




Overview

This standard operating procedure (SOP) chapter contains information about records stored in Residential Care Services (RCS). The content is relevant to RCS staff, as well as anyone seeking to understand how RCS files are stored, retained, and destroyed.

Records Management is the responsibility of every person in RCS. Ensuring that we have complete and accurate records:

- Enables DSHS to fulfill its mission by giving timely access to information necessary to help our clients.
- Ensures open and accountable government.
- Promotes cost-effective use of agency resources by maintaining continuity in the event of staff turn-over, avoiding storage costs and purchasing.
- Minimizes risks and associated costs by being able to readily locate records in response to litigation, discovery, public records requests, and audits.

RCS record management procedures include paper files, shared files, scan procedures, perceptible content (the RCS Record Management Tool [RMT]), record verification and destruction procedures, and electronic packet procedures.

The  icon indicates information that is of specific importance to staff that may require additional attention (i.e., documentation requirements, etc.).

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

Authority

- [Chapter 40.14 RCW](#) – Preservation and Destruction of Public Records
- [Chapter 42.56 RCW](#) – Public Records Act
- [Chapter 434-662 WAC](#) – Preservation of Electronic Records
- [Chapter 434-663 WAC](#) – Imaging Systems, Standards for Accuracy and Durability
- [DSHS Administrative Policy 5.04](#) – Records Retention
- [DSHS Administrative Policy 5.05](#) – Management of the Litigation Discovery Process
- [DSHS Administrative Policy 5.06](#) – Use and Destruction of Health Care Information
- [DSHS Administrative Policy 5.07](#) – Employee Response to Litigation Related Documents
- [DSHS Administrative Policy 5.08](#) – DSHS Minimum Physical Security Standards for Confidential Information and Financial Instruments
- [DSHS Administrative Policy 15.15](#) – Use of Electronic Messaging Systems and the Internet
- [Washington State Records Retention Schedules](#)

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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 Central Files General Contact](#)
- [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: Records Management

A. Electronic Shared Files

Background

Electronic file sharing simplifies administration, centralizes files for consistency, and keeps files organized and maintained. It is the electronic version of paper file sharing. Until the time that Perceptive Content is fully functional for all RCS documents, staff must use shared files to store and retrieve electronic documents relating to inspections, investigations, and certification work in Long-term care (LTC) settings or other RCS work.

File sharing allows staff to retrieve the same file for view or modification. Information Technology (IT) staff are the RCS file sharing system administrators. RCS staff have a varying amount of access to these shared files and the permissions set by IT are based on the type of file being accessed.

The best practices for electronically shared files include:

- Having a well-planned folder structure;
- Naming files and folders based on search intent; and
- Documenting and following a process to backup shared files.

File-sharing standards protect and preserve electronic data, and these procedures give direction and awareness to staff using shared files.

1. Shared File Saving

Saving documents in shared files requires that RCS staff:

- a. Follow standard [RCS document naming convention](#) and folder structure for all shared files.
- b. Save electronic documents pertaining to RCS inspection, investigation, and certification or other RCS work in shared files or designated applications, not on personal drives, One Drive, or desktop.
- c. Staff have the option to save working papers and documents to their desktop or personal files while conducting inspection, investigation, certification, or other RCS work. Staff will remove the documents from the desktop, One Drive, or personal files once the inspection, investigation or certification or other RCS work is closed or completed.
- d. Save all Word documents in PDF (portable document file) format. Ensure no documents are password protected, damaged, or encrypted.


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2. Shared File Management

Regulatory Operations staff/offices must not maintain records other than visit related working papers. Any records other than working papers must be sent to Central Files and/or Perceptive Content for maintenance and storage.

Regulatory Operations - Designated RCS staff must:

- a. Conduct a quarterly audit of two visits per staff person for the previous quarter.
 - 1) If a staff did not conduct two visits, the designated staff will note in a spreadsheet “Nothing to audit.”
 - 2) If staff did conduct two visits in the previous quarter, select two visits to review.
 - a) If there are no documents in the Shared Drive for the two visits selected, check with the staff to ensure they did not have any visits in that quarter.
 - b)  Remind staff documents **must** be stored in the shared folder if they have saved them elsewhere.
- b. Use a tracking sheet (staff may use the “eDoc Audit Spreadsheet” or develop their own provided all required information is captured) to track each unit’s folder usage by recording the following information:
 - 1) Audit date;
 - 2) Brief description of any errors found; and
 - 3) The outcome of the audit in the notes section.

Example: “completed according to procedure” or “event ID and document description interchanged.”

- c. Send e-mails to the Supervisor and/or staff with the outcome of the audit using suggested messaging that includes:
 - 1) Subject Line: eDoc Naming and Quarterly Review
 - 2) No Error Message (this only needs to be sent to the Supervisor): On conducting an internal review of the electronic documents saved to the Shared Drive, no errors were found among the files you saved. The files use the correct document naming and saving standard and are saved in the correct folder. Thank you.
 - 3) Error Message (sent to both Supervisor and staff): On conducting an internal review of the electronic documents saved to the Shared Drive, the files saved include errors. Then, list include the details of identified errors. An example can be found on the following page.

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Example:

- For facility XYZ intake #1234567, documents were in the correct folder, but they were not named according to the standard.
- For facility XYZ intake #7654321, the documents were in the “Full” folder rather than the “Complaints” folder.
- Please make the corrections by date and let me and your immediate supervisor know when corrections have been made. Thank you!

- 4) RCS staff must correct errors.
- 5) Supervisors must monitor errors to ensure correction and follow-up with staff as needed.
- 6) Refer staff to their supervisors for additional information about the naming and saving standard or the purpose of the audit.

Field Managers and Supervisors must:

- a. Ensure staff receive training in shared file naming, saving, and auditing.
- b. Designate staff to conduct quarterly Shared File Audits.
- c. Provide training and mentoring to staff who are having difficulty following shared file system naming and saving conventions, and to staff who do not respond to an audit error message.



B. Scanners and Scan Procedures

Background

Many Long-term care (LTC) settings document on paper. RCS staff collect copies of facility/provider documents to support inspection/certification findings. Scanners are a device that captures an electronic image of a paper document. RCS field staff carry portable scanners as a tool for electronic document collection if the LTC setting does not have the means to provide documents in an electronic format. Scanner use contributes to the RCS goal of paperless work.

