

AGING AND LONG TERM SUPPORT ADMINISTRATION
RESIDENTIAL CARE SERVICES
“Transforming Lives”

CHAPTER 18 – ACROSS ALL SETTINGS

OVERVIEW

Residential Care Services (RCS) is responsible for the licensing, certification and oversight of adult family homes, assisted living facilities, nursing homes, intermediate care facilities for individuals with intellectual disabilities, enhanced services facilities and certified community residential services and supports. This chapter contains standard procedures applicable to facilities under RCS’ licensing, certification and oversight. The content is relevant to RCS staff as well as anyone seeking to understand the procedures within this chapter.

Definitions for standard terms used in the chapter:

- Provider – administrator, licensee or entity representative
- Resident – client
- Staff – surveyor, licensor, complaint and investigator
- Inspection - survey, inspection, evaluation, or complaint investigation

AUTHORITY

- [CHAPTER 70.128 RCW ADULT FAMILY HOMES \(AFH\)](#)
- [CHAPTER 18.20 RCW ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 18.51 RCW NURSING HOMES \(NH\)](#)
- [CHAPTER 70.97 RCW ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 71A.12 RCW: STATE SERVICES \(CCRSS\)](#)
- [CHAPTER 388-76 WAC ADULT FAMILY HOMES \(AFH\)](#)
- [CHAPTER 388-78A WAC ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 388-97 WAC NURSING HOMES \(NH\)](#)
- [Chapter 388-101D WAC: REQUIREMENTS FOR PROVIDERS OF RESIDENTIAL SERVICES AND SUPPORTS](#)
- [CHAPTER 388-107 WAC ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [42 CHAPTER 483.440-480 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES \(ICF/IID\)](#)

- [Chapter 388-101 WAC Certified Community Residential Services and Supports \(CCRSS\)](#)

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CHAPTER 18 CHANGE LOG

18A – NURSING TASKS

BACKGROUND

The inspection, certification, investigation, and survey activity that Residential Care Services (RCS) staff conduct while on-site visits, do not always include a Registered Nurse (RN) as part of the team. Only an RN can conduct some tasks. The purpose of this SOP is to inform staff, which tasks the RN must conduct during on-site visits, when staff can consult with an RN to ensure regulatory work is completed and alternatives for staff while on-site with no nurse availability.

PROCEDURE

1. For the tasks listed below, only a nurse can conduct for the following: Nursing Homes (NH), Assisted Living Facilities (ALF), Adult Family Home (AFH), Enhanced Services Facility (ESF), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Certified Community Residential Services and Supports (CCRSS):
 - a. Observation of skin or anatomical structures of the resident's genitals, anal area, and for females, breast area; and
 - b. Should concerns arise while observation of tasks done by a licensed nurse, (for example: wound care, pressure ulcers, and catheterization).
2. If staff do not have a licensed nurse on the team and staff identify an issue not within their scope of knowledge or duty in areas such as administration of health treatments, tube feeding, non-routine ostomy or catheter care, they will consult with a peer nurse or their Field Manager (FM) for direction. Both are available via telephone.
3. Clearly document in the working papers if/when consultation via telephone occurs.
4. During NH surveys and NH complaint investigations, an RN will observe several modes of medication administration, such as oral, intravenous, subcutaneous, etc.

FIELD MANAGER RESPONSIBILITY

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

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

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18B – FIELD SAFETY

BACKGROUND

The purpose of the Field Safety SOP is to minimize the potential of occupational hazards to RCS staff working in the field.

