

CHAPTER 14: Certified Community Residential Services and Supports (CCRSS)

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Overview

Residential Care Services (RCS) contracted evaluators perform certification evaluations to ensure regulatory compliance. Follow-up visits occur to ensure that regulatory violations have been corrected, and the provider is back in compliance with the applicable Washington Administrative Code (WAC). If a provider is not in compliance, RCS may impose enforcement actions which range from civil fines to termination of the provider's certification.

This chapter contains information about visit standards and other topics related to Certified Community Residential Services and Supports (CCRSS). Follow-up and other visit types may be performed by RCS staff or contracted evaluators.

CCRSS takes place in the following settings:

Supported Living (SL):


- Clients live in their own home with up to three roommates.
- Clients pay their own rent, food, and other personal expenses.
- Providers are contracted with the Developmental Disabilities Administration (DDA) to deliver instruction and supports based on individual need and shared support within the household. This may range from a few hours per month to 24 hours of one-on-one support per day.
- Providers may be a sole proprietor, an entity that is a non-profit or for-profit business. State Operated Living Alternatives (SOLA) is a state-run SL program.

Group Homes (GH):

- RCS licenses the home as either an Assisted Living Facility (ALF) or an Adult Family Home (AFH) and certifies the GH separately.
- Clients live in a shared home. The number of clients served is based on the license.
- Clients contribute toward the cost of food and shelter based on their income.
- Providers own or lease the home.
- Providers are contracted with DDA to deliver instruction and supports based on individual need and shared support within the household.

Group Training Homes (GTH):

- Clients live in a facility that serves two or more clients.
- Clients contribute toward the cost of food and shelter based on their income.
- The facility provides 24-hour community-based instruction and support services.

In this document, the  icon indicates information that is of specific importance to staff that may require additional attention (i.e., documentation requirements, special focus, etc.).

Note: Throughout this document, the terms Administrator, Service Provider, Licensee, Field Manager (FM), Regional Administrator (RA), Administrative Assistant (AA), and Team Coordinator (TC) can also refer to their designee.

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CCRSS must comply with the following WAC and Revised Code of Washington (RCW) Chapters:

- [Chapter 70.129 RCW: Long-Term Care Resident Rights](#)
- [Chapter 71A.12 RCW: State Services](#)
- [Chapter 74.34 RCW: Abuse of Vulnerable Adults](#)
- [WAC 246-840-910 through 246-840-970 Delegation of Nursing Tasks in Community-Based and In-Home Care Settings](#)
- [Chapter 388-101 WAC Certified Community Residential Services and Supports](#)
- [Chapter 388-101D WAC Requirements for Providers of Residential Services and Supports](#)
- [Chapter 388-112A WAC Residential Long-Term Care Services Training](#)
- [Chapter 388-113 WAC Disqualifying Crimes and Negative Actions](#)
- [Chapter 388-829 WAC Community Residential Service Business Training Requirements](#)

RCS partners with the following state agencies and associations to develop CCRSS regulations and policies.

- [Developmental Disabilities Administration \(DDA\)](#)
- [Office of Developmental Disabilities Ombuds \(DD Ombuds\)](#)
- [Disability Rights of Washington \(DRW\)](#)
- [Department of Health \(DOH\) – Food Safety](#)
- [Washington State Patrol \(WSP\) – State Fire Marshal’s Office \(SFMO\)](#)
- Community Residential Services Association (CRSA)
- [DOH Infection Control Assessment and Response \(ICAR\)](#)
- [Washington State Local Health Jurisdictions \(LHJ\)](#)

These procedures are in addition to [DSHS Administrative Policies](#), as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- [RCS Policy Unit General Contact](#) (**internal** RCS use)
- RCSPolicy@dshs.wa.gov (**external** RCS use)
- [RCS Quality Improvement Unit General Contact](#)

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Part I: Certification Evaluations

A. General Guidelines

Purpose

These guidelines are to ensure visits are conducted in a consistent manner. They apply to all visit types covered in this chapter and are applicable to the contracted evaluators as well as RCS staff conducting the visit. For the purposes of this chapter the term evaluator or evaluation team is used and includes RCS staff if they are conducting the visit. Team Coordinator (TC) refers to the evaluator or staff person leading the visit.

Note: Evaluators or staff may use [Attachment J: Notes \(DSHS 10-621\)](#) at any time if needed. This is for additional notes and does not replace the need to document on the designated form.

Procedure

1. Evaluation Team Responsibility

- a. Do not disclose the planned date(s) of the visit.
- b. Follow the procedures described in this chapter and other referenced chapters.
- c. Immediately report any suspected or actual incident of client abuse, neglect, exploitation, or abandonment per [RCW 74.34](#).
- d. Contact the field manager (FM) regarding:
 - 1) Any questions about the application or interpretation of specific regulations.
 - 2) Issues, concerns, or questions that should be analyzed and reviewed by a licensed nurse.
- e. Respect the client's dignity, choice, quality of life, and right to privacy.
- f. Complete tasks with minimal disruption to client routines and the provider's core work.

2. Field Manager Responsibility

- a. Train evaluators and new staff. Verify they can demonstrate understanding of applicable procedures in this chapter.
- b. Conduct periodic reviews of this chapter to ensure the procedures are being followed.
- c. Request training or clarification from leadership as needed.
- d. Be available to the evaluators or staff for support as needed.
- e. Schedule visits.
 - 1) Assign evaluators (or staff).

Note: If possible, limit assignments to three sample clients per evaluator and one to two sample clients for the TC.

- 2) Assign an evaluator the role of TC for certification evaluations.
- f. Delegate tasks as needed to the Administrative Assistant (AA) or Field Services Administrator (FSA).

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B. Pre-Evaluation Preparation

Purpose

Gather documents to promote a more effective and efficient process. Review of the provider history may help identify potential issues, concerns, or patterns.

Procedure

1. **Team Coordinator** Responsibility

Note: The TC has the primary responsibility to ensure required preparation tasks are completed prior to the on-site visit and may delegate preparation tasks to other team members.

- a. Obtain and review the following documentation from the most recent certification evaluation and related follow-ups:
 - 1) Statements of Deficiencies (SOD) or consultation letters and the related identifier lists
 - 2) Face Sheet (Certification Evaluations only)
- b. From recent (recommend the last 24 months) complaint investigations:
 - 1) Review SOD or letters and the related identifier lists.
 - 2) Identify if there is a reported communicable disease outbreak in the home and determine if Personal Protection Equipment (PPE) is needed.
- c. Determine if the ISS review is required:
 - 1) Not applicable for SOLAs.
 - 2) Email ddratessr@dshs.wa.gov per the template found in [Resources](#) to determine if:
 - a) DDA will provide the Schedule B from the DDA cost report so this can be reviewed as part of the evaluation, or
 - b) Agency payroll was already reviewed by DDA rates.
- d. Obtain the service provider's most recent client characteristics data ([Attachment M: CCRSS Client Characteristics Roster DSHS 10-691](#)) to select your sample.

Note: The provider is not required to use the DSHS form, so this may appear in different formats. If no client characteristics roster is available or if it is outdated this will be requested on-site and the sample will be determined after the entrance conference. Documentation used to select the sample must be included with the working papers.

2. **Field Manager** Responsibility

- a. Support the TC in gathering the documentation listed above. This may include how to access in STARS (Secure Tracking and Reporting System) or shared files.

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C. Sample Selection

Purpose


Selecting a sample that best represents the resident population regarding care and service needs helps obtain the most accurate, valid picture of the provider's compliance.

Procedure

1. Team Coordinator Responsibility

- a. Utilize the client characteristics roster to determine the sample size according to this table:

Sample Selection Table	
Total # of clients in program:	# of clients in sample
1	1
2-3	2
4-8	4
9-16	5
17-30	6
31-50	7
51-75	8
76+	At least 15% of total clients

- b. Build a diverse sample utilizing the client characteristics roster. The following clients **must** be included in the sample:
 - 1) At least one client receiving community protection services, when applicable.
 - 2) At least one client from each GH address, when applicable.
 - 3) At least one client receiving crisis diversion support services, when applicable.
- c.  Use [Attachment A: Face Sheet \(DSHS 10-611\)](#) to document the sample information.
- d. Assign sample clients to evaluators. Provide evaluation team with:
 - 1) Client addresses.
 - 2) Information from the client characteristic data that may interfere with or negatively impact conducting client observations or interviews.

Note: If possible, limit assignments to three sample clients per evaluator and one to two sample clients for the TC. If this is not possible with the evaluator team size and clients served, discuss with FM.

- e. Coordinate arrival and on-site entrance with the evaluation team and FM.

2. Evaluation Team Responsibility

- a. Review and respond to communication from the FM, AA, and TC regarding the certification evaluation.

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D. Abuse Prevention Review

Purpose


The primary focus of this section is to ensure the entity has policies and procedures which are compliant with regulatory and statutory requirements for mandated reporting, investigating allegations of client abuse and protecting clients from harm. This includes observations of suspected or actual abuse or neglect made during any part of the visit.