Scanner Procedure

RCS Staff will:

1. Learn how the scanner works including how to use the scanner and document storage prior to using the scanner.
2. Establish scanner support.
 - a. Verify that CaptureOnTouch software is installed on the state-issued laptop.
 - b. Create a scanner support folder on the laptop desktop with the scanner user's manual, instructions, trouble shooting and document naming and saving key. Scanner resources can be found in RCS Software Training Resources under [Scanner Resources](#).
 - c. Identify and carry the local office information technology (IT) support staff telephone number.
3. Prepare for scanner use in the field.
 - a. Turn on laptop and allow all software updates to install.
 - b. If planning to work without an internet connection, create a folder on the laptop desktop to store scanned documents.
 - 1) Name the folder with LTC setting name and license number.
 - 2) There should be a separate folder for each LTC setting.
 - c. If using the Canon p-215ii Scanner, check to ensure the Auto Start switch on the rear of the scanner is in OFF mode.
 - d. Label or attach a business card to the scanner and USB scanner cable.
4. Gather the following equipment:
 - a. Laptop and power supply.
 - b. Scanner and USB connector cable.
 - c. Scanner carry bag.
 - d. Optional: USB data hub.
5. When using the scanner in the field:
 - a. Place the scanner on a level, stable surface with enough room for scanned documents to exit the scanner freely onto a flat surface. Inadequate room will result in scanned documents jamming the scanner, becoming crumpled or landing on the floor.
 - b. Review scanned document image before finishing a scan to be sure that information is captured correctly. Rescan as needed.
 - c. Return paper documents to the original location, in the original condition after scanning.

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- d. Collect scanner, scanner cable, laptop, laptop cord and carry bags prior to leaving the LTC setting.
6. Scanned document saving:
 - a. Save all scanned documents in a designated desktop folder or shared file or upload into electronic working papers (EWP).
 - b. Label each scanned document following the [RCS document naming convention](#) when saving in a shared file during an inspection.
 - c. If scanned documents are saved in a designated desktop folder during inspection:
 - 1) Verify all documents follow the [RCS document naming convention](#).
 - 2) Transfer scanned documents to a shared folder or upload to EWP once connected to an internet source. Verify transfer was successful.
 - a) Scanned documents must capture the entire page without obstructions, and be centered, without blurring or defect, in order to be an adequate record for RCS work. Ensure no documents are password protected, damaged, or encrypted.
 - 3) Delete desktop folder with scanned documents after confirming that scanned documents are verified to be complete and accurate and stored in their final electronic repository.
7. For difficulties when using a portable scanner in the field:
 - a. Refer to the scanner user's manual and troubleshooting documents in the laptop desktop folder.
 - b. Call the local IT support person.
 - c. RCS staff may ask to use LTC setting scanners or ask that documents are emailed.
8. RCS staff may not take a photo that has protected health information or any resident/client identifying information on it instead of scanning it.



C. Record Scanning, Verification, and Destruction

Procedures

Perceptive Content has been authorized by the Washington Secretary of State as a records management tool that allows RCS to destroy non-archival records once that record has been imported into Perceptive Content and **verified to be complete and accurate**. The process for destroying records after their successful import into Perceptive Content is commonly referred to as *Scan and Toss*. It is a policy that is compliant with WA state records management standards with [Washington State Archives](#).

1. Scanning

- a. When scanning documents that will be preserved in Perceptive Content, records **must** be scanned and verified systematically and consistently to ensure a complete and accurate copy of the source record. The document should have all associated pages in the correct order and match the color consistency and quality of the source document. The pages should not be contorted views of a document or blurry images.
- b. Additional resources for scanning documents are available in [Scanner Resources](#). This includes scanner user manual, scanner instructions, troubleshooting problems, and scanner training.

2. Verification

Prior to destruction of the record, the record must be **confirmed as complete and accurate** in Perceptive Content by an RCS staff person that has access to the source record. Perceptive Content is accessible to all RCS staff through Secure Tracking and Reporting System (STARS). Please see the [STARS manual](#) for additional instructions on how to search Perceptive Content in STARS.

Note: Records are transferred from the Electronic Working Papers (EWP) application to Perceptive Content once the user clicks “save and close” within the EWP application and the user receives confirmation that the records were successfully transferred. Additional details on the EWP application may be found [here](#).

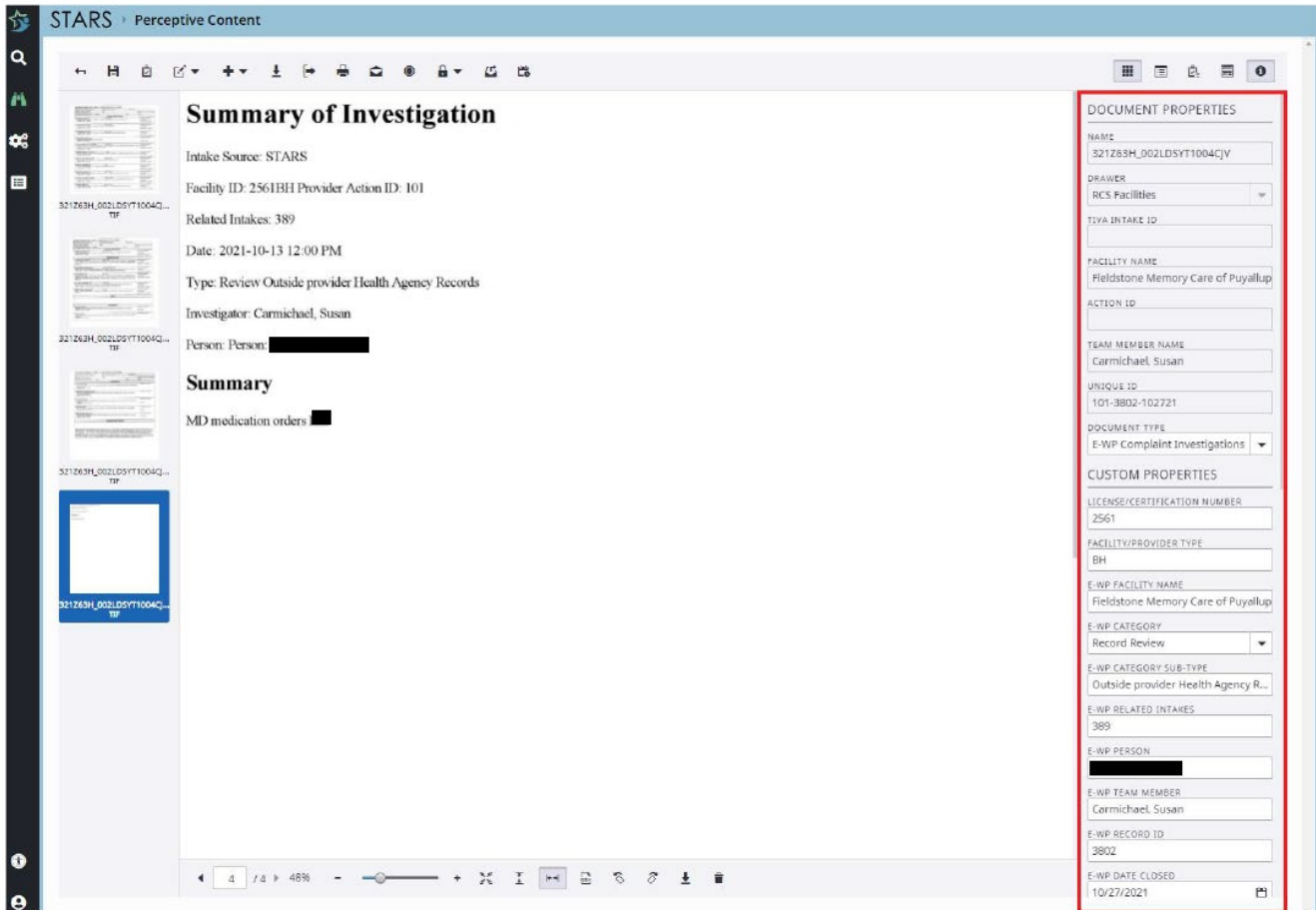
Within 30 working days of importing into Perceptive Content, staff with access to the source record must review the document to verify the records imported into Perceptive Content are complete and accurate by:

