



# **Department of Social & Health Services Residential Care Services**

## **Report on Proposals to modify Chapter 388-78A WAC**

(Physical Plant Standards only)

**DSHS contacts:**

**Candy Goehring**, Residential Care Services, Director

**Jeanette Childress**, Residential Care Services, LTC Program Manager

**Summary:**

This document serves as compiled report of all discussions to change the initial draft of revisions to [chapter 388-78A WAC](#). This initial draft was published January 15, 2017. This report includes proposals received during the write-in period, as well as general discussion heard during the first public meeting, as described below:

**Public Workshop Meeting 1 – Report of Proposals Review**

Date: May 15 & 16, 2017

Start Time: 9 a.m.

Break: 12:00 p.m. to 1:00 p.m.

End Time: 5:00 p.m.

Location: WA State Department of Social and Health Services, Headquarters Office Building Two (OB-2), Room Service Level (SL) -03, 1115 Washington Street SE, Olympia, WA 98504

Driving directions can be obtained at:

<https://www.dshs.wa.gov/sites/default/files/SESA/ooc/documents/Maps%20to%20OB-2%20Roundabout%202-27-13.pdf>

This meeting was convened to review each written proposal submitted during the proposal period. Attendees had an opportunity to speak on the submitted written proposals and discuss possible options.

**Attendees:**

<b>Advisory Panel:</b>	05/15/2017	5/16/2017
1	Cassee Anderson- ABSENT	Cassee Anderson- ABSENT
2	Mike Miller	Mike Miller
3	Lauri Warfield-Larson-RESIGNED	Lauri Warfield-Larson-RESIGNED
4	Allen Spaulding/Matthew Campbell	Allen Spaulding
5	Walter Braun	Walter Braun
6	John Shoesmith	John Shoesmith
7	Burton Levee	Burton Levee
8	Dave Foltz	Vicky McNealy
9	LeighBeth Merrick	LeighBeth Merrick
10	James Brown	James Brown
11	Kristina Singh	Kristina Singh
12	Patricia Hunter	Patricia Hunter
13	Linzi Michel	Linzi Michel
14	Robin Dale/Greg Pyle	Greg Pyle
15	Carol Foltz	John Hindermann

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<b>Audience:</b>	5/15/2017	5/16/2017
	Vicky McNealy	(Sub-on Advisory Panel)
	John Hindermann	(Sub-on Advisory Panel)
	Alyssa Arley	Absent
	Vicky Ely	Absent

<b>DSHS/DOH Staff</b>	Name:	Duty:
	John Williams, DOH	Commentator
	Jeanette Childress, DSHS	Facilitator
	Laurie Robbins, DSHS	Vote Recorder
	Inez Lopez, DSHS	Minute Taker
	Katherine Vasquez, DSHS	Rule Process Reviewer
	Peter Wogsland, DSHS	Rule Process Reviewer
	Amy Abbott, DSHS	General Questions about RCW

### Next Steps:

Any interested party may submit a comment on any of the previously submitted proposals. No new proposals may be submitted. A Rule Change Comment Form (DSHS 05-251) to use for making a public comment is available on the DSHS Forms website in both Word and pdf at [https://www.dshs.wa.gov/fsa/forms?field\\_number\\_value=05-251&title=&=Apply](https://www.dshs.wa.gov/fsa/forms?field_number_value=05-251&title=&=Apply)

Comments on these proposals are due by **August 26, 2017**. These comments will serve as the agenda for Public Workshop Meeting #2.

### Public Workshop Meeting 2 – Review Comments

Date: September 11 & 12, 2017

Start Time: 9 a.m.

Break: 12:00 p.m. to 1:00 p.m.

End Time: 5:00 p.m.

Location: WA State Department of Social and Health Services, Headquarters Office Building Two (OB-2), Room Service Level (SL) -03, 1115 Washington Street SE, Olympia, WA 98504

Driving directions can be obtained at:

<https://www.dshs.wa.gov/sites/default/files/SESA/ooc/documents/Maps%20to%20OB-2%20Roundabout%202-27-13.pdf>

This meeting is convened to review each comment submitted during the comment period. Attendees have an opportunity to speak on the submitted comments and discuss possible options. No new proposals will be submitted nor reviewed for consideration.

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**Proposal 001:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-XXXX Resident Safety (New section)

**Proposal:** Revise/Add text as follows:

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:**

Introduce these operational safety components for consideration. This content is not original material; its source (if known) is as follows: This proposal draws from concepts presented in the Guidelines for Design and Construction of Residential Health, Care, and Support Facilities and other nationally recognized design and construction guidance documents.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Introduce these operational safety components for consideration.

**Discussion Notes:**

This proposal to draw on national guidelines. Language of 2700 should remain. First sentence is vague. Concept of risk assessment should be removed. Language too vague but potentially could be wordsmith. This is a new concept which could have resulted in a form or could be included in the negotiated service agreement as a Safety Assessment. Section 388-78A-2100 is a catch all but we have chopped that section up into like concepts. We may find a home for the first sentence as we go through other sections.

**Advisory opinion:**    **Support /**        **Support with Modifications**    **X**        **Do not Support**    **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	O	X	O	O	O	X	O	X	X	O	O

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**Proposal 002:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-XXXX Investigations (New sections)

**Proposal:** Revise/Add text as follows:

The assisted living facility must 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:

- 1) Determine the circumstances of the event;
- 2) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and
- 3) Protect other residents during the course of the investigation.

**Statement of Problem and Substantiation:**

Separate this existing operational component from physical environment standards. Alternative would be to move this component to an existing operational WAC section with similar requirements. This comment is not original material, its source (if known) is as follows: WAC 388-78A-2700(2).

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Editorial / organization revision.

**Discussion Notes:**

No new language. It has just been moved from 388-78A-2700(2) to another section. This is an effort to separate the operational component from the physical plant requirements.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

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**Proposal 003:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2380 Restricted Egress

**Proposal:** Revise/Add text as follows:

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.~~

**Statement of Problem and Substantiation:**

Proposal seeks to reduce confusion regarding this subject and use the building code as the standard for these systems. Specific licensing related requirements may be included in other sections.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

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

**Discussion Notes:**

Discussed current codes and requested language be modified to meet current codes. Section to focus on codes versus licensing requirements to eliminate conflict between two sections.

This would be specific to new construction. Existing construction issues will be discussed at a later date.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 004:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2380 Restricted Egress

**Proposal:** Revise/Add text as follows:

WAC 388-78A-2380 Restricted egress.

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

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.

**Statement of Problem and Substantiation:**

For assisted living providers with multiple floors, this requirement makes it difficult and costly to provide outdoor spaces on every floor. In these instances, it should be acceptable for there to be one outdoor walking space for the entire community that residents can access. In instances where residents need assistance leaving their floor (due to cognitive or physical abilities), it should be acceptable for staff to escort them to the main outdoor space.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

(No response)

**Discussion Notes:**

Need to consider alternative means of meeting the outdoor spaces on every floor in metropolitan areas for structures that are multiple stories and limited ability for land sprawl.

Advisory opinion: Support /					Support with Modifications X					Do not Support O				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	/	/	/	/	/	/	/	/	/	/	/

**Proposal 005:**

**Submitter:** Washington Health Care Association

**Section:** 388-78A-2380 Restricted Egress

**Proposal:** Revise/Add text as follows:

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

(1) Each resident, or in the event the resident lacks capacity a person authorized under RCW 7.70.065 to provide medical consent on behalf of the resident, receives notice of the methods by which the assisted living facility restricts egress and 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.~~ 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.

(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.~~ Each resident is assessed to determine ability to safely leave the assisted living facility pursuant to WAC 388-78A-2090(6)(d) by a qualified assessor as defined in WAC 388-78A-2080. Each resident must be able to leave the assisted living facility in a manner consistent with the resident's negotiated service agreement:

(a) A resident assessed as being cognitively and physically able to safely leave the assisted living facility must be able to do so independently or with appropriate cueing or reminders regarding



exiting without restriction sounding the alarm.

**{Note: On the original proposal the additional sheet referenced is numbered wrong, it is added to the 2680 section.}**

**Statement of Problem and Substantiation:**

The current rule treats as coextensive two distinct sets of residents: (1) those who are cognitively and physically able to safely leave the facility, and (2) those who can exit in a fully independent manner. Doing so obscures tradeoffs inherent in exit design. Some residents are cognitively able to navigate the community, but require limited support (cueing or prompting) to navigate the exit itself: commonly, otherwise independent residents may have specific cognitive deficits that interfere with the ability to recall a passcode, read upside-down text, or resolve a simple puzzle. This results in a reliance on keypad-based exit systems—which themselves are restrictive for residents who lack fine motor skills. The rule also discourages proven methods of exit diversion that reduce anxiety in exit-seeking residents, such as painting a door to resemble a bookshelf, because doing so can result in some residents requiring additional cueing to locate the exit. Our proposal provides additional flexibility to design exits to fit the needs of each building's population.

Additionally, in subsection 1 we suggest minor technical clarifications regarding resident consent. Subsection 8 is relocated as subsection 2. Edits to subsection 6 clarify that grandfathered buildings may elect to instead meet current exit standards.

**Cost Impacts:**

This change will not increase construction costs. Indeterminate operating costs. Added flexibility may result in lower overall operating costs.

**Benefits:**

By providing additional flexibility for exit design around residents who require cueing or reminders, this change will allow memory care facilities to adopt exit control techniques that better suit their population, reduce operating costs, increase the ability of certain residents to exit independently, and/or result in better clinical outcomes for exit-seeking residents. Clarifying the treatment of older buildings will increase the number of buildings that meet current exit standards.

**Discussion Notes:**

It should be more specific to the resident receiving the notice and how the resident is assessed. Disguising doors does not seem to fit with the intent of the WAC. The resident who is cognitively able to leave would not need the disguise to help leave. The resident who is not able to leave could be restricted by the disguise. This should be modified because it is two separate components resident outdoor access component with egress components. If egress in disguised it could become an emergency exit concern. Needs clearer verbiage. Resident notification needs to occur as well.

**Advisory opinion:   Support /       Support with Modifications X       Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 006:**

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**Submitter:** Department of Social & Health Services

**Section:** 388-78A-2380 Restricted Egress

**Proposal:** Revise/Add text as follows:

An assisted living facility must ensure all of the following conditions are present before moving residents into units or buildings with exits 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.
- (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.
- (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, must conform to standards adopted by the state building code council.
- (7) 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 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.
  - (h) Regardless of the means of deactivation, relocking of the egress control device must be by manual means only at the door.
- (8) 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.

(10) Access to secured outdoor spaces may be temporarily restricted when there is evident risk to resident health and safety related to:

- (a) Inclement weather.
- (b) Adjacent construction to the secured outdoor space, and/or
- (c) Maintenance activities.

(11) The temporary restriction may include:

- (a) mechanical locks,
- (b) electronic locks or access control systems, or
- (c) other operational methods of restricting access.

### **Statement of Problem and Substantiation:**

This rule is identified to be unclear, a pattern of facility concern or deficiency, and subject to rule interpretation due to a prevalence of concern, not on individual facilities this rule needs to provide clarification when a temporary restriction of a secured outside space may be allowed.

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

Provider letter, #2015-007: Dear Assisted Living Facility Administrator:

The intent of this notification is to establish when Assisted Living Facilities may temporarily restrict resident access to secured outdoor spaces under WAC 388-78A-2380(9)(a), which requires outdoor spaces to be accessible to residents without assistance. When resident health and safety is at risk facilities may secure the doors that allow entry into the designated outdoor space under specific circumstances.

This limited allowance only applies to facilities that operate areas of restricted egress under WAC 388-78A-2380: Restricted egress. Access to secured outdoor spaces may be temporarily restricted when there is evident risk to resident health and safety during times of inclement weather, dangerous construction and/or maintenance activities. Temporary restriction may mean the use of mechanical locks, electronic locks or access control systems, or other operational methods of restricting access. The facility must develop policies and procedures for these situations in accordance with WAC 388-78A-2600(2)(i): Policies and procedures.

The facility may not use this limited allowance as the basis to reduce staffing levels. The facility must balance temporary access restrictions with the administrative requirements for supervision, monitoring, and accounting for residents; resident rights; resident service agreements; and, maintaining the facility free of hazards under WAC 388-78A-2660: Resident rights., and WAC 388-78A-2140: Negotiated service agreement contents.

### **Cost Impacts:**

This change will not increase construction costs.

### **Benefits:**

Clarifies for facilities when secured outdoor spaces may be temporarily restricted for resident safety.

### **Discussion Notes:**

Inclement weather should be defined so not to allow too broad of an interpretation or application with

emphasis on resident rights. Consider adding language that would include law enforcement activity in the area. Adding safe times of day could impair resident's right to go outdoors at night. Administrator assess resident is unable to leave safely in negotiated service agreement.

**Advisory opinion:**   **Support /**      **Support with Modifications X**      **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Proposal 007:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-XXXX General design requirements for memory care. (New section 2381)

**Proposal:** Revise/Add text as follows:

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:
  - 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:**

Proposal seeks to support environment of care and identify specific design requirements for memory care services. May be considered a placeholder to start the discussion. This comment is not original material; its source (if known) is as follows: Articulation of concepts common to current assisted living facility design and operations guidance.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Better environments of care from rules which articulate intent and encourage thoughtful discussions and planning.

