

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 1

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

Telephone: 360.725.2591

Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/27		SUBMITTER'S NAME DOH/CRS, WHCA, LAW		
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE WA	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Commnet on proposal #1		PROPOSAL NUMBER Select one.		
DOCUMENT Select one.		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) New WAC 388-78A-XXXX		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

NEW SECTION

WAC 38-78A-#TBD-~~Resident Safety~~ Project and Operational Functional Program

- 1) The facility must develop and document their functional programing during the project development and planning process. This document must inform the design process and may be used as a basis of review of the construction project documents and pre-occupancy survey:
 - a) This document shall identify and describe, as applicable:
 - i) Services offered:
 - (A) Nursing services;
 - (B) Contract care under WAC 388-110;
 - ii) Number of residents served under contract care, as applicable;
 - iii) The care needs of the population served, to include but not limited to dementia, cognitive and developmental disability, mental health, bariatric, etc.;
 - iv) Both general design elements and population specific design elements such as the use of specialized lighting, finishes, communications systems, etc.;
 - v) Circulation patterns;
 - vi) Special locking or other security measures;
 - vii) Room use, required resources, and systems to include:
 - (A) Whether the materials necessary to, and the administration of, intermittent nursing services, will take place in the resident unit;
 - viii) Consideration of and mitigation for risks associated with:
 - (A) Operational infection control;

- (B) Resident mobility and falls;
- (C) Elopement and security;
- (D) Medication administration; and,
- (E) Staff injury.

- 2) The facility must maintain an operational functional program to document considerations and decisions related to resident needs and the maintenance or modifications to the physical environment as necessary to demonstrate compliance with performance based expectations of WAC 388-78A. This document may be used to evaluate conditions of the built environment for appropriateness to the population served and must document circumstances where facility policy and procedure are implemented in lieu of, or in support of, changes to the built environment.

~~The facility must take necessary action to promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons. The facility must undertake a resident safety risk assessment and employ means to minimize negative outcomes associated with:~~

- ~~1) Medication administration~~
- ~~2) Patient handling~~
- ~~3) Resident falls~~
- ~~4) Staff injuries~~
- ~~5) Elopement~~
- ~~6) Daily or operational infection control~~

Statement of Problem and Substantiation for Comment		
<p>State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.</p> <p>Since initial proposals were introduced, there has been interest in developing performance based language to address some of the areas/elements first identified above.</p>		
<p><input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).</p> <p><input checked="" type="checkbox"/> This comment is not original material; its source (if known) is as follows:</p>		
Cost Impacts: Cost and Benefits		
<p>Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.</p>		
<p>This change will not increase construction cost.</p>		
<p>Describe cost impact in dollars per square foot, or other unit data.</p>		
<p>Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.</p>		
<p>Describe benefits of this change. 100 words or less.</p> <p>Introduce these operational safety components for consideration</p>		
Signature		
SIGNATURE	DATE 08/24/2017	PRINT NAME HERE Al Spaulding



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MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 3, 4, 5, 6
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Submitter

DATE (MM/DD/YYYY)

08/22/2017

SUBMITTER'S NAME

DOH/CRS

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111 Israel Rd SE

CITY

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PROPOSAL NUMBER

Comment on proposal #3, 4, 5, & 6

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-2380

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

WAC 388-78A-2380

~~Restricted egress.~~ Freedom of movement

- 1) ~~A facility may employ access and egress controls to ensure resident safety when:~~
 - a) ~~The negotiated service agreement indicates that the resident should not leave the facility unsupervised;~~
 - b) ~~The resident or their representative consent; and~~
 - c) ~~The installation of access and egress controls does not restrict the movement of residents cognitively and physically able to safely leave the facility independently.~~
- 2) In new construction, access and egress controlled doors shall be installed as permitted by the building code adopted by the Washington State Building Code Council.
- 3) Existing access and egress controlled doors must meet and be maintained to the requirements of the code at the time of construction.
- 4) Buildings from which egress is restricted shall have:
 - a) A system in place to inform and permit visitors, staff persons and appropriate residents freedom of movement; and,
 - b) A secured outdoor space per WAC 388-78A-2381(3).

An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits ~~doors~~ that may restrict a resident's egress:

(1) Each resident, or a person authorized under RCW 7.70.065 to provide consent on behalf of the resident, consents to living in such unit or building.

(2) Each resident assessed as being cognitively and physically able to safely leave the assisted living facility is able to do so independently without restriction ~~staff assistance~~.

(3) Each resident, assessed as being cognitively able to safely leave the assisted living facility and who has physical challenges that make exiting difficult, is able to leave the assisted living facility when the resident desires and in a manner consistent with the resident's negotiated service agreement.

(4) Each resident who is assessed as being unsafe to leave the assisted living facility unescorted is able to leave the assisted living facility consistent with his or her negotiated service agreement.

(5) Areas from which egress is restricted are equipped throughout with an approved automatic fire detection system and automatic fire sprinkler system electrically interconnected with a fire alarm system that transmits an alarm off site to a twenty-four hour monitoring station.

~~(5)(6)~~ Installation of special egress control devices in all proposed construction issued a project number by construction review services on or after September 1, 2004 for construction related to this section, new construction must conform to standards adopted by the state building code council.

~~(6)(7)~~ Existing Installation of special egress control devices in all construction issued a project number by construction review services before September 1, 2004 for construction related to this section, must conform to the applicable codes at the time of construction, and the following:

(a) The egress control device must automatically deactivate upon activation of either the sprinkler system or the smoke detection system.

(b) The egress control device must automatically deactivate upon loss of electrical power to any one of the following:

- (i) The egress control device itself;
- (ii) The smoke detection system; or
- (iii) The means of egress illumination.

(c) The egress control device must be capable of being deactivated by a signal from a switch located in an approved location.

(d) An irreversible process which will deactivate the egress control device must be initiated whenever a manual force of not more than fifteen pounds is applied for two seconds to the panic bar or other door latching hardware. The egress control device must deactivate within an approved time period not to exceed a total of fifteen seconds. The time delay must not be field adjustable.

(e) Actuation of the panic bar or other door latching hardware must activate an audible signal at the door.

(f) The unlatching must not require more than one operation.

(g) A sign must be provided on the door located above and within twelve inches of the panic bar or other door latching hardware reading:

"Keep pushing. The door will open in fifteen seconds. Alarm will sound."

The sign lettering must be at least one inch in height and must have a stroke of not less than one-eighth inch.

~~(d)(h)~~ Regardless of the means of deactivation, relocking of the egress control device must be by manual means only at the door.

(7) The assisted living facility must have a system in place to inform and permit visitors, staff persons and appropriate residents how they can exit without sounding the alarm.

(9) Units or buildings from which egress is restricted are equipped with a secured outdoor space for walking which:

- (a) Is accessible to residents without staff assistance;
- (b) Is surrounded by walls or fences at least seventy-two inches high;
- (c) Has areas protected from direct sunshine and rain throughout the day;
- (d) Has walking surfaces that are firm, stable, slip-resistant and free from abrupt changes and are suitable for individuals using wheelchairs and walkers; and
- (e) Has suitable outdoor furniture.

Commented [WJ(1)]: Concern over possible CMS enforcement of delayed/egress over home and community based services.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Revision seeks to identify when a facility may install egress/access control doors and the requirements for their installation. The former is more operational in nature; the latter a matter of construction.

This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals #'s 3, 4, 5, & 6.

- ☐ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Establishes the building code as the basis for design for these systems.

Signature

SIGNATURE

DATE

08/22/2017

PRINT NAME HERE

Al Spaulding



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Submitter

DATE (MM/DD/YYYY)
08/24/2017

SUBMITTER'S NAME
WHCA, LAW, CRS

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303 Cleveland Avenue, Suite 206

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PROPOSAL NUMBER
7

PROPOSAL NUMBER
Support with modifications

DOCUMENT
Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)
Newly Proposed WAC 388-78A-2381

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

(NEW SECTION)

WAC 388-78A-2381 General design requirements for memory care

When planning for new construction, renovation, or change of service to include memory care services, the facility must document design considerations appropriate to residents with dementia, mental health issues, or cognitive and developmental disabilities within its functional program consistent with WAC 388-78A-XXXX. Facility design should support elements intended to address population specific safety risks, autonomy, privacy, social engagement, security, resident rights, and dignity of memory care residents and if implemented these elements should be integrated into the facility's policies and procedures for regular operations.

1. The facility must provide multiple common areas, including at least one resident accessible common area of which is outdoors. Such common areas should that vary by size and arrangement such as: various size furniture groupings that encourage social interaction; areas with environmental cues that may stimulate activity, such as a resident kitchen or workshop; and contain areas with activity supplies and props to stimulate conversation; a garden area; and safe outdoor paths and walkways that encourage exploration and walking to encourage exercise and movement.

- a) These areas must accommodate and offer opportunities for individual or group activity including:
 - i. Ensuring that areas used by residents have a residential atmosphere, and residents have opportunities for privacy, socialization, and that common spaces account for wandering behaviors;
 - ii. Ensure any public address system in the area of specialized dementia care services is used only for emergencies;
 - iii. Encourage residents' individualized spaces to be furnished and or decorated with personal items based on resident needs and preferences;
 - iv. Ensure residents have access to their own rooms at all times without staff assistance; and

- b) The facility must provide an outdoor area for residents on the floor they reside on, that:

- i. Are Is designed with a minimum of twenty five square feet of space per resident served
 - ii. Has areas protected from direct sunshine and rain throughout the day;
 - iii. Has walking surfaces that are firm, stable, slip-resistant and free from abrupt changes, and are suitable for individuals using wheelchairs and walkers;
 - iv. Has suitable outdoor furniture;
 - v. Has plants that are not poisonous or toxic to humans; and
 - vi. Has areas for appropriate outdoor activities of interest to residents, such as walking paths, raised garden or flower beds, bird feeders, etc.
- c) The required outdoor area will be accessible to residents with minimal staff assistance in a manner consistent with that resident's negotiated service agreement except where pursuant to a facility policy consistent with WAC 388-78A-2600, the facility administrator or other appropriate staff reasonably believe that resident health or safety may be at risk including, but not limited to instances of:
- i. Inclement weather;
 - ii. Dangerous construction or maintenance activities; and,
 - iii. Other environmental factors which create an unsafe environment.

Original proposal

WAC 388-78A-2381 General design requirements for memory care

When planning for new construction, renovation, or change of service to include memory care services the facility must document the following design considerations in the functional program. For purposes of this section, memory care means specialized services for residents with dementia, Alzheimer's, and other brain-related memory conditions or injury, provided in an assisted living facility.

