

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

## CHAPTER 13 – ASSISTED LIVING FACILITIES

### **ASSISTED LIVING FACILITIES - OVERVIEW**

An assisted living facility (ALF), formerly called a boarding home, is a community setting licensed by DSHS to care for seven or more residents. There are currently over 500 ALFs in Washington State. The majority are privately-owned businesses. ALFs provide housing, basic services and assume general responsibility for the safety and well-being of the resident. The majority of residents pay for their care privately.

ALFs allow residents to live an independent lifestyle in a community setting while receiving necessary services from staff. ALFs can vary in size and ownership from a family-operated 7-bed facility to a 150-bed facility operated by a large national corporation. Some ALFs provide intermittent nursing services or may serve residents with mental health needs, developmental disabilities, or dementia.

ALFs are required, by law, to be inspected at least every 18 months, in addition to inspections associated with complaint investigations. If a home is not in compliance with licensing requirements, DSHS enforcement actions range from civil fines to license revocation to referral of criminal allegations to law enforcement.

This chapter contains information about the licensing standards and other topics related to assisted living facilities. The content is relevant to RCS staff, assisted living facility administrators, and anyone seeking to understand how assisted living facilities are regulated.

### **ASSISTED LIVING FACILITIES MUST COMPLY WITH THE FOLLOWING RCW AND**

#### **WAC CHAPTERS:**

- [CHAPTER 18.20 RCW - LICENSING STATUTE](#)
- [CHAPTER 70.129 RCW - LTC RESIDENT RIGHTS STATUTE](#)
- [CHAPTER 74.34 RCW - ABUSE OF VULNERABLE ADULTS](#)
- [CHAPTER 388-78A WAC - LICENSING RULES](#)
- [CHAPTER 388-110 WAC – CONTRACTED RESIDENTIAL CARE SERVICES](#)
- [CHAPTER 388-112A WAC - RESIDENTIAL LONG-TERM CARE SERVICES](#)
- [CHAPTER 388-113 WAC: DISQUALIFYING CRIMES AND NEGATIVE ACTIONS](#)

### **SUBJECT MATTER EXPERTS**

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RCS partners with the following state agencies and associations to develop ALF regulations and policies:

[Department of Health – Construction Review Services \(CRS\)](#)

[Department of Health – Food Safety](#)

[Washington State Patrol – Office of State Fire Marshal \(OSFM\)](#)

[State Long-Term Care Ombuds Program \(LTCOP\)](#)

[Washington Health Care Association \(WHCA\)](#)

[LeadingAge of Washington \(LAW\)](#)

## CHAPTER 13 – ASSISTED LIVING FACILITIES

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## 13A – ALF INSPECTION STANDARD OPERATING PROCEDURES

This section contains the Standard Operating Procedures that RCS staff are required to follow when conducting full licensing inspections in an assisted living facility.

### A. ALF INSPECTION PROCEDURES

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## 13A1 – GENERAL INFORMATION

### **BACKGROUND**

- The purpose of conducting ALF licensing visits is to ensure facilities are meeting or continuing to meet the minimum licensing standards as defined in Chapter 18.20 RCW and Chapter 388-78A WAC. The primary focus should be on resident's rights and their safety and well-being.
- This procedure explains some background information about the timing and general purpose of ALF inspections, and to provide staff with consistent direction for conducting full inspections in assisted living facilities (ALFs).
- Assisted living facilities licensed by Residential Care Services (RCS) will be inspected at least every 18 months with a statewide average of 15 months, except that RCS may delay a full inspection to 24 months if the ALF has:
  - Been deficiency free for three consecutive full inspections, and
  - Received no deficiencies during the same time for any other inspections/visits, including complaint investigations.

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

### **PROCEDURE**

- A. Inspection Frequency
1. RCS conducts unannounced inspections in ALFs at least every 18 months.
  2. RCS may inspect a facility every 24 months if the ALF has:
    - a. No citations for the past three consecutive inspections; and
    - b. Not had any citations resulting from complaint investigations (CI).
  3. The Field Manager must schedule ALF inspections so they are unpredictable with the average inspection interval being 13-15 months. This is achieved by:
    - a. If a facility has known problems, the inspections should be done between 9-12 months.
    - b. If a facility has a positive history, inspections are done between 16-18 months.

### **OPERATIONAL REQUIREMENTS**

- A. Assisted living facilities will:
1. Meet, and always be in compliance with, the applicable minimum licensing requirements.
  2. Deliver quality care to residents in order to meet the requirements.
- B. Follow the written inspection standard operating procedures and the associated attachments/forms, including the instructions provided on them to ensure that inspections are done in a consistent manner and focus primarily on actual or potential resident outcomes. For quality assurance purposes, when completing the attachments/forms use the allocated check boxes or comment sections when

applicable. Denote a line-out or a “N/A” if that specific information is not applicable. Use the notes section on the document when the checkbox does not apply but information can be provided to show that the specific information was reviewed or not.

- C. Use observations and interviews to determine the facility’s compliance with the licensing laws and rules. Begin making ongoing observations, starting with the entrance, during the tour and throughout the entire inspection.
- D. Use record reviews to validate concerns and issues identified by observation and interviews.
- E. Utilize outside information collected off-site from the last date on-site to determine and support deficient practice. Field staff will not collect information off-site unless necessary to determine and support non-compliance. If necessary to determine and support non-compliance, collect the information as soon as possible.
- F. Consult and clearly communicate observations and/or concerns with the administrator/staff throughout the inspection. The licensor’s communication with the ALF must not include issues that if communicated would impede the ability to determine failed practice.
- G. Share information with other licensors on the team regarding issues or concerns identified during various stages of the inspection.
- H. Collect data from interviews, observations and/or record review to support or invalidate an issue. An observation alone does not always confirm or disprove a deficient practice.
- I. Continue to tell applicants and administrators when they are in compliance with the regulations and when they have not met the requirements. The licensor may also tell administrators if something that they plan to do would appear to help them meet the regulations or not.
- J. Do not provide technical assistance or best practice information on how to implement the regulations or correct the deficiencies.
- K. Discard ALF inspection OPP and forms dated prior to the most current approved versions posted to the RCS intranet.

**Information and Assistance**

- 1. The inspection is unannounced, therefore the licensor will not disclose the planned date of the inspection to anyone except the fire marshal; and
- 2. Licensors will attempt to minimize the disruption of the resident and/or ALF routines during the Inspection.
- L. Dress and behavior:
  - 1. Dress professionally; and
  - 2. Communicate with the administrator, staff, Ombuds, resident families and residents in a courteous and respectful manner.
- M. Data collection:
  - 1. Data collection during inspections consists of observations, interviews, and record reviews and is:
    - a. Collected in a factual and objective manner;
    - b. Not affected by assumptions and personal opinions
  - 2. Timeliness of data collection:

- a. Collect data based on interview and observations as quickly as possible.
  - b. Collect data to support decision making for findings which could result in citations and enforcement.
- N. Delay in data collection may negatively impact the department's ability to cite or do enforcement. Resident rights:
1. Monitor staff and residents throughout the inspection for resident rights including:
    - a. Right to refuse,
    - b. Choice,
    - c. Dignity,
    - d. Quality of life,
    - e. Communication,
    - f. Behaviors,
    - g. Timeliness, and
    - h. Identified needs being met.
- O. Observations:
1. Are an important part of data collection;
  2. Are critical to either substantiate or rule out information obtained through record review and/or interview;
  3. Generally require the gathering of additional information from more observations, from interviews and/or record review to clarify or verify;
  4. By themselves, do not usually support a failed practice issue or concern.
- P. Contact the Field Manager for guidance when situations occur during the inspection:
1. When something occurs that will likely extend the timeframe of the licensing visit
  2. If something has come up and you are not sure of how to proceed;
  3. If immediate enforcement may be needed;
  4. If a nurse is needed for some aspect of the inspection, and there is no nurse on the team.
  5. If someone is impeding the inspection.
  6. If residents appear alone in the ALF, or if no one is in the ALF.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A2– PRE-INSPECTION PREPARATION

### **BACKGROUND**

To gather and analyze information regarding the assisted living facility (ALF) prior to entrance on-site. The pre-inspection preparation occur off-site, prior to the on-site visit. The inspection is unannounced to assure the licensee is in compliance with the licensing requirements. Therefore, anticipated dates of inspections must not be disclosed to any contacts/interviews during the preparation

### **PROCEDURES**

- A. Review the information obtained during the pre-inspection preparation (please refer to the Information and Assistance section for details about gathering of information).
- B. During the pre-inspection preparation activities, identify residents for care and service issues that could be included in the resident sample.
- C. Establish roles and responsibilities including a team coordinator and a facilitator for the resident group meeting.
- 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. Record all pertinent history, current data and contact information on the pre-inspection preparation form (Attachment A).
- F. Assemble appropriate forms (Attachments) for recording data during the inspection including the most current approved forms.
- G. Assemble supplies that may be needed prior to inspection: such as, thermometer, dishwasher temperature strips, hair restraints, tape measure, calculator, paper/pen, RCWs and WACs pertaining to assisted living facilities, and signs announcing the inspection and the resident group meeting.
- H. The process for gathering the information includes:
  1. Review of pertinent documentation on the assisted living facility history since the last full inspection:
    - a. Review the tracking system and print out licensee summary.
    - b. Review licensee file for compliance history, number of licensed beds, specialty designations, contracts, current exemptions, and uncorrected citations since the last follow up inspection or complaint investigation.
    - c. Identify any reported changes to the ALF since the last full inspection, such as: change of Administrator, change of owner, Department of Health (DOH) approved new construction, contract changes or other information that would impact resident care and services. For DOH approved new construction project reports, go to: <http://www.doh.wa.gov/crs>
    - d. Review all Statements of Deficiencies (SODs), including complaints SODs, and Cover Letters since last full inspection for compliance history and identify deficiencies cited or consulted.
    - e. Identify and document, as needed, any patterns of repeat and/or isolated deficiencies, attestation of correction and resident identification.