For the purposes of this chapter, the term “abuse” includes neglect, financial exploitation, improper use of restraint, and abandonment.

Note: For definitions of abuse, refer to [RCW 74.34.020](#).

Procedure

1. Evaluation Team Responsibility

- a. Remain alert throughout the visit for indicators of possible abuse.
- b.  Document information related to any suspected or actual abuse. Potential indicators may be found:
 - 1) During environment observations.
 - 2) While conducting interviews.

Note: See '[Resources](#)' for specific examples of potential abuse, a link to [Key Triggers](#) which may indicate abuse, and sample questions to ask during interview.

- c. During administrator and staff interviews ensure understanding of abuse and what to do if abuse is suspected or witnessed. This includes staff understanding of:
 - 1) Financial exploitation, physical, mental, and sexual abuse.
 - 2) Steps to take in the event of suspected abuse.
 - 3) Notification and reporting requirements as described in provider policies and procedures.
- d. Request the provider's incident investigation report if you become aware of a probable or actual incident, injury, or accident since the date of the last evaluation to determine if:
 - 1) Mandated reports have been submitted as required by state mandated reporting laws; and
 - 2) The provider has taken appropriate action to protect clients' safety.
- e. If abuse is suspected or identified, the evaluator's first responsibility is as a mandated reporter. Evaluators will:
 - 1) Immediately notify the Complaint Resolution Unit (CRU) by email (cru@dshs.wa.gov), with a cc (carbon copy) to the FM.
 - 2) Contact the FM if any of the following situations occur:
 - a) If possible client abuse or neglect is occurring during the visit.
 - b) If unsure how to proceed.

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- c) If investigation should be conducted immediately.
 - d) If immediate enforcement may be needed.
 - e) If a nurse is needed and a nurse is not on the team.
 - f) If law enforcement (LE), Adult Protective Services (APS), or both should be notified for purpose of conducting a joint investigation.
- 3) Immediately notify law enforcement if:
- a) There is reason to suspect sexual assault has occurred.
 - b) There is reason to suspect physical assault has occurred.
 - c) There is reasonable cause to believe that an act has caused fear of imminent harm.

Note: Law enforcement does not need to be notified for an incident of physical assault between two clients that causes minor bodily injury and does not require more than basic first aid unless:

- Requested by the injured client/legal representative or family member;
- The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital or anal area;
- There is a fracture;
- There is a pattern of physical assault between the same clients; or
- There is an attempt to choke a client.

- f. Verify client safety before conclusion of on-site visit.
- 1) The FM may ask the administrator to submit a written plan to address the safety concerns and provide safety and protection to the client(s) when imminent risk of harm or actual harm has been identified.

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E. Entrance

Purpose


To exchange information with the provider, answer questions, and explain the evaluation process on-site. The way RCS initiates contact with the administrator, staff, and clients will set the tone for the rest of the evaluation. Always be respectful and allow the staff and administrator time to ask questions.

Procedure

1. **Team Coordinator** Responsibility

- a. Inform the administrator of your arrival and request arrangements be made to have an entrance conference.

Note: The administrator or service provider may name a designee to stand in at any time during the certification evaluation. Any use of administrator in this chapter and associated forms includes the designee.

- b. During the entrance conference:
 - 1) Identify yourself and your role as TC and how to reach you during the visit.
 - 2) Identify the members of the evaluation team for the visit (they can be named if they are not present).
 - 3) Explain the purpose of the evaluation.
 - a) Describe the evaluation process and discuss any issues or circumstances that should be considered when interacting with clients.
 - b) Inform the administrator what records and documentation may be needed. Use the list on [Attachment N: Administrator Record Review and Interview \(DSHS 10-698\)](#) as a guide (other tasks on this form are found in the section labeled '[Provider and Staff Interviews](#)').
 - c) Give the service provider the opportunity to submit additional or clarifying information, specify a timeframe.
 - d) Invite and address any questions attendees may have.
 - 4) Emphasize that there will be ongoing communication with the provider throughout the evaluation process.
 - 5) Ask for a private workspace with a power outlet and a place to secure belongings and RCS equipment.
- c. After the entrance conference:
 - 1) Check the current client characteristics data with the version that was used to select the client sample.
 - a) Make changes to the sample if necessary.
 - b)  Update [Attachment A](#) with any changes.

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- 2) If the client characteristics data was not available during preparation select the sample according to '[Sample Selection](#)'.
 - 3) Upon conclusion of the entrance tasks, notify the evaluation team that they may begin visiting client homes.
 - a) Include any changes in the sample clients, addresses, or other pertinent information needed prior to visits to client homes.
 - 4) Notify the FM that the on-site portion of the certification evaluation was initiated.
2. **Evaluation Team** Responsibility
- a. After being notified by the TC, begin visiting client homes. Conduct tasks for each sample client assigned to you.
3. **Field Manager** Responsibility
- a. Ensure the TC knows the best way to reach you or a designee during the on-site portion of the visit.
 - b. As a courtesy you may notify the DDA Resource Manager of the visit once the on-site portion of the certification evaluation is initiated.

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F. Home Environment and Safety Review

Purpose



Determine if the client's residence is safe, adaptive to client needs, and reflective of client preferences.

Procedure

1. Team Coordinator Responsibility

- a.  If the program is a GTH, document and conduct general environment and safety observations on [Attachment O: Group Training Home \(GTH\) General Environment & Safety Worksheet \(DSHS 10-617A\)](#).

2. Evaluation Team Responsibility

- a. Document and conduct observations using the form applicable to the setting.
 GH/SL: [Attachment H: Home Environment & Safety Worksheet \(DSHS 10-617\)](#). Conduct home environment and safety observations for each address occupied by clients in the sample. If multiple sample clients reside at the same home, document on the form which clients it applies to.
 GTH: [Attachment P: Group Training Home \(GTH\) Client Environment & Safety Worksheet \(DSHS 10-617B\)](#). Conduct observations specific to each sample client. The TC is documenting general observations on [Attachment O](#). If you note a general environmental concern, communicate with the TC.
- b. With clients' permission, observe each room in the home to determine if it:
 - 1) Gives clients places and opportunities for privacy.
 - 2) Is arranged and set-up to accommodate client needs, and
 - 3) Reflects client choice and preferences.
- c. Note the extent to which service provider staff use space in the client home for administrative or personal use to the exclusion of clients or without client approval.
- d. If observations or interviews indicate any client living in the home cannot be safely evacuated, conduct focused follow-up inquiries.
 - 1) Review emergency evacuation plans, including records of evacuation drills.
 - 2) Document using the notes area of the above form.

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G. Client Observations

Purpose


Determine if the needs of clients are being met appropriately and adequately. Obtain objective information regarding the provision of instruction and supports; staff to client interactions; staff training; and possible complications related to a client's special needs.


Procedure

1. Evaluation Team Responsibility

- a. Upon receiving notification from the TC, initiate the evaluation process by going directly to one of your assigned sample client's homes. Repeat this task for each sample client assigned to you.
- b. Show identification and explain reason for visiting the client's home.
 - 1) Do not enter a client's home without the client's approval.
- c. If the client is not home, schedule a return visit for when the client is home.
- d. Do not conduct any observations involving the client's breasts, genitalia, or buttocks.
 - 1) Contact the FM to coordinate nursing staff if these observations are required.
- e. Documentation:
 - 1)  Use [Attachment B: Client Supports Observation \(DSHS 10-613\)](#) to guide and document client observations.

Note: If this is a GTH serving more than six clients, additional food service observation information is found in the section labeled '[Food Services](#).'

- 2)  If there is evidence of the use of restraints, medical devices, alarms, monitoring devices, and/or restrictive procedures, observe and document any concerns in the notes area of [Attachment B](#).

- f.  If approached by clients not in the sample, document comments or concerns on [Attachment B](#).
- g. One observation alone does not confirm deficient practice. Obtain further information through interview or record review as soon as possible to support or invalidate the issue or concern.

2. Field Manager Responsibility

- a. Aid in coordinating nursing staff if needed.

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H. Client Interviews

Purpose

Determine if clients are satisfied with the supports they receive, their needs are being met, and their rights are being protected.

Procedure

1. **Evaluation Team** Responsibility

- a. Determine if there are issues or circumstances that could adversely affect the interview process with the sample client. Examples include:
 - 1) The need for an interpreter.
 - a) Contact FM if an interpreter is needed. For more information see the '[Resources](#)' section.
 - 2) Client work or activity schedules.
 - 3) Client behaviors.
- b. Conduct the interview in private, unless:
 - 1) Additional persons are requested by the client;
 - 2) Circumstances exist that cannot be mitigated;
 - 3) Doing so would pose a safety risk; or
 - 4) It would have an adverse effect on the client.
- c. Anyone present during a client interview must be approved by the client.
- d. Inform the client of the interview process, including the need to take notes and that confidentiality cannot be guaranteed.
- e. Clients have the right to refuse to be interviewed or to stop the interview at any point.
- f.  Use [Attachment C: Client Interview \(DSHS 10-614\)](#) to guide and document the interview or that the client declined.
 - 1) Use information gathered to this point to determine if additional interview questions or topics should be discussed. Additional questions for each topic can be found in '[Resources](#).'
- g.  If potential or actual outcomes and deficiencies are identified obtain further information as soon as possible to support or invalidate the issue or concern. Document using the notes area on [Attachment C](#).