1. Facility design should support resident experience of:

- a. Autonomy
- b. Dignity
- c. Privacy
- d. Social engagement
- e. Security
- f. A homelike environment

2. And consider:

- a. Use of technology
- b. Accommodations for visiting family
- c. Transition space between public and private spaces
- d. Support elements for care giver
- e. Resident handling and movement
- f. Safety and restraint
- g. Outside medical services being brought into the facility
- h. Resident rights / privacy

3. The facility must provide multiple common areas, at least one of which is outdoors, that vary by size and arrangement such as: various size furniture groupings that encourage social interaction; areas with environmental cues that may stimulate activity, such as a resident kitchen or workshop; areas with activity supplies and props to stimulate conversation; a garden area; and paths and walkways that encourage exploration and walking. These areas must accommodate and offer opportunities for individual or group activity including:

- a. Ensure that areas used by residents have a residential atmosphere, and residents have opportunities for privacy, socialization, and wandering behaviors;
- b. Ensure any public address system in the area of specialized dementia care services is used only for emergencies;
- c. Encourage residents' individualized spaces to be furnished and or decorated with personal items based on resident needs and preferences;
- d. Ensure residents have access to their own rooms at all times without staff assistance; and

4. The facility must provide an outdoor area for residents on the floor they reside on, that:

Commented [WJ(1)]: Does this term need defining?
Pretty subjective. Non-institutional is the same

- a. Are designed with a minimum of twenty five square feet of space per resident served;
 - b. Is accessible to residents without staff assistance;
 - c. Is surrounded by walls or fences at least seventy two inches high;
 - d. Has areas protected from direct sunshine and rain throughout the day;
 - e. Has walking surfaces that are firm, stable, slip resistant and free from abrupt changes, and are suitable for individuals using wheelchairs and walkers;
 - f. Has suitable outdoor furniture;
 - g. Has plants that are not poisonous or toxic to humans; and
 - h. Has areas for appropriate outdoor activities of interest to residents, such as walking paths, raised garden or flower beds, bird feeders, etc.
5. Spaces designed for memory care services shall be equipped with:
- a. Indirect lighting
 - b. Brighter lighting levels appropriate to the population
 - c. Finishes with
 - i. Low sheen or matte finish
 - ii. Which create high visual contrast between walls, floors, doors, etc.
 - iii. Which are sound dampening or absorptive
 - d. Door hardware to ensure residents cannot lock themselves out of, or into areas accessible to residents.

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
<p>The above changes to Proposal #7 (as originally put forth by DOH CRS) are intended to clarify appropriate requirements for memory care settings and address several issues that would result for residents and providers based on its original text.</p>		
<input type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input checked="" type="checkbox"/> This comment is not original material; its source (if known) is as follows: DOH CRS Proposal #7 for new WAC 388-78A-2381		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will not increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
The changes to the proposed text will not result in increases in costs for providers over and above the initially submitted language. However WHCA disagrees with the contention that the originally proposed text would not increase construction or operations costs.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Describe benefits of this change. 100 words or less.		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Lauri St. Ours

Rule Change Comment

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MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 8, 9, 10

Residential Care Services

PO Box 45600

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Submitter

DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME WHCA/CRS/LAW			
MAILING ADDRESS 303 Cleveland Ave Suite 206	CITY Tumwater	COUNTY WA	STATE 98501	ZIP + 4
TELEPHONE (WITH AREA CODE) 360-352-3304	FAX NUMBER 360-754-2412		EMAIL ADDRESS lauristours@whca.org	
PROPOSAL NUMBER Comment on proposals 8,9,10	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) Chapter 388-78A-2680			

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

- (1) Except as provided in this section or in WAC 388-78A-2690, the assisted living facility must not use the following in the facility or on the premises:
 - (a) Audio monitoring equipment; or
 - (b) Video monitoring equipment if it includes an audio component.
- (2) The assisted living facility may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:
 - (a) Entrances, exits, and elevators, as long as the cameras are:
 - (i) Focused only on the entrance or exit doorways; and
 - (ii) ~~Not focused on~~ To the extent possible the camera should not capture areas where residents are known to gather.
 - (b) Areas used exclusively by staff persons such as, medication preparation areas or food preparation areas, if residents do not go into these areas;
 - (c) Outdoor areas accessible to both residents and the public, such as but not limited to parking lots, provided that the purpose of such monitoring is to prevent theft, property damage, or other crime on premises:
 - (d) Outdoor areas not commonly used by residents, such as, but not limited to, delivery areas, emergency exits or exits from a secured outdoor space for memory care;
 - (e) Resident activity areas which by their nature, present a risk of injury to reasonable adults without regard to physical or cognitive limitations, such as but not limited to fitness centers or pools, provided that the presence of such cameras shall not impact the obligation of the assisted living

facility to provide appropriate in-person assistance or monitoring due to individual physical or cognitive limitations; or

- (f) Designated smoking areas, subject to the following conditions:
 - (i) Residents have been assessed as needing supervision for smoking;
 - (ii) A staff person watches the video monitor at any time the area is used by such residents;
 - (iii) The video camera is clearly visible;
 - (iv) The video monitor is not viewable by the general public; and
 - (v) The facility notifies all residents in writing of the use of video monitoring.
- (3) The assisted living facility may video record community activities in the facility or on the premises with the audio component at residents' request and in support of enhanced community support. Such activities may include community choir, drum circle, or piano recitals.

Statement of Problem and Substantiation for Comment		
<p>State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.</p> <p>The current rule prevents assisted living providers from installing video cameras in locations on the premises where consumers increasingly expect cameras to be in place. As sophisticated security cameras have become less costly to install and maintain, it has become commonplace for apartments, hotels, and even single-family housing to place cameras in parking lots, at entrances/exits, and in common areas such as gyms and pools. The current rule uniquely bars assisted living providers from meeting emerging consumer expectations by placing cameras in those locations. The philosophy behind the current rule is sound: providers should not rely on cameras to replace in-person monitoring as part of a resident's care plan. We suggest allowing cameras in two new types of location: in places accessible to the public such as parking lots or the property line, and in places such as pools and fitness centers which pose an innate risk even to fully independent adults. We also suggest clarifying the language around the placement of cameras at entrances and exits to avoid unnecessarily chilling the ability of providers to install cameras for the security of their residents. We provide clarification that resident activities may be videoed.</p>		
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Cost Impacts: Cost and Benefits		
<p>Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.</p>		
<p>This change will Select one. construction cost.</p>		
<p>Describe cost impact in dollars per square foot, or other unit data.</p> <p>Indeterminate, but may help lower insurance premiums.</p>		
<p>Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.</p> <p>None anticipated.</p>		
<p>Describe benefits of this change. 100 words or less.</p> <p>Allowing providers the flexibility to install cameras in line with resident and family expectations will improve security and resident safety, reduce losses due to crime and vandalism, allow for faster response to accidents involving independent residents engaged in physical activity on the premises, and in some instances reduce facility insurance premiums.</p>		
Signature		
SIGNATURE	DATE 08/24/2017	PRINT NAME HERE Lauri St. Ours

Rule Change Comment

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MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 11

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Comments				

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WAC 388-78A-2690

Electronic monitoring equipment—Resident requested use.

- (1) Audio or video monitoring equipment may not be installed in the assisted living facility to monitor any resident apartment or sleeping area unless the resident has requested and consents to the monitoring.
- (2) Electronic monitoring equipment must be installed in a manner that is safe for residents, employees, and visitors.
- (3) A facility cannot refuse to admit an individual, and cannot discharge a resident, because of a request to conduct authorized electronic monitoring.
- (4) Any resident of a monitored room may condition his or her consent for use of monitoring devices. Such conditions may be, but are not limited to, limiting the use of the camera only to specific times or situations, pointing the camera in a particular direction, or limiting or prohibiting the use of certain devices. If conditions are placed on consent, then electronic monitoring by the assisted living facility or by the resident or third party must be conducted according to those conditions.
- (5) Broadcasting of audio or video monitoring is prohibited. Each person or organization with access to the electronic monitoring should be identified in the resident's negotiated service plan.
- (6) If the resident requests that the assisted living facility conduct audio or video monitoring of his or her apartment or sleeping area, before any electronic monitoring occurs, the assisted living facility must ensure:

(a) That the electronic monitoring does not violate chapter 9.73 RCW;

(b) The resident has identified a threat to the resident's health, safety or personal property;

- (c) The resident's roommate has provided written consent to electronic monitoring, if the resident has a roommate; and
 - (d) The resident and the assisted living facility have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.
- (7) If the resident requests to install audio or video monitoring of his or her apartment or sleeping area for access by the resident or by a family member or other third party other than the assisted living facility:
- (a) After authorization, consent and notice, a resident or resident representative may install, operate and maintain a monitoring device in the resident's room;
 - (b) The resident must give written notice and consent to the assisted living facility of the proposed location and scope of electronic monitoring and the identity of any person who will have access to the audio or video monitoring;
 - (c) The resident's roommate must provide written consent to electronic monitoring, if the resident has a roommate;
 - (d) The resident must ensure that the electronic monitoring does not violate chapter 9.73 RCW;
 - (e) The assisted living facility may require the resident to be responsible for all aspects of the operation of the monitoring equipment, including the removal and replacement of tapes, and for security protections to prevent unauthorized access to networked devices;
 - (f) An assisted living facility may require a resident to pay for all costs, other than the cost of electricity, associated with installing electronic monitoring equipment. Such costs should be reasonable and may include, but are not limited to: equipment, tapes and installation; compliance with life safety and building/electrical codes; maintenance or removal of the equipment; or structural repairs to the building resulting from the removal of the equipment;
 - (g) A resident is responsible for selecting the type of monitoring device that will be used in the resident's room. If the resident chooses to install a monitoring device that uses Internet technology, the monitoring device must be encrypted and enable a secure socket layer ("SSL"); and,
 - (h) The resident is solely responsible for the operation and maintenance of any monitoring equipment not monitored by the assisted living facility; except that, if both the resident and the facility agree, the assisted living facility may undertake in writing to accept certain maintenance responsibilities, and may charge a fee for doing so.
- (8) The assisted living facility must:
- (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and
 - (b) Have each reevaluation in writing, signed and dated by the resident.
- (9) The assisted living facility, resident, or third party must immediately stop electronic monitoring if the:
- (a) Resident no longer wants electronic monitoring;
 - (b) Roommate objects or withdraws the consent to the electronic monitoring; or
 - (c) The resident becomes unable to give consent.

(10) For the purpose of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's surrogate decision maker.

(11) For the purposes of consenting to any audio electronic monitoring, the term "resident" includes:

(a) The individual residing in the assisted living facility; or

(b) The resident's court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to electronic monitoring of the resident.

(12) If a resident's decision maker consents to audio electronic monitoring as specified in (11)(b) above, the assisted living facility must maintain a copy of the court order authorizing such consent in the resident's record.