- f. Review all complaint investigation reports including the quality review complaints since last full inspection and identify any open complaints yet to be investigated. Note resident and staff names and/or other contacts referenced in the reports as well as repeat issues or patterns.
- g. Obtain licensed room list from licensing file to note approved licensed rooms at last inspection.
2. Contact the Ombuds Office prior to the inspection in writing or by phone:
  - a. Note any potential areas of concern and resident names and/or family members for potential sample residents and other contacts. If not available, do not delay inspection, but leave message with contact number.
  - b. Discussions with Ombuds office will be focused on care, quality of life and any concerns about the home. The licensor must not discuss an upcoming inspection date.
3. Identification of any state contract. If contract exists, identify type of contract and contact the case managers (HCS/DDD) prior to the inspection, if a concern is identified.
  - a. Note names of identified residents receiving case management, the last time the case manager was in the ALF, and any potential areas of concern. If not available, do not delay inspection, but leave message with contact number.
  - b. Discussions with the case manager will be focused on care, quality of life and any concerns about the home. The licensor must not discuss an upcoming inspection date.
4. Contact other RCS staff who had involvement with the facility since the last inspection if an issue exists regarding history and/or current issues in the facility.
  - a. Contact Field Manager if:
5. Special concerns exist that would require a specialized team member and to determine next steps (e.g. licensed nurse and none is available on the team).
6. Any questions or concerns that arise after data collection.
7. The field will print the most current room list for each annual inspection to provide to the administrator or designee for verification of the information at the time of Entrance to the facility when providing the [Request for Information Attachment B](#).

Note: Providers may maintain an excessive number of beds approved for licensing above the identified licensed beds designated on the ALF room list. These are defined as ‘**stand-by**’ licensed beds. A ‘stand-by’ licensed bed is not required to be listed on the [ALF room list form \(DSHS 10-389\)](#) and the facility will not need to designate a specific room for the ‘stand-by’ bed unless it is being utilized for a resident.

- If any ‘stand-by’ beds are being **utilized** upon the next licensing visit or, if applicable, any investigation, the provider must identify for the licensor/investigator the room(s) where the bed(s) are now located and this information will be included on the room list form.
- If a nonresident is placed on AL services intermittently the client must be served in a licensed bed/room that meets minimum licensing requirements.

This can be done by utilizing one of the 'stand-by' beds. If a resident receiving assisted living services goes off of services or moves, the unit is not required to continue to be licensed and the bed can be placed in 'stand-by' status;

- If no 'stand-by' beds are left available, the facility must increase the licensed bed capacity and pay the licensed bed fee in order to provide the AL services.
- If a facility chooses to allow non-residents to reside in licensed rooms, facilities must still allow RCS to conduct unannounced inspections of licensed rooms occupied by non-residents pursuant to [RCW 18.20.110](#).
- It is the facility's responsibility to ensure compliance with landlord-tenant laws and mandatory RCS inspection requirements. If a non-resident declines to allow access to a licensed room, RCS may issue a citation and enforcement action against the facility for failing to comply with the inspection statute.
- The reference to 'float', 'flex', or 'checkerboard' licenses is not recognized as an approved license type by Residential Care Services.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A3 – ENTRANCE ON-SITE

### **BACKGROUND**

The way RCS 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.

To initiate the unannounced full inspection of the assisted living facility (ALF), to provide information on the inspection, and to collect initial data regarding the residents, staff, and the physical environment.

- A. The entrance will be scheduled at various times of the day and on different days of the week to maintain unpredictability.
- B. The entrance introduces the licensor to the licensee/administrator or designee and establishes the tone of the inspection.

### **PROCEDURES**

- A. The team must vary the timing of the inspection to increase unpredictability and to observe and capture different aspects of resident care. For example, the team may enter after lunch and stay into the evening to observe dinner and care provided by evening staff; or the team may enter on different days of the week.
  - 1. Entering the assisted living facility:
    - a. For a small ALF in a residential/house setting, knock on main entrance door and/or operate doorbell or other outside communication device.
    - b. For a large ALF setting, enter the front/main entrance and go to the reception desk or lobby area to locate staff.
    - c. If the person who answers the door is not the licensee or administrator, suggest they notify them that a full inspection is occurring. Inform them the full inspection will not be delayed until the licensee/administrator arrives.
    - d. If no answer or no staff appear at the entry - evaluate the situation:
      - i. If a resident answers the door or you observe residents as you stand in the entry way, introduce yourself and inquire about staff in the ALF.
      - ii. Do not tour the ALF without staff or licensee/administrator or designee present.
      - iii. If there is any evidence that residents may be alone in the ALF, contact the Field Manager for further instructions immediately.
      - iv. If it appears no one (ALF staff/residents) is in the facility:
        - 1. Check licensing information in pre-inspection preparation papers and attempt to call the listed phone number for the ALF.
        - 2. If no answer, check for an alternate phone number for licensee/administrator or designee and attempt to contact.
        - 3. The licensor may wait outside and try entrance again in 15 to 30 minutes.

4. If it appears no one is present in the home after a second attempt, and there is no answer for the contact phone numbers, contact the Field Manager.
  - e. If denied entrance:
    - i. Attempt to clearly re-state reason for visit.
    - ii. If speaking to a person other than licensee/administrator, suggest they contact the licensee or administrator.
    - iii. If still denied entrance, leave and contact Field Manager immediately.
  - f. Upon entrance:
    - i. Make introductions to the licensee/administrator, designee or staff and provide a business card. Have department nametag visible or show state ID card to licensee/administrator, designee or staff.
    - ii. Give the licensee/administrator, 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.
    - iii. If waiting, use the time to observe the residents and the immediate environment and make introductions to any residents or staff in the area and briefly explain the reason for the visit.
  - g. If the ALF does not return the completed [Attachment D](#) by the end of the tour, explain to the facility how to access the form (online or by contacting the field) and emphasize the benefits of keeping the form updated and ready for the licensors:
    - i. The form serves as an informational tool for the facility staff by providing valuable information about each resident and their needs, and
    - ii. Presenting the form in a timely manner helps to speed along the inspection.
  - h. Request a place for the licensing team to work that does not intrude on or interrupt the daily activities but provides for an opportunity for ongoing resident observations.
  - i. Inform the licensee/administrator, designee, or staff that they can expect frequent contact during the Inspection to gain and share information.
  - j. At all times during the inspection, remain aware of minimizing disruption of resident and facility routines as much as possible. 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.
- B. Review the Inspection with the licensee/administrator 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.
  2. Request a contact person for the facility if the licensee/administrator will not be present at any time during the inspection.
  3. Provide the licensee/administrator, designee or staff a written list of documentation you will need ([Attachment B](#)) and emphasize the timelines for requested materials:
    - a. By the beginning of the tour:

- i. Completed List of Residents ([Attachment C](#) or facility list).
- b. By the end of the tour:
  - i. Completed Resident Characteristic Roster/Sample Selection ([Attachment D](#)).
  - ii. Completed list of staff with names, position, hire date, and month/day of birth ([Attachment K](#)).
  - iii. Request a copy of evidence of liability insurance coverage from the licensee/administrator.
  - iv. Request a copy of the disclosure form to identify the scope of care and services.
4. Ask the licensee/administrator, designee or staff to describe any special features of the home pertaining to resident care and services. Example: Are there any changes since the last inspection? Anything new you would like us to know about?
  - a. Inform the licensee/administrator, designee or staff of the resident group meeting and establish a location and time for that meeting.
  - b. Inquire if the ALF has a resident council and identify a president or leader of the resident group if applicable.
  - c. Ask the licensee/administrator, designee or staff to post information regarding the ongoing inspection and announcement of the resident group meeting.
5. Proceed with the tour.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A4 – TOUR

### **BACKGROUND**

The tour of the ALF not only allows the licensor the opportunity to inspect the physical environment but it also provides the opportunity for the licensors to meet residents and observe how care is happening 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.

To provide the licensing team with an initial introduction to and observation of the residents, facility staff, and the physical environment regarding care, quality of life and safety in the assisted living facility (ALF).

- A. The tour is focused on the resident for the following issues: quality of life, care and services, environment and safety issues.
- B. Data collection during the tour consists of observations and interviews with residents, their families and staff members.

#### **NOTE:**

**Formal interviews** are those that involve residents and their family's selected in the complete review and the in-depth limited review samples.

**Informal interviews** are with residents not selected in the sample and the interviews are not structured or planned.

### **PROCEDURES**

#### **The Licensors will:**

- A. Tour the ALF as a team with the administrator or designee. If the ALF is large and there are staff, other than the administrator, who are knowledgeable about the building and residents, split the tour tasks (e.g. kitchen, laundry room, storage areas, etc.) among team members. If the administrator, designee or knowledgeable staff is not available, ask available staff to accompany you as you tour.
- B. Conduct observations of residents, interior and exterior environments, intermittent nursing services (if provided by facility), and required posting of information.
- C. Document tour information on [Attachment I](#) and [Attachment L](#).
- D. Refer to [Attachment N](#) and [Attachment O](#) for specific structural requirements for each state contract, if applicable.
- E. Refer to the completed resident list [Attachment C](#) or facility list for identification of residents, and their room location during the tour.
- F. Use the observations and conversational interviews during the tour to identify residents for the preliminary resident sample selection.
- G. Complete the tour and proceed to the Resident Group Meeting, if the meeting takes place immediately following the tour.
- H. Observations During the Tour:

The tour is the opportune time to observe residents and their physical environment early in the Inspection. If environmental issues are identified during the tour, licensors will

have more time to conduct in-depth observations throughout the inspection. The following areas will be observed by the end of the tour:

1. Observe residents:
  - a. Identify any residents who express concerns or appear to have unmet or special care and service needs.
  - b. Determine if residents identified in the pre-inspection preparation are in the ALF.
  - c. Observe the general appearance of residents: grooming and dress.
  - d. Observe staff to resident interaction related to quality of life, dignity, privacy, and responsiveness to resident needs including verbal communication, eye contact, and touch.
  - e. Observe residents' response to staff and document observations as needed.
2. Observe interior environment:
  1. Identify and conduct general observations of all areas designated for resident use:
    - a. Common areas are homelike;
    - b. Resident furnishings, beddings, walls and floors are maintained and clean;
    - c. If restricted egress; door buzzers, alarms, key pads etc.
    - d. Activity room(s);
    - e. Laundry room(s);
    - f. Storage areas, including medication storage; and
    - g. Restrooms.
    - h. Any observable safety hazards.

**NOTE: If EARC** – Specialized Dementia Services Contract, observe for multiple common areas and resident access to rooms without assistance. Inquire and observe if public address system is used routinely or for emergencies only. Is resident privacy maintained?