**Discussion Notes:**

Should relate to new construction or change in use of space. Brightness should be prescriptive (see #5). The bright terminology vague. The requirements are already there and to have to document discussions is unnecessary. Concerned about having to move construction to suburbs due to cost of creating outdoor space on each floor requirement. There should be allowances for staff to assist resident with getting to outdoor spaces.

Try to stimulate memory care residents so mat finish is not appropriate. We are creating louder spaces for stimulation. The reference to 'handling' should be replaced with 'care'. Would not like to remove resident's access to outdoor spaces independently. Would support to leave resident space as is. The NSA can provide for a way for the resident to access the outdoors.

**Advisory opinion: Support /      Support with Modifications X      Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Proposal 008:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2680 Electronic Monitoring Equipment-Audio/Visual

**Proposal:** Revise/Add text as follows:

(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, ~~and~~ exits, and elevator doors, as long as the cameras are:

- (i) Focused only on the entrance or exit doorways; and
- (ii) Not focused on areas where residents gather.

(b) Areas used exclusively by staff persons such as, medication preparation and storage areas or food preparation areas, if residents do not go into these areas;

(c) Outdoor areas not commonly used by residents, such as, but not limited to, delivery areas; and

(d) 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 general public; and
- (v) The facility notifies all residents in writing of the use of video monitoring equipment.

**Statement of Problem and Substantiation:**

Clarification to address/include provisions approved in previous exemption requests.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Responds to stakeholders by updating rules where appropriate based on approved exemptions.

**Discussion Notes:**

Recognizing areas where monitoring will be allowed.

**Advisory opinion:**   **Support /**      **Support with Modifications X**      **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 009:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2680 Electronic Monitoring Equipment-Audio/Visual

**Proposal:** Revise/Add text as follows:

(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 and exits as long as the cameras are:

(i) Focused only on the entrance or exit doorways; and

(ii) Not focused on areas where residents gather.

(b) Areas used exclusively by staff persons such as, medication preparation and storage areas or food preparation areas, if residents do not go into these areas;

(c) Outdoor areas not commonly used by residents, such as, but not limited to, delivery areas; and

(d) 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 general public; and

(v) The facility notifies all residents in writing of the use of video monitoring equipment.

(3) The assisted living facility may video record community activities in the facility or on the premise, with an audio component when resident's request this because it enhances their community life.

Examples of this can include community choir, drum circle or piano recitals.

**Statement of Problem and Substantiation:**

Often time residents request that the assisted living facility record their community activities that involved audio such as choirs, drum circles, piano recitals, etc. This addition would make it clear that audio recording for resident activities is acceptable when used for these purposes.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Recommendation would include that community events can be recorded. Resident council cannot be videoed. Concern expressed whether or not recording community events can enhance resident community experience. Use would be up to the community. Concerns expressed that these recordings could be disclosed randomly without consent of the resident. With social media there is a concern these videos could get out there without residents knowing/remembering they consented.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 010**


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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2680 Electronic Monitoring Equipment-Audio/Visual

**Proposal:** Revise/Add text as follow

- (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 and exits 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~~ known areas where residents are known to gather.
  - (b) Areas used exclusively by staff persons such as, medication preparation and storage 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; and
  - (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 for residents assessed as requiring such assistance or monitoring due to individual physical or cognitive limitations; or
  - (~~d~~ 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 general public; and
    - (v) The facility notifies all residents in writing of the use of video monitoring equipment.



**Statement of Problem and Substantiation:**

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: 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.

**Cost Impacts:**

This change will not increase construction costs. Indeterminate. Added flexibility may result in lower all operating costs.

**Benefits:**

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.

**Discussion Notes:**

Recommendations would have to take into consideration SNF rules with this secondary to facilities that have both ALs and SNFs sharing pools. We would want to double to check on the privacy laws to ensure language changed does not violate privacy laws. Additional suggestion is that the entrance walkway be included in the area videoed.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

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**Proposal 011**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2690 Electronic Monitoring Equipment-Resident Use

**Proposal:** Revise/Add text as follows:

Electronic Monitoring—Resident Requested Use:

(1) The assisted living facility must not use audio or video monitoring equipment to monitor any resident unless:

(a) The resident has requested the monitoring; and

(b) If the resident is sharing a room with another resident, the monitoring is only used in the sleeping

room of the resident who requested the monitoring.

(2) If the resident requests audio or video monitoring, 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.

(3) 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.

(4) The assisted living facility 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.

#### Electronic Monitoring—Nonresident Requested Use:

~~(5-1) For the purpose of~~ A resident's surrogate decision maker may consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's surrogate decision maker.

~~(6-2) For the purposes of consenting to any~~ 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 may consent to 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.~~

(7-3) If a resident's decision maker consents to audio electronic monitoring as specified in (6) above, the assisted living facility must maintain a copy of the court order authorizing such consent in the resident's record.

#### **Statement of Problem and Substantiation:**

1) If a resident requests electronic monitoring and does not have a roommate this should not be limited to the sleeping room. The resident should be able to monitor all the rooms in their apartment that they would like, 2) It would be clearer to divide this section into two parts—Electronic

Monitoring—Resident Requested and Electronic Monitoring—Nonresident Requested.

#### **Cost Impacts:**

(No response)

#### **Benefits:**

(No Response)

#### **Discussion Notes:**

Recommendations include clarification of regulations around resident/nonresident request.

What are the current issues of POAs requesting monitoring? Roommate would have to allow if the room is shared. Verbiage should be added to address resident and reps requesting electronic

monitoring. If the monitoring becomes a point of contention the resident could request a roommate change. Are there restrictions on use of content? Privacy rules may cover use but DSHS does not. Would a court order have to clarify use? (1,b) Who reviews the monitoring system Construction Review Services or Residential Care Services?

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

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**Proposal 012:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2700 Safety Measures and Disaster Preparedness (Repeal/Replace)

**Proposal:** Revise/Add text as follows:

The facility must:

- 1) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:
  - a) On-duty staff persons' responsibilities;
  - b) Provisions for summoning emergency assistance;
  - c) Coordination with first responders regarding plans for evacuating residents from area or building;
  - d) Alternative resident accommodations;
  - e) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and
  - f) Emergency communication plan.

And maintain first aid supplies which are:

- 1) Readily available and not locked;
- 2) Clearly marked;
- 3) Able to be moved to the location where needed; and
- 4) Stored in containers that protect them from damage, deterioration, or contamination.
- 5) And are appropriate for:
  - a) The size of the assisted living facility;
  - b) The services provided;
  - c) The residents served; and
  - d) The response time of emergency medical services

**Statement of Problem and Substantiation:**

Proposal seeks to separate and consolidate like concepts specific to disaster preparedness into one section. Proposed new language requires coordination with first responders regarding plans for evacuation from an area or building. This is an indirect reference to the requirements of Chapter 4 of the International Fire Code.

**Cost Impacts:**

This will not increase construction cost.

**Benefits:**

Improved compliance through clear articulation of expectations.

**Discussion Notes:**

Reorganized not changed. Facilities should coordinate their safety plan with the fire marshall. Needs clarification guidelines on first responders. The fire truck parks in the evacuation area often times. Coordination with first responders regarding plans of evacuating residents from the area or building. Some facilities are “defend in place environment”, a decision made by the fire department. This complicates the requirement to have an evacuation plan. Per CRS, defend in place is for hospitals and SNF only. Does an active shooter equate to a disaster?

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Proposal 013:**

**Submitter:** LeadingAge Washington

**Section:** 388-78A-2700 Safety Measures and Disaster Preparedness

**Proposal:** Revise/Add text as follows:

~~(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.~~

(2) The assisted living facility must:

(a) Maintain the premises free of hazards;

(b) Maintain any vehicles used for transporting residents in a safe condition;

~~(c) 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.~~

(d) Provide appropriate hardware on doors of storage rooms, closets and other rooms to prevent residents from being accidentally locked in;

(e) Provide, and tell staff persons of, a means of emergency access to resident-occupied bedrooms, toilet rooms, bathing rooms, and other rooms;

(f) 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.....

**Statement of Problem and Substantiation:**

This WAC is too broad with the (1) and (c). This WAC should only address 'Disaster Preparedness' and as it relates to physical plant requirements. These are addressed in care planning WAC and mandatory reporting requirements.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

This information is covered by the RCWs. However, C is not covered in mandated reporting. It should be covered in the WAC. The investigating and department should be in its own section. It should not be muddled in any other section. Clarification needed for the requirement of back up lighting. My understanding is that flashlights are not expectable. Additional language states emergency lighting should be provided in all areas of the building. This should be clarified.

**Advisory opinion:**   **Support /**      **Support with Modifications X**      **Do not Support O**

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**Proposal 014:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2700 Safety Measures and Disaster Preparedness

**Proposal:** Revise/Add text as follows:

(g) 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.

**Statement of Problem and Substantiation:**

The intent is to ensure that such supplies are available for staff use with residents. 'Readily available' implies that supplies are 'not locked'.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Recommendations that 1st aid kits to be secured. Need clarification on where they could be kept

where they are accessible to the general public in the event of a disaster. There is not a map to the kits so why should it be available to the residents. Needs to be reviewed to ensure the rule does not conflict with OSHA rules. We could add this to the disaster plan and have locations of kits noted on building plans or evacuation floor plans.

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	/	X	/	/	/	/	/	X	/	/	/

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**Proposal 015:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-27003 Safety of the Built Environment (New section)

**Proposal:** Revise/Add text as follows:

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 at interior and exterior stairs and ramps consistent with the standard for accessibility and usable buildings and the building code, and ,
  - a) In halls, corridors, and other common areas accessible to residents based on resident risk assessments conducted by the facility
- 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 hardware on doors of storage rooms, closets and other rooms 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:**

This proposal seeks to separate general requirements regarding safety of the physical environment from the current section 2700. This new section also consolidates requirements for physical environment found elsewhere in the Chapter. Number 8 is new proposed language.

**Cost Impacts:**

This will not increase construction cost. Effective preventative maintenance programs are a recognized value added and minimum expectation.

**Benefits:**

Primarily an editorial / organizational proposal.

**Discussion Notes:**

Recommendation is a consolidation of building safety issues to include emergency lighting. Currently WACs state in accordance to the building code, however, the building code has no requirements. We don't agree that we should build safety building for multiple shared risks. Provide and train staff is more appropriate verbiage..... It feels like this regulation is reaching too far into internal operations. The individual issues are already required by CRS.

Does this apply to existing buildings? We are trying to come up with something less subjective that may be more user friendly. We are trying to encourage facilities to maintain their systems so they don't experience their failures such as water. We really want the critical systems to be maintained.

Clarification of hand rail, guard rails, and lean rails as well as how and when they are used is needed. Initial facilities were not designed to have hand rails. Hand rail and lean rails are different and will become subject to the interpretation of the licenser. Just stating things without parameter continues the struggle with have of the interpretations of the licensors. Concerned issue in installing rails in buildings not designed for them. Concerned it may become a requirement for wheelchairs, and other resident specific equipment.

Need more flexibility in the regulations since who moves into a room and with what needs is variant. This speaks to the fact that there are already systems in place to ensure compliance. This requirement may cause facilities to begin segregating residents with different abilities. This would be the ownership of the facility to determine what type of rail is appropriate for their population. In what circumstance would you need hand rails in common areas? This seems in conflict with "A home like environment" Concerned about the wording "common areas" you don't want to see hand rails in day rooms etc. Clarification needed on when, where and type of rails required.

Discussed the contention between being homelike and allowing someone to age in place. ER lighting was not required in older buildings. This could be and expensive fix for older facilities. This requires more consideration. Discussed cost of retroactive changes for facilities. Hand rails could cause hazard for residents that don't need them. Wants the use of flash lights to continue to be expectable as emergency lighting. No emergency lighting installed to older facilities and #8 should be stricken.

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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**Proposal 016:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2705 Resident Risk Assessment (New section)

**Proposal:** Revise/Add text as follows:

1. Assisted living facilities and support elements must be designed to ensure safe delivery of care consistent with the negotiated service agreement.

2. In new construction and renovation, a team consisting of facility administration, care givers, facilities and infection prevention staff, and design consultants must develop and maintain a resident safety risk assessment for the project. This assessment will compare resident characteristics and delivery of care methods to the elements of design and building components to identify potential risks and develop appropriate mitigating measures.
3. Areas of consideration must include but may not be limited to:
  - a. Operational or ‘every day’ infection control
  - b. Resident mobility and transfer
  - c. Resident fall risk
  - d. Resident dementia care and behavioral risk
  - e. Medication error
  - f. Security
4. The resident risk assessment shall be maintained throughout the design and construction process to inform and ensure the completed project supports the delivery of care and provides a safe environment for residents.