2. **Field Manager** Responsibility

- a. Aid in obtaining an interpreter if needed.

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I. Client Record Reviews

Purpose

Obtain, clarify, and verify information regarding services provided in the areas of client safety, quality of life, protection from abuse, neglect, and exploitation, and meeting client needs through the provision of instruction and supports. Validate and/or clarify information obtained through observations and interviews.

Procedure

1. Evaluation Team Responsibility

- a.  Use [Attachment E: Client Record Review \(DSHS 10-677\)](#) to guide and document client record review.
- b. Focus the record review on the time frame since the most recent certification evaluation or 24 months, whichever timeframe is shorter.
- c. Expand your review only if necessary to clarify issues related to probable or actual negative client outcomes identified during observations and interviews.
- d. If concerns are identified regarding legal issues and decision making, review:
- e. Documents concerning guardianship and decision making, if available.
- f.  If issues and concerns are identified obtain further information as soon as possible to support or invalidate the issue or concern. Document using the notes area on [Attachment E](#).
- g. When reviewing client records, note and follow-up on events or situations that should be reported to the FM, CRU, or both. (Reference section labeled '[Abuse Prevention Review](#)').

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J. Client Finances

Purpose

Determine if the provider is assisting clients to manage their finances as described in their Person-Centered Service Plan (PCSP) / Individual Instruction and Support Plan (IISP) and implementing an Individual Financial Plan (IFP) when required.

Procedure

1. Evaluation Team Responsibility

- a. Determine if and to what extent the provider is responsible for managing finances through observations, interviews, and financial record reviews. For a sample list of questions and suggested observations, see [‘Resources.’](#)
- b. If the provider manages any client funds review the IFP.
- c. Ensure the level of financial support is consistent with the needs identified in the PCSP/IISP.
- d.  Use [Attachment D: Client Finances Record Review \(DSHS 10-676\)](#) to guide and document this review.
- e. Focus this review on the time frame since the most recent certification evaluation or 24 months, whichever timeframe is shorter.
- f. If potential or actual outcomes and deficiencies are identified obtain further information as soon as possible to support or invalidate the issue or concern. Document using the notes area on [Attachment D](#).

Note: Single or isolated instances of minor shared expense errors or small discrepancies do not necessarily constitute deficient provider practice.

- g. Contact the FM and communicate with the TC if it appears necessary to expand the sample to determine if there is a system problem. It may only be expanded to the extent necessary to make compliance decisions regarding very specific, focused issues.
- h. Contact the FM immediately if unsure about whether an incident constitutes financial exploitation.
- i. Immediately report any suspected or actual incident of client abuse, neglect, exploitation, or abandonment per [RCW 74.34](#).

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K. Representative Interviews

Purpose

Provide additional or verify client specific information. Obtain information about instruction and supports provided to the client when the client cannot be a reliable informant. Clarify issues or concerns identified by the client, family, or observed during the visit.

Procedure

1. **Evaluation Team** Responsibility

- a.  Use [Attachment F: Representative Interview \(DSHS 10-615\)](#) to guide and document this interview for a collateral contact for each client in the sample. Use [Attachment J](#) for any additional documentation needs.

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L. Staff Record Review

Purpose


Determine if there is a systematic and consistent way to verify staff meet the statutory and regulatory requirements to provide the care and services the clients require. Provide supplemental, clarifying, and substantiating evidence regarding compliance with regulatory requirements.

Procedure

1. Team Coordinator Responsibility

- a. If possible, review the same staff that are interviewed in '[Provider and Staff Interviews](#).'
- 1) The staff sample must be the same as the number of clients sampled, up to a maximum of nine.


Sample Selection Table	
Total # of clients in program:	# of staff in sample
1	1
2-3	2
4-8	4
9-16	5
17-30	6
31-50	7
51-75	8
76+	9

- b.  Use [Attachment K: Background Check and Record Review \(DSHS 10-619\)](#) to guide and document the review.
- c. Review staff and provider records only to the extent necessary to determine compliance.
- d. Conduct a focused review of staff training and qualifications, records, incident reports if applicable, and record findings when there are indications of potential deficient practice in the following areas:
 - 1) Mandated reporting and protection of client when there is an alleged/suspected incident of client abuse.
 - 2) Provision of instruction and supports to meet the client's needs as specified in the PCSP.
 - 3) Implementation of Positive Behavior Support Plan (PBSP) and/or restrictive procedures and interventions.
 - 4) Medication assistance and the performance of delegated nursing tasks; and
 - 5) Protection of client rights.

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- e. When observations and interviews indicate a deficient practice could be the result of a systems problem or failure:
 - 1)  Conduct a focused review of applicable provider policies and procedures. Use [Attachment K](#) or [Attachment J](#) to document.

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M. Provider and Staff Interviews

Purpose



Collect information by speaking with staff and the administrator.

Procedure

1. Team Coordinator Responsibility

- a.  Interview the administrator or designee, use [Attachment N](#) to guide and document.
 - 1) Complete any other tasks that are recorded on the above form.
 - 2) Verify that the provider meets vehicle and liability requirements, and effective dates are current.
- b. The documented interview does not take place of informal conversations occurring throughout the visit.
- c. If additional interview questions or discussion topics are needed, you may use the notes area of the above form to document.

2. Evaluation Team Responsibility

- a.  Interview at least one staff person for each sample client. Use [Attachment G: Staff Interview \(DSHS 10-616\)](#) to guide and document.
 - 1) Attempt to interview direct support staff that know the client first.
 - 2) If that is not possible, then interview a manager/supervisor that knows the client.
- b. Use information from observations, interviews, and record reviews to formulate any additional interview questions and discussion topics with the staff, document using the notes area of the above form.
- c. The documented interview does not take place of informal conversations with staff throughout the visit.
- d. Conduct the interview in private, out of earshot of the clients, if possible.
- e. If any staff person refuses to be interviewed, notify:
 - 1) The administrator (or designee) of staff not cooperating with the Department process within the same day and before the exit conference.
 - 2) The FM prior to the exit conference.
- f. If the staff sample needs to be expanded:
 - 1) Discuss the reasoning with the FM and TC before expanding the sample.
 - 2) It may only be expanded to the extent necessary to make compliance decisions regarding very specific, focused issues.
 - 3)  Document the reason for the expansion and related information on [Attachment G](#).

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N. Food Services (GTH only)

Purpose

Determine if food services follow safety standards and client care and service needs are being met.

Procedure

1. **Team Coordinator** Responsibility

- a.  Use [Attachment L: Group Training Home \(GTH\) Food Service Review \(DSHS 10-622\)](#) to guide and document this review. This process will not apply if the GTH serves 6 or less clients or was certified before 1/1/2019, however this still needs to be documented on the accompanying form.
- b. Ensure observations take place during a meal.
 - 1) Do not stand over clients during observations, sit if possible.
- c. Check with the evaluation team for their observations related to food service and any concerns they may have related to food service for sample clients.
- d. Wear a hair restraint in accordance with [WAC 246-215-02410](#) throughout the kitchen inspection.
- e. Introduce yourself to the food service staff.
 - 1) Establish which staff person is your primary contact related to food services.
 - 2) Briefly explain the food service task.
- f. If specific client concerns have been made about food temperature or palatability, consider requesting a food sample to evaluate.
- g. If potential outcomes and deficiencies are identified obtain further information as soon as possible to support or invalidate the issue or concern. Use the notes area of the above form to document.

2. **Evaluation Team** Responsibility

- a. Communicate observations and concerns related to food service for sample clients.
- b. Alert the TC if any of your assigned sample clients:
 - 1) Require eating assistance per their PCSP/IISP and determine who will observe and document their mealtime.
 - 2) Have prescribed or non-prescribed nutrient supplements and/or modified or therapeutic diets.

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O. Instruction and Support Services (ISS) Reimbursement Review

Purpose

Determine if there are anomalies with the provider's internal payroll summary records and the gross payroll on the cost report which require a more detailed review by DDA.

Procedure

1. Team Coordinator Responsibility

- a.  Use [Attachment I: Residential Cost Report – ISS Hours Review / Questionnaire \(DSHS 10-620\)](#) to document the ISS review.
- b. Use the Schedule B from the DDA Cost Report obtained during 'Pre-Evaluation Preparation.'
- c. Notate on the form if no RCS review is required.
- d. If the review indicates a discrepancy, email the form and Schedule B to the FM prior to the last date of data collection.

Note: A copy must be included with the working papers.