- a. Locating the document within Perceptive Content;
- b. Verifying the quality of any scanned documents (i.e. scanned documents must have all associated pages in the correct order [no blank pages], and match color consistency and quality of the source document. The pages must be in the correct orientation and must not include blurred or obstructed information or have sticky notes covering information.);
- c. Verifying the completeness of the record and that all pages are visible (no password-protected/ encrypted documents, damaged, or incorrectly formatted pages); and

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- d. Confirming the accuracy of the document properties and custom properties with the scan quality as noted in the red box below.



3. Destruction

After the staff verifies the records imported into Perceptive Content are complete and accurate according to the process of verification above, staff must destroy the original documents by:

- a. Disposing of hard copy records using DSHS-approved confidential shred bins; and
- b. Deleting all copies of the electronic records from computers, OneDrive, and shared files/drives, iPhones, etc.

If after transferring documents into Perceptive Content corrections need to be made to the record for it to be considered complete and accurate, please contact the following:

- a. For EWP records: RCSEwp@dshs.wa.gov
- b. For all other records: RCSCentralFiles@dshs.wa.gov



D. Records to Central Files

Background

The Central Files team has the responsibility of providing access, management, retention, storage, protection, and disposition of facility/provider records throughout their life cycle. Each field office must ensure records relating to Statements of Deficiency (SOD), Attestations, Plans of Corrections (POC), Confidential Identifier Lists, and Back in Compliance (BIC) letters are sent to Central Files in a timely and organized manner. Programs utilizing Federal data bases to manage SOD and POC work send designated survey documents and Confidential Identifier Lists to Central Files.

All working papers are the responsibility of the units creating them. Working papers may be entered into the Electronic Working Paper (EWP) or program-specific applications such LTCSP (Long-Term Care Survey Process). Any electronic working papers that are not entered into applications must be stored securely on shared files according to RCS standard document naming and saving procedures. [Paper working papers](#) must be stored in an organized manner at local offices. All paper and electronic files follow DSHS record retention schedules.

Field staff/offices must not maintain records other than visit-related working papers. Any records other than working papers must be sent to Central Files and/or Perceptive Content for maintenance and storage.

Field Manager Responsibility

Review the process with staff.

- Train staff and ensure they can demonstrate they understand this procedure.
- Conduct periodic reviews of this procedure to ensure staff are following the SOP correctly.
- Request training or clarification from leadership as needed.

1. Electronic Packets

Each Long-term care (LTC) setting program will use a designated shared files location to collect documents into a “packet” to be sent to Central Files following steps outlined below. Once the packet is complete, the packet is transferred or copied to the [RCS Records for Central Files](#) Q: Drive Folder. Central Files staff then upload the packet documents into Perceptive Content (PC).

This procedure applies to all LTC settings: Adult Family Home (AFH), Assisted Living Facility (ALF), Certified Community Residential Supports and Services (CCRSS), Enhanced Services Facilities (ESF), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Nursing Home (NH).

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Packet Content Examples:

- a. Deficiency Free Inspection Letter
- b. Consultation Letter
- c. SOD and/or Related Documents
 - 1) SOD Letter Signed by the Field Manager
 - 2) Accepted POC and Attestation signed by provider
 - 3) Confidential Identifier List
 - 4) BIC letter
- d. Survey Related Documents
 - 1) NH - 671, 1539, ID List
 - 2) ICF/IID - 3070G, 3070H, 1539, ID List, 2567B

Procedure

The Unit AA3 will:

- a. Create an electronic folder as a collection space for documents related to the regulatory visit. Follow the [packet process document naming convention](#).
- b. Save regulatory visit documents in the electronic file folder associated with the regulatory visit. All packet documents will be saved:
 - 1) In pdf format.
 - 2) Using the standard [document naming convention](#).
- c. Upon receipt, save provider signed POCs and attestation in the electronic file folder. The Nursing Home Program Receives plans of correction through Automated Survey Processing Environment System (ASPEN) ePOC and follows the ePOC process found in [Chapter 18 Across All Settings](#).

Note: For provider documents related to the SOD, attestation or POC sent to RCS in paper format:

- a. Scan paper documents, save as PDF using document naming convention.
- b. Hold paper documents in a file folder in the local office until confirmation that the electronic version of the document is viewable in PC.
- c. Follow '[Record Scanning, Verification and Destruction](#)' procedures once paper document is confirmed as viewable in PC.

- d. Notify RCS regulatory staff that the attestation and/or POC has been received and is available to review.
 - 1) Save final approved attestation/POC in the electronic packet file folder.
 - a) There is no need to save multiple versions of a partial or non-approved attestation or POC in the folder.
 - b) Nursing Home follows the ePOC process.
 - 2) Document correspondence and communication with the provider related to SOD delivery, reminders, and provider comments in the correspondence tab in STARS (preferred method) or the electronic regional SOD/POC tracking tool.

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- e. Verify all documents related to the regulatory visit are in the electronic file folder. Check to be sure:
 - 1) Department letters and attestations are signed.
 - 2) All packet documents are present and named correctly and no additional documents other than the required visit packet contents are included.
 - 3) All documents are in pdf format.
- f. Transfer Packet files within 48 hours of packet completion to:
 - 1) Q: Drive: [RCS Records for Central Files](#) Folder.
 - 2) Shared Files: Once transferred (copied) to [RCS Records for Central Files](#) Q: Drive Folder – Move the packet folder to the “Transferred to RCS Records for Central Files” Folder.
 - 3) Review Questions for AAs Q: Drive folder weekly and make corrections as needed. Once corrected, transfer the corrected packet to the associated RCS Records for Central Files Q: Drive folder.
 - a) For questions related to corrections, email rcscentralfiles@dshs.wa.gov.