3. Note presence of any objectionable odors and continue observing and collect more data to verify the concern.
4. Ask the licensee/administrator 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. Observe for room temperature – maintained at comfortable temperature for resident living (60° F during sleeping hours; 68° F during waking hours). If it appears very cold or hot in the building, continue collecting data including observing how residents are dressed and interviewing residents about the temperature.
7. Observe for general maintenance and housekeeping;
8. Observe and inquire regarding resident or ALF pets;
9. Observe for safe storage of housekeeping supplies, including hazardous supplies and equipment (considering the resident population);
10. Observe hand washing areas for staff and residents and observe whether staff are washing hands as required and necessary;
11. Conduct initial kitchen tour and observe for general cleanliness and sanitation practices; and



12. Observe and inquire regarding any new construction or changes in the use of rooms in the facility to determine if DOH or DSHS review was required and/or obtained prior to construction or beginning use. Review the CRS approved plan to ensure it was implemented as approved.
- I. Review intermittent nursing services, if provided by the assisted living facility.
  1. Observe for:
    - a. Storage, and handling of nursing equipment and supplies;
    - b. “Clean” utility area for sterile nursing supplies; and
    - c. “Soiled” utility area for storage, cleaning and disinfecting soiled nursing care equipment.
- J. Observe exterior environment:
  1. Walk outside and around the property of the ALF;
  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 restricted exit is consistent with resident care plans and service needs;
  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.  
**NOTE:** In secure units, including EARC-SDC, access to outdoors, observe for wall or fence surrounding outside area at least 72 inches high.
- K. Observe and inquire regarding the required posting of:
  1. Complaint Resolution Unit/Ombuds phone number sign;
  2. Current ALF license including conditions on the license; and
  3. Copy of the most recent full inspection by the department, cover letter and plan of correction (if applicable).

### **COMMUNICATION DURING THE TOUR:**

- A. Communicate with the licensee/administrator or designee throughout the tour regarding the features of the ALF, clarification, and enhancement of observation and/or concerns. Do not communicate about an issue too soon unless it is a serious issue that the ALF has to deal with immediately. Do not communicate issues that may lead to failed practice until you have collected enough information to make that decision.
- B. Communicate to the residents and staff as to the purpose of the visit and engage in brief conversations.  
Example: What is your name? How long have you lived here? What are you planning to do today? (Resident) or How long have you worked here? (Staff)
- C. Introduce yourself or request the licensee/administrator or designee introduce the licensing team to the residents and staff during the tour.
- D. Request an introduction with the resident council president or resident representative during the tour if applicable.



E. Inform residents that the licensors are available to talk to during the inspection.

### **COMPLETION OF TOUR:**

- A. Thank the licensee/administrator or designee for the tour;
- B. Obtain the completed Resident Characteristic Roster/Sample Selection ([Attachment D](#)), the list of staff ([Attachment K](#)) and other documentation requested during the entrance conference;
- C. Inform the licensee/administrator or designee that the team will be meeting briefly;
- D. Inform the licensee/administrator or designee that the team will be conducting a resident group meeting, or indicate what step is planned next in the process;
- E. Inquire if the licensee/administrator or designee has any questions at that time.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A5 – RESIDENT GROUP MEETING

### **BACKGROUND**

To introduce the licensing team to the residents, and provide a brief explanation for the purpose of the visit to the assisted living facility (ALF). The group meeting also provides the opportunity for residents to share information and provide the licensing staff another source of data

The resident group meeting is conducted with members of the resident council or with an informal group of residents.

### **PROCEDURE**

#### **The Licensors will:**

- A. Determine the best time to conduct the group meeting depending on the availability of the residents, activities ongoing in the ALF, or other factors.  
The meeting may follow the tour or may have to be later in the process.
- B. Refer to the ALF Resident List ([Attachment C](#)) or facility list and/or Resident Characteristic Roster/Sample Selection ([Attachment D](#)) as needed to identify residents.
- C. Establish rapport initially, letting the residents direct the conversation. If the residents have nothing to say, follow the questions provided and use open-ended questions to facilitate more information.
- D. Identify residents who express concerns or appear to have unmet or special care and service needs.
- E. Thank the residents for attending and let them know how to contact the team during the inspection and how to contact the department for further question or concerns.
- F. Meeting Announcement:
  1. Ensure that the ALF posts signs after the entrance conference to announce the inspection and the resident group meeting. Posting should be in areas of the building conspicuous to residents.
  2. Inform residents of the meeting during the tour.
  3. If the group meeting is occurring after lunch, ask the Administrator or staff to announce the meeting to residents during lunch.
- G. Accommodating residents for the resident meeting:
  1. Conduct the resident group meeting in a private setting that is easily accessible to residents.
  2. The licensing team may need to request the assistance of facility staff to escort residents to and from the meetings.
  3. Some residents may arrive at the meeting late; the facilitator should wait for a few minutes before starting the formal part of the meeting.
  4. An ALF with residents in both an open setting and restricted egress (dementia unit) may require a resident meeting in each setting to ensure all residents have an opportunity to participate and promote resident rights and safety.

- Depending on the population type, licensing team may need to use different methods of communication, such as, written questions, or repetition of questions.
5. In an ALF where there is a high population of residents with disabilities and/or dementia:
    - a. Try to conduct the meeting, using questions modified for the population type;
    - b. Stop the meeting if residents become restless/stressed and will not stay in the meeting, or do not understand the questions and start getting agitated;
    - c. If there are residents who need one-on-one communication due to special needs, arrange to meet with them individually;
    - d. If still unable to interview, contact families or other responsible parties and interview them;
    - e. If needed, do more frequent observations of residents that could not be interviewed.
  - H. Prior to the meeting, document any particular issues or concerns identified during the pre- inspection preparation, entrance, and/or tour on [Attachment E](#). These issues or concerns could be brought up during the resident group meeting.
  - I. The facilitator should make introductions to the resident group and communicate the purpose of the meeting and the visit to the residents.
  - J. In general, the interview questions will follow the established guidelines ([Attachment E](#)); however, not every question must be asked. If residents are focused on a particular issue, follow their lead.
  - K. Follow up with residents who raise concerns that need more clarification.
  - L. No staff members or resident family members are routinely present at the group meeting, unless specifically requested and approved by the residents.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A6 – RESIDENT SAMPLE

### **BACKGROUND**

Select a sample of residents in the assisted living facility (ALF) that best represents the resident population regarding care and service needs. The resident sample is focused on resident care and service needs. The size of resident sample is based on ALF census and consists of residents selected for review. The sample selection must occur as soon as possible after the tour.

### **PROCEDURE**

#### **The Licensor will:**

- A. Select the residents for the sample from the information gathered during the preliminary sample selection phases: pre-inspection preparation, entrance, tour. If the resident meeting is taking place immediately following the tour, the licensors may postpone the sample selection until immediately following the meeting.
- B. Review the completed Resident Characteristic Roster/Sample Selection ([Attachment D](#)) with knowledgeable staff.
- C. Choose resident sample numbers in accordance with the Sample Size Table below. These are the minimum required reviews for the complete resident sample. If an additional issue is not identified then the in-depth review may not be necessary:

Number of residents	Sample Selection	Complete Review of 75% of sample ( <i>all areas</i> )	In-Depth Review of 25 % of sample ( <i>single or limited areas</i> )
3-6	all	75% of all = (4)	25% of all = (2)
7-15	<b>at least 6</b>	75% of 6 = (4)	25% of 6 = (2)
16-30	<b>at least 7</b>	75% of 7 = (5)	25% of 7 = (2)
31-60	<b>at least 9</b>	75% of 9 = (7)	25% of 9 = (3)
61-100	<b>at least 11</b>	75% of 11 = (9)	25% of 11 = (3)
101-125	<b>at least 15</b>	75% of 15 = (12)	25% of 15 = (4)
126 and above	<b>at least 19</b>	75% of 19 = (15)	25% of 19 = (5)

- D. Refer to the roster and information obtained through observations and conversations/interviews to ensure residents selected represent as many as possible of the applicable categories identified below:
  1. Identified as able to interview and not able to interview.
  2. Receive nursing services (if provided by the ALF).
  3. Identified as state pay, if applicable.
  4. Receive basic services such as help with ADLs.
  5. Identified as having special needs (e.g. dementia, mental illness, or developmental disability).
  6. Receive one or more of the services listed under general responsibility for safety and well-being.
  7. Identified as receiving services through a special contract such as EARC or

- Specialized Dementia Services. Refer to [Attachment N](#) for specific requirements.
8. There is a concern that the resident may have unmet needs.
  9. Most at risk for needs not being met (e.g. residents with dementia, infrequent visitors, behavioral issues, non-English speaking, hearing and vision impaired) and/or require high level of care (e.g. residents with chronic conditions, such as diabetes).
- E. Make adjustments to the resident sample in the following situations:
1. If the team finds it necessary to remove a resident from the sample, such as:
    - a. Resident refuses to be interviewed and/or observed formally;
    - b. Resident has previously been reviewed;
    - c. Resident is not available during the Inspection; then
    - d. Substitute with a resident who best fulfills the reason the first resident was selected.
  2. If a pattern or specific area of concern is identified during the inspection; such as:
    - a. Diabetic management;
    - b. Non-English speaking residents in the building to review;
    - c. Residents with communication deficits/disabilities; such as, hearing and vision impaired, which have a significant impact on meeting their care needs; then
    - d. Expand the sample by at least 25% to investigate single or limited areas of concern (refer to resident chart above).
    - e. If the scope of the problem is adequately identified within the current sample expanding, the sample will not be necessary.

### **INFORMATION AND ASSISTANCE**

- A. Complete review sample selection must be done as soon after entrance and tour as possible in order to allow more time to observe and interview the selected sample.
- B. The licensee/administrator or designee and facility staff may be an important resource of information in selecting the resident sample. They may provide important information about residents.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A7 – INTERVIEW

### **BACKGROUND**

To collect information about resident life in the assisted living facility (ALF) by speaking with residents, licensee/administrator or designee, facility staff and other contacts.

### **PROCEDURE**

#### **The Licensor will:**

- A. Conduct both formal and informal interviews during the inspection:
  1. **Formal interviews** are those that involve residents and their family's selected in the complete review and the in-depth limited review samples.
  2. **Informal interviews** are with residents not selected in the sample and the interviews are not structured or planned.
- B. Conduct **formal interviews** with:
  1. All sample residents selected for a complete review:
    - a. Review the negotiated service agreement briefly (5 minutes) prior to conducting the sample resident interview.
    - b. Address the areas in [Attachment G](#) using sample questions as a guide, but let the resident lead the interview. Section A of the form requires a check box to be marked for each question or a note in the comments section when the check box is not applicable. Although each category of questions on the form must be addressed, the actual questions (in sections B-K) are intended as a guide. An alternative question/discussion can be substituted for these questions as long as it addresses that specific category. If applicable, use [Attachment N](#) for additional requirements according to state contract, including personal care items.
- C. Interview a family member or resident representative when a sample resident is non-interviewable or cannot give reliable or sufficient information, or the interviewing capability is limited due to issues such as speech impairment, confusion or dementia.
- D. Obtain the services of an interpreter if the resident sample includes a non-English speaking resident who is alert. This may require a scheduled return visit. Notify the Field Manager early in the process if an interpreter is required for a sample resident
- E. Interview contacts other than family members to obtain information that is necessary to support a citation.
- F. Document the information from the interviews using attachments as a guide:
  1. Sample resident interview: [Attachment G](#) (for formal and informal interviews)
  2. Licensee/administrator interview: [Attachment L](#)
  3. Facility staff interview: [Attachment L](#) or [Attachment G](#) for specific resident
  4. Other contact/interview: [Attachment H](#)
  5. Contract Requirements: [Attachment N](#) (refer to this form when observing and interviewing sample residents identified as contracted for Enhanced Adult Residential Care Service – Specialized Dementia Care (EARC – SDC) regarding specific requirements of the contract.