2. Field Manager Responsibility

- a. If discrepancies require DDA review, complete [Attachment I](#) (obtained from TC) and send to ddrates@dshs.wa.gov.
- b. Save as PDF (portable document format) and include with the working papers.

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P. Exit Preparation

Purpose

Analyze information gathered during the visit and determine if statutory and regulatory requirements are met. Identify if any further action is required prior to exit. Well organized data will help facilitate the communication between the evaluator and the provider during the exit as well as provide the evaluator a useful tool while writing the SOD.

Procedure

1. **Team Coordinator** Responsibility

- a. Notify the administrator when the on-site evaluation has been completed and the RCS team is meeting for the exit preparation.
- b. Coordinate with the administrator to schedule the exit.
 - 1) If the exit will not be scheduled on the last day of on-site activities or the next consecutive business day, this must be approved by the FM.
- c.  Use [Attachment Q: Exit Preparation/ Exit Conference Form \(DSHS 10-699\)](#) to document conclusions from the meeting with the evaluation team.

2. **Evaluation Team** Responsibility

- a. Meet as a team in either a private location or via a web-based forum to review the evaluation.
- b. Determine and clearly identify each deficient practice that may be cited and the specific regulation each deficient practice violates.
 - 1) Ensure the Department has regulatory authority over all issues being considered for a deficient practice finding.
 - 2) Ensure the data was gathered from as many relevant sources as possible.
 - 3) Deficient practice decisions cannot be made based on record review(s) alone and must include at least one other source of information from observations and interviews. Ensure decisions and conclusions are based upon credible and accurate information/evidence.
 - 4) Determine how to resolve conflicting information and data. If unable to resolve, conclude whether there is sufficient data to identify a deficient practice.
 - 5) Do not hold providers to 'best practice' standards. The provider is required to satisfy the minimum certification requirements defined in regulation.
- c. Identify if the deficiency can be considered a consultation. A consultation may be considered if:
 - 1) The provider corrects the deficient practice to the satisfaction of the Department prior to the exit.
 - 2) The violation has not been cited in any of the two most recent preceding certification evaluations or complaint investigations during that time period.
 - 3) The violation did not pose a significant risk of harm or actual harm to a vulnerable adult.

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- 4) The following will not be considered for a consultation:
 - a) Fire safety
 - b) Medications
 - c) Background check information
- d. Determine the scope (number of clients impacted or potentially impacted) and severity (seriousness or extent of the impact or potential impact on clients) of each deficient practice.
 - 1) Review the information to determine if the failure to meet a requirement has resulted in negative client outcome.
 - a) If enforcement may be needed, contact the FM before the exit.
 - b) Determine the number of clients the deficient practice affects or has the potential to affect (universe). Some issues may affect all clients, others may impact a specific subset of clients (i.e. those receiving Nurse Delegation).
- e. Decide which sections of the SOD each evaluator will write. When appropriate the TC may choose to write the SOD themselves or may assign sections of the SOD to evaluators.
- f. 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 and record review.
- g. If further information will be required after the exit conference, establish the evaluator responsible for that data collection. This must be completed within seven calendar days of the exit.
- h. Be able to explain and clarify how specific decisions were reached.
- i. If there are any uncertainties or unresolved questions, discuss this with the FM prior the exit conference.

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Q. Exit Conference

Purpose

Review the results of the evaluation with the provider and give the administrator an opportunity to present additional information.

Procedure

1. **Team Coordinator** Responsibility

- a.  Use [Attachment Q](#) to document and guide the exit conference. The administrator or designee must be present (virtually or in person) to conduct the exit conference.
- b. Inform the administrator that further data collection may be required off-site.
- c. Provide information that is specific and clear enough for the provider to understand the probable deficient practice findings and to initiate corrective action.
- d. Do not inform providers that they will not be cited for a violation; outline the findings and violation of the WAC with factual evidence obtained from observations, interview, and record reviews without conjecture or insinuation.
- e. A SOD report will be sent to the service provider within 10 working days of the last date of data collection.
- f. The service provider must complete a POC for each deficiency cited in the SOD, and send to the department within 10 calendar days of receiving the SOD. A POC is still required if IDR is requested.
- g. Discuss the Informal Dispute Resolution (IDR) process with the administrator.
- h. Provide exit conference attendees the opportunity to ask questions and share comments or concerns regarding probable findings or the evaluation process.
- i. Ensure responses are regulatory based and do not include advice, recommendations, or personal opinions.
- j. If issues arise during the exit conference that the team cannot respond to, provide contact information for questions to be sent to the FM for review and response.

2. **Field Manager** Responsibility

- a. Respond to any issues the evaluators were unable to respond to during the exit conference.

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R. Off-site Activities

Purpose

Complete any additional communication or record review required, finalize documentation, and store the records for accessibility.

Procedure

1. Team Coordinator Responsibility

- a. Summarize the visit conclusions with the FM within four working days (WD) of the exit.
- b. Once all further analysis and data collection has been completed, enter the last date of data collection (the final day which data was collected for the visit) in STARS and complete any additional required tasks in STARS (within seven WDs of exit).
- c. If there were deficiencies:
 - 1)  Prepare the identifier list: [Attachment R: Confidential Identifier List \(DSHS 27-237\)](#).
 - 2) Enter the SOD information in STARS and submit the applicable identifier lists to the FM for review and approval.
 - a) Within four WD of the last date of data collection if enforcement is involved.
 - b) Within six WD of the last date of data collection if enforcement is not involved.
 - c) If additional time is needed, discuss with FM.
- d. If there has been a change in citations/consultations since the exit, contact the administrator via phone or email to let them know the SOD will contain different information than was discussed at the exit.
 - 1)  Use [Attachment J](#) to document the date, time, person spoken to (or message left) and a summary of the information provided or include a copy the email sent to the administrator in the working papers.
 - 2) If other working papers have already been submitted, submit this form within five WD of this contact in the same method the other working papers were submitted.

2. Evaluation Team Responsibility

- a. If there were deficiencies, write the SOD using the standards outlined in [SOP Chapter 18: Across All Settings](#) when writing a SOD.
- b. Submit working papers according to the process defined in the section '[Contracted Evaluator Working Papers](#).'

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3. **Field Manager** Responsibility

- a. Review the SOD according to [SOP Chapter 18: Across All Settings](#).
- b. Send the SOD and [Attachment R](#) to the provider within 10 WD of the last date of data collection.
- c. Monitor for the plan of correction (POC). The POC is due 10 calendar days after the service provider received the SOD. The correction dates must not exceed 45 calendar days from the last date of data collection unless approved by the FM. The POC is still required if the provider requests IDR.

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S. Follow-up Visits

Purpose

A follow-up visit may be conducted to determine if the provider has achieved correction of the regulatory violations and deficient practices cited in the SOD. It only focuses on citations in the visit the follow-up is specific to.

Procedure

Timelines

1. **Field Manager** Responsibility

- a. Coordinate scheduling for follow-ups. If possible, include at least one person that was on the previous visit.
- b. Identify how the follow-up will occur using these criteria:
 - 1) On-site:
 - a) Deficiencies involve a negative or potentially negative client outcome, or
 - b) Deficiencies require observation to determine compliance, or
 - c) Documentation submitted by the provider for an off-site follow-up does not adequately support the conclusion that correction has been achieved, or
 - d) The FM determines this would be the best method.
 - 2) Off-site:
 - a) The deficiencies are not associated with an actual or potentially negative client outcome, and
 - b) The deficient practice issue is such that there are clear, objective criteria for determining compliance, and
 - c) A review of the last 24 months shows a history of compliance.
- c. When planning the date for the follow-up, consider how much time is needed to allow for the provider to be able to demonstrate compliance. Follow-up timelines are at the discretion of the FM. However, the following timeline is recommended:
 - a. Follow-up due date – requirement 1 (15 day): Follow-up must be initiated within 15 calendar days after the latest date the provider has listed on the POC, unless the FM approves an extension.
 - b. Follow-up due date – requirement 2 (60 day): Follow-up visits must be completed no more than 60 calendar days following the last date of data collection, unless an extension is approved by the FM.
 - c. Second follow-up due date (if first follow-up determined provider not back in compliance): If the first follow-up results in a deficiency, second follow-up must occur within 45 calendar days of the last date of data collection from the first follow-up, unless an extension is approved by the FM.