PROCEDURE

GENERAL - STAFF WILL:

1. Prepare for the visit:
 - a. Prior to making a field visit, review the history of the home using the appropriate database (FMS, ACO, TIVA, etc.) to determine if there have been past concerns.
 - b. If the field visit is for a complaint, review the [Chapter 20 Complaint Investigation](#) procedures for facility type and the nature of the allegation.
 - c. Note any potential hazards documented in the Intake such as weapons, dogs, aggressive behavior, etc.
2. Consider other safety factors (if known):
 - a. Is there a history of violence or aggressive behavior in the home?
 - b. Is anyone in the environment likely to be under the influence of drugs or alcohol?
 - c. Are illegal drugs in use, home manufactures drugs, or currently drugs are dealt out of the home?
 - d. Are there any health hazards in the environment such as dangerous chemicals, broken floorboards, human and animal waste?
 - e. Are there restraining orders against anyone associated with the household?
 - f. Is the neighborhood in a high crime area?
 - g. Are there weather warnings that may impact travel conditions?
3. Take precautions once on site:
 - a. Park your car:
 - i. Where there is a clear view to the house/facility; and
 - ii. In a direction which allows for an immediate departure if necessary.

- b. While you are still in your car, take a moment to observe the environment and know your surroundings.
 - i. Are there animals present?
 - ii. Is the home isolated?
 - iii. How will you exit the building if need to leave quickly?
 - iv. Are there more cars parked at the home than expected?
 - v. If you have a cell phone with you, do you have coverage?
- c. Be alert to people or animals before leaving the car.
- d. Knock on the door and be prepared to present you state ID, business card and explain who you are and the purpose of your visit.
- e. Do not enter the home until invited to do so.
- f. Do not enter the home if you feel unsafe.
 - i. Exit the premises immediately and go to a safe place;
 - ii. Once safe, call your field manager and report the incident.
 - iii. Call 911 if you or anyone is in danger.
- g. Once safe, document the activity in your working papers.

FIELD MANAGER WILL:

- 1. Ensure all staff have taken the annual personal safety training.
- 2. For threats directed toward staff prior to the visit, ensure all staff are aware and if possible provide a picture of the person making the threat.
- 3. Help staff develop a safety plan if a hazard is expected to exist by:
 - a. Determining the need for two staff to conduct the visit.
 - b. Assessing necessity for law enforcement to accompany staff during the visit.
 - c. Reviewing the safety guidelines with staff.
- 4. Discuss with staff what to do if they encounter a safety concern while on-site:
 - a. Park your car so it is accessible and easy to leave the property;
 - b. Call 911; and
 - c. Exit the building immediately.
- 5. Report concerns to law enforcement as appropriate.
- 6. Develop a system to know where staff are located at all times. This should include:
 - a. The time they expect to leave and return;

- b. The address of the home; and
 - c. Any known safety concerns in regards to the visit.
7. Familiarize him/herself with the following:
- a. [DSHS Administrative Policy 9.01](#) - Incident Reporting
 - b. [DSHS Administrative Policy 9.12](#) - DSHS Workplace Personnel Security
 - c. [RCW 9A.76.180](#) - Intimidating a Public Servant
 - d. [RCW 49.17.060](#) - General Safety Standard
 - e. [WAC 296-800-100](#) - Employer Responsibilities: Safe Workplace
8. Train new staff and ensure they are able to demonstrate they understand this procedure.
9. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
10. Request training or clarification from headquarters as needed.

QUALITY ASSURANCE REVIEW

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

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18C – DATA ENTRY TIMELINES

BACKGROUND

Inspections, certifications, investigations, and survey activities that Residential Care Services (RCS) staff are assigned, is tracked by using data entered into the FMS, TIVA and ASPEN tracking systems. Each tracking system has a unique set of data requirements, and the timeliness of entering data into these systems is critical in reporting the state and federal performance measures, which RCS is accountable.

PROCEDURE

1. Responsibility for timely data-entry is a shared responsibility for field, administrative, and headquarters staff.
2. Rather than wait for each step completion in the process, staff are to enter data into the appropriate system at the conclusion of each step.
3. When staff are away from their workstations for an extended period, it is the responsibility of each staff person to enter the required data on their first day back in the office.
4. When staff are unable to enter the data on the first day back in the office, they must review with their Field Manager (FM) to remedy the situation.
5. Data must be entered into the data systems within 15 working days of:
 - a. The initiation of the first onsite visit*
 - b. The last onsite visit
 - c. The last day of data collection
6. If staff are unable to enter the data within 15 working days, they must notify their FM.
7. Staff must follow Centers for Medicare and Medicaid Services data entry timelines if applicable, unless RCS data entry timelines are more stringent.