- G. Conduct **informal interviews** with:
1. Residents, licensee/administrator or designee and staff throughout the inspection.
  2. Residents during the resident group meeting, and
  3. Sample residents identified for review. If a specific issue is identified, conduct an in-depth interview about the issue using [Attachment G](#) as appropriate.
  4. In-depth residents, when an area of concern(s) is identified and additional interviews are necessary to make an informed decision.
- H. Throughout the inspection, the licensing team should be available for contact by any resident requesting to talk to them.
- I. The focus of the licensing inspection is on the resident; therefore, the resident interview is an important source of data collection.
- J. A resident has the right to refuse to be interviewed. In this event, substitute with another resident as addressed in the Resident Sample Selection Process. Interviews will include the following individuals:
1. **Residents:** sample residents identified for reviews and supplemental residents
  2. **Facility staff:** Administrator, caregivers, other staff working at the ALF and volunteers.
  3. **Other contacts:** family members or resident representative, outside resources/agencies including case managers, health care practitioners, home health/hospice, law enforcement, and other contacts not associated with the ALF. Interview contacts other than family only if necessary to support failed practice.
- K. All formal resident interviews:
1. Introduce yourself to the resident and briefly explain the reason for the interview and the Inspection if they did not attend the resident meeting.
  2. Prior to conducting an interview, inform the resident of the interview process, their right to refuse to be interviewed, the surveyors need to take notes during the interview to be accurate, and how their comments could be used in the future that do not provide confidentiality for each sample resident to be interviewed.
  3. Obtain permission from each sample resident before sharing information with the licensee/administrator or designee. Explain there may be circumstances when the department must share information, such as an abuse situation.
- L. During the Interview:
1. Use pre-visit preparation information, observations and informal interviews conducted during the tour, resident group meeting and a brief review of the negotiated service agreement to supply information and points of discussion for the interview with the sample resident, ALF staff and/or other contacts.
  2. Let the resident, licensee/administrator, facility staff and/or other contact lead the interview.
  3. Use open-ended questions and active listening skills for all interviews. Speak slowly and clearly.
  4. Clarify any statements that appear unclear or need further explanation.
  5. Observe the resident and their environment during the interview.
  6. Conduct formal interviews in a setting that promotes confidentiality.
  7. If the resident gets tired before the end of the interview, complete the interview at a later time.



M. At the conclusion of the interview:

1. Allow the resident, licensee/administrator or designee, staff or other contact to ask questions or provide any additional information.
2. Leave a contact number and an explanation of the process.
3. If a follow up interview is anticipated, inform the interviewee that you may need to contact them again and inquire as to their availability.
4. Complete documentation of interview. Notes taken must support if there is a compliance decision.
5. If quoting anyone, make sure it is verbatim to what was said.

**FIELD MANAGER RESPONSIBILITY**

A. Field Managers are to 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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## 13A8 – OBSERVATION OF CARE

### **BACKGROUND**

To ensure the care provided in the assisted living facility (ALF) is appropriate for the resident's needs, consistent with the Negotiated Service Agreement, performed by qualified and trained staff; and upholds resident rights for quality of life, dignity, privacy and choice.

Citations based upon observations form the basis of the most defensible citations. Formal and informal observations of residents will occur throughout the Inspection. Observation of care will provide current information regarding resident care needs, including intermittent nursing care, provision of care; staff to resident interaction; staff training; and possible complications regarding special care needs of a resident. RCS registered nursing staff will conduct all care observations that require looking at a resident's genitals, rectal area and the breast area for females (bikini area).

### **PROCEDURE**

#### **The Licensor will:**

- A. Conduct **informal** or **general observations** of residents at all times during the inspection and document observations and issues regarding resident outcomes (actual or potential).
- B. Conduct **formal observations** targeted to care issues of residents when a specific care issue has been identified. For formal observations:
  1. Observe, if possible, the caregiver providing any assistance with personal care to the resident identified as having care issues.
  2. Do not touch or examine a resident or provide hands-on care. Request the licensee or staff to provide the direct care if the resident agrees.
- C. Document formal observations including description of observation, resident name, caregiver/provider name, date, time and location of observation. Documentation may be done on any of the appropriate forms ([Attachments G, L, I, & O](#)).
- D. Collect additional data that may be required to support, clarify or invalidate the observations.

### **DATA GATHERING FOR OBSERVATIONS**

- A. Residents may be identified for potential observation of care through any part of the Inspection including the pre-inspection preparation, resident group meeting, on-going observations and interviews with residents, staff and outside contacts:
  1. Document any care issues noted during the licensing file review and interviews in the pre-inspection preparation (e.g. a resident mentioned in a recent complaint report or identified as having care issues by the case manager).
  2. Note any residents who express problems or concerns or those residents who appear to have unmet care needs.
  3. Review of the resident characteristic/sample section form ([Attachment D](#)) and/or interviews with residents, ALF staff and outside contacts may also identify care issues requiring more formal observations.

4. Make observations of residents throughout various times and locations of the inspection to provide a more complete perspective of the residents engagement in services and activities at the facility.

**EXAMPLE:** Note where the residents are, what the residents are doing, appearance, needs being met, assistive devices available or in use, etc. Consider hourly rounds, to support a compliance condition that needs a longer observation period for documenting an apparent issue that may impact the resident consistently throughout the day. For example, residents that have fall histories but have no mobility assist devices to reduce their propensity for fall injuries; residents that have behavioral issues that present in various environments that make it unclear as to whether the behavior is related to their immediate environment medication issues, staffing issues, relationship issues with other residents, etc.

5. Respect each resident's health, dignity, choice, quality of life and right to privacy at all times. Respect each resident's right to refuse. If a sample resident refuses to be formally observed for a specific issue, explain again and, if the resident continues to refuse, substitute with another resident with similar issues who is willing to be observed.

**NOTE:** Only licensors who are registered nurses (RN) can observe personal care of areas identified under III. D. RNs should be involved in decisions related to clinical practices as needed.

### **WHAT ARE INFORMAL AND FORMAL OBSERVATIONS?**

- A. **Informal observations** are observations of the resident's general appearance and can occur at any time during the inspection. These include, but are not limited to:
  1. Personal hygiene including oral hygiene, grooming, body odors, nail and hair care, clean and intact clothing;
  2. Visible skin condition;
  3. Behavior issues and level of cognition;
  4. Mobility;
  5. Functional risk factors such as positioning, vision and/or hearing deficit, side rail use, restraints;
  6. Appropriate clothing for season, dignity and comfort.
  7. Shoes or other footwear appropriate for safety, comfort or therapeutics; and
  8. Mobility devices in good repair, clean and functional.
- B. **Formal observations** are specific to a resident and/or care issue and require a more structured and planned setting for the observation. Observe for the following:
  1. The resident response to the care provided:
    - a. Behavior; and
    - b. Level of comfort
  2. The caregiver/staff performing the care:
    - a. Technique and knowledge;
    - b. Staff to resident interaction;

- c. Demonstration of appropriate infection control practices, for example: when using “Point-of-Care” devices such as finger-stick devices (e.g. pen-like device) and blood glucose meters.

**NOTE:** Finger-stick devices must not be reused. Blood glucose meters owned by the facility and used for more than one resident must be cleaned, calibrated according to manufacturer’s directions and disinfected after each use. Blood glucose monitor owned by a resident cannot be used for another resident;

- d. Assistance provided as identified in the negotiated care plan and for level of care needed by the resident;
- e. Physical care provided using safe practices and appropriate handling; and inclusion of resident’s participation in the care task to the maximum of their ability or care planned potential or as identified in the negotiated care plan.

### **FIELD MANAGER RESPONSIBILITY**

A. Field Managers are to 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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## 13A9 – ABUSE/NEGLECT PREVENTION REVIEW

### **BACKGROUND**

To determine if licensee practices are in compliance with the regulations and statutes regarding mandated reporting and prevention of abuse in the assisted living facility (ALF). For the purpose of this SOP, the use of the term “Abuse” also includes neglect, involuntary seclusion, restraints and financial exploitation.

The primary focus of the abuse prevention task is on ensuring the quality of life, dignity, welfare and safety for all residents. Identification of possible abuse or neglect during the inspection requires a call to the Complaint Resolution Unit (CRU) and the Field Manager. Resident dignity, choice, quality of life and right to privacy should be respected at all times.

### **PROCEDURE**

#### **The Licensor will:**

- A. Identify issues regarding abuse prior to the on-site visit in the pre-inspection preparation.
- B. Identify the various forms of restraints that are used that are not readily identifiable as being restraints; such as beds pushed up against the wall, recliners, merry walkers, etc.
- C. Gather information regarding abuse prevention throughout the full Inspection.
- D. Include residents in the sample selection that are identified as potentially vulnerable for abuse, such as residents with dementia and/or behavior issues.
- E. Make observations of:
  1. Staff to resident interactions for respect of resident rights and dignity.
  2. Resident response to staff for unusual behaviors such as fear, seclusion, or intimidation.
  3. Potential abuse issues including the presence and use of restraints.
  4. Residents throughout the inspection for behaviors or psychosocial issues exhibited by residents that would be an indicator to explore whether abuse, restraint or neglect is occurring.
  5. Mandated reporting postings including the department toll-free complaint number contacts.
- F. Conduct interviews with:
  1. Residents to follow up for any possible identification of abuse revealed during the resident group meeting, resident interviews or from observational data. Use open-ended questions. If the resident is unable to be interviewed, contact the resident’s representative.
  2. Staff regarding abuse:
    - a. What constitutes physical, mental and emotional abuse?
    - b. Steps to take in the event of suspected abuse, neglect, use of restraints, involuntary seclusion and/or financial exploitation.
    - c. Notification and reporting requirements.

- G. Document any observations, interviews and/or record review information of possible abuse and review to ensure data is complete. If possible, document interviews with residents, using quotation marks when quoting what the resident says they feel, e.g. “I feel”, or “It makes me feel”. It is difficult to quote everything the resident says but quotations can have a major impact in the SOD.