**Statement of Problem and Substantiation:**

Proposal seeks to increase communications between planning and design of the physical environment and facility administrator and staff end users to ensure design supports mitigation of some common preventable issues. This proposal also creates the opportunity for discussion regarding general expectations of the regulatory environment. This comment is not original material; its source (if known) is as follows: Original material developed in consideration of national design guidance standards.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Links elements of the physical environment to resident needs and encourages increased coordination between designer/builder and end user to ensure facilities that support residents and their care.

**Discussion Notes:**

Recommendation for Resident Risk Assessment be integrated as a portion of the negotiated service agreement as “the functional plan of safety” rather than resident risk assessment. The terminology is referencing a “safety risk assessment”. There was also discussion about the team and who the team should consist of. It should not be called a resident risk assessment. There should be a separate process on doing this rather than calling it a resident risk assessment. For existing facilities there should be input gathered from the residents.

Suggested ‘Safety Risk Assessment’, ‘team’ is of concern as well. Elements of functional program. ‘Team’ should include residents already living there. New construction ‘team’ is usually only the developer and the builder, possible enforcement mechanism can be a big deal. Move into functional program.

Perhaps med administration should be noted rather than med errors. Do we have any pacific information that construction had anything to do with med errors or was it because of light or color of the building? Support with huge modifications!!!



Advisory opinion: Support / Support with Modifications X Do not Support O

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## Proposal 017

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**Submitter:** Washington Health Care Association  
**Section:** 388-78A-2800 Changes in licensed bed capacity  
**Proposal:** Revise/Add text as follows:

To change the licensed bed capacity in an assisted living facility, the assisted living facility must:

(1 a) Submit a completed request for approval to the department at least one day before the intended change;

(2 b) Submit the prorated fee for additional beds to DSHS within 30 days if applicable; and

(3 c) Update the resident roster pursuant to Chapter 388-78A-2440 upon making the intended change if necessary, and

(d) Post an amended license obtained from the department, indicating the new bed capacity.

(2) The assisted living facility is not required to pre-designate assisted living resident rooms that meet minimum assisted living licensing standards if serving nonresident individuals and assisted living residents.

### Statement of Problem and Substantiation:

For at least the last ten years the Department has had a system in place that was embraced by assisted living providers. Under this system providers bringing a new building online were allowed to pay a license fee for a specific number of “assisted living rooms” and as assisted living residents moved into the community and chose the rooms they desired, these rooms were then designated as licensed assisted living rooms. Because the system worked so well, providers almost universally built all resident rooms to minimum licensing standards.

Thus, for years, DSHS has licensed new assisted living facilities which are built to AL physical plant specifications, without any pre-designation of AL rooms. This system ensured that when a resident moves into a new assisted living facility, but is actually a “nonresident individual” who does not yet require assisted living services, that resident can rest assured that he or she may select any room they desire and retain the right to remain in their home, without having to move into a new room as their care needs increase. This model has for years satisfied residents’ desire to age in place so that as residents move from independent living to assisted living, they can stay in the room that they selected and moved into.

Typically, assisted living providers build new buildings to meet assisted living standards for all rooms, but 30-40% are licensed at any one time. Thus, the rooms are already licensable as a residents’ needs change. When a “non-resident individual” living in the community transitions to assisted living status, the room is then licensed. This is a model which is used, and has been used for decades, to minimize disruption to the resident. This model has also been extremely successful, as evidenced by the fact that prominent assisted living providers have made it a cornerstone of their businesses and have become industry leaders by utilizing it to maximize resident choice and seamlessly meet evolving care needs. The model is central to allowing assisted living providers the

flexibility to meet the demands of their communities and has resulted in increased availability of assisted living services to our aging population.

In addition to accommodating the movement of assisted living residents into new buildings, the department’s established system also allowed facilities a certain degree of flexibility with respect to filling assisted living rooms once a building was up and running. Under this long-established practice room floor plans were assessed to determine whether the rooms met minimum licensing requirements. If these standards were met the room was listed as “approved” or “licensable” by the department and the facility. Thus, both the facility and the department had an understanding as to which rooms could ultimately be occupied by assisted living residents.

**Cost Impacts:**

(No response)

**Benefits:**

This change will help provide clarification regarding changes in licensed bed capacity, and will honor and support residents who wish to age in place.

**Discussion Notes:**

Recommendations should include not having to designate Medicaid beds. Wants to maintain the ability to have floating (undesignated licensed) beds (in which a license is paid for) for IL residents. Facilities will be required to provide a list so RCS staff are able to know where the licensed beds are and if Medicaid residents are in them. Licensed beds should be designated by independent living residents, assisted living residents, and contracted residents.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

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**Proposal 018:**

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**Submitter:** LeadingAge Washington  
**Section:** 388-78A-2800 Criteria for increasing licensed bed capacity  
**Proposal:** Revise/Add text as follows:

Before the licensed bed capacity in an assisted living facility may be increased, the assisted living facility must:

- (1) Obtain construction review services' review and approval of the additional rooms or beds, and related auxiliary spaces, if not previously reviewed and approved; and
- ~~(2) Ensure the increased licensed bed capacity does not exceed the maximum facility capacity as determined by the department.~~

**Statement of Problem and Substantiation:**

If both DOH and DSHS agree that the facility may increase their bed capacity, then the provider should not be accountable for ensuring this does not exceed the maximum capacity as determined

by the department”. This should be the responsibility of the department.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

It should not be the facility responsible for ensuring the AL does not go over capacity. The Department should be responsible for ensure more residents are not placed in the building then the licensed capacity.

Many buildings are not able to tell RCS how many beds they are licensed for. There is also confusion on the difference of approved beds and licensed beds. This relates to the room lists that the department is requesting to know which rooms are licensed including those IL residents temporarily on AL services. This seems like a reasonable request.

**Advisory opinion:    Support /        Support with Modifications    X        Do not Support    O**

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**Proposal 019:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2820 Building requirements and exemptions

**Proposal:** Revise/Add text as follows:

(Maintain section number, repeal all existing language and title, and replace with proposed language)

(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.

(b) 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:

(i) A written functional program (consistent with WAC 388-78A-2822) containing, but not limited to, the following:

(A) Information concerning services to be provided and operational methods to be used;

(B) An interim life safety measures plan to ensure the health and safety of occupants during construction;

(C) 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.

(D) An analysis of likely adverse impacts on current boarding home residents during construction and the facilities plans to eliminate or mitigate such adverse impacts including ensuring continuity of services.

(ii) 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; and

(iii) Floor plan of the existing building showing the alterations and additions, and indicating location of any service or support areas; and

(iv) Required paths of exit serving the alterations or additions; and

(v) Verification that the capacities and loads of infrastructure systems will accommodate planned load.

(c) Resubmittals. The assisted living facility will respond in writing when the department requests additional or corrected construction documents;

(d) 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; and

(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.

(e) 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; and

(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

(C) Room schedule

**Statement of Problem and Substantiation:**

Proposals seeks to document the plan review process. Rules regarding exemption process moved to new section 2852. Also place holder for discussion-Should this section or a new section describe the DSHS/RCS approval process for licensure.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Facilitate compliance through clear presentation of process.

**Discussion Notes:**

This section outlines the functional program requirements of CRS. Believes time frames in this WAC should also be in the time line WAC. It would be helpful to have time frames to notify providers how long the process should take. Are we to distinguish between a remodel and add-ons to new construction? There are no definitions about new constructions and remodels. For example for new construction not consideration is required for safety of existing residents. At this point we are beginning construction before we receive the approval of construction review. Not sure the 10 day before submitting the plans if viable. Would like to see additional language of certificate of occupation. Pre-construction process but I believe it should be held earlier on. The earlier construction review is involved the better. Need to clarify that infection control is tied to current facilities not new construction.

Concerned about rigidity of the timelines. Similar concerns about the cost of construction. We submit drawings without the finished product. The timing of plans submitted to the CR should be more flexible. This issue is not applicable to new construction. This was designed to address possible issues in occupied buildings. This is really what the facilities are already doing. Believes the terminology is causing the problem. We are accustomed to doing assessments on residents and how safety considerations are appropriate. For example using a plastic curtain to prevent dust from entering the resident occupied area. Agree with what is being required but disagree with the terminology. This terminology is directly from health care. How will you mitigate dust, tacks and other hazards caused by construction? Some agreement with terminology based on recent remodel experience. Other agree that the verbiage is somewhat confusing. But to call out all the risks that could happen in the building could create some liability. Providers concerned about liability of creating such a list could have legitimate concerns. Get it out of the risk assessment and get it under a risk analysis format.

**Advisory opinion:**   **Support /**      **Support with Modifications X**      **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 020:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2820 Building requirements and exemptions

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**Proposal:** Revise/Add text as follows:

- (1) To get a building approved for licensing, a ~~person~~ applicant must:
  - (a) Design plans according to the building code, local codes and ordinances, and this chapter;
  - (b) Submit construction documents, including any change orders and addenda to:
    - (i) Construction review services per WAC 388-78A-2850 and include:
      - (A) A minimum of two sets of final construction drawings complying with the requirements of this chapter, stamped by a Washington state licensed architect or engineer; and
      - (B) A functional program description; and
    - (ii) ~~Local county or municipal building departments per local codes to~~ Obtain necessary building permits per local, county, or municipal building departments and local codes.
  - (c) Conform to the approved construction documents during construction in accordance with chapter 18.20 RCW;
  - (d) Obtain written approval from construction review services prior to deviating from approved construction documents;
  - (e) Provide construction review services with a:
    - (i) Written notice of completion date;
    - (ii) Copy of reduced floor plan(s); and
    - (iii) Copy of certificate of occupancy issued by the local building department; and
  - (f) Obtain authorization from the department prior to providing assisted living facility services in the new construction area.
- (2) The department may exempt the assisted living facility from meeting a specific requirement related to the physical environment if the department determines the exemption will not:
  - (a) Jeopardize the health or safety of residents;
  - (b) Adversely affect the residents' quality of life; or
  - (c) Change the fundamental nature of the assisted living facility operation into something other than an assisted living facility.
- (3) An assisted living facility wishing to request an exemption must submit a written request to the department, including:
  - (a) A description of the requested exemption; and
  - (b) The specific WAC requirement for which the exemption is sought.
- (4) The assisted living facility may ~~not~~ appeal the department's denial of a request for an exemption.
- (5) The assisted living facility must retain a copy of documentation regarding each approved exemption in the assisted living facility.

**Statement of Problem and Substantiation:**

Changes are clarifying with the exception of (4) which provides the opportunity to appeal department decisions regarding exemptions.

**Cost Impacts:**

(No response)

**Benefits:**

Eliminates confusing language in regulation. Provides an opportunity to appeal department decisions regarding exemptions.

**Discussion Notes:**

Delineate between exemptions, alternative methods, and exemptions before licensure.

Recommendation to include an appeal process. What process would we appeal too? The default would be to appeal to the DOH. Once you have the appeal right you would be able to take it through different levels. This process would allow the dialogue as to why the project was denied. This could mean the difference in going to and appeal judge and having directly to an administrative law judge.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	O	X	X	X	X	X	X	X

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### **Proposal 021:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2830 Conversion of licensed nursing homes

**Proposal:** Revise/Add text as follows:

(1) If a person intends to convert a licensed nursing home building into a licensed assisted living facility, the building must meet all assisted living facility licensing requirements specified in this chapter and chapter [18.20 RCW](#) unless the licensee has a contract with the department to provide enhanced adult residential care services in the assisted living facility per RCW [18.20.220](#).

(2) If the licensee provides contracted enhanced adult residential care services in the building converted from a licensed nursing home into a licensed assisted living facility, the assisted living facility licensing requirements for the physical structure are considered to be met if the most recent nursing home inspection report for the nursing home building demonstrates compliance, and compliance is maintained, with safety standards and fire regulations:

(a) As required by RCW [18.51.140](#); and

(b) Specified in the applicable building code, as required by RCW [18.51.145](#), including any waivers that may have been granted, except that the licensee must ensure the building meets the licensed assisted living facility standards, or their functional equivalency, for:

(i) Resident to bathing fixture ratio required per WAC [388-78A-3030](#);

(ii) Resident to toilet ratio required per WAC [388-78A-3030](#);

(iii) ~~Corridor~~ [A](#) call system required per WAC [388-78A-2930](#); and,

~~(iv) Resident room door closures; and~~

(iv) Resident room windows required per WAC [388-78A-3010](#).

(3) If the licensee does not continue to provide contracted enhanced adult residential care services in the assisted living facility converted from a licensed nursing home, the licensee must meet all assisted living facility licensing requirements specified in this chapter and chapter [18.20 RCW](#).

### **Statement of Problem and Substantiation:**

This proposal removed requirements based on previous editions of the building code, and that would not necessarily be applicable to all new conversions of nursing home to residential care and clarifies requirements for call systems.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Removes requirements established in previous building codes - no longer applicable.

**Discussion Notes:**

Minor edits.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 022:**


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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2850 Required reviews of building plans

**Proposal:** Revise/Add text as follows:

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 facility's:
    - 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;
  - 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 that do not affect resident activities, services, or care and are performed in accordance with the current edition of the building code.
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.