(13) If the assisted living facility determines that a resident, resident's family, or other third party is electronically monitoring a resident's room or apartment without complying with the requirements of this section, the assisted living facility must disconnect or remove such equipment until the appropriate consent is obtained and notices given as required by this section.

(14) Nothing in this section prohibits or limits an assisted living facility from implementing electronic monitoring pursuant to a resident service plan where the monitoring does not entail the transmittal or recording of a human-viewable image or sound, including but not limited to motion sensors alerts, floor pressure sensors, or global positioning devices.

Statement of Problem and Substantiation for Comment		
<p>State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.</p> <p>Video and audio monitoring technology is increasingly sophisticated and affordable, leading to a rapid rise in resident or family use of cameras to communicate, monitor residents, and/or monitor facility staff. The current rules do not address the now-common scenario of third-party installation of "granny cams" in resident rooms, leading to substantial confusion and disagreement among providers, family members, and residents. We suggest treating such cameras as a form of resident-requested monitoring, and requiring similar consents and disclosures as when electronic monitoring is provided by the facility. Our draft language is derived in part from the experience of other states (IL, MD, NM, OK, TX, and VA) that have adopted statutes or rules addressing monitoring issues. We recommend clarifying and strengthening language around resident and roommate consent; allowing cameras in locations other than the resident's sleeping area if indicated by the resident's needs and preferences; addressing privacy and security concerns for internet-enabled devices; clarifying the respective roles of the facility and the resident for resident- or family-installed devices; and distinguishing video/audio monitoring from other available or emerging sensor technologies that do not pose similar privacy risks.</p>		
<p><input type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).</p> <p><input type="checkbox"/> This comment is not original material; its source (if known) is as follows:</p>		
Cost Impacts: Cost and Benefits		
<p>Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.</p>		
<p>This change will Select one. construction cost.</p>		
<p>Describe cost impact in dollars per square foot, or other unit data.</p>		
<p>Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.</p> <p>Indeterminate. Additional clarity may reduce uncertainty and legal fees, resulting in lower overall operating costs.</p>		
<p>Describe benefits of this change. 100 words or less.</p> <p>Our proposed amendments increase resident freedom and choice to use cameras in their own rooms, while providing clarity around the installation of video/audio monitoring by parties other than the assisted living provider, in particular families who wish to use technology to keep in closer contact with the resident. These changes will reduce uncertainty for providers around emerging technologies; avoid disagreements between providers and families; and clarify and protect residents' rights to make informed decisions as to communication, privacy, and security.</p>		
Signature		
SIGNATURE	DATE 08/24/2017	PRINT NAME HERE Lauri St. Ours

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 12, 13, 14

Residential Care Services
PO Box 45600
Olympia WA 98504-5600

Telephone: 360.725.2591
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Email: childijk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME LeadingAge, WHCA, CRS		
MAILING ADDRESS 1495 Wilmington Drive		CITY DuPont	COUNTY WA	STATE 98327
TELEPHONE (WITH AREA CODE) 253-964-8870		FAX NUMBER 253-964-8876		EMAIL ADDRESS lmerrick@leadingagewa.org
PROPOSAL NUMBER Comment on proposals 12, 13, 14		PROPOSAL NUMBER Select one.		
DOCUMENT WAC Chapter 388-78A		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2700		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

WAC 388-78A-2700 ~~Safety measures and d~~Disaster preparedness.

- (1) ~~The assisted living facility must take necessary action to promote the safety of each resident whenever the resident is on the assisted living facility premises or under the supervision of staff persons, consistent with the resident's negotiated service agreement.~~
- (1) The assisted living facility must:
- (a) Maintain the premises free of hazards;
 - (b) Maintain any vehicles used for transporting residents in a safe condition;
 - (e) ~~Investigate and document investigative actions and findings for any alleged or suspected neglect or abuse or exploitation, accident or incident jeopardizing or affecting a resident's health or life. The assisted living facility must:~~
 - (i) ~~Determine the circumstances of the event;~~
 - (ii) ~~When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and~~
 - (iii) ~~Protect other residents during the course of the investigation.~~
 - (c) Provide appropriate hardware on doors of storage rooms, closets and other rooms to prevent residents from being accidentally locked in;
 - (d) Provide, and tell staff persons of, a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;
 - (e) Provide emergency lighting or flashlights in all areas of the assisted living facility. For all assisted living facilities first issued a project number by construction review services on or after September 1, 2004 for construction related to this section, the assisted living facility must.
 - (f) Make sure first-aid supplies are:
 - (i) Readily available to staff ~~and not locked;~~
 - (ii) Clearly marked;
 - (iii) Able to be moved to the location where needed; and

- (iv) Stored in containers that protect them from damage, deterioration, or contamination.
- (g) Make sure first-aid supplies are appropriate for:
 - (i) The size of the assisted living facility;
 - (ii) The services provided;
 - (iii) The residents served; and
 - (iv) The response time of emergency medical services.
- (h) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:
 - (i) On-duty staff persons' responsibilities;
 - (ii) Provisions for summoning emergency assistance;
 - (iii) Coordination with first responders regarding plans for evacuating residents from area or building;
 - (iv) Alternative resident accommodations;
 - (v) Provisions for essential resident needs, supplies and equipment including water, food, and medications;and
 - (vi) Emergency communication plan.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

This proposal combines comments from 12, 13, 14 so that it solely addresses "Disaster Preparedness" as it relates to physical plant requirements and has been coordinated between CRS, WHCA, and LeadingAge.

- ☐ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

LeighBeth Merrick

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 15

Residential Care Services

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Email: childjk@dshs.wa.gov

Submitter

DATE (MM/DD/YYYY)

08/24/2017

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PROPOSAL NUMBER

Comment on proposal #15

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

New WAC 388-78A-2703

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here. NEW SECTION

WAC 388-78A-2703 Safety of the Built Environment

The facility must take necessary action to provide a safe environment and to promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons, consistent with the resident's negotiated service agreement, and The assisted living facility must maintain the premises and equipment used in resident care free of hazards to include:

- ~~1) Installation and maintenance of handrails and guardrails within the means of egress at interior and exterior stairs and ramps consistent with the building code at the time of construction, to include the standard for accessibility and usable buildings, and the fire code building code, and,~~
 1. Provide handrails in halls, corridors, lobbies and other circulation spaces accessible to residents based on resident risk assessments conducted by the facility appropriate to the population served and consistent with facility functional program. based on facility assessment.
 2. Maintain non-skid surfaces on all stairways and ramps used by residents.
 3. Keeping exterior grounds, boarding home structure, and component parts safe, sanitary, and in good repair.
 4. Provide emergency lighting in resident units, dining and activity rooms, laundry rooms, and other spaces where residents may be at the time of a power outage.
 5. Provide appropriate door hardware to ensure:
 - a. Residents cannot lock themselves in, or out of rooms or areas accessible to them; and,
 - b. Resident cannot accidentally become locked in on doors of storage rooms, closets and or other rooms or areas not intended for resident access. to prevent residents from being accidentally locked in;
 6. Provide, and tell staff persons of, a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;
 7. Maintain vehicles used for transporting residents in safe condition

8. Development and implement a preventative maintenance program for building systems and equipment.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Introduces a performance based approach

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Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Effective preventative maintenance programs are a recognized value added and minimum expectation.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Primarily an editorial / organizational proposal.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 19, 20

Residential Care Services

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Submitter

DATE (MM/DD/YYYY)

08/24/2017

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PROPOSAL NUMBER

Comment on proposal #19 & 20

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-2820

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

WAC 388-78A-2820 Design, construction review, and approval of plans.

- 1) Drawings and specifications for new construction, must be prepared by or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW may be used for the various branches of work where appropriate. The services of a registered engineer may be used in lieu of the services of an architect if the scope of work is primarily engineering in nature.
- 2) The assisted living facility will meet the following requirements:
 - a) Preconstruction. Request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. ~~The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete, or as coordinated with plan reviewer:~~
 - i) Construction document review. Submit construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. Compliance with these standards and regulations does not relieve the facility of the need to comply with applicable state and local building and zoning codes. The construction documents must include:
 - A. A written functional program consistent with WAC 388-78A-2822; ~~containing, but not limited to, the following:~~
 - B. Information concerning services to be provided and operational methods to be used;
 - C. An interim life safety measures plan to ensure the health and safety of occupants during construction;
 - D. An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors;

- E. An analysis of likely adverse impacts on current assisted living facility residents during construction and the facilities plans to eliminate or mitigate such adverse impacts including ensuring continuity of services;
- F. Drawings and specifications to include coordinated architectural, mechanical, and electrical work. Each room, area, and item of fixed equipment and major movable equipment must be identified on all drawings to demonstrate that the required facilities for each function are provided;
- G. Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas;
- H. Required paths of exit serving the alterations or additions; and,
- I. Verification that the capacities and loads of infrastructure systems will accommodate planned load.
- b) Resubmittals. The assisted living facility will respond in writing when the department requests additional or corrected construction documents;
- c) Construction. Comply with the following requirements during the construction phase:
 - i) The assisted living facility will not begin construction until all of the following items are complete:
 - A. CRS has approved construction documents or granted authorization to begin construction;
 - B. The local jurisdictions have issued a building permit; and,
 - C. The assisted living facility has notified CRS in writing when construction will commence;
 - ii) The department will issue an "authorization to begin construction" when the construction documents have been conditionally approved;
 - iii) Submit to the department for review any addenda or modifications to the construction documents;
 - iv) Assure construction is completed in compliance with the final CRS approved documents. Compliance with these standards and regulations does not relieve the facility from compliance with applicable state and local building and zoning codes. Where differences in interpretations occur, the facility will follow the most stringent requirement;
 - v) The assisted living facility will allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications;
- d) Project closeout. The facility will not use any new or remodeled areas for resident use, for licensed space until:
 - i) The department has approved construction documents;
 - ii) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and,
 - iii) The facility notifies the department in writing when construction is completed and includes:
 - A. A copy of the local jurisdiction's approval for occupancy;
 - B. Copy of reduced floor plans; and,
 - C. A room schedule.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Comment clarifies coordination of presubmission conference; added title, format improvement

This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals #'s 19 & 20.

- ☒ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Facilitate compliance through clear presentation of process.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding



Rule Change Comment

Residential Care Services

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MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 22, 23, 24
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Submitter

DATE (MM/DD/YYYY)

08/24/17

SUBMITTER'S NAME

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PROPOSAL NUMBER

Comment on proposals 22, 23, 24

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-2850

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

WAC 388-78A-2850

Required reviews of building plans.