**For definitions of abuse, refer to chapter 74.34 RCW.**

- A. Data collection for abuse prevention comes from the following sources:
1. Observations;
  2. Interviews with:
    - a. Resident, or resident representative if the resident is unable to be interviewed;
    - b. Licensee/Administrator or designee and staff;
    - c. Outside contact, if necessary to support failed practice; and
  3. Review of validating documentation.
- B. When making observations:
1. Observe for examples of abuse, neglect issues including presence of locks on the inside or outside of resident doors preventing exit, restraints, fear, uncommon or numerous skin tears, or bruising with no known cause.
  2. Observe staff to resident interactions for staff’s demeanor towards residents noting any intimidation, ignoring resident responses or needs, yelling, physical aggression and/or verbal abuse.
  3. Observe resident response to staff such as a display of fear toward staff, flinching, refusing or afraid to talk, watching/looking to see if staff are watching or listening, pulling back when approached, etc.
- C. When to review the accident/incident documentation:
1. This should be reviewed only if there is an identified concern regarding probable or actual negative outcome to a resident that requires further data collection.
  2. If informed of an incident/injury/accident since the last inspection to determine if the processes for reporting and recording of information were followed.
- D. What to do if you identify possible abuse and/or neglect:
1. Call a formal complaint in to the CRU (The hotline is our tracking system and even if the complaint investigation is done at the time of the inspection, the issue needs to be called in to the CRU).
  2. Conduct the investigation while you are there.
  3. Contact the Field Manager before doing the investigation for guidance to discuss options, if any of the following situations occur:
    - a. When possible resident abuse/neglect is occurring during the visit;
    - b. If the investigation will extend the timeframe of the licensing visit;
    - c. If you are not sure of how to proceed;
    - d. If immediate enforcement may be needed;
    - e. If a nurse is needed, and a nurse is not on the team;
    - f. If local law enforcement and RCCP should be notified for purpose of conducting a joint investigation.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A10 – MEDICATION SERVICES

### **BACKGROUND**

To provide the licensor with an overview of the assisted living facility (ALF) medication service system. The medication service task incorporates observations, interviews and record review to ensure the ALF has developed and implemented a medication system that promotes the safe delivery of medications for all residents. Observations and data collection regarding medications are resident outcome oriented, focusing on medication storage, medication delivery system and respect for resident rights. Medication pass is completed by a registered nurse (RN) **only** when issues are identified with potential and actual negative outcome by a licensor.

### **PROCEDURE**

#### **The Licensor will:**

- A. Review the medications during the complete resident record review for the sampled residents.
- B. Make general (Informal) observations of medication services throughout the inspection.
- C. Medication pass is completed by a registered nurse (RN) only when issues are identified with potential and actual negative outcome by a licensor.
- D. Medication services data collection is resident outcome focused and includes review of:
  1. Medication storage: safety, labeling, organizers.
  2. Medication delivery system: documentation, assistance/administration, alterations, appropriate for resident needs.
  3. Medication prescriptions received timely.
  4. Respect of resident rights: right to refuse, individual choice and preference.
  5. Disposal of medications.
- E. Conduct interviews with contacts including outside the ALF regarding medication services if further data needed to verify non-compliance.
- F. Document findings on appropriate forms (Attachments: A, D, G, H, I, J, L, and Q).
- G. Identify residents for medication services task by doing the following:
  1. Reviewing the resident characteristic roster/sample selection ([Attachment D](#)) and identifying residents self-administering medication, or receiving medication administration and noting if nurse delegation is provided.
  2. Reviewing resident characteristic roster/sample selection ([Attachment D](#)) and identifying any sample residents with AL, EARC or EARC-SDC contracts receiving medication assistance or administration. ALF must provide medication administration for contracted residents that need that service.
  3. Identifying if the ALF provides for family assistance or administration with medications.
- H. Observe medication storage area during tour and at other times during the inspection for the following:
  1. Medications are secure for residents not capable of self-storage;



2. Medication is properly labeled;
  3. Medications for a specific resident are stored together and are kept separate from other resident medications and/or food or toxic chemicals;
  4. Storage area is locked, accessible only to designated, responsible staff; and
  5. Medications are stored according to medication label recommendations, (example: KEEP REFRIGERATED).
- I. Throughout the inspection conduct informal observations of staff during medication assist/administration for:
1. Staff knowledge and technique;
  2. Staff to resident interaction for communication with residents; and
  3. Level of medication assistance and administration is appropriate.
- J. In-depth review is only conducted when issues are identified with potential and actual negative outcomes by a licensor of medication systems for residents selected for review. (See Resident Sample Chart).
1. Interview residents regarding medication services and observe residents for level of ability and appropriateness of services.
  2. Conduct interviews with staff to address medication storage with residents, including:
    - a. System for controlling and securing medications for residents assessed to be capable of self-administration or self-administration with assistance; and
    - b. Use of medication organizers.
  3. Observe resident room during interview for medication issues such as medications on floor or inappropriately stored, such that residents may gain access to another resident's medications.
  4. Review medication records for sample residents with medication assistance or administration, noting any documentation of refusal and/or no availability of medications, if the physician was notified of the refusal, and appropriate action was taken if there was a pattern of refusal.
  5. Identify if any sample resident receives nurse delegation for medication services. For these residents, interview staff regarding nurse delegation practices for the resident.
  6. Conduct resident record review noting if the negotiated service agreement addresses medication plan for residents receiving assistance or administration (intermittent nursing services), and any significant changes that impact the medication services for the resident.
- K. When issues are identified regarding the delivery of medications with potential or actual resident negative outcome (see IV. D.), a registered nurse (RN) licensor will conduct formal observations of a medication pass including:
1. Compare observations with the prescriber's orders.
  2. Review the medication records for accuracy and completeness.
  3. Review if the ALF reconciles and secures controlled medications.
  4. Observe whether staff confirmed the resident's identity prior to giving medications.
  5. Record procedures staff use to handle and administer medications, such as, flushing gastric tubes, crushing medications, diabetic insulin.



6. Identify medications not being given in a timely manner; such as antibiotics and pain medications.
  7. Review how emergency medication issues are handled. If a resident is out of medication, what does the facility do to obtain in a timely manner?
- L. If issues or outcomes are identified regarding medication services during interviews and observations, reconcile medications with the logs for documentation of residents receiving medications and supplements as ordered and note findings.
- M. Expand the sample to include supplemental residents if an issue or concern specific to medication services is identified additional reviews are necessary to make an informed decision. This may include interviews with other residents, staff, family members, and review of ALF policies and procedures.
- N. Contact the Field Manager to determine if a nurse needs to join the team to complete the medication review, observe medication pass, or if an issue or discrepancy is identified.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A11 – ENVIRONMENTAL OBSERVATION

### **BACKGROUND**

To observe the physical environment of the assisted living facility (ALF) that affects resident care, health, quality of life and safety.

Observe the physical features of the facility that impact the residents' care, health, quality of life, and safety. Respect dignity, choice, quality of life and right to privacy of the resident at all times during the environmental observation.

### **PROCEDURES**

#### **The Licensor will:**

- A. Conduct observations regarding the appearance of the ALF beginning with the entrance and tour process and throughout the inspection.
- B. Conduct observations of an open resident room, if resident permits, during the tour and more formal observations during a resident interview.
- C. Share observations with the licensor responsible for conducting and coordinating the environmental observations.
- D. Conduct observations in the common areas and/or resident rooms.
- E. Document findings of environmental observations using [Attachment I](#). If additional space is needed, use the note page, ([Attachment L](#)).
- F. Conduct specific environmental observations in ALF with Assisted Living Services Contract or Enhanced Adult Residential Care (EARC), or EARC- Specialized Dementia Care for contract requirements. Document findings on [Attachment O](#) and use [Attachment L](#), if additional space is needed.
- G. Check water temperature in half of resident rooms of the residents who were selected in the resident sample. Expand the sample if there are concerns. Document results on [Attachment G](#).
- H. Resident interviews provide an important source of information on the environment and allow the licensor an opportunity to observe the resident room.
- I. Common areas and resident room formal observations consist of the following:
  1. Information posted; contact for department hotline and Ombuds hotline;
  2. Interior environment homelike, clutter free and with recreational materials;
  3. Access to secure, covered outdoor area for walking, including dementia care unit;
  4. Maintenance and Housekeeping – Interior;
  5. Quality of life;
  6. Safety issues;
  7. Safety and disaster preparedness;
  8. Exterior environment;
  9. Sufficient space to accommodate residents in common areas.
- J. Consult with the licensee and staff if you need any clarification of observations of the environment
- K. If smoking is permitted for residents, has the facility identified a safe area 25 feet from the building and is there supervision?

- L. Notify other members of the team if you identify clinical or nursing care issues during the environmental observations, such as wound care, incontinence care, pressure sore, or injury.
- M. Notify the Field Manager and contact CRU to report to State Fire Marshal if information gathered during environmental observations identifies a fire safety issue.
- N. Contact the Field Manager to determine if a nurse needs to join the team to complete an identified nursing care issue.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13B11 – APPROVED SLEEPING ROOM LISTS

### **BACKGROUND**

This section was previously memorialized in Chapter 5-Construction Services SOP.

- Assisted Living Facilities inspections require the completion of a room list to identify a licensed facility's specific physical plant information related to beds, rooms, and capacity in a facility.
- On September 27, 2006, MB #06-055A was issued prescribing procedures and instructions for the completion of the room lists for Assisted Living Facilities. Attached to the MB was the Boarding Home Building Characteristics OPP which was rescinded in 2014. That MB was superseded by R16-064.
- The Department of Health-Construction Review Services (CRS) completed the initial room list within the construction application phase early on in the construction process, this is known as 'legacy' (historical) data in FMS.
- Review of business practices has revealed a lack of updated room list information or CRS Approved beds in FMS data, and a reliance on room list information that was provided when the facility was constructed. This information was seldomly updated or verified for current licensed room information.
- This has impacted the collection of revenue related to room fees, higher Medicaid reimbursements for rooms that do not meet minimum licensing standards, and unmet licensing requirements for CRS review requirements for room increases.
- Effective November 1<sup>st</sup>, 2016, the FMS system will have screens available for the updated Room Lists. These are only to be utilized by designated field staff assigned test the FMS system as the information varies from the current room list forms.
- In October 2016, the field office leadership and the designated field trainers will receive training for the use of the 2016 revised room list. Effective November 1<sup>st</sup>, 2016 all room list data will be updated in FMS in order to complete a field survey.

### **PROCEDURE**

There are three times in which a room list must be created or updated. The approved room list will be created, verified, updated, and entered into the FMS (in future STARS) 'Facility Features':

1. For newly licensed facilities, the Residential Inspection and Quality Assurance unit will complete the initial room list.