**Statement of Problem and Substantiation:**

Clarifies what requires CRS review. Placeholder for discussion regarding a new process for flooring replacement or minor construction activities that would involve facilities maintaining P&P's that could be reviewed/approved by CRS for some duration of time. For most of these activities the main question remains how will you approach construction in or near occupied spaces and provisions to ensure the health and safety of residents, staff and visitors.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

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

**Discussion Notes: Repeat for 22, 23, 24**

Strike carpet, and also change of building use that does not affect the residents. Office to conference room is a better example than office to storage. Discussed the possibility of having a blanket approval to allow owners and operator such as fixtures should not require construction review. Six to eight weeks lost by going through CR process. Regulation needs to more clearly delineate the lower level changes that should not require CRS review. For example, don't want to have to go through CR if you have an oven go out. In favor of striking out carpeting and wall coverings. We want to keep our buildings up but we want to be able to make those decisions quickly. Example of system given, one sprinkler. Those regulations are contained within the fire code. We could certainly say in accordance with the fire code. Requested clarification on what the systems or fixtures would consist of. This change reduces administrative burden.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		X	O	X	O	/	/	/	X	X	O	X	X

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**Proposal 023:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2850 Required reviews of building plans

**Proposal:** Revise/Add text as follows:

- (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, including, but not limited to, the assisted living facility's:
    - (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 1/8 inch thick or thicker; or
    - (viii) Kitchen or laundry equipment.
  - (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.

**Statement of Problem and Substantiation:**

1) Provide details of what 'electrical fixtures or systems' includes and what 'fire alarm fixtures or systems' includes; 2) Carpet is often replaced in assisted living facility. It should not be required that this go through the construction review process every time it is replaced.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes: Repeat for 22, 23, 24**

Strike carpet, and also change of building use that does not affect the residents. Office to conference room is a better example than office to storage. Discussed the possibility of having a blanket approval to allow owners and operator such as fixtures should not require construction review. Six to eight weeks lost by going through CR process. Regulation needs to more clearly delineate the lower level changes that should not require CRS review. For example, don't want to have to go through CR if you have an oven go out. In favor of striking out carpeting and wall coverings. We want to keep our buildings up but we want to be able to make those decisions quickly. Example of system given, one sprinkler. Those regulations are contained within the fire code. We could certainly say in accordance with the fire code. Requested clarification on what the systems or fixtures would consist of. This change reduces administrative burden.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	/	/	X	X	X	X	X	X

## **Proposal 024:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2850 Required reviews of building plans

**Proposal:** Revise/Add text as follows:

(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, including, but not limited to, the assisted living facility's:

(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.~~

(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;

(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 that do not affect resident activities, services, or care and are performed in accordance with the current edition of the building code.

(f) Temporary use of a room for purposes other than approved by CRS if the changes do not reflect resident activities, services, or care, and are performed in accordance with the current edition of the building code.

(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.

### **Statement of Problem and Substantiation:**

CRS is currently permitting providers to substitute 'like for like' carpeting as a maintenance issue, thus it does not trigger notification of Construction Review Services. This should be detailed in regulation. The same issue should apply to kitchen and/or laundry equipment. If the provider is replacing 'like for lie' equipment, it should be treated as a maintenance issue, and should not trigger notification of CRS. The use of a subsection to detail the difference between 'maintenance' and remodel or renovation is recommended. This section of the regulation could also clarify that noninstitutional equipment replacement, i.e. activities kitchen equipment, does not require CRS

review.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes: Repeat for 22, 23, 24**

Strike carpet, and also change of building use that does not affect the residents. Office to conference room is a better example than office to storage. Discussed the possibility of having a blanket approval to allow owners and operator such as fixtures should not require construction review. Six to eight weeks lost by going through CR process. Regulation needs to more clearly delineate the lower level changes that should not require CRS review. For example, don't want to have to go through CR if you have an oven go out. In favor of striking out carpeting and wall coverings. We want to keep our buildings up but we want to be able to make those decisions quickly. Example of system given, one sprinkler. Those regulations are contained within the fire code. We could certainly say in accordance with the fire code. Requested clarification on what the systems or fixtures would consist of. This change reduces administrative burden.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	/	/	/	X	X	X	X	/	/

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**Proposal 025:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2851 Applicability and requirements for the physical environment (New section)

**Proposal:** Revise/Add text as follows:

- (1) This section applies to new construction in assisted living facilities (ALF) including:
  - (a) New buildings to be licensed as an ALF;
  - (b) Conversion of an existing building or portion of an existing building for use as an ALF;
  - (c) Additions to an existing ALF;
  - (d) Alterations to an existing ALF; and
  - (e) Buildings or portions of buildings licensed as an ALF and used for ALF services;
  - (f) Excluding buildings used exclusively for administration functions.
- (2) Standards for design and construction:
  - a) 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.
  - b) 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.

- 3) Existing facilities must continue to meet the applicable codes in force at the time of construction. The following sections are retroactively applicable to existing facilities:
  - a. Section 2703 for Safety of the built environment
  - b. Section 2705 for resident risk assessment
  - c. Section 2700 for disaster preparedness
  - d. Section 2880 for change use of rooms
  - e. Other Sections as agreed.....
- 4) 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:**

Goal is to clearly identify circumstances under which 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.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

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.

**Discussion Notes:**

Would like to review the term "Resident Risk Assessment". Would like to know where to find the WAC applicable when the building was built if the dates are removed from the WAC.

Would like clarification between the Applicable WAC and the Applicable Building code at the time the building was built. This is existing language from 2910. There will need to be some coordination efforts to prevent unintended out comes as regarding to retroactivity of WAC changes.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	O	X	O	X	X	X	X	X	X	X	X

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**Proposal 026:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2852 Exemptions or alternative methods of compliance (New section)

**Proposal:** Revise/Add text as follows:

- 1) The department may approve exemptions or alternative methods of compliance from meeting a

specific requirement, related to the physical environment, if the department determines the exemptions or alternative method will:

- a) Not jeopardize the health or safety of residents;
  - b) Not adversely affect the residents' quality of life; or
  - c) Not change the fundamental nature of the assisted living facility operation into something other than an assisted living facility.
  - d) Demonstrate the proposed alterations will serve to correct deficiencies or will upgrade the facility in order to better serve residents; and
  - e) Demonstrate to the director's satisfaction, when substitution of procedures, materials, or equipment for requirements specified in this chapter, to better serve residents.
- 2) An assisted living facility wishing to request an exemption or alternative method must submit a written request to the department, including:
- a) A description of the requested exemption; and
  - b) The specific WAC requirement for which the exemption is sought.
- 3) The assisted living facility may not appeal the department's denial of a request for an exemption or alternative method.
- 4) The assisted living facility must retain a copy of each approved exemption or alternative method in the assisted living facility.

**Statement of Problem and Substantiation:**

Separates rules regarding exemptions and alternative methods from previous building requirements section 2820.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Introduces the idea of alternative methods of meeting the intent of the rule.

**Discussion Notes:**

Recommendation includes the suggestion of an 'alternative method' for construction in which an exemption is being sought. Remove the subjectivity of the approvals of exemptions. Requested clarifications on what changes the fundamental nature of the changes. The language is vague and can be manipulated. Understandably, this is existing language but I agree it is vague and warrants consideration. Although, it would be difficult to make this prescriptive because the variations off the facility types existing. This could be better served by addressing the issue on a case by case basis.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 027:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2853 New licenses and use of new construction (New section)

**Proposal:** Revise/Add text as follows:

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; and
      - 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:
      - A. Major alterations of resident spaces
      - B. Alterations of significant scope
      - C. Conversion of support spaces to resident rooms
      - D. Addition of licensed beds
      - 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
      - C. Facility relocation

**Statement of Problem and Substantiation:**

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.

**Cost Impacts:**

This change will not increase construction cost.

**Benefits:**

Improving compliance environment by clarifying process and requirements.

**Discussion Notes:**

Recommendations include a phased project which can't phase construction in a multi phase building can't be licensed/approved until all phases are completed. What about a temporary certificate of occupancy? This would suggest we do not need DSHS review when adding additional beds. Any way to clarify you are talking about a new wing would be great. Would like to maintain the current application.

Concerned about vagueness. Would like clarification between major vs minor construction renovations/alterations. DOH has been working with the Department to define this. We are not holding up projects that are minor. We are trying to take our current practice and codify it so it is clearer. Recommended a matrix to distinguish between major and minor (although a matrix cannot be entered into rules).

Requested clarification on the remedy on making changes without going through the CR process which actually required the CR approval. Would like to see the process streamlined to reduce the time residents are not able to use the space in question. Anything that is considered major it should go through CR and the process will be longer.

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 028:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2880 Changing use of rooms

**Proposal:** Revise/Add text as follows:

Prior to using a room for a purpose other than what was approved 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 a revised functional program and 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.

**Statement of Problem and Substantiation:**

Clarifies expectation of material required by CRS for review.

**Cost Impacts:**

Anticipate no change in cost as the facility should maintain this document typically.



**Benefits:**

Supports documentation to changes in the facility. Should be helpful for all parties during survey.

**Discussion Notes:**

Recommendation is to clarify that a revised functional program not be required if the space is unrelated to resident use.

**Advisory opinion:** Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	/	/	/	/	/	/	X	X

**Proposal 029:**

**Submitter:** LeadingAge Washington

**Section:** 388-78A-2880 Changing use of rooms

**Proposal:** Revise/Add text as follows:

Prior to using a room used by residents for a purpose other than what was approved 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.

**Statement of Problem and Substantiation:**

This should only apply to spaces/rooms used by residents. If a facility determines they need additional office space and convert a storage closet to office space, there should be no need for this to go through construction review as it has no impacts on residents.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Recommendation is to clarify that a revised functional program not be required if the space is unrelated to resident use.

**Advisory opinion:** Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		O	O	O	O	X	O	O	O	O	O	X	X

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**Proposal 030:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2880 Changing use of rooms

**Proposal:** Revise/Add text as follows:

~~Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:~~ If making a permanent change in the use of a room previously approved by construction review services, the licensee 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.

**Statement of Problem and Substantiation:**

The temporary use of a room for purposes other than approved, i.e. and unused office used as a storage area, should not trigger construction review services notification, particularly if there is no impact on allotted residents.

**Cost Impacts:**

(No response)

**Benefits:**

Alleviate administrative burden.

**Discussion Notes:**

There would need to be clarification between what changes are ‘temporary’ or ‘permanent’ to consider this language with the specific use and time frame.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		X	X	X	/	O	X	X	X	X	X	X	X

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**Proposal 031:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2890 Time frame for approval

**Proposal:** Revise/Add text as follows:

~~(1) A person or the licensee must:~~

- ~~(a) Obtain approval by construction review services, of final construction documents prior to starting any construction, except for fire alarm plans, fire sprinkler plans, and landscaping plans.~~
- ~~(b) Obtain approval by construction review services, of landscaping, fire alarm and fire sprinkler plans prior to their installation.~~
- ~~(2) 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; and~~
      - ~~(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.~~

**Statement of Problem and Substantiation:**

Part (1) is addressed in revised WAC 388-78A-2820, Part (2) is addressed in new WAC 388-78A-2853 'New license and use of new construction'

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Improve usability / clarity of WAC requirements for all users.

**Discussion Notes:**

Move to 388-78A-2820 and 2853.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 032:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2900 Retention of approved construction documents

**Proposal:** Revise/Add text as follows:

The assisted living facility must retain paper or electronic copies of the following on the assisted living facility premises. Copies must be legible when printed on 8 ½"x11" format paper.

- (1) Specification data on materials used in construction, for the life of the product;
- (2) Paper or electronic copy of the 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) The approved floor plan indicating room numbers or names and the approved use, and

(6) Any exemptions or approved alternative methods of compliance issued by the department.

**Statement of Problem and Substantiation:**

Revision recognizes use of electronic document management and clarifies what facilities are expected to retain.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Clarifies requirements for all parties.

**Discussion Notes:**

Minor edits.

**Advisory opinion:**    **Support /**        **Support with Modifications** **X**        **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 033:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2900 Retention of approved construction documents

**Proposal:** Revise/Add text as follows:

The assisted living facility must retain on the assisted living facility premises:

- (1) Specification data on materials used in construction, for the life of the product;
- (2) Stamped "approved" set of construction documents.
- (3) Electronically 'approved' set of construction documents.

**Statement of Problem and Substantiation:**

Many approvals are being completed electronically. It should be acceptable for providers to maintain electronic files for their approval documents.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Minor edits.

**Advisory opinion:**    **Support /**        **Support with Modifications** **X**        **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	/	/	/	/	/	/	/	/	/	/	/

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### **Proposal 034:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2900 Retention of approved construction documents

**Proposal:** Revise/Add text as follows:

The assisted living facility must retain on the assisted living facility premises:

- (1) Specification data on materials used in construction, for the life of the product;
- (2) Stamped "approved" set of construction documents.

### **Statement of Problem and Substantiation:**

Placeholder—Seeking additional discussion about which materials are subject to this recommendation and whether that should be detailed in regulations.