1. A person or assisted living facility must notify construction review services of all planned construction regarding an assisted living facility prior to beginning work on any of the following:
 - a. A new building or portion thereof to be used as an assisted living facility;
 - b. An addition of, or modification or alteration to an existing assisted living facility. This includes including, but not limited to, the assisted living facilities:
 - i. Physical structure;
 - ii. Electrical fixtures or systems;
 - iii. Mechanical equipment or systems;
 - iv. Fire alarm fixtures or systems;
 - v. Fire sprinkler fixtures or systems;
 - vi. Carpeting;
 - vii. Wall coverings 1/28 inch thick or thicker; or
 - viii. Kitchen or laundry equipment except as allowed in (2)(b) below.
 - c. A change in the department-approved use of an existing assisted living facility or portion of an assisted living facility; and
 - d. An existing building or portion thereof to be converted for use as an assisted living facility.
2. A person or assisted living facility does not need to notify construction review services of the following:
 - a. Repair or maintenance of equipment, furnishings or fixtures;
 - b. Replacement of equipment, furnishings or fixtures with equivalent equipment, furnishings or fixtures;

Commented [WJ(1)]: Concerns over removal – scope creep. Find mold, water damage, rotten subfloor, asbestos.

Commented [WJ(2)]: This doesn't work because it exempts replacemtn of a fire alarm or fire sprinkler system.

Commented [SA(3)]: Clarifies allowable equipment replacement.

- c. Repair or replacement of damaged construction if the repair or replacement is performed according to construction documents approved by construction review services within eight years preceding the current repair or replacement;
 - d. Painting; or
 - e. Cosmetic changes and changes of to approved use that do not affect areas providing, or utilities serving resident activities, services, or care and are performed in accordance with the current edition of the building code; or,
 - f. Construction in buildings not accessible to residents and not directly supporting resident services.
3. The assisted living facility must submit plans to construction review services as directed by construction review services and consistent with WAC 388-78A-2820 for approval prior to beginning any construction. The plans must provide an analysis of likely adverse impacts on current assisted living facility residents and plans to eliminate or mitigate such adverse impacts.

Commented [SA(4): This concept covered in modified Sect. 2820

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Goal is to clarify the circumstances under which facilities must apply for review by CRS.

Process for review/open approval for carpeting / floor finish improvement not fully addressed - additional attention is required for this area.

This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals #'s 22, 23, & 24

- ☒ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Changes process regarding carpet replacement, opens discussion regarding review of other minor work

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding



Rule Change Comment

Residential Care Services
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MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 25
--------	---------------------------------	--------------------------------	-------------------------	--------------------------

Submitter

DATE (MM/DD/YYYY)

08/24/2017

SUBMITTER'S NAME

DOH/CRS, WHCA, LAW

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PROPOSAL NUMBER

Comment on proposal 25

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-2851

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

NEW SECTION

WAC 388-78A-2851 Applicability and requirements for the physical environment

The purpose of physical environment requirements is to provide for a safe and effective resident care environment.

(1) This section applies to new construction in assisted living facilities (ALF) including:

- New buildings to be licensed as an ALF;
- Conversion of an existing building or portion of an existing building for use as an ALF;
- Additions to an existing ALF;
- Alterations to an existing ALF;
- Buildings or portions of buildings licensed as an ALF and used for ALF services; and,
- Excluding buildings used exclusively for administration functions.

(2) Standards for design and construction:

- The requirements of chapter 388-78A in effect at the time the application and fee are submitted to construction review services, and project number is assigned by construction review services, apply for the duration of the construction project;
- New buildings and modifications as described in part (1) constructed and intended for use under this chapter shall comply with the building code as adopted by the state building code council and the requirements of WAC 388-78A;
- Where permitted by the State Building Code, in resident rooms, spaces, and areas, including sleeping, treatment, diagnosis, and therapeutic uses, the design and installation of an NFPA 72 private operating mode fire alarm shall be permitted.

Commented [SA(1)]: This NEW SECTION takes the place of the old Section 2910 (Repealed or retain existing section number and replace title and language with new.

- 3) Existing facilities must continue to meet the applicable codes in force at the time of construction, the fire code adopted by the state building code council and the following:
- a. WAC 388-78A-2700 Disaster Preparedness;
 - b. WAC 388-78A-2880 Change of Room Use;
 - c. WAC 388-78A-2950 Water Supply;
 - d. WAC 388-78A-2960 Sewage and Liquid Waste Disposal; and,
 - e. WAC 388-78A-2970 Garbage and Refuse Disposal.
- 4) Where applicable, existing facilities may choose to meet either the requirements of chapter 388-78A in effect at the time a project number is assigned by construction review services consistent with 2(a) of this Section or the following standards:
- a. (New) WAC 388-78A-2380(3) Freedom of Movement (formerly restricted egress);
 - b. (New) WAC 388-78A-2990(5) – Heating and Cooling – Temperature; and,
 - c. (New) WAC 388-78A-2920 – Area for Nursing Supplies and Equipment.
- 5) The Department may require a facility to meet current requirements if building components or systems are deemed by the department to jeopardize the health or safety of residents.

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
<p>Goal is to clearly identify circumstances underwhich rules for the physical environment apply to ALF's. Proposal is intended to provide an opportunity to discuss new and existing (survey) standards for the built environment. This new section takes the place of the old Section 2910. This intends to strike all of the date certain sections from the code (i.e. for buildings built prior to September 1, 2004...). The code would rather default to the code requirements at the time of construction. If this causes concerns, an alternate would be to group all date specific requirements into a single section on retroactivity.</p> <p>This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals # 25.</p>		
<input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input type="checkbox"/> This comment is not original material; its source (if known) is as follows:		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will not increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year. 0		
Describe benefits of this change. 100 words or less. Improve usability / clarity of WAC requirements for all users. Proposal is intended to provide an opportunity to discuss new and existing (survey) standards for the built environment.		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding



Rule Change Comment

Residential Care Services
PO Box 45600
Olympia WA 98504-5600
Telephone: 360.725.2591
Fax: 360.438.7903
Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childik@dshs.wa.gov

For Office Use Only				
MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 27

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME DOH/CRS/WHCA/LeadingAge Washington			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposal 27	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) New WAC 388-78A-2853			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

NEW SECTION

WAC 388-78A-2853 New Licenses and Use of New Construction

1. The department will not issue an assisted living facility license unless:
 - a. Construction review services:
 - i. Notifies the department that construction has been completed; and
 - ii. Provides the department:
 - A. A copy of the certificate of occupancy granted by the local building official;
 - B. A copy of the functional program;
 - C. A reduced copy of the approved floor plan indicating room numbers or names and the approved use; and,
 - b. The state fire marshal has inspected and approved the assisted living facility for fire protection.
2. Use of new construction
 - a. Facilities will not use areas of new construction, as described in WAC 388-78A-2820(1), until:
 - i. CRS approval; where scope of work does not require inspection by DSHS Licensing, Survey, or Office of the State Fire Marshal. Examples of such projects include:
 - A. Minor additions (sunroom, dining room, offices);
 - B. New Buildings without resident care space or critical systems;
 - C. Minor moving of walls in resident care spaces;
 - D. Major renovations in non-resident spaces;
 - E. Phased construction projects not falling under items (ii) and (iii) below.
 - ii. CRS recommendation and DSHS Survey for:

Commented [SA(1)]: Incorporate recent guidance for use 'Dear provider letter'

- A. Major alterations of resident spaces;
 - B. Alterations of significant scope;
 - C. Conversion of support spaces to resident rooms;
 - D. Addition of licensed beds not previously reviewed and approved by Construction Review Services;
 - E. New resident care buildings (under existing license);
 - F. New resident support spaces such as kitchens and secured outdoor areas;
 - G. License type / contract care conversions.
- iii. CRS recommendation, DSHS issue of license, and OSFM inspection for:
- A. Buildings and areas supporting an initial facility license;
 - B. Buildings and spaces seeking licensure after an expired license; and,
 - C. Facility relocation.

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
Goal is to clarify when facilities can use new spaces and when/which type of survey is required by DSHS OSFM etc. and communicate a process for phased construction)		
Replaced requirements of Section 2890(1), now covered in new Sect. 2821. Moved requirements from Sect 2890(2) into this new section.		
This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals # 27.		
<input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input type="checkbox"/> This comment is not original material; its source (if known) is as follows:		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will not increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Describe benefits of this change. 100 words or less.		
Improving compliance environment by clarifying proces and requirements.		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 28, 29, 30

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

Telephone: 360.725.2591

Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age		
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposals 28, 29, 30		PROPOSAL NUMBER Select one.		
DOCUMENT Select one.		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2880		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here:

Changing use of rooms.

Prior to changing the use of room used by residents or supporting resident services for a using a room for a purpose other than ~~what was~~ original approval by construction review services, the assisted living facility must:

1. Notify construction review services:
 - a. In writing;
 - b. Thirty days or more before the intended change in use;
 - c. Describe the current and proposed use of the room; and
 - d. Provide all additional documentation as requested by construction review services.
2. Obtain the written approval of construction review services for the new use of the room.
3. Ensure facility functional program and room list are updated to reflect the change.

Statement of Problem and Substantiation for Comment		
<p>State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.</p> <p>Clarifies applicability and expectations for the process.</p> <p>This comment on proposal has been coordinated between CRS, WHCA, and Leading Age and replaces original proposals #'s 28, 29, & 30.</p>		
<p><input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).</p> <p><input type="checkbox"/> This comment is not original material; its source (if known) is as follows:</p>		
Cost Impacts: Cost and Benefits		
<p>Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.</p> <p>This change will not increase construction cost.</p> <p>Describe cost impact in dollars per square foot, or other unit data.</p> <p>Anticipate no change in cost as the facility should maintain this document typically</p>		
<p>Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.</p>		
<p>Describe benefits of this change. 100 words or less.</p> <p>Supports documentation to changes in the facility. Should be helpful for all parties during survey.</p>		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 32, 33, 34

Residential Care Services
PO Box 45600
Olympia WA 98504-5600

Telephone: 360.725.2591
Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME LeadingAge, WHCA, CRS		
MAILING ADDRESS 1495 Wilmington Drive		CITY DuPont	COUNTY WA	STATE 98327 ZIP + 4
TELEPHONE (WITH AREA CODE) 253-964-8870		FAX NUMBER 253-964-8876		EMAIL ADDRESS lmerrick@leadingagewa.org
PROPOSAL NUMBER Comment on proposals 32, 33, 34		PROPOSAL NUMBER Select one.		
DOCUMENT WAC Chapter 388-78A		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) 388-78A-2900		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

388-78A-2900 Retention of approved construction documents.

The assisted living facility must retain paper or electronic copies of the following on the assisted living facility premises. Copies must be legible:

- (1) Specification data on materials used in construction, for the life of the product;
- (2) Stamped "approved" set of construction documents;
- (3) The certificate of occupancy or final inspection granted by the local building official;
- (4) The functional program;
- (5) Any exemptions or approved alternative methods of compliance issued by the department.