Note: Packet transfer must not be held for Informal Dispute Resolution outcome or Enforcement action.

2. Follow-Up Visits

- a. If the follow up visit is not done within 90 days of the last date of data collection (exit date for federal programs), transfer the packet with documents to [RCS Records for Central Files](#) Q: Drive folder.
 - 1) The CCRSS program creates a separate folder for each follow up and transfers the packet as soon as it is complete.
- b. Follow-up visits after 90 days of the last date of data collection (exit date for federal programs):
 - 1) If citation(s) – create a new folder for SOD/POC documents.
 - 2) If no citations - deposit the Back in Compliance (BIC) letter into the RCS Records for Central Files Q: Drive Folder.

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E. Hard Copy Records

1. Office Storage

Until RCS fully transitions to paperless records, regional offices may store hard copies of working papers. Regulatory operations staff/offices must not maintain paper records other than visit related working papers.

Procedure

RCS Staff must:

- a. Maintain records according to the statute, administrative policies, and record retention schedules in the [State General Records Retention Schedules](#) and [DSHS Retention Schedules](#) by retaining records according to the applicable schedule and disposing of records that have met retention.
- b. In the case of any accidental destruction of records outside of the required retention schedule, immediately notify [Central Files](#) of the accidental destruction.
- c. Transfer to Central Files any hard copy records prior to onsite destruction or transmittal to the State Records Center (SRC).
- d. Follow procedures in [Chapter 9: Public Disclosure and Discovery \(PDD\)](#) when records are subject to a public record request.
- e. Complete the DSHS Records Management training in the Learning Center annually.

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2. Transferring Paper Records to Central Files

The State Records Center (SRC), an office of the State Archives, stores paper records that have not met retention requirements when regional offices have limited office storage capacity. Non-archival records are stored until their destruction. Archival records are transferred to the State Archives after retention requirements are met.

All paper records being sent to the SRC must be boxed in Washington State Archives boxes and sent to Central Files staff. Box content must be organized for ease of transfer and document locating. Central Files staff will review contents and transmit boxes to the State Records Center. Resources for using archive boxes may be found [here](#).

Purpose

- a. Boxes must only contain one facility type and one retention year.

Example: ALF Working Papers for the year 2021 can all be filed in the same box.

- b. All records must be maintained under the final date related to the failed practice/no failed practice determination for a visit.

Example: An inspection occurred on December 12, 2021. The facility was back in compliance during the follow-up visit January 4, 2022. All record sets would be filed under the year 2022.

- c. To organize records for transfer:

- 1) All box contents must be organized by license number in sequential order.
- 2) All boxes must contain a content list. A content list could include facility/provider name, license/certification number, visit ID, and final date related to the failed practice/no failed practice determination for a visit to distinguish each file. Content lists must be an accurate reflection of what is in the box. Complete and accurate content lists must be printed out and taped to the inside lid of the box. A content list example is shown below.

Residential Care Services ALF 2019 Complaint Working Papers			
Barcode:			
License	Facility Name	Contents	File Type

- 3) Have the barcode number on the front of the archival box.
- 4) Mail completed box to Central Files (MS: 45600).

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- 5) Email box content list to rcscentralfiles@dshs.wa.gov along with barcode number, and disposition authority number (DAN). Subject Line: Box Transmittal, barcode number, DAN.
- 6) Central Files staff will confirm content lists match the content of boxes and boxes comply with retention schedules.
- 7) Central Files will reply to the original email within 10 working days of receiving the box with one of the following:
 - a) Approval for transmittal.
 - b) An updated box content list. Staff must replace and save the revised box content list.
 - Once the revised box content list is saved, email Central Files to confirm approval for transmittal.
 - Upon approval from Central Files staff, staff will submit a transmittal request through the [Records Center Management System \(RCMS\)](#). Request transmittal pickup at Blake East as shown the red box below.

Transmittal Pickup Address	
Do you want the Record Center to pickup?	Yes
Street1	4500 10th Avenue SE
Floor# / Room # / Cubicle #	Blake East - 1st Floor
City	Lacey
State	WA
ZIP code	98503
<input type="button" value="Submit"/>	

- Verify all information in RCMS is accurate before submitting a request for transmittal.
- Once a box transmittal is accepted by the DSHS Records Officer, staff must forward the box transmittal approval email to rcscentralfiles@dshs.wa.gov. Subject line: Box Transmittal Approval, Barcode Number(s).



F. Records Retention

Purpose

A record is any document or recorded information (regardless of physical form or characteristics) that is created, sent, organized, or received during business. All RCS records are public records and are maintained by DSHS. Accurate records management allows DSHS to retain historical records and respond to litigation, discovery, public records requests, and audits.

Records stored electronically are considered electronically stored information (ESI) and are subject to established retention schedules. Records retention of both hard copy records and ESI is governed by [State General Records Retention Schedules](#) and [DSHS Retention Schedules](#). The State General schedules apply to all state agencies and address retention requirements for overarching topics (e.g., administrative functions, legal records, etc.). The [DSHS Retention Schedule](#) addresses additional retention requirements for RCS.

Records created by each Office/Unit are the responsibility of that Office/Unit for the entire life cycle of the record. Records sent to the State Records Center remain the responsibility of the Office/Unit that created the records. This includes all records of box barcode numbers, transmittals, and content lists. If a record request is received for a record that is located at the State Records Center, it is the responsibility of the Office/Unit that created the record to recall the responsive box and scan and transfer the records to the Public Disclosure and Discovery (PDD) unit following the procedure in [Chapter 9: Public Disclosure and Discovery \(PDD\)](#).


Procedure

- a. Electronic Records:
 - 1) Staff must maintain records according to the statute, administrative policies, and record retention schedules in the [State General Records Retention Schedules](#) and [DSHS Retention Schedules](#) by retaining records according to the applicable schedule and dispose of records which have met retention.
 - 2) In the case of any accidental destruction of records outside of the required retention schedule:
 - a) Immediately notify the shared folder owner, if applicable, and [Central Files](#) of the accidental destruction.
 - b) Immediately send an IT Helpdesk request and inquire if documents are recoverable.
 - 3) Notify the folder owner before destroying content that is used or accessed by others and is not considered a transitory record.