### **Cost Impacts:**

(No response)

### **Benefits:**

(No response)

### **Discussion Notes:**

Proposal withdrawn.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

{Note: Withdrawn since already covered by other proposals.}

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### **Proposal 035:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2910 Applicable building codes

**Proposal:** Revise/Add text as follows:

~~(1) Newly licensed assisted living facilities and new construction in existing assisted living facilities must meet the requirements of all the current state and local building and zoning codes and applicable sections of this chapter.~~

~~(2) Existing licensed assisted living facilities must continue to meet the building codes in force at the time of their plan approval by construction review services, except that the assisted living facility may be required to meet current building code requirements if the construction poses a risk to the~~

health and safety of residents.

~~(3) The assisted living facility must ensure that construction is completed in compliance with the final construction review services approved documents. Compliance with these standards and regulations does not relieve the assisted living facility of the need to comply with applicable state and local building and zoning codes.~~

**Statement of Problem and Substantiation:**

This information will be moved to proposed WAC 388-78A-2851 standards for design and construction.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Document coordination.

**Discussion Notes:**

Moved to 2851

**Advisory opinion:    Support /        Support with Modifications    X        Do not Support    O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 036:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2920 Area for nursing supplies and equipment

**Proposal:** Revise/Add text as follows:

(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; and cleaning and disinfecting of soiled nursing equipment by providing:

~~If the assisted living facility provides intermittent nursing services, the assisted living facility must provide on the assisted living facility premises for the safe and sanitary:~~

~~(a) Storage and handling of clean and sterile nursing equipment and supplies; and~~

~~(b) Cleaning and disinfecting of soiled nursing equipment.~~

~~(2) 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, in which intermittent nursing services are provided, or upon initiating intermittent nursing services within an existing assisted living facility, the assisted living facility must provide the following two separate rooms in each assisted living facility building, accessible only by staff persons:~~

(a) A "clean" utility room 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.

(2) These rooms must be accessible only by staff persons

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

### **Statement of Problem and Substantiation:**

Proposal clarifies the intent and built environment expectations for these elements which support intermittent nursing services and infection control practices.

### **Cost Impacts:**

This change will not increase construction costs. These are already common design elements in new construction.

### **Benefits:**

Clarifies facilities intended to support infection control and staff in deliver of care.

### **Discussion Notes:** repeat for 36, 37, 38, 39

We must look at the concept of where the services are provided. Services are provided in the resident room. To have equipment and spaces outside the resident room is requiring care such as a SNF. Recognize what clean and sterile equipment items are. Everything disposal and we don't use equipment in a dirty utility room. We hardly use clean and dirty utility rooms as everything is disposable now. It's hard to understand why a dirty clean utility room is needed. Most supplies are stored in the med room. We don't need a special room for that.

Resident rights concerns. A resident would have to get out of bed in the morning and have to go to the designated area for nursing services. This prevents this from being a home like environment. Most of these things are stored in the resident rooms. General consensus of the stakeholders that this is outdated WAC information.

**Advisory opinion:    Support /        Support with Modifications X        Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	O		O	O	O	O	O	O	O	O	O	O	O	O

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**Proposal 037:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2920 Area for nursing supplies and equipment

**Proposal:** Revise/Add text as follows:

(1) If the assisted living facility provides intermittent nursing services, the assisted living facility must provide on the assisted living facility premises for the safe and sanitary:

(a) Storage and handling of clean and ~~sterile~~ sanitary nursing equipment and supplies; and

(b) Cleaning and disinfecting of soiled nursing equipment.

(2) 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, in which intermittent nursing services are provided, or upon initiating intermittent nursing services within an existing assisted living facility, the assisted living facility must provide the following two separate rooms in each assisted living facility building, accessible only by staff persons:

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

~~(i) A work counter or table;~~

~~(ii) A handwashing sink, with soap and paper towels or other approved hand drying device sanitary station; 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.~~

#### **Statement of Problem and Substantiation:**

1) Sterile nursing procedures are not done in assisted living; 2) supplies are kept in each resident's apartment, 3) Two separate workrooms are unnecessary. Facilities and staff only require a locked storage for medication and sanitation stations.

#### **Cost Impacts:**

(No response)

#### **Benefits:**

(No response)

#### **Discussion Notes:** repeat for 36, 37, 38, 39

We must look at the concept of where the services are provided. Services are provided in the resident room. To have equipment and spaces outside the resident room is requiring care such as a SNF. Recognize what clean and sterile equipment items are. Everything disposal and we don't use equipment in a dirty utility room. We hardly use clean and dirty utility rooms as everything is disposable now. It's hard to understand why a dirty clean utility room is needed. Most supplies are stored in the med room. We don't need a special room for that.

Resident rights concerns. A resident would have to get out of bed in the morning and have to go to the designated area for nursing services. This prevents this from being a home like environment.



Most of these things are stored in the resident rooms. General consensus of the stakeholders that this is outdated WAC information.

**Advisory opinion:**   **Support /**        **Support with Modifications** **X**        **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 038:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2920 Area for nursing supplies and equipment

**Proposal:** Revise/Add text as follows:

(1) If the assisted living facility provides intermittent nursing services, the assisted living facility must provide on the assisted living facility premises for the safe and sanitary:

(a) Storage and handling of clean and sterile nursing equipment and supplies; and

(b) Cleaning and disinfecting of soiled nursing equipment.

(2) 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, in which intermittent nursing services are provided, or upon initiating intermittent nursing services within an existing assisted living facility, the assisted living facility must provide the following two separate rooms in each assisted living facility building, accessible only by staff persons:

(a) A "clean" ~~utility room area~~ for the purposes of storing and preparing clean and sterile nursing supplies, 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.

**Statement of Problem and Substantiation:**

Unclear about those items that would be classified as ‘nursing supplies’. Most supplies are now disposable, and providers are not disinfecting soiled nursing care equipment or disposing of infectious waste. The requirement for ‘clean’ and ‘dirty’ utility rooms should not be triggered by the provision of intermittent nursing services, but by the types of procedures that would trigger such a need. This is an institutional standard that presumes there’s is a ‘treatment room’ for nursing services. Intermittent nursing services are typically provided in the privacy of a resident room. The requirement for a clinical sink is institutional—and used in hospitals for rinsing’s bedpans and linens. Those procedures are not common in assisted living centers, and providers are not providing bedpan service, thus are not rinsing and disposing of waste material in clinical sinks. The

requirements for such a fixture is unnecessary and expensive.

**Cost Impacts:**

This change will not increase construction costs. There will be an overall decrease in costs with elimination for provision of intermittent nursing services.

**Benefits:**

This change is in alignment with current practices in the delivery of nursing services in residents' rooms.

**Discussion Notes:** repeat for 36, 37, 38, 39

We must look at the concept of where the services are provided. Services are provided in the resident room. To have equipment and spaces outside the resident room is requiring care such as a SNF. Recognize what clean and sterile equipment items are. Everything disposal and we don't use equipment in a dirty utility room. We hardly use clean and dirty utility rooms as everything is disposable now. It's hard to understand why a dirty clean utility room is needed. Most supplies are stored in the med room. We don't need a special room for that.

Resident rights concerns. A resident would have to get out of bed in the morning and have to go to the designated area for nursing services. This prevents this from being a home like environment. Most of these things are stored in the resident rooms. General consensus of the stakeholders that this is outdated WAC information.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	/	X	X	X	X	X	X	X	X

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**Proposal 039:**

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**Submitter:** John Shoesmith

**Section:** 388-78A-2920 Area for nursing supplies and equipment

**Proposal:** Revise/Add text as follows:

(1) If the assisted living facility provides intermittent nursing services, the assisted living facility must provide on the assisted living facility premises for the safe and sanitary:

- (a) Storage and handling of clean and sterile nursing equipment and supplies; and
- (b) Cleaning and disinfecting of soiled nursing equipment.

(2) 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, in which intermittent nursing services are provided, or upon initiating intermittent nursing services within an existing assisted living facility, the assisted living facility must provide the following two separate rooms in each assisted living facility building, accessible only by staff persons:

- (a) A "clean" utility room for the purposes of storing and preparing clean and sterile nursing supplies, 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~~ An area for locked medication storage that is separate from all other stored items consistent with WAC 388-78A-2260, equipped with: a work counter, access to handwashing sink with soap and water, towels or other approved hand drying device.

(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.

### **Statement of Problem and Substantiation:**

388-78A-2920 (2) implies that medication storage can only occur within a clean utility room. Operationally, this is not always desirable. Cabinets are available commercially that allow for decentralized controlled storage of personal medications at point of use. These cabinets can include double locking and a fold down work counter. They allow an operator the ability to store that resident's medications in a resident's room in a controlled manner. In the small house or household model, it is often desirable for meds to be distributed from a medication storage area that is a part of the household's serving/activity kitchen and not a separate dedicated room.

I suggest deleting the text of 2(a)(iii) and instead including the following text as 2(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 counter; ii) access to a handwashing sink with soap and paper towels or other approved hand drying device." This would allow for more flexibility by deleting the requirement for a room while still maintaining the intent of the original text.

This content is not original material, its source (if known) is as follows: The 2014 FGI Guidelines for Design and Construction of Residential Health, Care and Support Facilities allow the use of decentralized medicine cabinets for medication storage and allow for a medication room, medication distribution unit, medication storage in resident rooms, or other approaches acceptable to the AHJ to be used for preparing, dispensing and administering medications.

### **Cost Impacts:**

Potential cost reduction in not having to build separate room for medication storage.

### **Benefits:**

Allows flexibility in medication storage and distribution location while maintaining intent of original requirement.

### **Discussion Notes:** repeat for 36, 37, 38, 39

We must look at the concept of where the services are provided. Services are provided in the resident room. To have equipment and spaces outside the resident room is requiring care such as a SNF. Recognize what clean and sterile equipment items are. Everything disposal and we don't use equipment in a dirty utility room. We hardly use clean and dirty utility rooms as everything is disposable now. It's hard to understand why a dirty clean utility room is needed. Most supplies are stored in the med room. We don't need a special room for that.

Resident rights concerns. A resident would have to get out of bed in the morning and have to go to the designated area for nursing services. This prevents this from being a home like environment. Most of these things are stored in the resident rooms. General consensus of the stakeholders that this is outdated WAC information.

**Advisory opinion:**   **Support /**        **Support with Modifications** **X**        **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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## **Proposal 040**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2930 Communication System

**Proposal:** Revise/Add text as follows:

(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.

~~(b)~~ (c) 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 nonpay telephones:

(a) In each building located for ready access by staff persons; and

(b) On the premises with reasonable access and privacy by residents.

~~(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, t~~ The assisted living facility must equip each resident room with two 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) The facility must provide space and equipment necessary to support the delivery of telemedicine services.

**Statement of Problem and Substantiation:**

Revisions clarify expectations of call system and seeks to address current practices and technologies.

**Cost Impacts:**

This change will not increase construction costs. Revisions provide trade-offs and design options that would likely balance any additional costs.

**Benefits:**

Recognizes current technologies and maintains current home like environment.

**Discussion Notes:** repeats for 40, 41, 42, 43, 44

Recommendation introduces provisions of pendants and call devices, clarify language of telephone services, 5 & 6 new components wireless internet, telemedicine services. WIFI accessible to all levels of the building; supports that concrete construction does interfere with connectivity. Increase in need for additional repeaters to improve the connectivity issues in relation to construction design, increase costs but necessary. Is there a range requirement for these?

Necessity concerns and reimbursement to clinics for Telemedicine, not necessarily for the venue of ALF residents. Need to consider the addition of a room to serve the technology, FGI meeting lighting, space availability, etc... Rural impacts are large due to lack of room and understanding of telemedicine for residents. Lack of room should not be a problem because should be in place now for privacy reasons. Difficult to get doctors to visits facilities. Telemedicine may be necessary. Vendors reportedly supplied the equipment in some circumstances. What about management of records this way?

Internet services spread outside of the building. Outdoor areas call systems are of concern for use, abuse, and privacy. Need to be sure the systems are functioning, not just 'capable'. Records of checks to provide hard information for inspectors. No current regulation for testing. But there are universal standards, preventative maintenance in working order.

Range considerations for in building and range outside the building. What about internet security and concern around nefarious activity? What about backup systems for interference and regular checks. What is regular? Agree this is important but already have a functioning systems. Any given day may not work or will work, comparably to our personal cell phones and home internet. Proactive approach—facility can show actively maintain the position. Concerned about a double edge maintenance proof and occasional inspector non function.

There should be a range requirement in the building and outside as well. There are good systems out there to ensure the call buttons work and response times can be tracked. The equipment being used in my buildings was provided by the physician. This would be a large cost increase. Concerned about residents making changes to medications and care without the facility being notified.

Recommendations include wanting language in the WAC to require facilities to ensure call systems in the facility works. There should be a system to electronically track if the system worked and response times. There is not a requirement for testing at this time. We find with wireless system they work at times and at other times they don't. So we need to check regularly to ensure the systems are working in all areas of the building. If you check you will know the system is not working and backup systems can be put in place. The WAC is already in place to ensure working

call systems are in place.

**Advisory opinion:**   **Support /**      **Support with Modifications**   **X**      **Do not Support**   **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 041:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2930 Communication System

**Proposal:** Revise/Add text as follows:

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance:

(i) From resident units;

(ii) From common areas accessible to residents;

(iii) From corridors 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) 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 nonpay telephones:

(a) In each building located for ready access by staff persons; and

(b) On the premises with reasonable access and privacy by residents.