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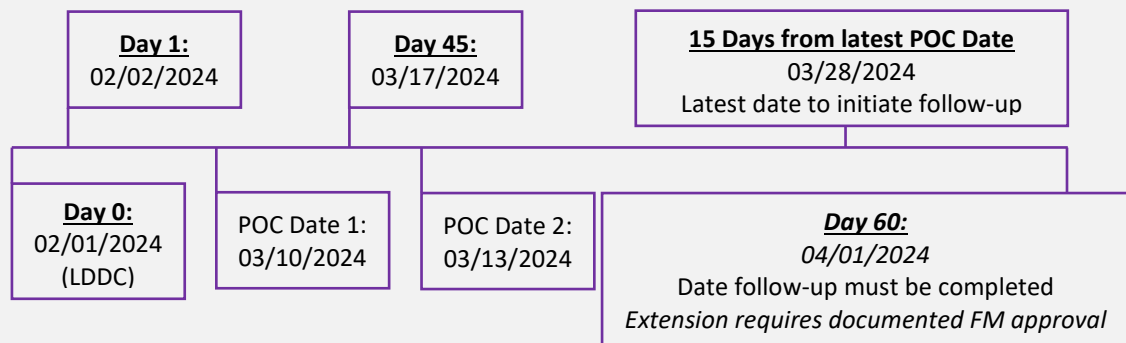


Note: If the first follow-up results in a deficiency, the compliance specialist must be consulted.

- d. If there is a stop-placement discuss the follow-up timeline with enforcement.


Example

- If Last Date of Data Collection (LDDC) is 02/01/2024, this is considered Day 0. Day 1 of the timeline would be 02/02/2024.
- The date of alleged compliance is the latest date the entity has indicated the deficient practice will be corrected (POC Date). In the example scenario, the entity has two deficiencies with different correction dates. The timeline below demonstrates how this would be mapped out:



General Guidelines

Evaluator Responsibility

1.  Document follow-up using:
 - a. EWP (Electronic Working Papers) Training and support is available here [Electronic Working Papers - Home \(wa.gov\)](#); or
 - b. [Attachment S: CCRSS Follow-Up Visit \(DSHS 10-700\)](#).
2. Ensure the follow-up only focuses on those tasks necessary to determine if the deficient practice(s) has been corrected. Only review evidence obtained between the service provider's latest date on the plan of correction and the date of the follow up to make compliance decisions.
3. Sample selection – focus on client's who are most likely at risk of negative outcomes from the deficient practices cited in the original SOD. If possible, select at least one client that was in the original sample.
4. If instances of serious harm or potential serious harm to any client are identified, follow the process defined in the section labeled '[Abuse Prevention Review](#)'.

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Preparation

Evaluator Responsibility

1. Review the SOD, POC, and identifier lists to identify tasks that need to be done and information that will be reviewed to determine if the provider has corrected deficient practices cited in the SOD.
2. Identify the method of follow-up determined by the FM.

On-site Follow-up

Evaluator Responsibility

1. Entrance – upon arrival, conduct a brief entrance conference with the provider.
2. Conduct observations, interviews, and record reviews as needed to determine if the provider has corrected the cited deficient practices.
3. You may use the applicable procedures in this chapter to conduct the follow-up visit. Only do those tasks necessary to determine if the provider has achieved compliance.
4. Discuss with the FM before expanding the focus of the follow-up.
5. Conduct a brief exit conference with the provider to review the follow-up results.

Off-site Follow-Up

Evaluator Responsibility

1. Communicate with the provider and request documentation to support their plan of correction.
2. Review the documentation:
 - a. If the documentation supports that the citation has been corrected go to step 3.
 - b. If the documentation is not sufficient to support the conclusion that correction has been achieved:
 - 1) Discuss with the FM to determine if this should be conducted on-site or if additional information should be requested from the provider.
3. Contact the provider to review the follow-up results.

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Off-site Activities

Evaluator Responsibility

1. If the provider is back in compliance:
 - a. Complete the required tasks in STARS.
 - b. Inform the FM.
 - c. Submit working papers according to the process defined in the '[Contracted Evaluator Working Papers](#)' section.
2. If the provider is not back in compliance, follow the process in the section labeled '[Off-site Activities](#).'

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Part II: Additional Guidance

A. Contracted Evaluator Working Papers

Purpose

RCS is using electronic data collection for evaluator working papers. Directions in this section for the TC and Evaluator responsibilities are specific to CCRSS contracted evaluator tasks and do not apply to RCS staff.

Procedure

1. **Team Coordinator** Responsibility

a. Create a folder for the visit in the shared drive using the following naming convention:

- 1) Certification Number, Compliance Determination (CD) Number, Provider Name, Visit Type (i.e., Certification Evaluation [CE], Follow-up [FU]), XX-XX-XXXX (first date on-site).

Example: 2011-045 CD 1234 ABC Home CE 02-06-2024

- 2) This folder must be created by the last date of data collection but may be created as soon as the visit is scheduled.

2. **Evaluator** Responsibility

- a. Any notes/forms completed in handwriting must be typed into the forms prior to submitting.
- b. When documents are collected during the visit, only collect records to support regulatory compliance or failed practice. All documents must be converted to an electronic format for upload to be stored on the shared drive.

Note: photographing documents is not allowed. Documentation must be scanned, emailed, e-faxed or downloaded.

- c. Save the working papers to the shared drive – Evaluator Working Papers within five working days of the SOD sent date, or if there is no SOD, the last date of data collection:
 - 1) In the folder for that visit. If the folder is not set up, reach out to the team coordinator.
 - 2) All documents must be saved in PDF format, photographs must be saved in PDF or TIFF format.
 - 3) Ensure any scans are legible and in the correct orientation.
 - 4) Name all documents per the following naming convention:

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- a) Certification Number, Compliance Determination (CD) Number, Name of Document (include numeric identifier if more than one of the same document type), First Date on Site, Evaluator First Initial Last Name

Example: 2011-045 CD1234 Client 1 Packet XX-XX.2024 J Smith

- b) For items collected on-site use a one- or two-word relevant descriptor that describes the content to name for the document (e.g., caregiver schedule, police report).

3. AA3 Responsibility

- a. Review working papers transferred to **the shared drive** folder within 10 working days of the SOD sent date to determine if documents have been uploaded from each evaluator on the visit.
 - 1) If yes, notify the FM that working papers are complete and transfer the folder to the central files folder.
- b. If no, notify the evaluator whose documents have not been transferred and cc the FM.

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B. Monitoring Visits – Under Construction

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C. Change of Home Ownership (CHOW) – Under Construction

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D. Pre-Occupancy (GTH only) – Under Construction

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Part III: Appendices

A. Resources

1. DDA Email Template

Subject: Response Requested - ISS Review for <Provider Name> <Certification Number>

Please let me know if agency payroll has been reviewed by DDA rates.

If this has been reviewed this indicates that no review is required during the next Certification Evaluation.

If this has not been reviewed, please provide the Schedule B so this can be reviewed during the next Certification Evaluation.

<insert email signature>

2. Additional Guidance: Abuse Prevention Review

a. Observations for indicators of possible abuse:

- 1) Client-to-client interaction for possible unsafe behavior of one client toward another.
- 2) Staff-to-client interactions should support client rights and dignity. Look for staff's demeanor toward clients noting any intimidation, fear, ignoring client's needs, yelling, physical aggression, or verbal abuse.
- 3) Potential abuse issues including the presence and use of physical or chemical restraints. This may include beds pushed up against the wall, recliners, merry walkers, locks preventing exit. If restraints are present, double check that any restraints used are included in the PBSP and follow [WAC 388-101D-0425 through -0460](#).
- 4) Uncommon or numerous skin tears.
- 5) Bruising with injuries with unknown cause.

b. [Key Triggers](#)

3. [Quality Improvement SharePoint](#) – Resources for Regulatory Staff. Form instructions, examples, and how-to guides.

4. Interpreter Resources

- a. [Interpreter Slide deck and Q&A \(Dec 2024 Support Call\)](#)
- b. [Language Access SharePoint](#)
- c. [Long Term Care Manual Chapter 15b](#)
- d. Spoken language interpreter services covered by the Collective Bargaining Agreement:
 - Four Corners Translation LLC is our current vendor for in-person interpreters and pre-scheduled phone and video interpreter services.
 - Universal Language Services provides interpreter services to Medicaid eligible clients.

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- e. For unscheduled/on-demand over the phone or video remote interpreter services:
 - [Four Corners Translation LLC](#)
 - [911 Interpreters](#) (non-Collective Bargaining Agreement vendor; for use in urgent situations)
 - [Language Link](#) (non-Collective Bargaining Agreement vendor; for use in urgent situations)
 - f. To access the contract and schedule an interpreter, send evaluators name, email address, and role (user or requestor administrator) to dshsaltsalep@dshs.wa.gov.
5. Additional Client Interview Questions
- a. Overall Satisfaction and Responses to Concerns:
 - 1) What things, if any, don't you like about living here?
 - 2) Can you tell someone if you don't like it here?
 - 3) Who would you talk to if you had concerns?
 - 4) What do you think they need to do about it?
 - b. Care and Services Needs
 - 1) Can you give an example of how the staff help you?
 - 2) What things are staff teaching you to do?
 - 3) What would you like them to do more of?
 - c. Support of Personal Relationships
 - 1) Does staff help you make arrangements to see them?
 - d. Restrictions
 - 1) Are there any rules in your hours? If yes,
 - a) Tell me about the rules.
 - b) Who makes the rules?
 - c) What happens when someone doesn't follow the rules?
 - 2) Are there any items in your house that are not available/accessible to you or are locked-up?
If yes,
 - a) What are the items? (medications/sharps/food)
 - b) Were you given a choice about the items being locked up?
 - c) Do you approve of the items being locked up?
 - e. Respect of Individuality, Independence, Personal Choice, Dignity (meals, activities, money)
 - 1) Tell me how the staff treats you and speaks to you.
 - 2) Do you have any concerns about how you're treated?
 - 3) How does the staff know your preferences?
 - 4) What kinds of things do you make choices about?
 - f. Environment
 - 1) If the home is shared, how do you get along with your housemates?
 - g. Health and Safety
 - 1) Does anything here make you feel uncomfortable?
 - 2) Do you see a doctor or dentist when you need to?
 - 3) Who helps you make appointments?
 - 4) What do you do or who would you talk to if you didn't feel safe?