Statement of Problem and Substantiation for Comment		
<p>State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.</p> <p>This comment on proposal combines comments from 32, 33, 34 so that it addresses the use of electronic documents and the functional program. It has been coordinated between CRS, WHCA, and LeadingAge.</p>		
<p><input type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).</p> <p><input type="checkbox"/> This comment is not original material; its source (if known) is as follows:</p>		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will Select one. construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Describe benefits of this change. 100 words or less.		
Signature		
SIGNATURE	DATE 08/24/2017	PRINT NAME HERE LeighBeth Merrick

Rule Change Comment

For Office Use Only				
MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 36/78

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

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Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childjk@dshs.wa.gov

Submitter

DATE (MM/DD/YYYY)

08/24/2017

SUBMITTER'S NAME

John Shoesmith/CRS/WHCA/LAW

MAILING ADDRESS

1928 43rd Avenue East #A

CITY

Seattle

COUNTY

King

STATE

WA

ZIP + 4

98052

TELEPHONE (WITH AREA CODE)

206-453-4053

FAX NUMBER

EMAIL ADDRESS

john@shoesmithcox.com

PROPOSAL NUMBER

COP's on # 36, 37, 38, 39, 77, & 78

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-2920

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

(1) Each building in which an assisted living facility offers intermittent nursing services must provide for the safe and sanitary storage and handling of clean and sterile nursing equipment and supplies appropriate to the needs of their residents; and for the cleaning and disinfecting of handling of soiled nursing equipment by providing:

(a) A "clean" ~~utility room area~~ area for the purposes of storing and preparing clean and sterile nursing supplies, durable and disposable medical equipment, equipped with:

(i) A work counter or table;

(ii) A handwashing sink, with soap and paper towels or other approved hand-drying device; and

~~(iii) Locked medication storage, if medications are stored in this area, that is separate from all other stored items consistent with WAC 388-78A-2260.~~

(b) A "soiled" utility room for the purposes of storing soiled linen, cleaning and disinfecting ~~soiled~~ nursing care equipment, and disposing of refuse and infectious waste, equipped with:

(i) A work counter or table;

(ii) A two-compartment sink for handwashing and equipment cleaning and sanitizing;

~~(iii) A clinical service sink or equivalent for rinsing and disposing of waste material;~~

(iv) Soap and paper towels or other approved hand-drying device; and

(v) Locked storage for cleaning supplies, if stored in the area.

(c) An area for locked medication storage that is separate from all other stored items consistent with WAC 388-78A-2260, equipped with:

(i) A work surface; and

(ii) An adjacent hand-washing sink, with soap and paper towels or other approved hand-drying device.

(2) "Clean" and "soiled" utility ~~These rooms areas~~ must be accessible only by staff persons, or accessible by residents with appropriate staff assistance if those "clean" or "soiled" areas contain resident laundry facilities.

(3) Single designs meeting the functional intent and built to address issues of infection control, work process, and mechanical ventilation may be approved

(4) Each assisted living facility that does not offer intermittent nursing services:

_____ (a) May combine areas used for storing, handling and cleaning soiled laundry and linens, areas used for cleaning nursing care equipment, areas for disposing of refuse and infectious waste, and/or areas for storing housekeeping and cleaning supplies, into a single area on the premises only when the assisted living facility equips the area with:

- _____ (i) A two-compartment sink for handwashing and sanitizing;
- _____ (ii) A work counter or table
- _____ (iii) Mechanical ventilation to the outside of the assisted living facility; and
- _____ (iv) Locked storage for cleaning supplies, if stored in the area.

_____ (b) Must ensure that any work or function performed in or around a combined utility area as described in subsection

_____ (4)(a) of this section is performed without significant risk of contamination to:

- _____ (i) Storing or handling clean nursing supplies or equipment;
- _____ (ii) Storing or handling clean laundry;
- _____ (iii) Providing resident care;
- _____ (iv) Food storage, preparation, or service; or
- _____ (v) Other operations, services or functions in the assisted living facility sensitive to infection control practices.

[Note: Section 4 of this Proposal is intended to replace the existing WAC 388-78A-3110]

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

The above changes to Proposal #36 (as originally put forth by DOH CRS) reflect language proposed by WHCA in Proposal #38 as current standard practices including the provision of nursing care in a resident's room, the use of disposable medical supplies rather than performance of on-site sterilization, and the superfluous nature of a clinic sink.

The changes also reflect language proposed in Proposal #39 regarding the elimination of the inference in the existing language that medication storage can only occur within a clean utility room.

The addition of location terminology to 388-78A-2020 will eliminate confusion over the intent of location terminology like 'adjacent' used in the proposed revision to Proposal #36.

☐ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).

☒ This comment is not original material; its source (if known) is as follows:

DOH CRS Proposal #36 for WAC 388-78A-2920, WHCA Proposal #39 for WAC 388-78A-2920, best practices, and concepts presented in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities.

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

The changes to the proposed text will not result in increases in costs for providers.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

N/A

Describe benefits of this change. 100 words or less.

Eliminating the superfluous requirement for an expensive clinic sink will free up resources to be used on resident care and other more useful capital improvements as well as valuable square footage for resident support spaces.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

John Shoesmith



Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 40-44

Residential Care Services
PO Box 45600
Olympia WA 98504-5600
Telephone: 360.725.2591
Fax: 360.438.7903
Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childik@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/17	SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944	EMAIL ADDRESS Al.Spaulding@doh.wa.gov		
PROPOSAL NUMBER COP #'s 40, 41, 42, 43, 44	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2930			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Communication systems.

- (1) The assisted living facility must:
 - (a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident accessible areas including:
 - (i) ~~From resident units; bathrooms and toilet rooms;~~
 - (ii) ~~Both resident living rooms and resident sleeping rooms; From common areas accessible to residents;~~
 - (iii) ~~From corridors, activity and day rooms, and outdoor areas accessible to residents; and~~
 - (iv) ~~For assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section, all bathrooms, all toilet rooms, resident living rooms and sleeping rooms.~~
 - (b) Where residents are provided with personal wireless communication devices, the communication device in that resident's sleeping room is not required.
 - (i) Where wireless communication devices are used:
 - (A) The system must be designed and installed consistent with industry standards and perform reliably throughout the facility;
 - (B) The facility must have policy and procedure describing the mitigating measures for system disruption for maintenance, loss of power, etc.
 - (c) ~~(b)~~ Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.
 - (2) The assisted living facility must provide one or more non-pay telephones:
 - (a) In each building located for ready access by staff persons; and
 - (b) On the premises with reasonable access and privacy by residents.

Commented [WJ(1)]: Get new language.

Commented [WJ(2)]: What are the performance standards related to this? Do we need reference to UL 1069? Commissioning? Maintenance, testing, and survey?

~~(3) In assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section, †The assisted living facility must equip each resident room with two the capacity for telephone lines service.~~

~~(4) If an assisted living facility that is issued a project number by construction services on or after September 1, 2004 chooses to install an intercom system, the intercom system must be equipped with a mechanism that allows a resident to control:~~

- ~~(a) Whether or not announcements are broadcast into the resident's room; and~~
- ~~(b) Whether or not voices or conversations within the resident's room can be monitored or listened to by persons outside the resident's room.~~

~~(5) The facility must provide wireless internet access~~

~~(6) See (proposed) WAC 388-78A-2851 for requirements for existing facilities.~~

~~(6) The facility must provide space and equipment necessary to support the delivery of telemedicine services.~~

Commented [SA(3)]: Let's have the discussion.

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
Additional, but introductory, language regarding wireless call systems. Revised language regarding phone service.		
<input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input type="checkbox"/> This comment is not original material; its source (if known) is as follows:		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will not increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Revisions provide trade-offs and design options that would likely balance any additional costs.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Describe benefits of this change. 100 words or less.		
Recognizes current technologies and maintains current home like environment		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding



Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 45-46

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

Telephone: 360.725.2591

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Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944	EMAIL ADDRESS ALSpaulding@doh.wa.gov		
PROPOSAL NUMBER Comment on proposal #45 & 46	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2950			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Water supply.

The assisted living facility must:

- 1) Provide water meeting the provisions of chapter 246-290 WAC, Group A public water supplies or chapter 246-291 WAC, Group B public water systems;
- 2) Protect and ~~Mmaintain~~ the assisted living facility water systems ~~free of cross-connections as specified in the edition of Cross-Connection Control Manual, published by the Pacific Northwest Section of the~~ against cross-connection in accordance with American Water Works Association(AWWA) Recommended Practice for Backflow Prevention and Cross-Connection Control. ~~, in effect on the date a construction review fee is paid to the department of health, construction review services;~~
- 3) Meet the requirements of the plumbing code adopted by the state building code council
- 4) Install vacuum breakers or backflow prevention devices on hose bibs and supply nozzles used to connect hoses or tubing to housekeeping sinks and, where used, bedpan-flushing attachments.
- 5) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility; and
- 6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105°F and 120°F at all times; and
- 7) Label or color code nonpotable water supplies "unsafe for domestic use."

~~(7) New potable water distribution systems shall be designed to limit the amount of Legionella bacteria and other opportunistic water borne pathogens.~~

Commented [SA(1)]: This section is a good example of an expectation that should be retroactively applied. May be part of the retroactive section list.

Commented [SA(2)]: New concept which also relates to new language for safety risk assessment(s).

~~(8) New hot water systems serving resident areas shall be under constant recirculation.~~

~~(9) Non recirculating branch piping shall not exceed 25 feet in length.~~

~~(10) Supply system plumbing shall be free of dead ends.~~

Commented [SA(3)]: Need to clarify what this means.
Place holder for now.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Removed requirement for label or color; this requirement exists in the plumbing code

- ☒ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☒ This comment is not original material; its source (if known) is as follows:

2014 Guidelines for Design and Construction of Residential Health, Care, and Support Facilities

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Provides relevent reference document; highlights other design elements relevant to assisted living faciities.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding

Rule Change Comment

For Office Use Only				
MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 47-49

Residential Care Services

PO Box 45600

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Telephone: 360.725.2591

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Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposals 47, 48, 49	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2980			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

8/18/17 Comment: Withdraw original change proposal

Lighting.

(1) The assisted living facility must maintain electric light fixtures and lighting necessary for the comfort and safety of residents and for the activities of residents and staff.