***(Check with your FM for initiation dates. Some require initiation on or before the assigned date (2-day or 10-day) as they use an escalated tickler to monitor timelines.)**

FIELD MANAGER RESPONSIBILITY

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

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

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18D – REQUEST OBSERVATION OF RCS ACTIVITY

BACKGROUND

There are instances when a request to observe a survey, inspection, evaluation, or complaint investigation by staff or an individual external to RCS. If approved, RCS must maintain each resident's privacy information. Information related to them is confidential.

DEFINITIONS

“[Confidentiality Oath Form](#)” means a form developed by RCS and used by department staff to inform and educate individuals requesting to go on survey, inspection, evaluation, or complaint investigation regarding confidentiality issues.

“**Requestee**” means a person from whom something is being requested.

“**Requestor**” means a person who asks for something.

PROCEDURE

1. The office chief of field operations or designee consider on a case-by-case basis each request to observe a survey, inspection, evaluation, or complaint investigation.
2. Entities that have “right to access” under their own authority to RCS settings, such as Medicaid Fraud Control Unit, law enforcement, Washington State Ombuds, and Disability Rights of Washington, should pursue those avenues rather than accompanying staff on an inspection.
3. The requestee obtains the following information:
 1. The name of the requestor requesting to go on the inspection; and
 2. Why the requestor wants to observe the department process.
4. If the requester asks for information, inform the Field Manager (FM) who will determine if the information the requestor is seeking can be provided through another avenue, such as an explanation of a process, tour the facility or home, or public disclosure request for the results of an inspection.
5. If the FM determines that the information cannot be provided through another avenue, the FM will forward the request to the RCS office chief of field operations with the following information:
 - a. Information from section C of this procedure;
 - b. The part(s) of the process determined appropriate to be observed and those that are not; and

- c. A plan of how confidentiality of residents and clients, and their rights will be protected during the observation, including RCS staff requesting permission from the resident or client before including the requestor in the process.
6. The office chief of field operations or designee will:
 - a. Review the request to observe an inspection;
 - b. Determine if the request will be reviewed by the senior management team; and
 - c. Provide the decision to the FM.
7. If the request is approved, the FM or designee will:
 - a. Review the Confidentiality Oath form with the requestor;
 - b. Discuss the applicable confidentiality laws with the requestor;
 - c. Have the requestor complete the confidentiality oath prior to going on the inspection; and
 - d. Sign and date the confidentiality oath form.
8. Field office retains the confidentiality oath form in the facility file.

FIELD MANAGER RESPONSIBILITY

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

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

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18E – RECORD PRESERVATION

TBD

CHAPTER 18 – ACROSS ALL SETTINGS CHANGE LOG

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION & TRAINING PLAN
	18A	<ul style="list-style-type: none"> Incorporated matrix into SOP instead of a separate document Added ESFs 	Converted SOPs to chapter format	MB review
	18B	No changes	<ul style="list-style-type: none"> SOP was linked to MB R15-062 Converted SOPs to chapter format 	MB review
	18C	No changes	<ul style="list-style-type: none"> SOP was linked to MB R16-009 Converted SOPs to chapter format 	MB review
	18D	<ul style="list-style-type: none"> Title changed RCS Confidentiality Oath form updated Added definitions 	<ul style="list-style-type: none"> SOP was linked to MB R09-010 Converted SOPs to chapter format 	MB review
	18E		<ul style="list-style-type: none"> SOP was linked to MB R10-030 Converted SOPs to chapter format 	MB review
9/30/2016 and 1/15/2019	Updated sections A-E	<ul style="list-style-type: none"> Revised Nursing expectations for supported living Revised QA expectations on all chapters TIVA data timelines updated 	<ul style="list-style-type: none"> Added comments from Document Review. 	MB Review
8/13/2019	Revised sections to match Chapter 20	<ul style="list-style-type: none"> Removed the word "Protocol" Deleted blank pages 	<ul style="list-style-type: none"> Revision to Chapter 20 	Chapter 20 MB will encompass all revisions.

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