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- h. Food/Shopping/Preferences
 - 1) What do you like to eat?
 - 2) Who chooses the food that you eat?
 - 3) Who shops for the food?
 - 4) Do you help fix the food?
- i. Social Activities/Work
 - 1) Are there activities you would like to do that you are not offered?
 - 2) Do you have a job? If yes,
 - a) What does staff do to help you be successful at your job?
- j. Finances
 - 1) Do you handle your own finances or does someone help you?
 - 2) How do staff help you pay your bills and buy the things you want and need?
 - 3) Do you get spending money? If yes,
 - a) How often?
 - b) Who gives it to you?
- 5. Client Finances – Sample Observations and Questions
 - a. Observations
 - 1) Do the provider or staff use space and/or items in the client home that belong to clients? If so, does the provider pay the client for the use of space and/or items?
 - 2) Are the client's belongings shared or for their use only? Is there an inventory of the client's belongings?
 - b. Interviews
 - 1) How are common household expenses shared among clients in the home? (include home repairs, cleaning supplies, purchase of appliances, lawn care and/or lawn care equipment?
 - 2) Who owns large, expensive items in the common use areas (furniture, television, music system, etc.)?
 - 3) How are recreational, transportation, and out of the home costs for food and entertainment handled and shared? Do clients help pay for staff or other client food, entertainment, or transportation?

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B. Forms

Individual Forms	Packets for GH/Client Home		Packets for GTH	
	10-680 TC Packet (1 per CE)	10-681 Client Sample Packet (1 per sample client)	10-692 TC Packet (1 required per CE)	10-693 Client Sample Packet (1 per sample client)
<p>Attachment A, DSHS 10-611 CCRSS CE Face Sheet *1 per CE - must be saved individually for perceptive content (PC)</p>				
Attachment B, DSHS 10-613 CCRSS CE Client Supports Observations		✓		✓
Attachment C, DSHS 10-614 CCRSS CE Client Interview		✓		✓
Attachment D, DSHS 10-676 CCRSS CE Client Finances Record Review		✓		✓
Attachment E, DSHS 10-677 CCRSS CE Client Record Review		✓		✓
Attachment F, DSHS 10-615 CCRSS CE Representative Interview		✓		✓
Attachment G, DSHS 10-616 CCRSS CE Staff Interview		✓		✓
Attachment H, DSHS 10-617 CCRSS Home Environment and Safety Worksheet		✓		
<p>Attachment I, DSHS 10-620 CCRSS Residential Cost Report – ISS Hours Review/Questionnaire *1 per CE - individual for ease of sending to DDA as needed</p>				
<p>Attachment J, DSHS 10-621 CCRSS Notes *Optional use form</p>				
Attachment K, DSHS 10-619 CCRSS Background Check and Record Review	✓		✓	
Attachment L, DSHS 10-622 CCRSS GTH Food Service Review			✓	
<p>Attachment M, DSHS 10-691 CCRSS Client Characteristics Roster *Optional – for provider use. *Must Include documentation that informed the client sample.</p>				
Attachment N, DSHS 10-698 CCRSS CE Administrator Record Review and Interview	✓		✓	
Attachment O, DSHS 10-617A CCRSS Group Training Home (GTH) General Environment and Safety Worksheet			✓	
Attachment P, DSHS 10-617B CCRSS Group Training Home (GTH) Client Environment and Safety Worksheet				✓
Attachment Q, DSHS 10-699 CCRSS Exit Preparation/Conference	✓		✓	
<p>Attachment R, DSHS 27-237 Confidential Identifier List (to include with SOD) *Only required with a SOD, must be saved individually for PC.</p>				
<p>Attachment S, DSHS 10-700 Follow-Up Visit *Only applies to follow ups</p>				

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C. Glossary of Terms

Abandonment – as defined in [RCW 74.34.020](#).

Abuse – as defined in [RCW 74.34.020](#).

Activities of daily living (ADL) – Those activities related to personal care, such as: bathing or showering, dressing, getting in and out of bed or a chair, walking, toileting, and eating.

Administrator – Includes the various titles of the responsible person(s) for the entity. This list includes but is not limited to superintendent, director, provider, program manager, individual or entity representative, resident manager, administrator, or executive director. Please refer to the WAC relevant to the setting type for more information.

Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.

Agency – State agency.

Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.

Background check – means a name and date of birth check or a fingerprint-based background check, or both. [WAC 388-113-0010](#).

Basic necessities of life – This means food, water, shelter, clothing, and medically necessary health care, including but not limited to health-related treatment or activities, hygiene, oxygen, and medication. [WAC 388-103-0001\(5\)](#).

Certification – The process used by the department to determine if an applicant or service provider complies with federal health, safety, and program standards and is eligible to provide certified community residential services and support to clients.

Certification evaluation – A CCRSS regulatory process whereby contracted evaluators assess provider compliance with statutes and regulations. In addition to certification evaluations at least once every 24 months, contracted evaluators may also conduct follow-up visits.

Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.

Certified Group Home – A community-based licensed and certified residential program where the provider, who contracts with the Department of Social & Health Services (DSHS), DDA to provide residential services, owns, or leases the facility. The majority are privately owned businesses. The homes vary in size, serving from 4 to 10 clients.

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Residential Care Services (RCS) licenses the home as either an Assisted Living Facility or an Adult Family Home and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDA contract.

Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. DDA contracts with these providers to provide 24-hour supervision.

Certified supported living services – Residential services provided to DDA clients living in their own homes in the community. DDA contracts with individuals and agencies to provide these services. Clients pay for their own rent, food, and other personal expenses. Supported living offers instruction and support, which may vary from a few hours per month to 24 hours of one-on-one support per day. DDA pays for residential services provided to clients under Department contract at the contracted rate.

Character, competence, and suitability (CCS) – the screening and assessment of the potential personal and professional capability of an employee or applicant to work with or serve minor or vulnerable adults based on a review of crimes and negative actions. CCS requirements must meet those in [WAC 388-113-0060](#).

Chemical restraint – as defined in [RCW 74.34.020](#).

Collateral contact – An external source knowledgeable about the particular situation or concern occurring in the vulnerable adult care setting. The collateral contact typically either corroborates or supports the information of those living in the setting.

Examples include health care staff not employed by the entity, family members, family friends, resident/client representative, legal guardian, law enforcement, or hospital staff.

Community programs – includes Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), and Enhanced Services Facilities (ESF).

Community Protection Program – Specialized supports within a supported living model which are designed to assist those individuals that have been identified as a potential risk to the safety of the community. Eligibility for the program is determined by:

- Regional Committees and is based on a client's history;
- A formal Risk Assessment which is completed by a qualified professional contracted with DDA; and
- The client's voluntary agreement to participate.

Community Protection Supported Living Services – Provided to clients who meet the DDA community protection eligibility requirements. The program provides 24-hour supervision in a structured, therapeutic environment for clients with community protection issues, in order for the clients to live safely and successfully in the community without re-offending, while minimizing the risk to public safety.

Compliance – The state of an organization that meets prescribed specifications, contract terms, regulations, or standards.

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

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Confidential Identifier – The name, title, or letters/numbers referring to entity staff or those living in the residential setting within a Statement of Deficiency, following guidance contained within [SOP Chapter 18 – Across All Settings](#), and the Principles of Documentation (POD).

Confidential information – A type of information that is protected by state or federal laws, including information about vulnerable adults, DSHS clients, employees, vendors or contractors, and agency systems unavailable to the public without legal authority.

Consultation [CCRSS] – A consultation may be considered if:

1. The provider corrects the deficient practice to the satisfaction of the department prior to the exit;
2. The violation has not been cited in one of the two most recent preceding certification evaluations or complaint investigations during that time period; and
3. The violation did not pose a significant risk of harm or actual harm to a client.

The following will **not** be considered for a consultation:

- Fire Safety
- Medications
- Background Check information.

Contractor – an agency or person who contracts with a licensee under DSHS to provide resident care, services, or equipment.

Corrected deficiency [community programs] – means the department has cited a violation of WAC or RCW following an inspection or complaint investigation and the violation was found to be corrected at the time of a subsequent inspection for the purpose of verifying whether such violation has been corrected.