Example: Transitory records are records with minimal retention value. These include duplicate copies, drafts, empty copies of forms, and records finalized elsewhere. See [Resources](#) for additional guidance.

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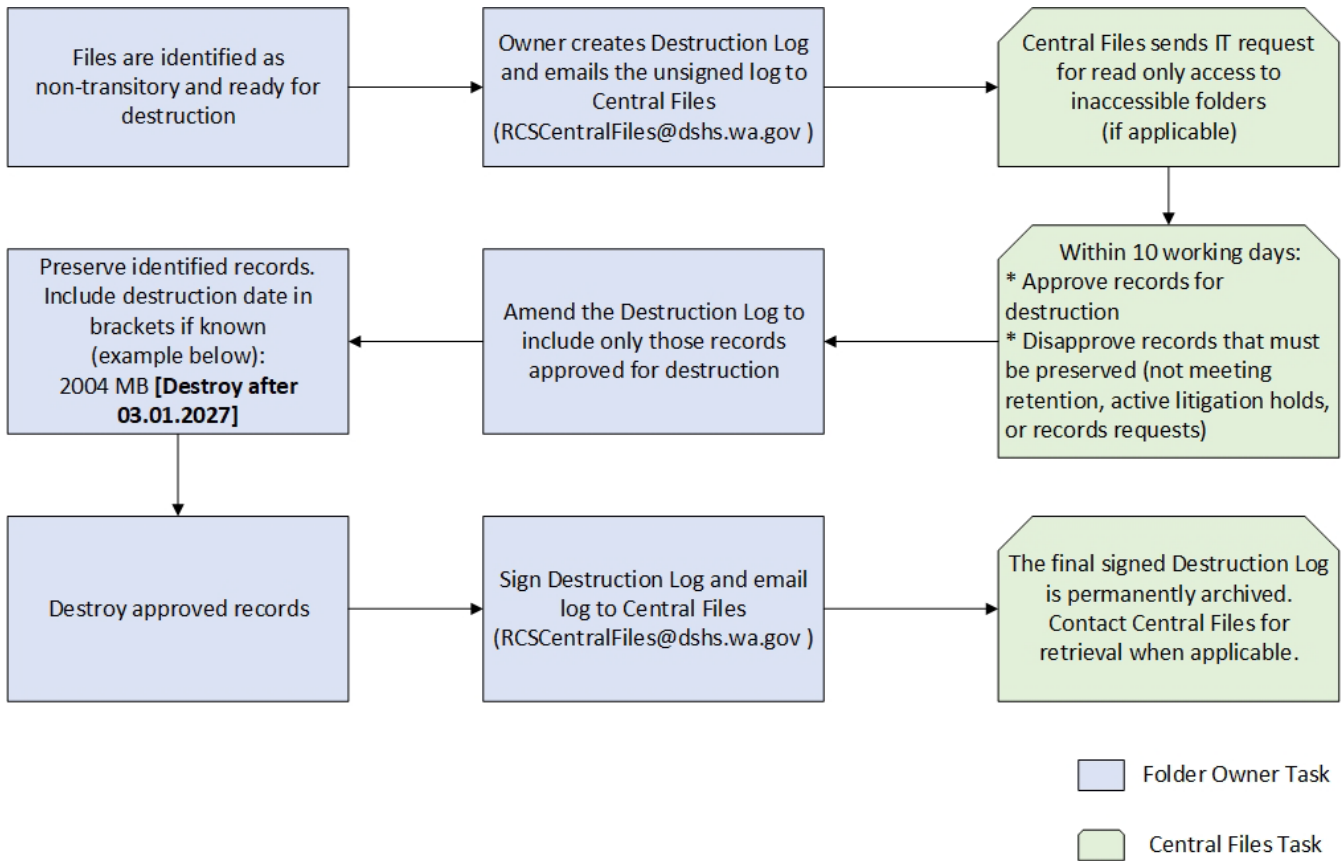


- 4) Follow procedures in [Chapter 9: Public Disclosure and Discovery \(PDD\)](#) when electronic files are subject to a public records request.
 - 5) Complete the DSHS Records Management training in the Learning Center annually.
- b. Shared Folder owners must:
- 1) Monitor contents of folders to ensure content follows [State General Records Retention Schedules](#) and [DSHS Retention Schedules](#).
 - 2)  Create a proposed destruction log using [On-Site Records Destruction \(DSHS 01-089\)](#) when electronic documents are identified for destruction. See [Resources](#) section for an example.
 - 3) Email the unsigned proposed [On-Site Records Destruction](#) log to [Central Files](#) for review. Central files will review and respond within 10 working days.
 - a) Include in the subject line of the email “Proposed Destruction Log” and the folder name.
 - b) Include applicable folder name(s) and folder location in the email body. Best practice is to provide the path name.
 - 4) Amend the returned [On-Site Destruction](#) log to include only those records approved for destruction by Central Files.
 - 5) Destroy only the approved records and sign the final [On-Site Destruction](#) log after destruction.
 - 6) Preserve identified files and folders as identified by Central Files. Best practice is to update file(s) and folder(s) name with information provided by Central files (e.g., destroy date, public disclosure, litigation hold). Public disclosure and litigation holds will not have a destroy date.
- Example: COVID-19 PHE [**Destroy after 03.01.2032**]
- Note: It is not required to log transitory records whose minimum retention is “Retain until no longer needed for agency business.”
- 7) Send the final signed [On-Site Destruction](#) log to [Central Files](#).
 - 8) Email [Central Files](#) with any questions.
- c. Users with modify rights:
- 1) Share in the responsibility of meeting records retention guidelines.
 - 2) Notify the folder owner when records are ready for destruction.
- d. Central Files will:
- 1) Send an [IT Helpdesk](#) requesting read only access to inaccessible folders if applicable.
 - 2) Review the proposed [On-Site Destruction](#) log to verify contents have no current litigation holds and records meet retention schedules.
 - 3) Respond within 10 working days approving those records that can be destroyed and highlight records that must be preserved with disposition date (if known).
 - 4) Email the signed [On-Site Destruction](#) log to the DSHS Records Officer for archiving.

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Process Map of Records Clean Up





Part II: Network Drives (Q: Drive)

Overview

Network drives are owned and maintained by DSHS Technology Innovation Administration (TIA). Files located on the network drives can be securely shared with staff within Residential Care Services (RCS), other divisions within Aging and Long-Term Support Administration (ALTSA) (e.g., Home and Community Services [HCS], Adult Protection Services [APS]) and other DSHS administrations (e.g., Developmental Disabilities Administration [DDA]).