(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~~ one telephone lines.

(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.

**Statement of Problem and Substantiation:**

1) One telephone line should be all that is necessary with cell phones and wireless internet; 2) We wonder if section 4 is still relevant. May no longer be necessary.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:** repeats for 40, 41, 42, 43, 44

Recommendation introduces provisions of pendants and call devices, clarify language of telephone services, 5 & 6 new components wireless internet, telemedicine services. WIFI accessible to all levels of the building; supports that concrete construction does interfere with connectivity. Increase in need for additional repeaters to improve the connectivity issues in relation to construction design, increase costs but necessary. Is there a range requirement for these?

Necessity concerns and reimbursement to clinics for Telemedicine, not necessarily for the venue of ALF residents. Need to consider the addition of a room to serve the technology, FGI meeting lighting, space availability, etc... Rural impacts are large due to lack of room and understanding of telemedicine for residents. Lack of room should not be a problem because should be in place now for privacy reasons. Difficult to get doctors to visits facilities. Telemedicine may be necessary. Vendors reportedly supplied the equipment in some circumstances. What about management of records this way?

Internet services spread outside of the building. Outdoor areas call systems are of concern for use, abuse, and privacy. Need to be sure the systems are functioning, not just 'capable'. Records of checks to provide hard information for inspectors. No current regulation for testing. But there are universal standards, preventative maintenance in working order.

Range considerations for in building and range outside the building. What about internet security and concern around nefarious activity? What about backup systems for interference and regular checks. What is regular? Agree this is important but already have a functioning systems. Any given day may not work or will work, comparably to our personal cell phones and home internet. Proactive approach—facility can show actively maintain the position. Concerned about a double edge maintenance proof and occasional inspector non function.

There should be a range requirement in the building and outside as well. There are good systems out there to ensure the call buttons work and response times can be tracked. The equipment being used in my buildings was provided by the physician. This would be a large cost increase. Concerned about residents making changes to medications and care without the facility being notified.

Recommendations include wanting language in the WAC to require facilities to ensure call systems in the facility works. There should be a system to electronically track if the system worked and response times. There is not a requirement for testing at this time. We find with wireless system they work at times and at other times they don't. So we need to check regularly to ensure the systems are working in all areas of the building. If you check you will know the system is not working and backup systems can be put in place. The WAC is already in place to ensure working call systems are in place.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	O	X	X	X	X	/	X	X

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**Proposal 042:**

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**Submitter:** Washington Health Care Association

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**Section:** 388-78A-2930 Communication System

**Proposal:** Revise/Add text as follows:

- (1) The assisted living facility must:
  - (a) Provide residents and staff persons with the means to summon on-duty staff assistance:
    - (i) From resident units;
    - (ii) From ~~common~~ areas accessible to residents;
    - (iii) ~~From corridors 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) 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 nonpay telephones:
  - (a) In each building located for ready access by staff persons; and
  - (b) On the premises with reasonable access and privacy by residents.
- (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 telephone lines~~ must have capability for telephone service in each resident room.
- (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.

**Statement of Problem and Substantiation:**

This is simply intended to simplify language. This regulation is outdated on that two telephone lines are originally intended to ensure that a resident have access to the internet. Telephone lines are no longer necessary for this purpose.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:** repeats for 40, 41, 42, 43, 44

Recommendation introduces provisions of pendants and call devices, clarify language of telephone services, 5 & 6 new components wireless internet, telemedicine services. WIFI accessible to all levels of the building; supports that concrete construction does interfere with connectivity. Increase in need for additional repeaters to improve the connectivity issues in relation to construction design, increase costs but necessary. Is there a range requirement for these?

Necessity concerns and reimbursement to clinics for Telemedicine, not necessarily for the venue of ALF residents. Need to consider the addition of a room to serve the technology, FGI meeting lighting, space availability, etc... Rural impacts are large due to lack of room and understanding of telemedicine for residents. Lack of room should not be a problem because should be in place now



for privacy reasons. Difficult to get doctors to visits facilities. Telemedicine may be necessary. Vendors reportedly supplied the equipment in some circumstances. What about management of records this way?

Internet services spread outside of the building. Outdoor areas call systems are of concern for use, abuse, and privacy. Need to be sure the systems are functioning, not just ‘capable’. Records of checks to provide hard information for inspectors. No current regulation for testing. But there are universal standards, preventative maintenance in working order.

Range considerations for in building and range outside the building. What about internet security and concern around nefarious activity? What about backup systems for interference and regular checks. What is regular? Agree this is important but already have a functioning systems. Any given day may not work or will work, comparably to our personal cell phones and home internet. Proactive approach—facility can show actively maintain the position. Concerned about a double edge maintenance proof and occasional inspector non function.

There should be a range requirement in the building and outside as well. There are good systems out there to ensure the call buttons work and response times can be tracked. The equipment being used in my buildings was provided by the physician. This would be a large cost increase. Concerned about residents making changes to medications and care without the facility being notified.

Recommendations include wanting language in the WAC to require facilities to ensure call systems in the facility works. There should be a system to electronically track if the system worked and response times. There is not a requirement for testing at this time. We find with wireless system they work at times and at other times they don’t. So we need to check regularly to ensure the systems are working in all areas of the building. If you check you will know the system is not working and backup systems can be put in place. The WAC is already in place to ensure working call systems are in place.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		O	O	O	/	/	X	O	X	O	/	/	/

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### **Proposal 043:**

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**Submitter:** John Shoesmith

**Section:** 388-78A-2930 Communication System

**Proposal:** Revise/Add text as follows:

- (1) The assisted living facility must:
  - (a) Provide residents and staff persons with the means to summon on-duty staff assistance:
    - (i) From resident units;
    - (ii) From common areas accessible to residents;
    - (iii) From corridors 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) 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 nonpay telephones:
  - (a) In each building located for ready access by staff persons; and
  - (b) On the premises with reasonable access and privacy by residents.
- (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 telephone lines.
- (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) In resident rooms, spaces and areas, including sleeping, treatment, diagnostic and therapeutic, the design and installation of the private operating mode fire alarm as allowed and described in NFPA 72, National Fire Alarm and Signaling Code, shall be permitted. Only the attendants and other personnel required to evacuate occupants from a zone, area, room, floor, or building shall be required to be notified when the private operating mode is used.

#### **Statement of Problem and Substantiation:**

The WACs as they currently exist do not address the use of private mode fire alarm systems. Fire alarm horns can be disruptive to staff's ability to assemble or evacuate residents, especially in memory care settings. Private mode fire alarm signaling, where staff is notified of the emergency through staff cards and by horns/strobes, is already accepted for use in hospitals and nursing homes. I am proposing that language be added to the WAC to address its use in assisted living. I am not sure that this is the correct location, but since the private mode fire alarm usually ties into the nurse call system, this seems like the best place. My suggested text is what was just approved for nursing homes and assisted living buildings serving more than 16 residents in Florida.

388-78A-2930(5) In resident rooms, spaces and areas, including sleeping, treatment, diagnostic and therapeutic, the design and installation of the private operating mode fire alarm as allowed and described in NFPA 72, National Fire Alarm and Signaling Code, shall be permitted. Only the attendants and other personnel required to evacuate occupants from a zone, area, room, floor, or building shall be required to be notified when the private operating mode is used.

This comment is not original material, its resources (if known) is as follows: Florida amendments to the 2104 edition of the FGI Guidelines for design and construction of Residential Health, Care and Support Facilities adopted as State regulation.

#### **Cost Impacts:**

This change will not increase construction costs. Cost of the transmitters for fire alarm to communicate with staff cards could be offset by savings in not having to provide fire alarm horns.

#### **Benefits:**

Recognizes that assisted living residents, especially those in memory care, are generally incapable of self-preservation and that noise associated with horns often works counter to staff's ability to orderly evacuate residents in case of an emergency. Aligns WAC language with other codes.

#### **Discussion Notes:** repeats for 40, 41, 42, 43, 44

Recommendation introduces provisions of pendants and call devices, clarify language of telephone

services, 5 & 6 new components wireless internet, telemedicine services. WIFI accessible to all levels of the building; supports that concrete construction does interfere with connectivity. Increase in need for additional repeaters to improve the connectivity issues in relation to construction design, increase costs but necessary. Is there a range requirement for these?

Necessity concerns and reimbursement to clinics for Telemedicine, not necessarily for the venue of ALF residents. Need to consider the addition of a room to serve the technology, FGI meeting lighting, space availability, etc... Rural impacts are large due to lack of room and understanding of telemedicine for residents. Lack of room should not be a problem because should be in place now for privacy reasons. Difficult to get doctors to visits facilities. Telemedicine may be necessary. Vendors reportedly supplied the equipment in some circumstances. What about management of records this way?

Internet services spread outside of the building. Outdoor areas call systems are of concern for use, abuse, and privacy. Need to be sure the systems are functioning, not just ‘capable’. Records of checks to provide hard information for inspectors. No current regulation for testing. But there are universal standards, preventative maintenance in working order.

Range considerations for in building and range outside the building. What about internet security and concern around nefarious activity? What about backup systems for interference and regular checks. What is regular? Agree this is important but already have a functioning systems. Any given day may not work or will work, comparably to our personal cell phones and home internet. Proactive approach—facility can show actively maintain the position. Concerned about a double edge maintenance proof and occasional inspector non function.

There should be a range requirement in the building and outside as well. There are good systems out there to ensure the call buttons work and response times can be tracked. The equipment being used in my buildings was provided by the physician. This would be a large cost increase. Concerned about residents making changes to medications and care without the facility being notified.

Recommendations include wanting language in the WAC to require facilities to ensure call systems in the facility works. There should be a system to electronically track if the system worked and response times. There is not a requirement for testing at this time. We find with wireless system they work at times and at other times they don’t. So we need to check regularly to ensure the systems are working in all areas of the building. If you check you will know the system is not working and backup systems can be put in place. The WAC is already in place to ensure working call systems are in place.

Advisory opinion:   Support /           Support with Modifications X           Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		O	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 044:**

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**Submitter:** Department of Social and Health Services, Residential Care Services  
**Section:** 388-78A-2930 Communication System

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**Proposal:** Revise/Add text as follows:

- (1) The assisted living facility must:
  - (a) Provide residents and staff persons with the means to summon on-duty staff assistance:
    - (i) From resident units;
    - (ii) From common areas accessible to residents;
    - (iii) From corridors 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) 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 nonpay telephones:
  - (a) In each building located for ready access by staff persons; and
  - (b) On the premises with reasonable access and privacy by residents.
- (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 telephone lines.
- (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.

**Statement of Problem and Substantiation:**

For discussion-Medical alert systems such as a necklace and wristband buttons rely on batteries and WiFi to be functional. Cellular connections can be weak based on wireless coverage and compromised. The range from the call button to the base station must be considered in order to know if the signal can activate the alarm. This will depend on the layout of the resident's room, construction, and potential interference factors. There is no current standard for the maintenance of these systems to assure that the connectivity is working consistently between the resident room and the base station.

**Cost Impacts:**

This will not increase construction costs.

**Benefits:**

Residents need to have functional medical alert systems in place to be able to get assistance in a medical crisis to reduce the risk of further injury and possible death in an emergent event.

**Discussion Notes:** repeats for 40, 41, 42, 43, 44

Recommendation introduces provisions of pendants and call devices, clarify language of telephone services, 5 & 6 new components wireless internet, telemedicine services. WIFI accessible to all levels of the building; supports that concrete construction does interfere with connectivity. Increase in need for additional repeaters to improve the connectivity issues in relation to construction design, increase costs but necessary. Is there a range requirement for these?

Necessity concerns and reimbursement to clinics for Telemedicine, not necessarily for the venue of

ALF residents. Need to consider the addition of a room to serve the technology, FGI meeting lighting, space availability, etc... Rural impacts are large due to lack of room and understanding of telemedicine for residents. Lack of room should not be a problem because should be in place now for privacy reasons. Difficult to get doctors to visits facilities. Telemedicine may be necessary. Vendors reportedly supplied the equipment in some circumstances. What about management of records this way?

Internet services spread outside of the building. Outdoor areas call systems are of concern for use, abuse, and privacy. Need to be sure the systems are functioning, not just ‘capable’. Records of checks to provide hard information for inspectors. No current regulation for testing. But there are universal standards, preventative maintenance in working order.

Range considerations for in building and range outside the building. What about internet security and concern around nefarious activity? What about backup systems for interference and regular checks. What is regular? Agree this is important but already have a functioning systems. Any given day may not work or will work, comparably to our personal cell phones and home internet. Proactive approach—facility can show actively maintain the position. Concerned about a double edge maintenance proof and occasional inspector non function.

There should be a range requirement in the building and outside as well. There are good systems out there to ensure the call buttons work and response times can be tracked. The equipment being used in my buildings was provided by the physician. This would be a large cost increase. Concerned about residents making changes to medications and care without the facility being notified.