Note: One or more deficiencies may be corrected while others remain uncorrected.

Cover letter – A cover letter is the document used in Community Programs to communicate the determination of noncompliance with the regulatory requirements to the entity. The cover letter is an official, legal record that is available to the public on request.

Deficiency citation – Documentation of a violation of statute or regulation, other than those defined as a consultation. Documentation of a deficiency citation includes an entry made on the Statement of Deficiencies that consists of:

- The alpha prefix and data tag number for federal programs;
- The applicable Code of Federal Regulations (CFR) in federal programs;
- The applicable Washington Administrative Code (WAC) and/or the applicable Revised Code of Washington (RCW);
- The language from that reference which pinpoints the aspect(s) of the requirement with which the entity failed to comply;
- An explicit statement that the requirement was “not met”; and
- The evidence to support the decision of noncompliance.

Deficient practice – The action(s), error(s), or inaction on the part of the entity relative to a regulatory requirement and to the extent possible, the resulting outcome.

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Deficient practice statement (DPS) – A statement at the beginning of the evidence that sets out why the entity was not in compliance with a regulatory requirement. Also commonly referred to as the “based on” statement.

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

eFax – is the use of the internet and email to send a fax (facsimile), rather than using a standard telephone connection and a fax machine.

Electronic medical record (EMR) or Electronic health record (EHR) – a digital version of a chart with resident medical/health information stored in a computer.

Entity – A standard term used throughout this document to depict the long-term care program homes, facilities, and licensees participating in transforming lives of the vulnerable adults living in residential settings.

Entrance date – means the first date RCS staff is on site.

Evidence – Data sources, to include observation, interview and/or record review, described in the findings of the deficiency citation. These data sources within the deficiency citation inform the entity of the failure to comply with regulations. A minimum of two of the three data sources are required to support the citation. Having documentation of all three data sources is optimal for the deficiency citation to be irrefutable.

Exemption or Exception – means a temporary situation granted by the RCS Director in which an entity is exempt or has an approved exception to the requirement to comply with a specific regulatory requirement.

Exit date – means the last date RCS staff is on site.

Extent of deficient practice – The number of deficient cases relative to the total number of sampled cases. This is shown in a numerical format with identifying the number of deficient cases within the universe (e.g., 1 of 3). Please refer to definitions of scope and universe.

Facility – as defined in [RCW 74.34.020](#).

Fact – An event known to have actually happened. A truth that is known by actual experience of observation, interview, and review of records.

Failed provider practice – Describes the action(s), error(s), or inaction(s) on the part of the licensee relative to statute(s) or regulation(s) and, to the extent possible, the resulting negative outcome(s) to vulnerable adult(s). Term includes deficient practice, which is defined as “lacking an essential quality or element, and inadequate in amount or degree.”

Finding – A term used to describe each item of information found during the regulatory process about entity’s practices relative to a specific requirement cited as being not met.

Fingerprint check – means a fingerprint check is considered a positive identification check. The fingerprints of an applicant are reviewed to match fingerprints taken at the time of an arrest or conviction of a crime.

Focused interview, record review or observation – A focused review or interview involves a specific issue rather than a comprehensive review. You may look at it like the focused review is in response to an identified issue or potential issue. A comprehensive interview or record review covers many areas that are pre-determined.

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Food service worker – means according to [Chapter 246-217 WAC](#), an individual who works (or intends to work) with or without pay in a food service establishment and handles unwrapped or unpackaged food or who may contribute to the transmission of infectious diseases through the nature of the individual's contact with food products or equipment and facilities. This does not include persons who simply assist residents with meals.

Formal interviews – structured interviews with sample residents, the service provider, staff, family members or representatives, or other collateral contacts.

Gender neutral language – Use of terms to increase the confidentiality and be inclusive of the vulnerable adult(s) in the specific setting. This includes pronouns, which do not associate a gender with the vulnerable adult in order to protect the identity, such as, they, them, or theirs. Emphasize attempts to avoid using gender specific pronouns such as he, him, his or she, her, hers.

Great bodily harm/injury – means bodily injury which creates a high probability of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily part or organ.

Group Training Homes (GTH) – A facility which provides 24-hour supervision, full-time care, treatment, and training for two or more adults with developmental disabilities. Operated on a non-profit basis by a person, association, or corporation. Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. Also known as, “Epton Act Homes”, the Group Training Home model was created by legislation drafted in the early 1970’s.

Health care – The care, services or supplies related to the health of a vulnerable adult, including, but not limited to, preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, counseling for a physical or mental condition, a prescribed drug, device, or equipment.

Homelike – means an environment having the qualities of a home, including privacy, comfortable surroundings, and the opportunity to decorate one's living area and arrange furnishings to suit one's individual preferences. A homelike environment provides residents with an opportunity for self-expression, and encourages interaction with the community, family and friends.

Immediate or immediately – means within twenty-four hours for purposes of reporting abandonment, abuse, neglect, or financial exploitation of a vulnerable adult.

Imminent danger or Immediate threat – means serious physical harm to or death of a resident has occurred, or there is a serious threat to the resident’s life, health, or safety.

Improper use of restraint – as defined in [RCW 74.34.020](#).

Informal interviews – general conversations or information gathering which may occur during any part of the inspection process.

Isolate or Isolation – means to restrict a vulnerable adult's ability to communicate, visit, interact, or otherwise associate with persons of his or her choosing. Isolation may be evidenced by acts including but not limited to:

- Acts that prevent a vulnerable adult from sending, making, or receiving his or her personal mail, electronic communications, or telephone calls; or
 - Acts that prevent or obstruct the vulnerable adult from meeting with others, such as telling a prospective visitor or caller that a vulnerable adult is not present, or does not wish contact, where the statement is contrary to the express wishes of the vulnerable adult.
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The term "isolate" or "isolation" may not be construed in a manner that prevents a guardian or limited guardian from performing his or her fiduciary obligations under [Chapter 11.130 RCW](#) or prevents a hospital or facility from providing treatment consistent with the standard of care for delivery of health services.

Last Date of Data Collection (LDDC) – The last date information was collected for the Compliance Determination (CD).

Likely/likelihood – means the nature and/or extent of the identified noncompliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.

Long-term care workers – includes all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care workers employed by home care agencies, providers of home care services to persons with developmental disabilities under [Title 71A RCW](#), all direct care workers in state-licensed assisted living facilities, adult family homes, respite care providers, community residential service providers, and any other direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

Mandated reporter –this is an employee of the Department or the Department of Children, Youth and Families (DCYF); law enforcement officer; social worker; professional school personnel; individual provider; an operator of a facility or a certified residential services and supports agency under [Chapter 71A.12 RCW](#); an employee of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, hospice or certified residential services and supports agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to [Chapter 18.130 RCW](#).

Mechanical restraint – as defined in [RCW 74.34.020](#).

Medicaid Fraud Control Division (MFCD) – means the statewide division that is responsible for both criminal and civil investigations and prosecution of healthcare provider fraud committed against the State's Medicaid program. The division also investigates and prosecutes complaints of resident abuse or neglect in healthcare facilities and residential settings.

Medication dose – Multiple tablets or capsules required to deliver a dose of a single medication count as one dose.

Medication pass – The process through which medication is administered to patients.

Minimal harm – means violations that result in little to no negative outcome or little or no potential harm for a resident.

Misappropriation of resident property – means the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money.

Moderate harm – means violations that result in negative outcome and actual or potential harm for a resident.

Neglect – as defined in [RCW 74.34.020](#).

Outcome – In this context, the term means an actual or potential result or consequence, directly or indirectly, related to failed facility practices of the entity (e.g., development of avoidable pressure injury; reaction due to receipt of blood; lack of monitors for anticoagulant). Harm to vulnerable

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adults unrelated to failed facility practice is not a negative outcome for the purpose of RCS complaint/incident investigation processes.

Permissive reporter – means any person, including but not limited to, employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

Personal exploitation – as defined in [RCW 74.34.020](#).

Physical abuse – as defined in [RCW 74.34.020](#).

Physical restraint – as defined in [RCW 74.34.020](#).

Plan of correction (POC) – means an entity's written response to cited deficiencies that explains how it will correct the deficiencies and how it will prevent their reoccurrence.

Process – The specification of the ongoing manner that the entity must operate. The process requirements do not allow the entity to vary from what is specified.

Examples include the reviewing, revising and/or updating the plan of care; policies and procedures such as, infection control procedures for cleaning/maintaining glucometers; or annual assessments for the vulnerable adults in the residential settings.

Provider – a) any individual or entity that provides services to DSHS clients, OR b) a person, group, or facility that provides services to DSHS clients. RCS providers include Adult Family Homes, Assisted Living Facilities, Certified Community Residential Services and Supports, Enhanced Services Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Homes.

Record – any document or recorded information regardless of physical form or characteristics created, sent, organized, or received by the agency in the course of public business.