(2) The assisted living facility must provide enough lighting in each resident's room to meet the resident's needs, preferences and choices. ~~and~~

~~—(a) Have illumination of at least 200 foot candles measured at 36" above the floor.~~

(3) New assisted living facility construction must, at a minimum, meet the Illuminating Engineering Society of North America (IESNA) recommendations for lighting in common areas as established in the IESNA lighting handbook. The applicable handbook is the edition in effect on the date a construction review fee is paid to the department of health, construction review services, for new assisted living facility construction. ~~The assisted living facility must have illumination of at least 50 foot candles, measured at hand wash sinks and 36 inches above the shower floor, in toilet and bathing facilities used by residents~~

(4) Existing assisted living facility construction must maintain, at a minimum, the Illuminating Engineering Society of North America (IESNA) recommendations for lighting in common areas as established in the IESNA lighting handbook. The applicable handbook is the edition in effect on the date a construction review fee was paid to the department of health, construction review services, for the assisted living facility or that portion of the assisted living facility that underwent construction review. ~~The assisted living facility must have corridor and common area lighting of at least 20 foot candles measured from the floor.~~

(5) The assisted living facility must provide artificial light of least 25 foot candles measured at table height in dining areas.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Withdraw initial proposal

- ☒ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Raising lighting levels should have a minimal impact on design cost. We would need to engage design community to identify if the new requirements actually present any increase in base design for alf's.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding



Rule Change Comment

Residential Care Services
PO Box 45600 Telephone: 360.725.2591
Olympia WA 98504-5600 Fax: 360.438.7903
Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childik@dshs.wa.gov

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 50, 51, 52

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age		
MAILING ADDRESS 111 Israel Rd SE		CITY Tumwater	COUNTY Thurston	STATE wa
TELEPHONE (WITH AREA CODE) 360-236-2944		FAX NUMBER 360-236-2944	EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposal #50, 51, 52		PROPOSAL NUMBER Select one.		
DOCUMENT Select one.		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-2990		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Heating-cooling—Temperature.

(1) Equip each resident-occupied building with ~~an approved~~ a heating system capable of maintaining a minimum temperature of 70°F per the latest edition of "Fundamentals Handbook – Ch 14, Climate design tables for Washington State" as published by ASHRAE. The assisted living facility must:

- (a) Maintain the assisted living facility at a minimum temperature of 60°F during sleeping hours; and
- (b) Maintain the assisted living facility at a minimum of 68°F during waking hours, except in rooms:
 - (i) Designated for activities requiring physical exertion; or
 - (ii) Where residents can individually control the temperature in their own living units, independent from other areas.
 - (iii) Where residents cannot individually control the temperature in their own living units, maintain all living units at a temperature range of 70°F to 75°F.

(2) Equip each resident-occupied building with a mechanical air cooling system or equivalent capable of maintaining a temperature of 75°F in communities where the design dry bulb temperature exceeds 85°F ~~for one hundred seventy-five hours per year or two percent of the year time, per the latest edition of "Fundamentals Handbook – Ch14, Climate design tables for Washington State" as published by ASHRAE, "Recommended Outdoor Design Temperatures—Washington State," published by the Puget Sound chapter of the American Society of Heating, Refrigeration, and Air-Conditioning Engineers;~~

(3) Equip each assisted living facility ~~issued a project number by construction review services on or after September 1, 2004 for construction related to this section,~~ with a backup source of heat in enough common areas to keep all residents adequately warm during interruptions of normal heating operations;

Commented [SA(1)]: This is an outdated reference. Need to identify when cooling is required -- use current reference.

Commented [SA(2)]: This should be listed as a retroactive requirement (new sect. 2851)

(4) ~~Prohibit the use of portable space heaters in accordance with the International Fire Code as adopted by the State Building Code Council unless approved in writing by the Washington state director of fire protection.~~

(5) Equip each resident sleeping room and resident living room in assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section, with individual temperature controls located between eighteen and forty-eight inches above the floor capable of maintaining room temperature plus or minus 3°F from setting, within a range of minimum 60°F to maximum 85°F:

(a) Temperature controls may be modified to prevent resident access when appropriate as documented in resident assessment(s) and their negotiated service agreement.

Commented [WJ(3)]: Add requirements in so that licensing surveyors do not have to call OSFM?

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
Proposal establishes building code as basis of design, removes outdated design reference; allows for greater flexibility in mechanical system design and revises requirements consistent with previous approved exemption requests.		
Revision to begin discussio of design allowances for special conditions appropriate to the resident		
<input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input type="checkbox"/> This comment is not original material; its source (if known) is as follows:		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will not increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Describe benefits of this change. 100 words or less.		
Allows for new design solitions to meet requirements of section.		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding



Rule Change Comment

Residential Care Services
PO Box 45600
Olympia WA 98504-5600
Telephone: 360.725.2591
Fax: 360.438.7903
Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childik@dshs.wa.gov

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MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 53, 54
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Submitter

DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposal #53, 54	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-3000			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Ventilation.

The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington State Building Code Council, and,

- (1) Ventilate rooms to:
 - (a) Prevent excessive odors or moisture; and
 - (b) Remove smoke.
- (2) ~~If provided, locate outdoor~~ Designate and ventilate outside smoking areas, if smoking is permitted in the assisted living facility, to ~~that prevent air contamination throughout the assisted living facility in accordance with Washington State law;~~
- (3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and
- (4) ~~Prohibit~~ Ensure screens do not present an obstacle to facility emergency plans as coordinated with local fire and rescue services. ~~that may restrict or hinder escape or rescue through emergency exit openings.~~

Commented [SA(1)]: Spell out abbreviations.

Commented [SA(2)]: Not sure what this means/referring to??

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Clarifies the basis of design and review for licensed facilities. Remove implied use of windows as means of escape and rescue to avoid confusion with building code.

- ☐ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Clear identification of applicable standards and general editorial improvements.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding



Rule Change Comment

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MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 55, 56, 57

Residential Care Services
PO Box 45600
Olympia WA 98504-5600
Telephone: 360.725.2591
Fax: 360.438.7903
Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childik@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME DOH/CRS, WHCA, Leading Age			
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944	EMAIL ADDRESS Al.Spaulding@doh.wa.gov		
PROPOSAL NUMBER Comment on proposal #55, 56, 57	PROPOSAL NUMBER Select one.			
DOCUMENT Select one.	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-3010			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Retains section number and title, repeals existing language, replace language with new.

WA 388-78A-3010 Resident Units

Commented [SA(1)]: Needs to be shown in rule format

- 1) General characteristics
 - a) Units must have lever door hardware and option for lockable entry doors;
 - i) Locking entry doors must unlock with single lever handle motion.
 - b) Residents may not enter a room through a resident unit or resident bedroom;
 - c) ~~The functional program shall identify 25% of the number of units or number of licensed beds, whichever is higher, shall be designed for staff assisted movement, bathing and toileting;~~
 - d) ~~The functional program should identify the estimated number of bariatric residents and the intended scope of bariatric care the facility will provide.~~
 - e) ~~The functional program shall identify whether the materials necessary to, and the administration of, intermittent nursing services, will take place in the resident unit. Storage shall be provided consistent with (4)(d)(vii) of this chapter.~~
- 2) Number of residents:
 - a) Each resident unit shall be limited to not more than two residents.
- 3) Configuration: Resident units may be:
 - a) A studio unit, or single room;
 - b) A companion unit sized appropriately to provide two separate sleeping rooms or spaces off of a common entry vestibule;
 - c) A one bedroom unit with separate living and sleeping rooms;
 - d) A two bedroom unit with separate living and sleeping rooms;

Commented [SA(2)]: New concept to promote staff safety when assisting with toileting

- e) Access to bathing/toileting facilities within the resident unit must not be through a resident sleeping room or otherwise compromise resident dignity or privacy.
- 4) Sleeping Rooms:
- a) Size:
 - i) One person sleeping rooms shall have not less than 80 square feet of usable floor space;
 - ii) Two person sleeping rooms shall have not less than 70 square feet of usable floor space per individual;
 - iii) When a resident sleeping room is located within a private apartment:
 - (a) The private apartment includes a resident sleeping room, a resident living room, and a private bathroom;
 - (b) The total square footage in the private apartment equals or exceeds two hundred twenty square feet excluding the bathroom;
 - (c) There are no more than two residents living in the apartment;
 - (d) Both residents mutually agree to share the resident sleeping room; and
 - (e) All other requirements of this section are met, then the two residents may share a sleeping room with less than one hundred forty square feet.
 - iv) All sleeping rooms must be of sufficient size to allow 3' between the bed and adjacent walls or furnishings and 5' between other beds.
 - b) Calculating Floor space
 - i) Usable floor space in a resident's sleeping room is calculated by measuring from interior wall surface to interior wall surface:
 - A) Including areas under furniture which the resident can move, and areas of door swings and entryways into the sleeping room;
 - B) Excluding areas under ceilings less than 7'-6" high, closet space and built-in storage, areas under counters, sinks, or appliances, and bathroom and toilet rooms.
 - c) Arrangement:
 - i) Each sleeping room must have unrestricted direct access to a hallway, living room, outside, or other common-use area;
 - ii) A resident sleeping room may not be used as passageway, hall, intervening room, or corridor.
 - d) Miscellaneous: Each sleeping room must have:
 - i) One or more outside windows with:
 - A) Window sills at or above grade, with grade extending horizontally ten or more feet from the building; and
 - B) Adjustable curtains, shades, blinds, or equivalent for visual privacy.
 - ii) Electrical receptacles consistent with the requirements of the electrical code;
 - iii) A light control switch located by the entrance for a light fixture in the room;
 - iv) An individual towel and washcloth rack or equivalent, except when there is a private bathroom attached to the resident sleeping or living room, the individual towel and washcloth rack may be located in the attached private bathroom;
 - v) A lockable drawer, cupboard or other secure space measuring at least one-half cubic foot with a minimum dimension of four inches;
 - vi) Separate storage facilities for each resident in or immediately adjacent to the resident's sleeping room to adequately store a reasonable quantity of clothing and personal possessions;
 - vii) Separate storage facilities for materials used in the administration of intermittent nursing services appropriate to the needs of the resident and documented in the functional program.

Commented [WJ(3): Menu of options? Define a suite? Redefine sleeping room? This is a placeholder to start the conversation re: clarity around the different types of units.