- ALL rooms 'approved' by Construction Review Services (CRS) will be entered onto the room list. RCS staff are not to request old room lists or floor plans from CRS.
2. For annual inspections, once the initial room list information has been entered into FMS, the field will print the most current room list for each annual inspections to provide to the administrator or designee for verification of the information at the time of Entrance to the facility when providing the the Request for Information Attachment B.
- For the preinspection, the field will print the most current room list for the administrator or designee.
  - The Characteristic Roster is completed indicating specific information about the resident. This roster does not indicate whether or not the room in which the resident resides is licensed. However, it can be used as a tool to cross reference with the room list to make sure the facility has a resident in a room that is licensed.
  - If the facility reports not notifying CRS of the construction, field staff will cite the facility on the unmet requirement and instruct the facility to follow up with CRS.
3. For bed increases or room changes, the field will receive a room list submitted by the facility when requesting an increase in licensed bed capacity. The provider will:
- Identify for the licensor which rooms are licensed.
  - Verify columns 'L', 'M', and 'R' only. The R column is where the provider will identify for the licensor which room is 'licensed'.
  - Verify ALL rooms 'approved' by Construction Review Services (CRS) related to construction additions and remodels, will be entered onto the room list.
  - If the facility reports not notifying CRS of the construction, field staff will cite the facility on the unmet requirement and instruct the facility to follow up with CRS.

## Room list instructions:

Instructions for completing the room list form and measuring rooms for form:

- The instructions for completing the room list form can be located at <http://intra.alsa.dshs.wa.gov/rcs/BHForms.htm> , [Room List](#) – DSHS 10-389 / [Instructions](#)
- The instructions for measuring rooms for the room list can be located at <http://intra.alsa.dshs.wa.gov/rcs/bhinfo.htm> , [ALF Room List Training](#) .There

will be no additional measuring of the rooms by field staff during the annual inspection, unless the facility reported a construction remodel or addition has occurred since the last annual inspection in which the facility should provide the CRS approval documents per regulations, included with [Request for Documentation Attachment B](#).

FMS reflects the Facility Features for the following:

- In FMS, '**Licensed Bed Capacity**' is defined in [WAC 388-78A-2020 Licensed Resident Bed Capacity](#) means the resident occupancy level requested by the licensee and approved by the department. All residents receiving domiciliary care or the items or services listed under general responsibility for the safety and well-being of the resident as defined in this section count towards the licensed resident bed capacity. Adult day service clients do not count towards the licensed resident bed capacity.
- In FMS, '**Reported Beds**' can only be identified by the administrator or designee. The field can not influence this number, and it can never be entered into FMS as '0'.
- In FMS, '**RCS Approved Beds**' are beds that were approved to have met the licensing requirements under Chapter 388-78A, but were not licensed at the time of construction. 'Approved' rooms refers to rooms that were licensable at the time of construction by CRS. Since building codes change every three years, and facilities make modifications both unreported and reported to CRS it cannot be assumed that these rooms automatically meet minimum licensing requirements when the facility requests licensure of a room.
  - a. Defined under [WAC 388-78A-2810](#), before the licensed bed capacity may be increased the facility must obtain constructions review services review and approval of the additional rooms or beds; and meet contract requirements.
  - b. Defined under [WAC 388-110-140](#), the room must also meet the physical requirements at the time of initial contracting; or if there is a break in contract (ie. CHOW) meet the requirements in effect at the time of the new contract.
- In FMS, '**CRS Approved Beds**' is no longer a basis for RCS to make determinations due to the inaccuracy of the information. RCS must approve beds after the license is issued.

### **FIELD MANAGER RESPONSIBILITY**

A. When the Field Managers receive requests from the HQ business office for capacity increase they will:

1. Include the updated room list, when required per the [ALF Change in Licensed Bed Capacity or Use of Room \(DSHS Form 06-176\)](#), that was submitted by the facility.
  2. Will complete the capacity increase review for the business office within five business days of receipt of the email from the business office requesting a capacity increase with approval or denial of the increase.
  3. Will check the Department of Health Construction Review Services website at <https://fortress.wa.gov/doh/constructionreviewsearch/> to determine if CRS has approved the construction project.
  4. Deny the approval of the increase in capacity if the field finds that the facility had construction or change of use of rooms that led to the change in capacity, and the facility did not attain approval from CRS as reflected on the DOH website <https://fortress.wa.gov/doh/constructionreviewsearch/>. It is the responsibility of the facility to follow up with CRS, not the field staff.
  5. Will notify the HQ business office of the approval or denial. If approved, the HQ business office will then update the license and send it to the facility with a cover letter from the RCS Director.
  6. Train new staff and ensure they are able to demonstrate they understand this procedure.
  7. Conduct periodic reviews of this procedure to ensure staff are following it correctly. A review of the room list data for the region can be obtained from [ALF Room List Report #38675](#).
  8. Request training or clarification from headquarters as needed.
- B. The field manager cannot give written or verbal approval for a bed increase above the licensed or approved beds to the facility. This can only be given by the HQ business office.

### **QUALITY ASSURANCE REVIEW**

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

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## 13A12 – FOOD SERVICES

### **BACKGROUND**

To provide the licensor with an overview of the assisted living facility (ALF) food service operation to include risk-based inspection criteria which consists of: staff knowledge of Food Borne Illnesses (FBI), how food is prepared, handled, stored ; how equipment and food contact surfaces/utensils are sanitized; and an overview of dining services and meal planning to meet residents' dietary needs.

Chapter 246-215 WAC Food Code provides the safety standards for food served or sold to the public in Washington State. Washington adopted the 2009 FDA Food Code, with some modifications. The Food Code serves as the basis for food service inspections providing rules that are more consistent with the national food safety standards incorporating the latest knowledge of food science and technology. General observations and data collection regarding food services occurs throughout the full Inspection and are focused on the resident. Dining observation is a part of the food service task and will be conducted at one or more meals.

### **PROCEDURE**

#### **The Licensor will:**

- A. Use the tour as the first opportunity to observe the food service environment and general food service practices including proper food handling skills and hand washing.
- B. In a **Continuing Care Residential Center (CCRC)**, a full inspection is not required if the Nursing Home surveyor has completed the inspection of the primary kitchen. Observe the kitchen areas that serve the ALF's.
- C. Review the Resident Characteristic Roster/Sample Selection ([Attachment D](#)), identify and include any residents with special dietary needs and/or significant weight loss or gain in the sample selection.
- D. **For EARC – Specialized Dementia Care Contract**, observe for and identify residents requiring assistance with eating and the level of assistance required (routine or total).
- E. For all residents in the sample where concerns led you to look at them closer:
  1. Interview and observe the residents regarding meals/food services, individual nutritional needs, preferences, and reasonable accommodations including, but not limited to, modified or therapeutic diets or feeding tubes.
  2. Review resident records for prescribed or non-prescribed nutrient supplements and/or modified or therapeutic diets.



- F. Conduct informal interviews/conversations and observations regarding food services with residents in the sample. Conduct record reviews specific to food services for these residents only if an issue has been identified.
- G. Document on staff record the food handler cards and review for sample staff. If a resident is routinely or regularly involved in the preparation of food to be served to other residents, or as part of an employment-training program, request a food handler card.
- H. Conduct formal observation of food services for high risk factors, to ensure a risk-based inspection is conducted and proper control measures are in place. Use the approved ([Attachment P](#)) in accordance with WAC 246-215-08430; and wear a hair restraint throughout the kitchen inspection in accordance with WAC 246-215-02410.
- I. Observe food safety to include: personal hygiene employee health, temperature control and potential cross contamination during food preparation and service.
- J. Conduct further observations and review if potential or actual outcomes and deficiencies regarding food services have been identified. Consider requesting a food sample to evaluate temperature or palatability if concerns have been identified.
- K. Identify the RCS team member responsible for conducting the food service task at the pre-inspection preparation team meeting.
  - 1. The team leader or the licenser responsible for the food service task will make introductions to food service staff, conduct informal interview, establish which staff is the contact, and briefly explain the food service task.
  - 2. Other members of the team will share general observations with the licenser responsible for conducting the food service task.
- L. Food services will include the consideration, through the sample residents or resident group meeting information ,of individual resident needs such as:
  - 1. Preferences;
  - 2. Alternate choices;
  - 3. A system for residents to express their comments on food services;
  - 4. Prescribed diets;
  - 5. Prescribed nutrient supplements and concentrates;
  - 6. A variety of daily food choices;
  - 7. Temperature of food; and
  - 8. Assistance with eating, if needed.
- M. Interviews with residents, licensee/administrator or designee, caregiver staff, collateral contacts food service staff are important sources of information regarding food services.
- N. Observation of a meal may require an adjustment in the Inspection to allow time for the observation. For example:
  - 1. If a meal is occurring at time of entrance and/or tour, RCS staff will conduct general observations if more opportunities will occur during the inspection to observe dining.
  - 2. If no other meal observations will occur or many residents will be out of the ALF during other meals, the team leader will inform the licensee/administrator or designee that the entrance conference and/or tour will be postponed to conduct a meal observation at that time.

O. Dining Observation:

1. Conduct meal observation while sitting if possible to avoid standing over the residents. Documentation of observations should be minimized during the observation.
2. Observe dining area for adequate seating capacity (50% or more residents per meal setting).
3. Observe for timeliness of meal service.
4. Observe for sufficient time and staff is provided to meet resident needs. Observe meal for attractively served meals that are nourishing and palatable
5. Observe sample residents if needing eating assistance as per resident needs.
6. Identify sample residents that are currently receiving meals in their room, noting the reason, and if the meals are assisted per care needs.
7. There is no need to routinely check the temperature of food. However, if a resident complains about food temperature or if you see prepared food sitting for long enough to impact the appropriate temperature of the food being served, check the temperature just before it is served to residents.

**FIELD MANAGER RESPONSIBILITY**

A. Field Managers are to 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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## 13A13 – RESIDENT RECORD REVIEW

### **BACKGROUND**

To collect and review documented data in the assisted living facility (ALF) to determine if resident care and service needs are being met. The record review is primarily used to obtain information necessary to validate and/or clarify information already obtained through observations and interviews to determine deficient practice.

Record reviews are resident centered and focused on obtaining specific information to validate and clarify issues identified with a resident's provision of care and services, quality of life and safety. A more thorough record review is done only if there is a probable or actual resident outcome identified that drives a more in-depth gathering of information, including expanding the resident sample for record review and resident interview. The record review will focus on documentation since the last six months, unless further review is warranted.