Recurring/Repeated –

- The department previously imposed an enforcement remedy for a violation of the same section of WAC or RCW for substantially the same problem following any type of inspection within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).
- The department previously cited a violation under the same section of WAC or RCW for substantially the same problem following any type of inspection on two occasions within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).

Referral – when a report includes other jurisdictions outside of RCS, including but not limited to Adult Protective Services (APS), Department of Children, Youth and Families (DCYF), Department of Health (DOH), Department of Licensing (DOL), Medicaid Fraud Control Division (MFCD), or Law Enforcement (LE). Send the intake to the other agency as a referral.

Regulatory process – Regulatory staff evaluate current entity compliance with statutes and regulations. Types of regulatory processes include pre-occupancy, abbreviated complaint investigations; full inspection/recertification surveys; initial certification surveys; follow-up or post surveys; initial licensing and relicensing, and monitoring visits.

Regulatory staff/Regulator – RCS staff responsible for enforcing the rights, safety, and health regulations of individuals living in Washington's licensed or certified residential settings.

Reporter [also referred to as Complainant] – means the individual making the report of alleged abuse, neglect, financial exploitation, or other non-compliance with regulatory requirements to the CRU. Reporter types are *Public, Facility, State Employees, Law Enforcement or Anonymous*.

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- **Public** – are generally residents or clients, family of residents or clients, Long Term Care Ombudsman staff, facility staff when it is clear they are not making an official facility report or are reporting as whistle blowers, hospital staff, and teachers.
- **Facility** – are generally facility or agency Administrators or other management staff making a report as the official “facility” or provider report, staff who leave the facility/agency phone number and give permission to call them back, staff who state they reported their call to the hotline to their management.
- **State Employees** – are generally DSHS staff who are making a report in the natural course of their job duties.

Requirement – Any structure, process, or outcome that is required by law or regulation.

Revised Code of Washington (RCW) – The compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriation acts.

Scope – The prevalence or frequency of deficient cases (scope) relative to the total number of actual and potential cases (universe). The extent is expressed in a numerical format. The scope is used as the numerator when determining the extent of deficient practice.

Serious adverse outcome or Likely serious adverse outcome – means serious injury, harm, impairment, or death has occurred, is occurring, or is likely to occur to one of more vulnerable adult receiving care in a facility due to the facility’s noncompliance with health, safety, or quality regulations.

Sexual abuse – as defined in [RCW 74.34.020](#).

State agency (SA) – A permanent or semi-permanent organization in government that is responsible for the oversight and administration of specific functions.

Statement of deficiencies (SOD) – The official, publicly-disclosable, written report document from RCS staff that identifies violations of statute(s) and/or regulation(s), failed facility practice(s) and relevant findings found during a complaint/incident investigation conducted at an any setting regulated by RCS. Included in SODs for AFHs, ALFs, and ESFs is an attestation statement the entity signs and dates indicating the projected correction date for the cited deficient practice. The SOD is a legal document available to the public on request.

Structure – Requirements specifying the initial conditions, which must be present for an entity to be certified to participate. They are expected to remain as is unless there is a need for major renovation, re-organization, or expansion of services.

Examples include updating to new windows/carpet/paint; changing the number of bedrooms; changing the size of a room.

Substantial bodily harm/injury – means:

- A substantial impairment of a person's physical condition requiring professional medical treatment.
- Loss of consciousness, concussion, bone fracture, muscle tears, disfiguring lacerations, or wounds requiring multiple sutures.
- Injury requiring corrective or cosmetic surgery.

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- Substantial bodily injury involves temporary but substantial disfigurement or loss/impairment of bodily function.
- Injury that creates a substantial risk of death, serious permanent disfigurement, or prolonged loss/impairment of body function.

Supported living – Certified service providers offer instructions and supports in client homes which may vary from a few hours per month to 24 hours of one-on-one support per day. Clients pay for their own rent, food, and other personal expenses. DDA pays for residential services provided to clients under the Department contract at the contracted rate. DDA may also contract with providers for crisis diversion and community protection services.

Supported living services – Residential services provided to clients living in their own homes in the community, which are owned, rented, or leased by the clients or their legal representatives.

Uncorrected deficiency [community programs] – means the department has cited a violation of WAC or RCW following an inspection or complaint investigation and the violation remains uncorrected at the time of a subsequent inspection for the specific purpose of verifying whether such violation has been corrected.

Note: One or more deficiencies may be corrected while others remain uncorrected.

Universe – The prevalence or frequency of deficient cases (scope) relative to the total number of actual and potential cases (universe). The extent is expressed in a numerical format. The universe is used as the denominator when determining the extent of deficient practice.

Unsupervised access – means not in the presence of:

- Another employee or volunteer from the same business or organization; or
- Any relative or guardian of any of the children or individuals with a developmental disability or vulnerable adults to which the employee, student or volunteer has access during the course of his or her employment or involvement with the business or organization ([RCW 43.43.830](#)).

Volunteer – an individual who interacts with residents without reimbursement.

Vulnerable adult – as defined in [RCW 74.34.020](#).

Waiver – means a temporary situation granted by CMS which waives an entity's requirement to comply with a specific regulatory requirement.

Washington Administrative Code (WAC) – Regulations of executive branch agencies issued by authority of statutes. Similar to legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations arranging them by subject or agency.

Willful – as defined in [RCW 74.34.020](#) (related to abuse, neglect, or exploitation).

Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.

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D. Acronym List

AA	Administrative Assistant
AFH	Adult Family Home
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
APS	Adult Protective Services
BMP, GIF, JPEG, PNG, TIF, TIFF	File formats (and their extensions)
CC	Carbon Copy (in emails)
CCRSS	Certified Community Residential Services and Supports
CCS	Character, Competency and Suitability
CD	Compliance Determination
CE	Certification Evaluation
CFR	Code of Federal Regulations
CHOW	Change in Ownership
CPP	Community Protection Program
CRSA	Community Residential Services Association
CRU	Complaint Resolution Unit
DCYF	Department of Children, Youth, and Families (formerly Child Protective Services or CPS)
DD	Developmental Disabilities
DDA	Developmental Disabilities Administration
DOH	Department of Health
DOL	Department of Licensing
DRW	Disability Rights Washington
DSHS	Department of Social and Health Services
ESF	Enhanced Services Facilities
EWP	Electronic Working Papers
FAQ	Frequently Asked Questions
FM	Field Manager
FSA	Field Services Administrator
GH	Group Home
GTH	Group Training Home
ICAR	Infection Control Assessment & Response
ID	Intellectual Disability
IDR	Informal Dispute Resolution
IDT	Interdisciplinary Team
IFP	Individual Financial Plan
IISP	Individual Instruction and Support Plan
IPC	Infection Prevention and Control
IPP	Individual Program Plan

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ISP	Individual Support Plan
ISS	Instruction and Service Support
LDDC	Last Date of Data Collection
LE	Law Enforcement
LHJ	Local Health Jurisdiction
LLC	Limited Liability Company
MFCD	Medicaid Fraud Control Division
PBSP	Positive Behavior Support Plan
PC	Perceptive Content
PCSP	Person-Centered Service Plan
PDF	Portable Document Format
POC	Plan of Correction
POD	Principles of Documentation
PPE	Personal Protective Equipment
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
SFMO	State Fire Marshal's Office
SL	Supported Living
SOD	Statement of Deficiency
SOLA	State Operated Living Alternative
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System
TC	Team Coordinator
WAC	Washington Administrative Code
WD	Working Day
WSP	Washington State Patrol

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E. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
02/12/2025	Entire Chapter	Formatting updates	Comply with new DSHS branding	N/A
02/12/2025	Part I. R Off-site Activities	Clarify POC requirements when IDR is requested.	Provide clarification to staff	MB R25-026
02/12/2025	Part I. Q Exit Conference	Clarify POC requirements when IDR is requested.	Provide clarification to staff	MB R25-026
02/12/2025	Part I. L Staff Record Review	Add maximum staff sample size of 9.	This was included in prior SOP versions, not including it was an oversight.	MB R25-026
02/12/2025	Part I.B Pre- Inspection Preparation	Indicated ISS process not applicable to SOLAs.	Provide clarification to staff	MB R25-026
08/19/2024	Part I.B Document Gathering	Corrected email address	Previous email was invalid	N/A
08/19/2024	Part III.B Forms	Corrected forms index removing 10-621	Incorrect packet designation, form is optional	N/A
05/29/2024	Full Chapter	Sunset review Update processes to current systems	Provide current and accurate guidance to staff	MB R24-048
05/29/2024	Full Chapter	Updated formatting	Provide for easier document navigation	MB R24-048
03/01/2019	Full Chapter	CCRSS Program Specific Forms	Standardize Process	All CCRSS forms located here
03/01/2019	14A21 Food Services - GTH	Added Food Services for GTH	Change to Chapter 388-101D WAC	Training
03/01/2019	Full Chapter	Former OPPs converted to SOP format and standardized	Comply with RCS Director Mandate	MB R19-017 Training

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