Statement of Problem and Substantiation for Comment		
State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.		
Proposal seeks to separate existing and new built environments requirements from existing furnishing requirements and clarify standards for resident units.		
Comments on proposal:		
Remove prescriptive % requirement for staff assisted design.		
Recognize resident room provided intermittent services and storage needs thereof		
Remove provisions regarding bariatric services: this is an element that should be considered in the design process, but is difficult to articulate in rule. Perhaps best suited to functional program.		
<input checked="" type="checkbox"/> This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source). <input type="checkbox"/> This comment is not original material; its source (if known) is as follows:		
Cost Impacts: Cost and Benefits		
Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.		
This change will increase construction cost.		
Describe cost impact in dollars per square foot, or other unit data.		
Staff assisted areas may increase design square footage costs		
Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.		
Additional initial construction cost should be offset many times over by reduction in resident and staff injury (long term benefits outweigh increase in initial construction costs).		
Describe benefits of this change. 100 words or less.		
Seeks to ensure better resident and caregiver environments by better articulating requirements and intent of rule.		
Signature		
SIGNATURE	DATE	PRINT NAME HERE
	08/24/2017	Al Spaulding

Rule Change Comment

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MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 58

Residential Care Services
PO Box 45600
Olympia WA 98504-5600

Telephone: 360.725.2591
Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME LeadingAge, WHCA, CRS		
MAILING ADDRESS 1495 Wilmington Drive		CITY DuPont	COUNTY WA	STATE 98327 ZIP + 4
TELEPHONE (WITH AREA CODE) 253-964-8870		FAX NUMBER 253-964-8876		EMAIL ADDRESS lmerrick@leadingagewa.org
PROPOSAL NUMBER 58		PROPOSAL NUMBER Select one.		
DOCUMENT WAC Chapter 388-78A		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) 388-78A-3011 (NEW)		

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

WAC 388-78A-3011 (NEW)

Resident Room Furnishings

- ~~(1) The assisted living facility must ensure each resident has a sleeping room that has:~~
- ~~(a) Eighty or more square feet of usable floor space in a one-person sleeping room;~~
 - ~~(b) Seventy or more square feet of usable floor space per individual in a sleeping room occupied by two or more individuals, except:~~
 - ~~(i) When a resident sleeping room is located within a private apartment; and~~
 - ~~(ii) The private apartment includes a resident sleeping room, a resident living room, and a private bathroom; and~~
 - ~~(iii) The total square footage in the private apartment equals or exceeds two hundred twenty square feet excluding the bathroom; and~~
 - ~~(iv) There are no more than two residents living in the apartment; and~~
 - ~~(v) Both residents mutually agree to share the resident sleeping room; and~~
 - ~~(vi) All other requirements of this section are met, then the two residents may share a sleeping room with less than one hundred forty square feet.~~
 - ~~(c) A maximum sleeping room occupancy of:~~
 - ~~(i) Four individuals if the assisted living facility was licensed before July 1, 1989, and licensed continuously thereafter; and~~
 - ~~(ii) Two individuals if the assisted living facility, after June 30, 1989:~~
 - ~~(A) Applied for initial licensure; or~~
 - ~~(B) Applied to increase the number of resident sleeping rooms; or~~
 - ~~(C) Applied to change the use of rooms into sleeping rooms.~~
 - ~~(d) Unrestricted direct access to a hallway, living room, outside, or other common-use area;~~
 - ~~(e) One or more outside windows with:~~
 - ~~(i) Window sills at or above grade, with grade extending horizontally ten or more feet from the building; and~~
 - ~~(ii) Adjustable curtains, shades, blinds, or equivalent for visual privacy.~~

~~(f) One or more duplex electrical outlets per bed if the assisted living facility was initially licensed after July 1, 1983;~~

~~(g) A light control switch located by the entrance for a light fixture in the room;~~

~~(h) An individual towel and washcloth rack or equivalent, except when there is a private bathroom attached to the resident sleeping or living room, the individual towel and washcloth rack may be located in the attached private bathroom;~~

~~(i) In all assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section, and when requested by a resident in an assisted living facility licensed on or before September 1, 2004, provide a lockable drawer, cupboard or other secure space measuring at least one-half cubic foot with a minimum dimension of four inches;~~

~~(j) Separate storage facilities for each resident in or immediately adjacent to the resident's sleeping room to adequately store a reasonable quantity of clothing and personal possessions;~~

~~(k) A configuration to permit all beds in the resident sleeping room to be spaced at least three feet from other beds unless otherwise requested by all affected residents.~~

(1) The assisted living facility must ensure each resident sleeping room contains:

(a) A comfortable bed for each resident except when:

(i) two residents mutually agree to share a bed or

(ii) a resident provides alternate furniture for sleeping.

(b) The bed must be thirty-six or more inches wide for a single resident and fifty-four or more inches wide for two residents, appropriate for size, age and physical condition of the resident and room dimensions, including, but not limited to:

(i) Standard household bed;

(ii) Studio couch;

(iii) Hide-a-bed;

(iv) Day bed; or

(v) Water bed, if structurally and electrically safe.

(c) If using a bed, a mattress for each bed which:

(i) Fits the bed frame;

(ii) Is in good condition; and

(iii) Is at least four inches thick unless otherwise requested or necessary for resident health or safety.

(d) One or more comfortable pillows for each resident;

(e) Bedding for each bed, in good repair; and

(f) Lighting at the resident's bedside when requested by the resident.

~~(3) The assisted living facility must not allow a resident sleeping room to be used as a passageway or corridor.~~

(2) The assisted living facility may use or allow use of carpets and other floor coverings only when the carpet is:

(a) Securely fastened to the floor or provided with nonskid backing; and

(b) Kept clean and free of hazards, such as curling edges or tattered sections.

(3) The assisted living facility must ensure each resident has either a sleeping room or resident living room that contains a sturdy, comfortable chair appropriate for the age and physical condition of the resident. This requirement does not mean an assisted living facility is responsible for supplying specially designed orthotic or therapeutic chairs, including those with mechanical lifts or adjustments.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

This comment on proposal addresses the resident room furnishing requirements that were previously addressed in 3010 (COP #55). It has been coordinated between CRS, WHCA, and LeadingAge.

- ☐ This comment is original material (original material based on the submitter's own idea or as a result of his / her own experience, thought, or research, and, to the best of his / her knowledge, is not copied from another source).
- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

LeighBeth Merrick



Rule Change Comment

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MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 60, 61, 62

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

Telephone: 360.725.2591

Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>

Email: childik@dshs.wa.gov

Submitter

DATE (MM/DD/YYYY)

08/24/2017

SUBMITTER'S NAME

DOH/CRS, WHCA, Leading Age

MAILING ADDRESS

111 Israel Rd SE

CITY

Tumwater

COUNTY

Thurston

STATE

wa

ZIP + 4

98501-1099

TELEPHONE (WITH AREA CODE)

360-236-2944

FAX NUMBER

360-236-2944

EMAIL ADDRESS

ALSpaulding@doh.wa.gov

PROPOSAL NUMBER

Comment on proposal #60, 61, 62

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

WAC 388-78A-3030

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Toilet rooms and bathrooms.

- (1) The assisted living facility must provide private or common-use toilet rooms and bathrooms to meet the needs of each resident.
- (2) The assisted living facility must provide each toilet room and bathroom with:
 - (a) Water resistant, smooth, low gloss, nonslip and easily cleanable materials;
 - (b) Washable walls to the height of splash or spray;
 - (c) Grab bars installed and located to minimize accidental falls including one or more grab bars at each:
 - (i) Bathing fixture; and
 - (ii) Toilet.
 - (d) Plumbing fixtures designed for easy use and cleaning and kept in good repair; ~~and~~
 - (e) ~~Adequate ventilation to the outside of the assisted living facility. For assisted living facilities issued a project number by construction review services on or after September 1, 2004, for construction related to this section, must provide mechanical ventilation to the outside, and~~
 - (f) ~~Separation from other rooms or areas by four walls and a door.~~
- (3) The assisted living facility must provide each toilet room with a:
 - (a) Toilet with a clean, nonabsorbent seat free of cracks;
 - (b) Handwashing sink in ~~or adjacent to the toilet room. For assisted living facilities issued a project number by construction review services on or after September 1, 2004, for construction related to this section, the handwashing sink must be in the toilet room or in an adjacent private area that is not part of a common-use area of the assisted living facility; and,~~
 - (c) ~~Suitable~~ A mirror with adequate lighting for general illumination.

- (4) For ~~a~~ Assisted living facilities ~~approved for construction or initially licensed after August 1, 1994, the assisted living facility~~ must provide a toilet and handwashing sink in, or adjoining, each bathroom.
- ~~(5) When providing common-use toilet rooms and bathrooms, for residents who do not have access to a private toilet room in their apartment, the assisted living facility must provide toilets and handwashing sinks for residents in the ratios of one toilet and one handwashing sink for every eight residents. For example: One toilet and one handwashing sink for one to eight residents, two for nine to sixteen residents, three for seventeen to twenty-four residents, and so on. who do not have access to a private toilet room. When two or more toilets are contained in a single bathroom, they are counted as one toilet.~~
- (6) When providing common-use toilet rooms and bathrooms, for residents who do not have access to a private bathroom in their apartment, the assisted living facility must provide bathing fixtures for residents in the ratio of one bathing fixture for every twelve residents. For example: One bathing fixture for one to twelve residents, two for twelve to twenty-four residents, three for twenty-five to thirty-six residents, and so on. ~~who do not have access to a private toilet room.~~
- (7) When providing common-use toilet rooms and bathrooms, the assisted living facility must:
- Designate toilet rooms containing more than one toilet for use by men or women;
 - Designate bathrooms containing more than one bathing fixture for use by men or women, unless the bathroom is identified as single resident use only;
 - Equip each toilet room and bathroom designed for use by, or used by, more than one person at a time, in a manner to ensure visual privacy for each person using the room. The assisted living facility is not required to provide additional privacy features in private bathrooms with a single toilet and a single bathing fixture located within a private apartment;
 - Provide a handwashing sink with soap and single use or disposable towels, blower or equivalent hand-drying device in each toilet room; ~~except that single use or disposable towels or blowers are not required in toilet rooms or bathrooms that are located within a private apartment;~~
 - Provide reasonable access to bathrooms and toilet rooms for each resident by:
 - Locating a toilet room on the same floor or level as the sleeping room of the resident served;
 - Locating a bathroom on the same floor or level, or adjacent floor or level, as the sleeping room of the resident served;
 - Providing access without passage through any kitchen, pantry, food preparation, food storage, or dishwashing area, or from one bedroom through another bedroom.
 - Provide and ensure toilet paper is available at each common-use toilet.
- ~~In assisted living facilities issued a project number by construction review services on or after September 1, 2004, for construction related to this section, the assisted living facility must ensure twenty-five percent of all the bathing fixtures in the assisted living facility are roll-in type showers that have:~~
- ~~One half inch or less threshold that may be a collapsible rubber water barrier;~~
 - ~~A minimum nominal size of thirty-six inches by forty-eight inches; and~~
 - ~~Single lever faucets located within thirty-six inches of the seat so the faucets are within reach of persons seated in the shower.~~

Commented [SA(1)]: The new qualifier is due to a number of exemption requests, especially MC units.

The assisted living facility must provide 25% of all toileting fixtures, and at least one common area toilet intended for resident use, with clearances to allow staff assisted use.