### **PROCEDURE**

#### **The Licensor will:**

- A. Conduct a complete resident record review for residents in the sample. For evaluation of the records follow the formal interview and document information on [Attachment J](#) including:
  1. Resident assessment;
  2. Monitoring of resident's well-being;
  3. Negotiated service agreement;
  4. Medication record and other information.
- B. Conduct a limited record review for other residents in the selected sample, if necessary. A record review for sample residents is not a routine process. It is driven by a specific issue or concern identified during:
  1. Informal interview/conversations,
  2. Observations and
  3. Data collected during the observations, interviews, and record reviews of in-depth sample residents.
- C. For all sample residents, gather information from the record review to support or validate issues identified during observations and interviews.
- D. Determine if information obtained from record review will require further interviews and observations.
- E. Review the information/findings on licensor notes and applicable attachments, to determine the information is complete for each sampled resident.
- F. Expand record review only if necessary to make a compliance decision.
- G. The resident record provides a documented source of information regarding each resident as addressed by the licensee and staff. It is intended to provide a current picture of the resident as identified by observations and interview.
- H. Because observations and interviews are the primary source of data gathering, record review should only be a small portion of the total inspection.

- I. Observations and ongoing communication with the ALF staff continue throughout the record review process. However, issues that may lead to a failed practice should not be communicated until sufficient evidence is collected, unless it represents an immediate danger to a resident or residents.
- J. If information regarding assessment issues have been identified, the licensor may review the qualified assessor qualifications.
- K. Expanding record review
  - 1. Only expand the sample or add supplemental records if necessary to determine if there is a pattern of deficient practice. The focus will be only on the concern identified. (Refer to Resident Sample Selection Process).
  - 2. Expand the documentation review beyond six months only when an actual or potential outcome requires further history.
- L. The review of facility records, closed records, and records outside the facility should not be done routinely; only if a specific issue is identified that requires further information to determine failed practice.

#### **WHEN TO REVIEW A FACILITY RECORD:**

- A. Review of additional documentation kept by the ALF may be required to complete data collection regarding a specific issue, such as review of investigation outcome for a resident with recent falls. ALF documentation that may need to be reviewed if further information is needed to determine compliance include:
  - 1. Incident/accident documentation
  - 2. Policies and procedures (rarely)
  - 3. Financial records [only (rarely) as they are related to resident care or services not being met
  - 4. Quality Assurance Committee notes (only for the information necessary to determine the existence of a QA committee and that it is operating in compliance with the regulations, or if the licensee offers the QA committee records as evidence of compliance)

#### **WHEN TO REVIEW A CLOSED RESIDENT RECORD:**

- A. Review a resident record when an issue is identified that directly relates to a specific resident no longer in the ALF, if no current residents reside in the ALF, or if there is a concern regarding discharge or transfers.
  - 1. Request closed resident record from licensee or staff by resident name if the issue is resident specific, or a closed record from the last year.
  - 2. If no specific resident has been identified but a concern regarding discharge or transfer has been determined, review the resident register for recent discharges.
  - 3. Interviews with other residents and staff may also assist in selecting the closed record; therefore, selection of the closed record may occur later in the process.
  - 4. Note if the closed record was a state contracted resident and review for discharge and bed hold requirements if appropriate according to WAC 388-110-100.
  - 5. Review record for identified concern and document using [Attachment J](#) and/or [Attachment L](#).

6. Obtain a name and contact phone number for family/representative, if necessary to determine facility compliance.
7. Obtain a name and contact phone number for the healthcare practitioner, if necessary to determine ALF compliance.

#### **WHEN TO REVIEW OTHER RECORDS:**

- A. Review of outside records, such as hospital records, police records, agency records, and other records not associated with the ALF will rarely be done, and only done when necessary to determine failed practice.
  1. Document a contact name and number or address regarding outside record ([Attachment H](#)).
  2. Interview resident and/or licensee/staff to ensure the contact information is accurate.
  3. Initiate the review of outside records (written request, onsite visits, fax or phone) as soon as possible. The inspection is not complete until the last date of data collection.

#### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A14 – FACILITY STAFF SAMPLE REVIEW AND RECORD REVIEW

### **BACKGROUND**

To select a staff sample and to determine whether the assisted living facility (ALF) has a systematic and consistent way to ensure that staff meet the statutory requirements for training, certification, experience, qualifications, and credentials to provide the care and services required for the residents in the ALF.

The ALF is responsible for orientation of each staff and ensuring all staff meet the training requirements specified in chapters 388-112 WAC and 388-78A WAC. The ALF is responsible for 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 ALF premises and easily accessible to department staff. The staff sample is selected after the tour.

### **PROCEDURE**

#### **The Licensors will:**

- A. Request an ALF staff list at the entrance ([Attachment B](#)).
- B. Select the ALF staff sample at the team meeting (refer to the Information and Assistance section for selection criteria).
- C. Provide the list of required staff records to the licensee. Request the staff records on the day of the review.
- D. Review staff records for required training, credentials, screenings, and other qualifications as it pertains to their job requirements and document using the staff identifier number on ([Attachment K](#)).
- E. Record the dates of training and expiration dates on that form.
  1. When reviewing continuing education credits, record the number of hours the person received in the time period between their last two birthdays. For example, a review conducted on December 1, 2018 of a person born on Jan 1 would need to have all hours between Jan 1 2017 and Jan 1 2018 reviewed. The following are exempt from this requirement, unless voluntarily certified as a home care aide: registered nurses and licensed practical nurses.
  2. The licensor may use the number of credits found at the last inspection only if less than a year has passed since the last inspection, the staff member was reviewed during that inspection, and the staff member has not had a birthday since the last inspection,
  3. Only DSHS-approved courses may be used to meet the continuing education requirements. Licensors must verify that continuing education courses were DSHS-approved. Verification may be done by logging into the Instructor & Curriculum Tracking System (ICTS). If the licensor does not have access to ICTS at the inspection site, they may contact their field manager (FM) with the course number and the field manager will verify the courses for them. If the FM is unavailable or unable to verify the data prior to the end of the inspection or if

- there are concerns about the certificate, the licenser may also make a copy of the certificate and verify the courses when they return to the field office.
4. If records appear incomplete or dates are not current from certifications or trainings, communicate the findings to the provider or caregiver to ensure there are not more recent documents available.
- F. Review that the facility has a disaster plan.
  - G. Expand the staff sample only if you have determined that there may be issues or concerns regarding the ALF's ability to ensure that the administrator and staff meet the training and other requirements. Expand the sample only if necessary to determine if the issue is isolated or widespread.
  - H. Use the resident and staff interviews to identify possible or actual negative outcomes to residents related to staff training and/or qualifications.

### **SELECTION CRITERIA FOR FACILITY STAFF SAMPLE:**

- A. If the administrator has changed since the last inspection, review the administrator's records to ensure he/she meets the appropriate administrator qualification and training requirements.
  1. Review of staff list for hire dates and titles:
    - a. Select 3 employees who have been hired in the period since the last inspection and conduct a full review of training and other requirements and qualifications. If fewer than 3 were hired, review records for all new employees.
    - b. Conduct a targeted review of 1 or 2 employees (this could include the administrator) with a work history of over two years at the facility to ensure a system is in place to conduct background re-checks and continuing education requirements.
  2. If issues related to quality of life and provision of care and services were identified during the observations and interviews that may indicate the employee's lack of training or qualifications, review records for pertinent information.
- B. **For EARC – Specialized Dementia Care Contract**, review staff records for documentation of at least 6 hours of continuing education per year related to dementia. (May be part of the total twelve hours required).
- C. Communicate findings of incomplete or outdated information to the licensee/administrator or designee to provide opportunity to attain any outstanding documentation for review.
- D. A record review alone may not provide enough information to confirm or disprove a deficient practice. Further data collection from interview and/or observation may be necessary.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A15 – EXIT PREPARATION

### **BACKGROUND**

To prepare for the exit conference by reviewing and analyzing all information gathered during the assisted living facility (ALF) on-site inspection to identify deficiencies, based on the regulations and/or statutes (WAC, RCW), and determine whether further action is required.

The exit preparation occurs at the end of the inspection prior to the exit. A team meeting is conducted to review and analyze the data collected and determine deficiencies, based on the regulations and/or statutes (WAC, RCW). The determination of deficient practice is focused on the delivery of care and services to the residents.

### **PROCEDURE**

#### **The Licensor will:**

- A. Communicate with the licensee/administrator or designee and ALF staff throughout the inspection to facilitate complete data collection and to ensure no “surprises” at the exit conference.
- B. Notify the licensee/administrator or designee when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.
- C. Schedule the exit conference with the licensee/administrator or designee and invite the Ombuds and interested residents to attend.
- D. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the licensee/administrator or designee and the Ombuds.
- E. Review information and deficiencies and identify any negative resident outcomes or the potential for a negative outcome using specific residents from the sample when possible. If residents are present, or have requested that their issues be kept confidential, confidentiality issues must be maintained.
- F. Conduct a team meeting if more than one RCS staff is present for the inspection reviewing the inspection, identifying concerns based on observations, interviews and record reviews, identify deficient practice and use [Attachment M](#) as a guide and optional tool for exit preparation.
- G. Document and prioritize the information – citations before consults and most serious issues presented first.
- H. Conduct the exit preparation in a setting that is on-site and confidential.
- I. Use attachments during the inspection to assist in recording and organizing the data and contribute to the preparation of the information to be shared at the exit.
- J. Exit preparation may not be the final determination of compliance. Further analysis and data collection may continue after the on-site visit including collateral contact interviews, collateral record review and review of documentation.
- K. Note if further information will be required after the exit and establish the licensor responsible for that data collection.

Follow the Enforcement Standard Operating Procedures (SOP) to establish the scope and severity and what specific action is required if a deficiency is identified.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A16 – EXIT

### **BACKGROUND**

To provide the assisted living facility (ALF) with information on the results of the inspection, the identified deficiencies and findings, and to provide the licensee/administrator or designee an opportunity to present additional information. The exit conference occurs at the end of the full inspection. The exit conference is conducted with the RCS licensing team and the licensee/administrator or designee. Other participants may include: other ALF staff, the Ombuds, residents, and resident's family. Communication at the exit by RCS to the licensee/administrator or designee may also include comments from residents that were heard during the inspection. A resident request for confidentiality must be respected; do not include that information at the exit. Deficiencies identified by RCS staff at the exit must be regulatory based. Because the licensors have communicated with the licensee/administrator throughout the inspection, the identified deficient practices should not be a surprise. The exit conference is held in a private setting in the facility, observing confidentiality and encouraging dialogue. If, after the exit, licensors make changes or additions to the information presented at the exit, a licensor will contact the licensee/administrator with information about the changes prior to sending the Statement of Deficiencies.

