation. Documentation of a deficiency citation includes an entry made on the Statement of Deficiencies that consists of: 1) The applicable Washington Administrative Code (WAC) and/or the applicable Revised Code of Washington (RCW), 2) the language from that reference which pinpoints the aspects(s) of the requirement with which the home failed to comply, 3) an explicit statement that the requirement was “not met” and 4) the evidence to support the decision of noncompliance.

DEFICIENT PRACTICE: The action(s), error(s), or lack of action on the part of the provider/licensee relative to a requirement and to the extent possible, the resulting outcome.

DEFICIENT PRACTICE STATEMENT: A statement at the beginning of the evidence that sets out why the provider/licensee was not in compliance with a regulation.

HOME: A generic term used to describe an adult family home in the State of Washington.

EVIDENCE: An integral part of the citation that begins with a description of the deficient practice and identifies the observation, interview and/or record review data that substantiates the failure of the provider/licensee to comply with the regulation.

EXTENT OF DEFICIENT PRACTICE: The prevalence or frequency of a deficient practice.

FINDING: A generic term used to describe each discrete item of information observed or discovered during the inspection about practices of the home relative to a specific requirement being cited as being not met.

FACT: An event known to have actually happened. A truth that is known by actual experience or observation.

FOCUSED INTERVIEW, RECORD REVIEW OR OBSERVATION: A focused review or interview involves a specific issue rather than a comprehensive review. You may look at it like the focused review is in response to an identified issue or potential issue. A comprehensive interview or record review covers many areas that are pre-determined.

INITIAL INSPECTION: A generic term use to describe a process conducted by RCS staff in evaluating a prospective licensee for compliance with the statutes and regulations required for an Adult Family Home license or Boarding Home license.

INSPECTION: a generic term used to describe the process by which RCS staff evaluates licensee compliance with statutes and regulations. Types of inspections include: licensing inspection; follow-up; complaint investigation; and monitoring visits.

RCS: Residential Care Services

SCOPE AND SEVERITY: The effect of the noncompliance on the resident (severity) and the number of residents actually or potentially affected (scope) by the provider's/licensee's noncompliance. Illustrated in the deficient practice statement and supported in the findings.

STATEMENT OF DEFICIENCIES: The official document on which deficiency citations are recorded.

OUTCOME: A result/consequence of the deficient practice of the provider/licensee.

REQUIREMENT: Any structure, process, or outcome that is required by law or regulation.

UNIVERSE: The total number of individuals, records, observations, objects, related to the provider's/licensee's practice at risk as a result of a deficient practice. Used as the denominator when determining the extent of deficient practice.

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APPENDIX B – CHANGE LOG

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
6/17/2019	Appendix	• Added chart showing the review of complaints and enforcement as part of application process	RIQAP and BAAU required direction how to handle these situations	BAAU and RIQAP worked on development of the chart
2/19/19		Minor Edits	Corrected outdated language	**Document Review 30 days**
1/2018		• Added 11C10 • General formatting		Document Review
6/2017		Nothing	Converted SOP to Chapter format	MB review
9/2016	**Whole Chapter**	Began reformatting all existing sections into SOP format; Updated AFH Pre-Occupancy SOPs 11C1 – 11C10	Established Chapter 11 for RIQA Program	**Created Staff Manuals to include separated components of this chapter**
11/2014	11A1 ESF Receiving Applications			
11/2014	11A2 ESF General Guidelines			
11/2014	11A3 ESF Pre-Inspection Prep			
11/2014	11A4 ESF Entrance			

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EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
6/17/2019	Appendix	• Added chart showing the review of complaints and enforcement as part of application process	RIQAP and BAAU required direction how to handle these situations	BAAU and RIQAP worked on development of the chart
11/2014	11A5 ESF Applicant Meeting			
11/2014	11A6 ESF Tour			
11/2014	11A7 ESF Staff Record Review			
11/2014	11A8 ESF Physical Plant Requirements			
11/2014	11A9 ESF Exit Prep			
11/2014	11A10 ESF Exit			
11/2014	11A11 ESF Post Inspection			
4/2014	11B1 ALF General			
4/2014	11B2 ALF Pre-Inspection Prep			
4/2014	11B3 ALF Entrance			
4/2014	11B4 ALF tour			
4/2014	11B5 ALF Applicant Meeting/Doc Review			

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EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
6/17/2019	Appendix	• Added chart showing the review of complaints and enforcement as part of application process	RIQAP and BAAU required direction how to handle these situations	BAAU and RIQAP worked on development of the chart
4/2014	11B6 ALF Physical Plant Requirements			
4/2014	11B7 ALF Exit Prep			
4/2014	11B8 ALF Exit			
4/2014	11B9 ALF Post Inspection Actions			
8/2016	11C1 General Guidelines			
8/2016	11C2 AFH Application Intake			
8/2016	11C3 AFH Pre Inspection Preparation			
8/2016	11C4 AFH Entrance Conference			
8/2016	11C5 AFH Physical Environment			
8/2016	11C6 AFH Exit			
8/2016	11C7 AFH Post Inspection Actions			

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
6/17/2019	Appendix	• Added chart showing the review of complaints and enforcement as part of application process	RIQAP and BAAU required direction how to handle these situations	BAAU and RIQAP worked on development of the chart
8/2016	11C8 AFH Follow-up Inspection			
8/2016	11C9 AFH Department Review			
8/2016	11C10 AFH App Void / File Closed			

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