There are multiple network drives to accommodate the business needs of RCS (e.g., Q: drive, R: drive, etc.). To access the network drives, users must connect to the network while in the office or VPN (Virtual Private Network) when out of the office and have permission to access the folder(s).

A. General Guidelines

Purpose

These guidelines establish the policies and procedures for folders in use by RCS found on the Q: drive. The purpose for establishing a governance promotes efficient and effective use, increases compliance with security through appropriate ownership and access, and mitigates risk for public disclosure requests or litigation holds.

Additional training resources on records management can be found in the [Resources](#) section.

Procedure

1. Q: drive users will:
 - a. Consult with Central Files for questions about destruction of files or records retention requirements.
 - b. Consult with Information Technology (IT) for technical issues or questions.
2. Folder Owners will:
 - a. Train new staff who access the Q: drive to ensure they can demonstrate they understand this procedure.
 - b. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 - c. Request training or clarification from leadership as needed.
1. The Q: drive manager will:
 - a. Act as the main point of contact to create Tier 1 and Tier 2 folders.
 - b. Monitor and maintain the list of folder owners by conducting a Tier 1 and Tier 2 Q: drive inventory monthly.
 - c. Maintain a tracking sheet for Q: drive issues and requests.



B. Organization

Purpose

A hierarchical file system is used in the Q: drive that organizes contents into a tree structure. Having a standardized hierarchical structure of Q: drive folders allow for organizing folders in a consistent and logical manner, increases work productivity and efficiency in information search and retrieval, frees up space on the computer network system, and reduces duplication of files.

Procedure

1. Folder Hierarchy Structure

The Q: drive is the root directory that holds folders (also known as subdirectories). Each folder may contain one or more subfolders. For the purposes of this chapter, folders and subfolders are defined on a tiered system.

Q: drive – Root directory

- Tier 1 Folder – First folder after the root directory. This is the top level of the file system hierarchy and is organized by office or content. Viewable by all ALTSA and DDA Q: drive users.
- Tier 2 Folder – Subfolder located within a Tier 1 folder. Folder names should contain information on general content to help direct users. Viewable by all ALTSA and DDA Q: drive users. Only those users with approved access can view contents held within a Tier 2 folder.

Note: If you transfer files between two Tier 2 folders, use the copy and paste function. Permissions are affected when files are dragged and dropped between two Tier 2 folders.

- Tier 3 Folder – Subfolder located within a Tier 2 folder. May contain subfolders or files, depending on user needs. Viewable by only those who have approved access.

Example:

▼	📁	RCS Policy-Training-QI-IDR	Tier 1 Folder
▼	📁	Quality Improvement Unit	Tier 2 Folder
▼	📁	MB Archives	Tier 3 Folder
>	📁	2004	Tier 4 Folder
>	📁	2005	Tier 4 Folder

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2. Folder Naming Convention

Naming conventions help organize the information held within the electronic records database by using a coherent context and standardized framework. A naming convention will increase the usability of documents stored within folders by enabling easy retrieval and identification.

1. RCS Staff will:

a. Follow folder naming convention properties for all folders found within the drive (see [Resources](#) for *file* naming conventions for working papers):

- All Tier 1 folders begin with “RCS” followed by a description of content.
- Avoid special characters (#%&{}\<>).
- Avoid underscore in place of a space (spaces are allowed).
- Use relevant, descriptive words to describe folder content.
- Commonly used RCS acronyms are acceptable.
- Do not write folder or file names in all caps.
- Keep folder names under 25 characters (best practice).
- If records are retrieved according to their date, that element should appear first.

Examples: Recurring scheduled unit meeting or regularly pulled reports (e.g., 2024 Budget Meetings, 01-2024 RUG Reports)

- If records are retrieved according to their description, that element should appear first.

Examples: Standard Operating Procedures; POD Training and Materials

Note: Folder naming conventions document can also be found in the [Q: Drive READ ME folder](#).

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3. Folder Ownership

All Tier 2 folders must have an identified folder owner and co-owner. Folder owner(s) are considered the main point of contact for the folder, its contents, and serve as the gatekeeper to control access to contents. Co-owner(s) serve as a back-up contact if the owner is not available. Co-owner(s) have the same access permission level as an owner to modify contents or approve access for users.

Folder ownership is identified by position and may be passed to a new owner when staff change positions. A list of folder owners can be found in the Q: drive [RCS - README](#) folder. Folders may be collaboratively owned across administrations or divisions to meet business needs. When folders are collaboratively owned, each division or administration must identify one owner and one co-owner.

Procedure

- a. The Folder Owner will:
 - 1) Act as the main point of contact to approve user access upon request.
 - 2) Determine [permission level](#) of each new user (read only or modify).
 - 3) Monitor the folder content for [Record Retention](#) requirements and verification and destruction.
 - 4) Oversee periodic clean-up of folders and electronically stored information (ESI). This should be done annually, or as information becomes outdated.
 - 5) Remove user access when applicable.
 - 6) Ensure Tier 3 and subsequent subfolders follow naming convention guidelines.
 - 7) Send a request to the [Q: Drive Manager](#) when a new Tier 1 or Tier 2 folder is needed or ready for destruction (see optional template in [Resources](#) section for requesting a new folder).

Note: Verify with all other applicable folder owners that the folder is no longer needed and ready for destruction. Include confirmation that all folder owners approve destruction when submitting the IT request when applicable.

- b. The Folder Co-owner will:
 - 1) Act as a backup contact for staff requesting access when the owner is not available.
 - 2) Perform other owner duties as needed or during extended periods when owner is not available.

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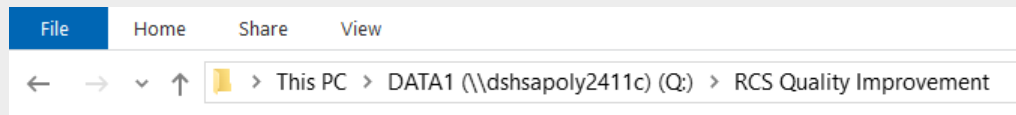
4. Creating New Folders

New folders may be created anytime there is a business need.

a. The folder owner will:

- 1) Contact the [Q: drive manager](#) to request a new Tier 1 or Tier 2 folder (see optional template in [Resources](#) section). Requests must be submitted by a supervisor level or above and include:
 - Folder name of Tier 1 folder using [Folder Naming Convention](#) properties, if applicable.
 - Folder name of Tier 2 folder using [Folder Naming Convention](#) properties. Include applicable Tier 1 folder name or path if one exists.

Example of a path: The paths can be found on the top address bar - Q:\RCS Quality Improvement.