Or alternative language:

- (8) The assisted living facility must ensure provide 25% of all resident use, and at least one common area:
- a. Bathing fixtures facilities that are roll-in type showers that have:
 - i. A one-half inch or less threshold, which may be a collapsible rubber water barrier
 - ii. A nominal size of thirty-six inches by forty-eight inches

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

- **Address the fact that there is no model code requirement that a toilet must be located in a separate room.**
- **Create consistent standards moving forward from the date of adoption**
- **Address conflict between construction and manufacturers industry standard practice for sizing nomenclature, particularly with the selection of manufactured shower assemblies.**
- **Address a condition not currently recognized in code. Standard installation clearances for toilet and requirements for accessibility do not adequately address clearances needed to allow safe staff assisted toileting. The building code establishes the minimum standards for Accessible, Type A, and Type B units based on ICC A117.1. This licensing rule should anticipate, address through minimum standards the needs of the resident. Of specific concern is the likelihood that the residents will wish to remain in the same facility as their health and care needs change.**
- **Draws on contemporary research - Refer to AIA /Rothschild foundation paper summary here: <http://www.themayer-rothschildfoundation.org/projects/category-1/>**
- **Exemption request to 3030(7)(b) 60266405 Horizon House FINAL.pdf**

Comment on proposal: clarify minimum standards for staff assisted facilities. Discussion should include whether this seeks to add to the IBC/ADA requirements or develop a licensing specific rule.

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Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Increase in construction costs likely to be made up by reduced resident and staff injury and resident satisfaction

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

0

Describe benefits of this change. 100 words or less.

See substantiation. Proposal ensures discussion of these relevant issues

Signature

SIGNATURE

DATE
08/24/2017

PRINT NAME HERE
Al Spaulding



Rule Change Comment

For Office Use Only				
MOTION	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 63, 64, 65

Residential Care Services

PO Box 45600

Olympia WA 98504-5600

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Email: childjk@dshs.wa.gov

Submitter

DATE (MM/DD/YYYY)

08/24/2017

SUBMITTER'S NAME

WHCA/LeadingAge/CRS

MAILING ADDRESS

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CITY

Tumwater

COUNTY

WA

STATE

98501

ZIP + 4

TELEPHONE (WITH AREA CODE)

360-352-3304

FAX NUMBER

360-754-2412

EMAIL ADDRESS

lauristours@whca.org

PROPOSAL NUMBER

COP's 63,64,65

PROPOSAL NUMBER

Select one.

DOCUMENT

Select one.

ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1)

Chapter 388-78A-3040

Comments

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

- (1) The assisted living facility must provide laundry and linen services on the premises, or by commercial laundry.
- (2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:
 - (a) Provide separate areas for handling clean laundry and soiled laundry;
 - (b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;
 - (c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources; and
 - (d) Ensure all staff persons wear gloves and use other appropriate infection control practices when handling soiled laundry.
- (e) Have a utility sink and a table or counter for folding clean laundry.
- (3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140°F measured at the washing machine intake; or that automatically dispense a chemical sanitizer as specified by the manufacturer; or that employs alternate sanitization methods recommended by the manufacturer, whenever the assisted living facility washes:
 - ~~(a) Assisted living facility laundry;~~
 - ~~(b) Assisted living facility laundry combined with residents' laundry into a single load; or~~
 - ~~(c) More than one resident's laundry combined into a single load.~~
- (4) The assisted living facility or a resident washing an individual resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below 140°F and without the use of a chemical sanitizer.
- (5) The assisted living facility must ventilate laundry rooms and areas to the outside of the assisted living facility, including areas or rooms where soiled laundry is held for processing by off site commercial laundry services.

- (6) The assisted living facility must locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.
- ~~(7) For all assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section,~~ The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents may do their personal laundry that is:
- (a) Equipped with:
 - (i) A utility sink;
 - (ii) A table or counter for folding clean laundry;
 - (iii) At least one washing machine and one clothes dryer; and
 - (iv) Mechanical ventilation to the outside of the assisted living facility.
 - (b) Is arranged to reduce the chances of soiled laundry contaminating clean laundry.
- ~~(87)~~ The assisted living facility may combine areas for soiled laundry with other areas when consistent with WAC 388-78A-3110.
- ~~(98)~~ The assisted living facility may combine areas for handling and storing clean laundry with other areas when consistent with WAC 388-78A-3120.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Combines three proposals to achieve desired outcomes. Provides that alternate sanitization methods can be used according to laundry equipment manufacturing directions, and permits providers to alternately address resident laundry areas when residents present special needs.

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- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Clarification of standards.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Lauri St. Ours

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 66,67,68

Residential Care Services
 PO Box 45600
 Olympia WA 98504-5600

Telephone: 360.725.2591
 Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
 Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME LeadingAge, WHCA, CRS			
MAILING ADDRESS 1495 Wilmington Drive	CITY DuPont	COUNTY WA	STATE 98327	ZIP + 4
TELEPHONE (WITH AREA CODE) 253-964-8870	FAX NUMBER 253-964-8876		EMAIL ADDRESS lmerrick@leadingagewa.org	
PROPOSAL NUMBER COP's 66,67,68	PROPOSAL NUMBER Select one.			
DOCUMENT WAC Chapter 388-78A	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) 388-78A-3050			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

388-78A-3050 ~~Day rooms~~ Common Areas.

(1) The assisted living facility must provide one or more ~~day room~~ common areas in which residents may participate in social and recreational activities. ~~Day room~~ Common areas include, but are not limited to:

- (a) Solariums;
- (b) Enclosed sun porches;
- (c) Recreation rooms;
- (d) Dining rooms; and,
- (e) Living rooms.

(2) The assisted living facility must provide a total minimum floor space, excluding storage, for ~~day room~~ common areas of one hundred fifty square feet, or twenty square feet per resident, whichever is larger.

~~(a) One hundred fifty square feet, or ten square feet per resident, whichever is larger, in assisted living facilities licensed on or before December 31, 1988; or~~

~~(b) One hundred fifty square feet, or twenty square feet per resident, whichever is larger, in assisted living facilities licensed after December 31, 1988.~~

(3) The assisted living facility must provide ~~day room~~ common areas with ~~comfortable~~ furniture and furnishings that meet the residents' needs.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

This comment on proposal combines comments from proposals 66, 67 and 68 and has been coordinated between CRS, WHCA, and LeadingAge.

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Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

LeighBeth Merrick

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 73, 74, 75

Residential Care Services
PO Box 45600
Olympia WA 98504-5600

Telephone: 360.725.2591
Fax: 360.438.7903

Internet: <https://www.dshs.wa.gov/altsa/residential-care-services/information-assisted-living-facility-professionals>
Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017		SUBMITTER'S NAME DOH/CRS, Leading Age, WHCA		
MAILING ADDRESS 111 Israel Rd SE	CITY Tumwater	COUNTY Thurston	STATE wa	ZIP + 4 98501-1099
TELEPHONE (WITH AREA CODE) 360-236-2944	FAX NUMBER 360-236-2944		EMAIL ADDRESS Al.Spaulding@doh.wa.gov	
PROPOSAL NUMBER Comment on proposals #73, 74, 75		PROPOSAL NUMBER Select one.		
DOCUMENT Select one.		ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) WAC 388-78A-3090		
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

Enter text here.

Maintenance and housekeeping.

- (1) The assisted living facility must:
 - (a) Provide a safe, sanitary and well-maintained environment for residents;
 - (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
 - (c) Keep facilities, equipment and furnishings clean and in good repair;
 - (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement; and
 - (e) Equip a housekeeping supply area on the premises with:
 - (i) A utility sink or equivalent means of obtaining and disposing of mop water, separate from food preparation and service areas;
 - (ii) Storage for wet mops, ventilated to the outside of the assisted living facility; and,
 - (iii) Locked storage for cleaning supplies.
- (2) ~~For assisted living facilities issued a project number by construction review services on or after September 1, 2004 for construction related to this section;~~ The assisted living facility must provide housekeeping supply room(s):
 - (a) Located on each floor of the assisted living facility, except only one housekeeping supply room is required for assisted living facilities licensed for sixteen or fewer beds when there is a means other than using a stairway, for transporting mop buckets between floors;
 - (b) In proximity to laundry and kitchen areas; and
 - (c) Equipped with:
 - (i) A utility sink or equivalent means of obtaining and disposing of mop water, away from food preparation and service areas;

- (ii) Storage for wet mops;
- (iii) Locked storage for cleaning supplies; and
- (iv) Mechanical ventilation to the outside of the assisted living facility.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Attempting to remove most, if not all, date specific existing language and rely on the new concept of applicability covered in new section 2851.

Comment recognizes staff/resident efforts to maintain safe and sanitary conditions

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- ☐ This comment is not original material; its source (if known) is as follows:

Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will not increase construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Editorial

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

Al Spaulding

Rule Change Comment

For Office Use Only				
MOTION COP	YES <input type="checkbox"/>	NO <input type="checkbox"/>	COMMUNICATION ACTION	PROPOSAL NUMBER 80

Residential Care Services
PO Box 45600
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Email: childjk@dshs.wa.gov

Submitter				
DATE (MM/DD/YYYY) 08/24/2017	SUBMITTER'S NAME LeadingAge, WHCA, CRS			
MAILING ADDRESS 1495 Wilmington Drive	CITY DuPont	COUNTY WA	STATE 98327	ZIP + 4
TELEPHONE (WITH AREA CODE) 253-964-8870	FAX NUMBER 253-964-8876		EMAIL ADDRESS lmerrick@leadingagewa.org	
PROPOSAL NUMBER Comment on proposal 80	PROPOSAL NUMBER Select one.			
DOCUMENT WAC Chapter 388-78A	ENTER SPECIFIC SECTION (E.G. WAC 246-320-500 (1)(a) or FGI 2.1-8.2.2.1) 388-78A-3130			
Comments				

Include proposal new or revised wording, or identification of wording to be deleted. Please use underscore to denote wording to be inserted (inserted wording) and strike through to denote wording to be deleted (~~deleted wording~~). 200 word maximum. Attach additional pages as needed.

388-78A-3130 Plant restrictions.

The assisted living facility must carefully consider the use of poisonous or toxic plants in areas of the assisted living facility premises accessible to residents who, based on their diagnosed condition or cognitive disabilities, may ingest or have harmful contact with such plants.

Statement of Problem and Substantiation for Comment

State the problem that will be resolved by your recommendation addresses; give specific reason for your comment. 200 word maximum. Attach additional pages as needed.

Many plants can be toxic to individuals depending on the amount ingested, etc. Without a list of "poisonous or toxic plants", the facility should be able to determine whether or not a plant is appropriate for the population they are serving. This comment on proposal has been coordinated between CRS, WHCA, and LeadingAge.

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Cost Impacts: Cost and Benefits

Identify the cost impact of the change you are proposing. Attach data that substantiates your estimate.

This change will Select one. construction cost.

Describe cost impact in dollars per square foot, or other unit data.

Describe operating cost impact. Include cost of operations, maintenance and testing in dollars per year.

Describe benefits of this change. 100 words or less.

Signature

SIGNATURE

DATE

08/24/2017

PRINT NAME HERE

LeighBeth Merrick