Recommendations include wanting language in the WAC to require facilities to ensure call systems in the facility works. There should be a system to electronically track if the system worked and response times. There is not a requirement for testing at this time. We find with wireless system they work at times and at other times they don’t. So we need to check regularly to ensure the systems are working in all areas of the building. If you check you will know the system is not working and backup systems can be put in place. The WAC is already in place to ensure working call systems are in place.

**Advisory opinion:**   **Support /**      **Support with Modifications X**      **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		X	X	X	X	X	O	O	O	/	O	X	O

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### **Proposal 045 :**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2950 Water Supply

**Proposal:** Revise/Add text as follows:

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 maintain~~ 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) 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.

~~(3)~~ (4) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;

(4) (5) 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

~~(5)~~ (6) 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.

(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.

#### **Statement of Problem and Substantiation:**

Existing reference for cross control is not current. Proposal seeks to clarify reference documents and introduce new general design requirements consistent with the intent of nationally recognized plumbing code and design guide for assisted living facilities. 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:**

This change will not increase construction costs.

#### **Benefits:**

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

#### **Discussion Notes:**

Minor edits. Not retroactive. Clarify that this section pertains to new construction only.

**Advisory opinion:    Support /        Support with Modifications    X        Do not Support    O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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#### **Proposal 046:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2950 Water Supply

**Proposal:** Revise/Add text as follows:

The assisted living facility must:

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- (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) Maintain 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 American Water Works Association, in effect on the date a construction review fee is paid to the department of health, construction review services;
- (3) Provide hot and cold water under adequate pressure readily available throughout the assisted living facility;
- (4) 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, if facility is unable to provide hot water between 105°F and 120°F a system repair should be initiated immediately and a plan to mitigate should be established.; and
- (5) Label or color code nonpotable water supplies "unsafe for domestic use."

**Statement of Problem and Substantiation:**

This regulations should specify the cross-connections requirements. The provider should not need to reference another resource (the edition of Cross-Connection Control Manual, published by the Pacific Northwest Section of the American Water Works Association); 2) It is not realistic to expect that hot water temperature always be 105-120 degrees Fahrenheit when this is dependent upon the systems that may need repairs. In the instances where a system breakdown occurs, it should be acceptable for he provider to initiate a repair and mitigation plan until the system is functioning again.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Minor edits. Not retroactive.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	/	/	/	/	/	X	/	X	/	X	/

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**Proposal 047:**

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**Submitter:** Depart of Health, Construction Review Services

**Section:** 388-78A-2980 Lighting

**Proposal:** Revise/Add text as follows:

- (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 20 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:**

Lighting has a larger role in resident well-being than would be indicated by the current WAC. This element of the built environment deserves more attention. This proposal is a placeholder to provide the opportunity for a broader discussion by all interested parties.

#### **Cost Impacts:**

This change will not increase construction costs. 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.

#### **Benefits:**

(No response)

#### **Discussion Notes: repeats 47, 48, 49**

Recommendations include prescription standards for foot candle measures, or an 'average' included; memory care versus rest of facility with clarification on lux, lumens, LED alternatives which take into account times of day for natural light effects ie dusk.

**Advisory opinion:    Support /        Support with Modifications X        Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	O	X	X	X	X	X	ABSTAIN	ABSTAIN	X	X	X

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#### **Proposal 048:**

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**Submitter:** LeadingAge Washington



**Section:** 388-78A-2980 Lighting  
**Proposal:** Revise/Add text as follows:

- (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.~~
- (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.
- (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.~~

**Statement of Problem and Substantiation:**

1) Subsection (2) seems unnecessary. If the light bulb of a resident's lamp goes out in their apartment is it realistic to expect the assisted living can provide bulbs that meet each resident's 'preference and choice'?; 2) Specifying lighting guidelines rather than referring to IESNA recommendations.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:** repeats 47, 48, 49

Recommendations include prescription standards for foot candle measures, or an 'average' included; memory care versus rest of facility with clarification on lux, lumens, LED alternatives which take into account times of day for natural light effects ie dusk.

**Advisory opinion:** Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	ABSTAIN	X	X	X

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**Proposal 049:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2980 Lighting

**Proposal:** Revise/Add text as follows:

- (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.
- (3) New assisted living facility construction must, at a minimum, meet and maintain 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 or that portion of the assisted living facility that underwent construction review.
- ~~(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.~~

#### Statement of Problem and Substantiation:

There are other sources of energy (solar, for example) thus it isn't necessary to call out 'electric' for light fixtures and lighting. Combining (3) and (4) would simplify the language of the regulation.

#### Cost Impacts:

(No response)

#### Benefits:

Simplification.

#### Discussion Notes: repeats 47, 48, 49

Recommendations include prescription standards for foot candle measures, or an 'average' included; memory care versus rest of facility with clarification on lux, lumens, LED alternatives which take into account times of day for natural light effects ie dusk.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	O	O	/	X	X	X	ABSTAIN	ABSTAIN	X	X	X

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#### **Proposal 050:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-2990 Heating-Cooling—Temperature.

**Proposal:** Revise/Add text as follows:

The assisted living facility must: meet the temperature control requirements for interior environments of the building code and as adopted by the Washington State Building Code Council

(1) Equip each resident-occupied building with ~~an approved~~ a heating system capable of maintaining a minimum temperature of 70°F in resident occupied areas. ~~per the building code~~. 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.

(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 time, as specified in the latest edition of ~~"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 operation;

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

(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.

### **Statement of Problem and Substantiation:**

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.

### **Cost Impacts:**

This change will not increase construction costs.

### **Benefits:**

Allows for new design solutions to meet requirements of section.

### **Discussion Notes:**

Minor edits-housekeeping. Correct referenced external documents. Thermostat height.

Recommendation to support various options based on room use/dimensions as opposed one rule to shoe horn all. For example, if there is a two bed room we could run into a disagreement about the temperature. Recommended wording about if there is a two bedroom one thermostat in each room or in the unit for studios. Is this retro? No this is all for new construction. In a one bed room we have one thermostat provided the scenario of two room with one shared toilet room. Requested consideration of this. There should be a different WAC regarding memory care. Whatever

maximizes the consumer's choice.

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 051:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-2990 Heating-Cooling—Temperature

**Proposal:** Revise/Add text as follows:

The assisted living facility must:

- (1) Equip each resident-occupied building with an approved heating system capable of maintaining a minimum temperature of 70°F per the building code. 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.
- (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 time, as specified in the latest edition of "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;
- (4) Prohibit the use of portable space heaters unless approved in writing by the Washington state director of fire protection; and
- (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 thirty 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.

**Statement of Problem and Substantiation:**

We would like to discuss this with the advisory group to better understand what DOH and DSHS intends to require. We think there could be a way to simplify how this section is worded.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Proposal withdrawn.

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 052:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-2990 Heating-Cooling—Temperature

**Proposal:** Revise/Add text as follows:

The assisted living facility must:

- (1) Equip each resident-occupied building with an approved heating system capable of maintaining a minimum temperature of 70°F per the building code. 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.
- (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 time, as specified in the latest edition of "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;
- (4) Prohibit the use of portable space heaters unless approved in writing by the Washington state director of fire protection; and
- (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 thirty 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.

**Statement of Problem and Substantiation:**

Placeholder for discussion—this is an area where a change in requirement could trigger additional

costs, particularly as it relates to applicability. If expensive new standards for mechanical heating and cooling systems are triggered through renovation and remodel projects, it may impact provider's ability to upgrade the physical plant. This is an area that requires accurate modeling and pricing.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Proposal withdrawn.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 053:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3000-Ventilation

**Proposal:** Revise/Add text as follows:

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) 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 screen that may restrict or hinder escape or rescue through emergency exit openings.

**Statement of Problem and Substantiation:**

Clarifies the basis of design and review for licensed facilities.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Clear identification of applicable standards and general editorial improvements.

**Discussion Notes: repeated in 53, 54**

CRS clarifying language. Eliminates old language where other laws negate. I1 versus R2 designation requires much higher ventilation requirements. This is specific to building code not regulations. Higher standard of ventilation is a very difficult to meet. It is the Department of Health requiring the increased ventilation. This was an area of concern when in a building code meeting and this is being looked at. This is a Washington issue at this moment. Building codes will be looked at starting this fall.

**Advisory opinion:**    **Support /**            **Support with Modifications X**            **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 054:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3000-Ventilation

**Proposal:** Revise/Add text as follows:

The assisted living facility must:

(1) Ventilate rooms to:

(a) Prevent excessive odors or moisture; and

(b) Remove smoke.

~~(2) Designate and ventilate smoking areas, if smoking is permitted in the assisted living facility, to prevent air contamination throughout the assisted living facility;~~

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

(4) Prohibit screens that may restrict or hinder escape or rescue through emergency exit openings.

**Statement of Problem and Substantiation:**

Alleviates confusion. Smoking is not permitted in assisted living facilities.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes: repeated in 53, 54**

CRS clarifying language. Eliminates old language where other laws negate. I1 versus R2 designation requires much higher ventilation requirements. This is specific to building code not regulations. Higher standard of ventilation is a very difficult to meet. It is the Department of Health requiring the increased ventilation. This was an area of concern when in a building code meeting and this is being looked at. This is a Washington issue at this moment. Building codes will be looked at starting this fall.

Advisory opinion: Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		O	/	O	/	/	/	/	/	O	O	/	/

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**Proposal 055:**

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**Submitter:** Department of Health, Construction Review Services  
**Section:** 388-78A-3010 Resident Room-Room Furnishings-Storage  
**Proposal:** Revise/Add text as follows:

WA 388-78A-3010 Resident Units

- 1) General characteristics
  - a) Units must have lever door hardware and lockable entry doors with, e
  - b) Residents may not enter a room through a resident unit or resident bedroom
  - c) 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.
- 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 one bedroom unit with separate living and sleeping rooms
  - c) A two bedroom unit with separate living and sleeping rooms
  - d) 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; and
      - (a) The private apartment includes a resident sleeping room, a resident living room, and a private bathroom; and
      - (b) The total square footage in the private apartment equals or exceeds two hundred twenty square feet excluding the bathroom; and
      - (c) There are no more than two residents living in the apartment; and
      - (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:
  - (1) Including areas under furniture which the resident can move, and areas of door swings and entryways into the sleeping room.
  - (2) 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
- d) Miscellaneous: Each sleeping room must have
  - i) One or more outside windows with:
    - (1) Window sills at or above grade, with grade extending horizontally ten or more feet from the building; and
    - (2) 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;

### **Statement of Problem and Substantiation:**

Proposal seeks to separate existing and new built environments requirements from existing furnishing requirements and clarify standards for resident units.

### **Cost Impacts:**

This change will increase construction costs. Staff assisted areas may increase design square footage costs. 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).

### **Benefits:**

Seeks to ensure better resident and caregiver environments by better articulating requirements and intent of rule.

### **Discussion Notes:**

1 a. Missing part of the proposal.

1 c. Pointing out bariatric residents could be discriminatory. Discussed interferences/setbacks with meeting the CR requirement and Seattle city requirements. Do I have to turn someone away if they are obese and I don't have a bariatric designed room? We should leave this out to prevent the possibility of discrimination. Recommended we look towards other studies to determine required accessibility. How would 1c be quantified? Are these guidelines cumulative? Are they the same as ADA rooms or are they different? These are not necessarily the same people.

This rule seems to be more appropriate in SNFs. Our facilities are running and 98% capacity. If

someone was admitted to our community they would have options off the rooms available. We would not move anyone else from their room to accommodate a new resident. So either we make the requirements 100 percent or we remove this idea. This should be at 100 percent. Whatever we could do to meet their safety and rights we should be doing. Bariatrics is a true problem in our community. We are not looking for the future enough as to where the state rules are taking us. Resident's choose their rooms and I don't want to end up having to move residents around because they need help.

3 a, b, c The specifics could inhibit creativity and innovation in units. The intent of this is not to put people in basements with a tiny window whole. Clarification required to reduce the possibility of miss interpretation of the original intent.

Calculation of sq ft when furnishing is in lieu of a closet equals lower available sq ft. For example, discussed wardrobes attached to the wall, the attaching of the wardrobe for safety concerns of it tipping reduces the available square footage of the room, leading to a room not meeting square footage requirements.

The dimensions of the bed, use of a recliner in place of a bed, and the subjective term 'comfortable' need further clarification.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	O	O

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### **Proposal 056:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3010 Resident Room-Room Furnishings-Storage

**Proposal:** Revise/Add text as follows:

- (2) The assisted living facility must ensure each resident ~~sleeping room~~ apartment contains:
- (a) A comfortable bed for each resident, except when two residents mutually agree to share a bed. 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.
  - ~~(b) 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.~~
  - (c) One or more comfortable pillows for each resident;
  - (d) Bedding for each bed, in good repair; and
  - (e) Lighting at the resident's bedside when requested by the resident.

**Statement of Problem and Substantiation:**

Many residents choose to sleep in a recliner. Resident choice should be respected. If a resident chooses to sleep in a recliner, it should not be required that each apartment has a bed.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Calculation of sq ft when furnishing is in lieu of a closet equals lower available sq ft. For example, discussed wardrobes attached to the wall, the attaching of the wardrobe for safety concerns of it tipping reduces the available square footage of the room, leading to a room not meeting square footage requirements.