- Owner and co-owner name(s) and position title.
 - Purpose.
 - List of personnel needing access to Tier 2 folders including permission level of each user (read, modify).
- 2) Tier 3 folders and any subfolders can be created anytime business need arise by users with modify rights using [Folder Naming Convention](#) properties. Newly created Tier 3 folders and subfolders will inherit the same user permissions from the Tier 2 folder level.

Note: Users with read only access cannot create new Tier 3 folders and must contact the folder owner to request modify rights.

b. The Q: drive manager will:

- 1) Contact IT department to request the addition of the new Tier 1 or Tier 2 folder. Include new Tier 1 name (if applicable), new Tier 2 name, and user access list with modify and read only users identified.
- 2) Update the folder owner list located in the [RCS - README folder](#).
- 3) Notify the requestor upon completion of the new folder creation.

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5. Destruction of Folders

Folders may be destroyed when contents have gone through the [Records Retention](#) process with Central Files and all contents have been destroyed / removed. Tier 1 or Tier 2 folders must be destroyed by the IT department.

- a. The folder owner will:
 - 1) Notify the [Q: drive manager](#) when a folder is no longer needed. Include:
 - a) Q: drive name and path.
 - b) Confirmation you are the owner of the folder, and all other applicable owners approve destruction;
 - c) Confirmation that any remaining content within the folder has gone through the Records Retention process, if applicable.
 - 2) Tier 3 folders and their subfolders can be destroyed by any user with modify rights after contents have gone through the [Records Retention](#) process with Central Files. Users who are not the folder owner will consult with the folder owner before destruction.
- b. The Q: drive manager will:
 - 1) Submit an IT Helpdesk request for folder destruction, including the Q: drive name and path.
 - 2) Remove applicable Tier 1 or Tier 2 folders from the folder owner list located in the [RCS - README](#) folder.



C. Folder Access

Purpose

Access control is an important element of security on the Q: drive and formalizes who is allowed to access folders based on the business need of each user. Users are granted access based on their needed permission level. For the purposes of this chapter, permission levels include modify or read only access. Modify access allows for editing, creating new documents, and deleting. Read only allows users to view and save a copy to their files.

All ALTSA and DDA Q: drive users have read only access to Tier 1 and Tier 2 folders. Users must have approved access with the appropriate permission level to view content within a Tier 2 folder.

1. Requesting and Granting Access and Permissions

a. RCS staff will:

- 1) Request new user access by emailing the folder owner (or co-owner when owner is unavailable). Requests must include:
 - a) Name and position title.
 - b) Tier 2 folder name and path.
 - c) Reason for access.

Note: A list of folder owners is available in the [Q: drive README](#) folder.

- 2) Request increased permission level by emailing the folder owner when applicable. Request must include:
 - a) Name and position title.
 - b) Tier 2 folder name and path.
 - c) Reason for requested permission level.

b. Folder owner/co-owner will:

- 1) Send a request to the [IT Help Desk](#) to request user access or permission level request. Requests must include:
 - a) Name of new user.
 - b) Tier 2 folder name and path.
 - c) Permission level of user (read only or modify).

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2. Removing Access

- a. Folder owner/co-owner will:
 - 1) Request user access removal when applicable by submitting an [IT Helpdesk](#) request.
Requests must include:
 - a) Name of user.
 - b) Folder name and path.

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Part III: Appendices

A. Forms

1. [On-site Records Destruction \(DSHS 01-089\)](#)

B. Resources

1. [File naming convention](#) for documents collected in the field.
2. [Packet process document naming convention](#) for electronic packet documents collected and filed by administrative staff.
3. [Examples of records with minimal retention](#) value can be found on the [Washington State Archives website](#).
4. Training Resources:
 - a. [Secretary of State Online Training](#).
 - b. Secretary of State upcoming live [Training and Events](#).
4. Completed [On-Site Records Destruction](#) log example:

OFFICE OF ONSITE RECORDS DISPOSAL		LOCATION		OFFICE NUMBER, IF KNOWN		ARO INITIAL AND DATE		
RCS/PD - HQ		Blake East Building, Lacey, WA		431				
SIGNATURE OF PERSON CONDUCTING ONSITE RECORDS DISPOSAL			PRINTED NAME			PHONE NUMBER (AND AREA CODE)		
			Sara Tallman			360-725-3209		
RECORDS SERIES TITLE	DISPOSITION AUTHORITY NUMBER	INCLUSIVE DATES	CUTOFF	TOTAL RETENTION PERIOD	DESTRUCTION DATE	STATE RECORDS CENTER BOX NUMBER (IF APPLICABLE)		
Residential Care Services Complaint Files East Hills Elder Care 2 #752444 Complaint Working Papers	04-05-60665	01/01/2014-12/31/2014	01/01/2015	6 years		n/a		
Residential Care Services Facilities Licensing/Certification Application (Voided, Denied, Withdrawn) Apple AFH ANW03546541	92-06-50692	01/01/2015-12/31/2015	01/01/2016	6 years		n/a		

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C. Tools

Optional template to request a new Tier 1 or Tier 2 folder.

Request for New Q: drive Folder Creation		
Tier 1 Folder Name		
Tier 2 Folder Name (include the path when requesting a new Tier 2 folder under an existing Tier 1 folder)		
Owner Name and Position Title		
Co-Owner Name and Position Title		
User access Name	Title	Permission Level (read only, modify)
List of users needing access to Tier 2 folder		



D. Glossary of Terms

Access Control – A data security process that enables organizations to manage who is authorized to access data and resources.

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.

Attestation – A witnessed declaration executing an instrument in his or her presence according to the formalities required by law.

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.

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

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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.

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

Complaint investigation – means an onsite investigation as a result of receiving a complaint related to provider practice.

Complaint investigator (CI) – means an RCS regulatory staff assigned to investigate a complaint received by the department.

Co-owner – Fulfills the role of the network folder owner when owner is unavailable. Primarily used to grant user access but may take on additional responsibilities during prolonged absences.

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 \(POD\)](#).

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.

Credible allegation of compliance [ICF/IID] – means a statement, letter, or documentation that:

- Is realistic in terms of the possibility of corrective action being accomplished between the exit and the date of the alleged compliance; and
- Indicates resolution of the deficiencies.

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 lack of action on the part of the provider/licensee relative to a 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).

Destroy/Destruction – The permanent deletion of a digital or physical record to make it unintelligible or inaccessible.

Disposition – To change the custody, location, or nature of DSHS records including transfer, microfilming, duplication, destruction, or deletion.

Drive – a device where users can save or retrieve files including hard drive, CD drive, USB flash drive.

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.

Electronically Stored Information (ESI) – DSHS records stored in an electronic format. Requires hardware and software to be accessed and read (e.g., spreadsheets, databases, images, video recordings). Also known as electronic records.