### **PROCEDURE**

#### **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 [Attachment M](#) or notes regarding the exit preparation to ensure all issues are addressed at the exit.
- C. Identify deficient practices with the appropriate regulation and/or statute (WAC/RCW).
- D. Provide examples when appropriate, identifying specific resident issues if possible, without violating a resident's request for confidentiality.
- E. Provide the information in an organized, clear manner, identifying citations before consultations, and most serious issues presented first.
- F. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit.
- G. Provide the licensee/administrator or designee an opportunity to discuss, ask questions and present related additional information.
- H. Inform the licensee/administrator or designee of the process following the exit and what to expect, including further data collection, Statement of Deficiencies (SOD) report, Attestation of Correction, and the Informal Dispute Resolution (IDR) process. Clarify that if further information is obtained after the exit, the licensee/administrator will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit.
- I. Notify the licensee/administrator of any delays in their receipt of the Statement of Deficiencies.

- J. Notify the Field Manager prior to the exit if a deficient practice is identified that requires an immediate plan of correction, and obtain FM approval to request the plan of correction prior to leaving the facility.
- K. Ensure the licensee/administrator or designee has a business card and contact phone number for the RCS staff and the appropriate Field Manager.
- L. Thank the licensee/administrator or designee for their cooperation with the inspection.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## 13A17 – REVISITS

### **BACKGROUND**

To determine if the assisted living facility (ALF) is back in compliance with the state licensing laws and rules cited in any previous inspection or complaint investigation.

Revisit inspections will be brief, focused and purposeful reviews of previously cited deficiencies to evaluate if correction has occurred. Do not delay the revisit waiting for the Informal Dispute Resolution (IDR) results or an attestation of correction.

### **PROCEDURE**

#### **A. The Field Manager will:**

1. Consult with the Licensor or Investigator to determine if the revisit will be done by:
  - a. Telephone verification
  - b. Documentation/letter verification; or
  - c. On-site verification.
2. Schedule and track any additional visits/citations once the facility is initially out of compliance. Remember that attestation timeframes are at the Departments discretion. While a facility may have up to 45 days to implement corrective actions, the FM can require a shortened timeframe for correction based on other compliance issues or the health and welfare of the residents in the facility.
3. Include at least one person who did the original inspection or complaint investigation in the revisit, whenever possible.
4. Generally limit the practice of investigating new complaints during revisits. If possible, the revisit is completed before writing new citations.
5. Notify the Compliance Specialist/Chief of Field Operations to strategize further enforcement action steps if the ALF continues to be out of compliance at the second revisit.
6. Only schedule a third revisit after consultation with the Compliance Specialist/Chief of Field Operations.

#### **B. The Licensor will:**

1. Follow-up visits must be completed no more than 60 days after the last day of data collection. Licensors should plan to visit the facility between 1 and 15 days after the date on the Plan of Correction (POC)/Attestation unless circumstances inhibit the licensor's ability to visit in that timeline. When planning the date for the follow-up visit, the licensor should consider how much time they need to allow for the provider to be able to demonstrate compliance.
2. Correction dates should not exceed forty-five (45) days since the last day of the onsite visit, even if the attestation statement was not submitted and is part of an informal dispute resolution request. Do not delay the follow-up visit waiting for the Informal Dispute Resolution (IDR) results or an attestation of correction.

3. During the revisit only review information from the time period between the last date on the attestation of correction and the date of the revisit to determine if the deficient practice has been corrected and the ALF is back in compliance.
  4. Conduct the onsite revisit:
    - a. Considering the following prior to the revisit:
    - b. Current deficient practice issues, including the nature, scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of each cited deficiency; and
    - c. The enforcement remedies imposed as a result of the inspection.
  5. Only do the inspection tasks necessary to determine if the deficient practice has been corrected.
  6. Focus the sample selection on residents who are most likely to be at risk of problems/conditions/needs resulting from the deficient practice cited in the original report.
  7. Only review evidence obtained between the ALF's last date on the attestation and the date of the revisit to make compliance decisions.
- C. Upon completion of all revisits:
1. Record corrected, and new or uncorrected deficiencies in FMS.
  2. Write a new Statement of Deficiencies for any new or uncorrected deficiencies.
  3. Process letter or document review revisits in the same manner as an on-site revisit.
  4. After the letter, or document review, the licenser will determine if there is enough information to correct deficiencies, or to recommend to the manager that an on-site revisit be conducted.
  5. Follow the decision making and Statement of Deficiency writing processes using Principles of Documentation for any revisit that results in uncorrected deficiencies.
  6. Follow the FMS processes necessary to schedule and complete the revisit.
- D. **Information and assistance:**
1. General:
    - a. Citing additional issues not cited in the original visit should be rare and cited only following consultation with the Field Manager.
    - b. Base the sample size on the deficient practice cited and the number of residents necessary to review in order to determine compliance. (You will likely need to include more than one resident in the sample in order to have enough information to determine compliance.)
    - c. In order to be efficient, you will only complete the inspection tasks related to the deficient practice: e.g. focused preparation, entrance, focused tour, and focused observations and interviews.
  2. Failed revisit:
  3. When the first revisit results in any deficiency, the field will complete a second revisit before day 90 from the exit date.
- E. Telephone only verification:
1. Correction of the deficiencies may be verified by telephone only under the following situations:



- a. The deficiencies do not have a direct, adverse impact on resident care, e.g. citations are not associated with a negative or potentially negative resident outcome;
  - b. The deficient practice issue is such that there are clear, objective criteria for determining compliance; and
  - c. The ALF has a good history of compliance with the provision of care and services to residents.
2. The licensor must document pertinent details of the call to the ALF and a statement indicating if the facility was found back in compliance and places the information in the ALF file along with documents sent by the ALF.
- F. Documentation/Letter verification:
1. The licensor will call the ALF and have a dialogue if/when it may be appropriate to do compliance verification. The licensor can specify what may be acceptable to send in as evidence.
  2. The ALF must submit letter/documentation for each deficiency to show they are back in compliance. This letter or documentation verification must fully address for each deficiency cited, the actions the provider has taken to implement the correction, whether the plan worked, when the correction was achieved and how correction will be maintained. This documentation must be submitted on or before the attested plan of correction date.
  3. Correction of the deficiencies may be verified by letter or documentation submitted by the ALF when:
    - a. The deficiencies do not have a direct, adverse impact on resident care, e.g. citations are not associated with a negative or potentially negative resident outcome. The deficient practice issue is such that there are clear, objective criteria for determining compliance.
    - b. The ALF has a good history of compliance with the provision of care and services to residents.
    - c. The ALF sends evidence of compliance, fully addressing necessary actions taken by the facility to correct deficiencies; including how and when the correction was achieved. Examples of evidence may include documents, such as cardiopulmonary resuscitation/first aid cards, tuberculosis test results, orientation checklists, criminal background check results.
  4. The inspection team reviews ALF documentation and calls the ALF Administrator or designee to discuss the issues in order to determine if sufficient documentation is present to justify reporting the deficiency as corrected, or to recommend to the Field Manager that an onsite revisit inspection be conducted.
    - a. The inspection team documents pertinent details of the call to ALF and a statement indicating if the ALF was found back in compliance and places the information in the facility file along with documents sent by the facility.
- G. On-site verification: Corrections of deficiencies must be verified by an on-site visit:
1. If documentation or letter verification of correction was not received;
  2. For deficiencies with a negative or potentially negative resident outcome;
  3. When the documentation submitted by the ALF does not adequately support the conclusion that correction has been achieved;

4. After a finding of a violation for which a stop placement has been imposed, within 15 working days from the request for revisit;
5. For violations that are serious or recurring or uncorrected following a previous citation, and create actual or threatened harm to one or more residents' well-being, including violations of resident's rights as soon as appropriate to ensure correction of violation; and
6. At the manager's discretion.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to 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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## APPENDIX A – RESOURCES AND FORMS

### RESOURCES

1. [Professional Page for Providers](#)



### FORMS

1. [Approved Sleeping Room List](#) – DSHS 10-389 / [Instructions](#)
2. [Attachment A: Pre-Inspection Preparation](#) (DSHS 10-359)
3. [Attachment B: Request for Documentation](#) (DSHS 10-360)
4. [Attachment C: Resident List](#) (DSHS 10-361)
5. [Attachment D: Resident Characteristic Roster](#) (DSHS 10-362)
6. [Attachment E: Resident Group Meeting](#) (DSHS 10-363)
7. [Attachment G: Resident Interview](#) (DSHS 10-365)
8. [Attachment H: Other Contact Interview](#) (DSHS 10-366)
9. [Attachment I: Environmental Observations](#) (DSHS 10-367)
10. [Attachment J: Resident Record Review](#) (DSHS 10-368)
11. [Attachment K: Staff Sample/Record Review](#) (DSHS 10-369)
12. [Attachment L: Notes/Worksheet](#) (DSHS 10-370)
13. [Attachment M: Exit Preparation Worksheet](#) (DSHS 10-371)
14. [Attachment N: Contract Requirements](#) (DSHS 10-372)
15. [Attachment O: Environmental Observations – Contract Requirements](#) (DSHS 10-373)
16. [Attachment P: Food Service Observations](#) (DSHS 10-486)
17. [Attachment Q: Medication Pass Worksheet](#) (DSHS 10-487)

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## APPENDIX B- CHANGE LOG

EFFECTIVE DATE	CHPT SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION & TRAINING PLAN
09/2021	Section added- 13B11 for Room List	The Room List section of CH5 Construction Service is being moved into CH13 with the incorporation of instructions previously memorialized in MBs. Updated Pre-Inspection Preparation as well.	CH5 was a holding place for the section developed with DOH/CRS; associated MB instructions often missed.	Training scheduled for Sept 16, 2021-Part I Overview, and October 14, 2021 Part II- Measuring Rooms.  MB issued R21-085
10/2019	Sections 1, 7 and 14.	Added forms completion clarification; added CE info; converted references of OPP to SOP	Per ALF PIP 2018	Discuss in ALF quarterly mtg; RQICs to share with FMs
08/2019	Full Chapter	Removed Pre-Occupancy Inspection; adjusted formatting; fixed links; amended revisits	General updates; including PIP recommendations for Revisits	Posted with MB MB issued R19-060
5/2016	Full Chapter	All Sections	All SOPs, forms & resources captured in a formal RCS Chapter 13	Posted for employee review SOPs posted in SOP Manual
3/2016	<a href="#">13B12</a> Resident Record Review		Comply with HSQB requirements	Posted for employee review MB issued <a href="#">R16-021</a>  R16-021 - MB HCBS Resident Interview Qu
6/2015	All sections Inspection Process			Posted for extensive employee review MB issued <a href="#">R15-053</a>  R15-053 - Revised ALF Inspection SOP.doc

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