Enhanced Services Facilities (ESF) – means a facility that provides support and services to persons for whom acute inpatient treatment is not medically necessary. [RCW 70.97.010](#).

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.

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

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.”

Federal programs – This includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).

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.

Folder – A type of aggregation or container within a file system used to store related records and folders.

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

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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.

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.

Inspection – A generic term used to describe the process by which RCS staff evaluates a licensee’s compliance with statutes and regulations. Complaint/incident investigations are only one type of on-site inspection/survey done to determine the health and safety of vulnerable adults in licensed or certified long-term care residential settings.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – The Social Security Act created this optional Medicaid benefit to fund “institutions” (four or more beds) for individuals with intellectual disabilities. The Secretary defines this as providing “active treatment.”

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

Modify - Allows users to read, write, and delete files and subfolders.

Monitoring visits – A visit occurring after the last day of data collection to verify resident health and safety or compliance. Most monitoring visits are implemented due to an enforcement remedy but may be implemented at the Department’s discretion. New information gathered during a monitoring visit, whether it is related to the cited failed practice, or a new deficiency will be reported to the CRU.

Noncompliance [NH] – means any deficiency that causes a facility not to be in substantial compliance. ([42 § CFR 488.301](#))

Nursing facility (NF) – a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under [section 1919\(a\) of the federal Social Security Act](#). All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.

Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.

Owner – User who has control over the file or folder to grant access to the contents. Owners may be the creator of the folder or adopted previously created folders due to staff turn-over.

Path – The specific location or route a file or directory can be accessed within a file system. Paths represent the hierarchy of directories or folders leading to a particular file.

Permissions – operations associated with a shared resource such as a file or directory that are authorized by the system administrator for individual user accounts or administrative groups.

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.

Proof of service – means notification sent to a provider by way of a declaration of personal service; an affidavit or certificate of mailing; a signed receipt from the person who accepted the certified mail or package delivery; or proof of fax transmission. Any of these methods confirms that notice was

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sent to a provider when the State is going to take action related to that provider. WAC requires notice be served for the following communications: Written Consultation, Statements of Deficiency, and Enforcement Letters.

Provider – a) any individual or entity that provides services to DSHS, OR b) a person, group, or facility that provides services. RCS providers include Adult Family Homes, Assisted Living Facilities, Certified Supported Living providers, Enhanced Services Facilities, ICF/IID facilities and Nursing Homes.

Read Only - Allows users to view and download contents of the folder and subfolder.

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.

Record Management – the practice of formally managing records in a file system (electronic or paper) including classifying, capturing, storing, and disposal.

Records Retention – The required minimum amount of time a records series must be retained to meet legal, fiscal, administrative, or historical value as listed on an approved records retention schedule or general records retention schedule.

Records Retention Schedule – a legal document approved by the state or local records committee that specifies minimum retention periods for a records series and gives agencies ongoing disposition authority for the records series after the records' approved retention period has been satisfied.

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.

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.

Shared Drive – A specialization of an operating system file system, comprising of a shared device (e.g. server space) used by multiple users and accessed over either a local area network or a wider area network connection.

Shared File – an electronic record (e.g., spreadsheets, word documents, images) with permissions granting additional users to access the record.

Shared Folder – a container within a file system with permissions granting additional users to access the contents held within.

Skilled nursing facility (SNF) – a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under [section 1819\(a\) of the federal Social Security Act](#).

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.

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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.

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.

Transitory Records – records that can be destroyed when no longer needed for agency business. A transitory record does not require memorializing on a destruction log. Examples include copies of blank forms or publications, duplicate copies, working notes that have been written up into a formal record.

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.

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.

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

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E. Acronym List

AA	Administrative Assistant
AFH	Adult Family Home
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
APS	Adult Protective Services
ASPEN	Automated Survey Processing Environment System
BIC	Back In Compliance
CCRSS	Certified Community Residential Services and Supports
CD	Compliance Determination
COVID	Coronavirus Disease
DAN	Disposition Authority Number
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
eFax	Electronic Facsimile
EHR	Electronic Health Record
EMR	Electronic Medical Record
eDoc	Electronic Document
ePOC	Electronic Plan of Correction
ESF	Enhanced Services Facilities
ESI	Electronically Stored Information
EWP	Electronic Working Papers
FM	Field Manager
GH	Group Home
GTH	Group Training Home
HCS	Home and Community Services
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
IT	Information Technology
LTC	Long-Term Care
LTCSP	Long-Term Care Survey Process
NF	Nursing Facility
NH	Nursing Homes
PC	Perceptive Content
PDD	Public Disclosure and Discovery
PDF	Portable Document Format
PHE	Public Health Emergency
POC	Plan of Correction
RA	Regional Administrator
RCMS	Records Center Management System
RCS	Residential Care Services
RCW	Revised Code of Washington

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RMT	Records Management Tool
SOD	Statement of Deficiency
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System
TIA	Technology Innovation Administration
VPN	Virtual Private Network
WAC	Washington Administrative Code
WD	Working Day

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F. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
02/06/2025	Entire Chapter	Formatting updates, add processes for hard copy file storage and transfers, moved records retention from Part 2 to Part 1	Comply with new DSHS branding.	N/A
02/06/2025	I.E. Hard Copy Records	Section developed	Provide guidance to staff	MB R25-019
01/17/2025	I.F. Records Retention	Moved from Part II to Part I	Applies records retention guidance to all RCS records management.	
09/20/2024	Part 1 A.2. Shared File Management	Changed audit frequency from monthly to quarterly, removed redundant information	Align with AA Desk Manual and current practice	N/A
09/20/2024	Part 2 Network Drive	Added role of Q: Drive Manager	New role addition	N/A
05/23/2024	Part 2 Network Drive	Establish of Subchapter	Provide guidance to staff. Definitions & acronyms added for clarity	MB R24-049
04/30/2024	Part 1 & 2	Added content: Part 1: Electronic packet procedures Part 2: Definitions & Acronyms	Electronic packets are a new procedure. Definitions & Acronyms added for clarity	MB R24-039 Dedicated training for new packet procedure 2/22/2024
04/30/2024	Part 1	Added Sections on Scanners & Shared File management Moved from Chapter 1.	Sections moved to align with chapter focus.	MB R24-039 Weekly Update 3/1 review of SOP changes
04/30/2024	Full Chapter	Changed Chapter Name to “Record Management”	Name changed to reflect scope of chapter contents.	MB R24-039 Weekly Update 3/1 review of SOP changes

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Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
04/21/2023	Full Chapter	Complete chapter due to the conversion of hardcopy records to electronic form	New IT systems to manage records.	MB R23-039