The dimensions of the bed, use of a recliner in place of a bed, and the subjective term 'comfortable' need further clarification.

**Advisory opinion:**    **Support /**            **Support with Modifications**    **X**            **Do not Support**    **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	O		O	X	O	X	O	O	O	O	O	O	O	O

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**Proposal 057:**


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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3010 Resident Room-Room Furnishings-Storage

**Proposal:** Revise/Add text as follows:

- (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~~ closet or bureau 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.
- (2) The assisted living facility must ensure each resident sleeping room contains:
  - (a) ~~A comfortable~~ bed for each resident, except when two residents mutually agree to share a bed, or 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.
  - (b) 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.
  - (c) One or more comfortable pillows for each resident;
  - (d) Bedding for each bed, in good repair; and
  - (e) 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.
- (4) 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.
- (5) 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:**

The requirement for a lockable drawer should be revisited for those units in which individuals requiring dementia care are served. We are concerned about the requirement that furniture be ‘appropriate to age and physical condition’ given there is no generally accepted authority for these ratings. Additionally, residents are encouraged to personalize their rooms with their own furniture, including chairs and beds. A provider has no control over the condition of that furniture. We recommend elimination of subjective terms like ‘comfortable’. Some residents prefer the use of recliner for sleep, and that preference should be honored without triggering the need for an exception. Language is added to permit this practice.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Wants to maintain the language of bed size due to resident stature. There is a lot of subjectivity. A would like the vague language removed. This open up the facility’s to having resident request very expensive beds. A frequent complaint to the Ombuds is the size of the bed and comfort of the mattresses. This rule has to be applied across the board in the facility.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		O	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 058**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3011 Resident Room Furnishings

**Proposal:** Revise/Add text as follows:

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

(a) A comfortable bed for each resident, except when two residents mutually agree to share a bed.

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.

- (b) 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.
- (c) One or more comfortable pillows for each resident;
- (d) Bedding for each bed, in good repair; and
- (e) 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.
- (4) 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.
- (5) The assisted living facility must ensure each resident has either a sleeping room or resident living room that contains a sturdy 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:**

This was the more or less the second part of 3010 requirements for resident rooms. The goal of this proposal is to separate elements that could be reviewed in plan review vs what could be addressed after construction.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Revision seeks to identify elements that will be evaluated during plan review as opposed to those which are more appropriate to survey.

**Discussion Notes:**

To review the possible bed size assumes the bed size will always be the same. If someone moves in with a larger bed and reduce the clearance would this be an issue. This cannot be review before the building is completed. This is not reviewable at construction submission.

Often a room gets customized based on resident choices. There should be some basic items required; however, residents should be able to make choices about exactly what is in the room.

We want to be careful not to erode resident right to have what they want in their rooms.

**Advisory opinion:    Support /            Support with Modifications X            Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	O		X	O	O	O	O	O	O	O	X	O	O	O

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**Proposal 059:**

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**Submitter:** Department of Health, Construction Review Services  
**Section:** 388-78A-3020 Calculating Floor Space  
**Proposal:** Revise/Add text as follows:

~~Usable floor space in a resident's sleeping room is calculated by measuring from interior wall-surface to interior wall-surface:~~

~~(1) Including:~~

~~(a) Areas under moveable furniture; and~~

~~(b) Areas of door swings and entryways into the sleeping room.~~

~~(2) Excluding:~~

~~(a) Areas under ceilings less than seven feet six inches high;~~

~~(b) Closet space and built-in storage;~~

~~(c) Areas under counters, sinks, or appliances; and~~

~~(d) Bathrooms and toilet rooms.~~

**Statement of Problem and Substantiation:**

Consolidation of like requirements. Information moved to new section 3010.

**Cost Impacts:**

This change will not increase construction costs.

**Benefits:**

Consolidation of like requirements. Information moved to new section 3010.

**Discussion Notes:**

Information moved to new section 3010.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	/		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 060:**

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**Submitter:** Department of Health, Construction Review Services  
**Section:** 388-78A-3030 Toilet rooms and bathrooms  
**Proposal:** Revise/Add text as follows:

- (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, 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, 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:
- (a) Designate toilet rooms containing more than one toilet for use by men or women;
  - (b) Designate bathrooms containing more than one bathing fixture for use by men or women, unless the bathroom is identified as single resident use only;
  - (c) 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;
  - (d) 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;



- (e) Provide reasonable access to bathrooms and toilet rooms for each resident by:
  - i. Locating a toilet room on the same floor or level as the sleeping room of the resident served;
  - ii. Locating a bathroom on the same floor or level, or adjacent floor or level, as the sleeping room of the resident served;
  - iii. Providing access without passage through any kitchen, pantry, food preparation, food storage, or dishwashing area, or from one bedroom through another bedroom; and
- (f) Provide and ensure toilet paper is available at each common-use toilet.
- (8) ~~In assisted living facilities issued a project number by construction review services on or after September 1, 2004, for construction related to this section, t~~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:
  - (a) One-half inch or less threshold that may be a collapsible rubber water barrier;
  - (b) A ~~minimum~~ nominal size of thirty-six inches by forty-eight inches; ~~and~~
  - (c) ~~Single lever faucets located within thirty-six inches of the seat so the faucets are within reach of persons seated in the shower.~~
- (9) 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:

- (X) The assisted living facility must ensure 25% of all resident use:
  - a. Bathing fixtures 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
  - b. Toileting facilities are designed to support staff assisted use with:
    - i. Toilets located between 24" and 30" away from side walls
    - ii. Bi-lateral swing up grab-bars between 14"-18" from the centerline of the toilet; 32" above the finished floor; and extending a minimum of 6" from the front of the toilet.

### Statement of Problem and Substantiation:

- 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

**Cost Impacts:**

This change will increase construction costs. Increase in construction costs likely to be made up by reduced resident and staff injury and resident satisfaction.

**Benefits:**

See substantiation. Proposal ensures discussion of these relevant issues.

**Discussion Notes: repeats in 60, 61 62**

Language clean up. This would require custom made grab bars. Comments include changes on grab bar requirements. There is a conflict with the accessibility code. This is different and goes above and beyond. In accessible rooms this would not be allowed, in all other rooms it would be permitted. This forces the toilet area to be larger in memory care.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	X		X	X	X	X	X	X	X	X	X	X	X	X

**Proposal 061:**

**Submitter:** LeadingAge Washington

**Section:** 388-78A-3030 Toilet rooms and bathrooms.

**Proposal:** Revise/Add text as follows:

(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 toilet room 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:

- (a) Designate toilet rooms containing more than one toilet for use by men or women;
- (b) Designate bathrooms containing more than one bathing fixture for use by men or women;
- (c) 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;
- (d) 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~~;

- (e) Provide reasonable access to bathrooms and toilet rooms for each resident by:
  - (i) Locating a toilet room on the same floor or level as the sleeping room of the resident served;
  - (ii) Locating a bathroom on the same floor or level, or adjacent floor or level, as the sleeping room of the resident served;
  - (iii) Providing access without passage through any kitchen, pantry, food preparation, food storage, or dishwashing area, or from one bedroom through another bedroom; and
- (f) Provide and ensure toilet paper is available at each common-use toilet.
- (8) 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:
  - (a) One-half inch or less threshold that may be a collapsible rubber water barrier;
  - (b) A minimum size of thirty-six inches by forty-eight inches; and
  - (c) Single lever faucets located within thirty-six inches of the seat so the faucets are within reach of persons seated in the shower.

**Statement of Problem and Substantiation:**

Clarifies that the common-use toilet rooms and bathrooms requirements only apply to facilities that don't have private toilet rooms in every apartment. This does not apply to restrooms for staff and visitors in common areas. Also we question if subsection 8 is still necessary? Are facilities using roll-in type showers? Section 8 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 25% of all the bathing fixtures in the assisted living facility are roll-in type showers.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:** repeats in 60, 61 62

Language clean up. This would require custom made grab bars. Comments include changes on grab bar requirements. There is a conflict with the accessibility code. This is different and goes above and beyond. In accessible rooms this would not be allowed, in all other rooms it would be permitted. This forces the toilet area to be larger in memory care.

**Advisory opinion:**    **Support /**        **Support with Modifications**    **X**        **Do not Support**    **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		/	/	/	/	/	/	/	/	ABSTAIN	/	/	/

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**Proposal 062:**

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**Submitter:** Washington Health Care Association

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**Section:** 388-78A-3030 Toilet rooms and bathrooms

**Proposal:** Revise/Add text as follows:

- (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.
- (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 mirror with adequate lighting for general illumination.
- (4) For 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, 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, 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~~ thirteen 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:
  - (a) Designate toilet rooms containing more than one toilet for use by men or women;
  - (b) Designate bathrooms containing more than one bathing fixture for use by men or women;
  - (c) 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;
  - (d) 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;
  - (e) Provide reasonable access to bathrooms and toilet rooms for each resident by:
    - (i) Locating a toilet room on the same floor or level as the sleeping room of the resident served;
    - (ii) Locating a bathroom on the same floor or level, or adjacent floor or level, as the sleeping room of

the resident served;

(iii) Providing access without passage through any kitchen, pantry, food preparation, food storage, or dishwashing area, or from one bedroom through another bedroom; and

(f) Provide and ensure toilet paper is available at each common-use toilet.

(8) 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:

(a) One-half inch or less threshold that may be a collapsible rubber water barrier;

(b) A minimum size of thirty-six inches by forty-eight inches; and

(c) Single lever faucets located ~~within thirty-six inches of the seat so the faucets are~~ within reach of persons ~~seated in~~ using the shower.

#### **Statement of Problem and Substantiation:**

Given the fact that (7)(c) requires visual privacy for resident's, we are unclear why two or more toilets in a single bathroom would only count as one toilet. Not all showers are equipped with seats, as is implied in this requirement.

#### **Cost Impacts:**

(No response)

#### **Benefits:**

(No response)

#### **Discussion Notes: repeats in 60, 61 62**

Language clean up. This would require custom made grab bars. Comments include changes on grab bar requirements. There is a conflict with the accessibility code. This is different and goes above and beyond. In accessible rooms this would not be allowed, in all other rooms it would be permitted. This forces the toilet area to be larger in memory care.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		X	/	/	/	/	X	/	/	ABSTAIN	/	/	/

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#### **Proposal 063:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3040 Laundry

**Proposal:** Revise/Add text as follows:

- (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 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, 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 offsite 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 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.
- (8) The assisted living facility may combine areas for soiled laundry with other areas when consistent with WAC [388-78A-3110](#).
- (9) 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:**

Purpose of this proposal is to clarify intent of the rule and allow flexibility for how facilities may meet the requirements.

### **Cost Impacts:**

This change will not increase construction costs. Expect most new facilities have the support elements identified.

### **Benefits:**

Purpose of this proposal is to allow flexibility in how facilities meet the intent of the rule.

**Discussion Notes: repeats for 63, 64**

Clean up and clarification between commercial/residential/memory care. There should be a means to check the water temperatures if the facility is using heat as a sanitizer. In memory care the residents would never participate in their own laundry.

Concerns about the sink include that already have a sink in the dirty laundry room why would we need one in the clean side as well. Recommended modifications to allow one sink only. Would we be required to put in a hand sink as well? Or are we requiring the larger bulkier utility sink. It would be cumbersome to put in a sink as well as a folding table. It makes more sense to have the sink on the soiled laundry side. One sink should suffice. How many of you combined your utility room with your laundry room? Would like to see the sink issue removed from nursing and have it all combined in this WAC. If the concept of dirty areas goes away would the building still be able to soak soiled laundry.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		/	X	/	O	X	X	X	X	X	X	X	X

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**Proposal 064:**


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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3040 Laundry

**Proposal:** Revise/Add text as follows:

(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.

(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, 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.~~

**Statement of Problem and Substantiation:**

It isn't clear as to whose infection control practices this regulation is referring to. It is important this is clarified. Additionally, we felt that the co-mingled laundry requirements could be simplified and

we have a question about that definition of ‘soiled’. Does this include anything that is wet or just with bodily fluids?

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:** repeats for 63, 64

Clean up and clarification between commercial/residential/memory care. There should be a means to check the water temperatures if the facility is using heat as a sanitizer. In memory care the residents would never participate in their own laundry.

Concerns about the sink include that already have a sink in the dirty laundry room why would we need one in the clean side as well. Recommended modifications to allow one sink only. Would we be required to put in a hand sink as well? Or are we requiring the larger bulkier utility sink. It would be cumbersome to put in a sink as well as a folding table. It makes more sense to have the sink on the soiled laundry side. One sink should suffice. How many of you combined your utility room with your laundry room? Would like to see the sink issue removed from nursing and have it all combined in this WAC. If the concept of dirty areas goes away would the building still be able to soak soiled laundry.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		X	/	X	X	X	X	X	X	X	X	/	/

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**Proposal 065:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3040 Laundry

**Proposal:** Revise/Add text as follows:

- (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.
- (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, 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 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.
- (8) The assisted living facility may combine areas for soiled laundry with other areas when consistent with WAC 388-78A-3110.
- (9) 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:**

Placeholder for discussion-There has been confusion in previous years related to this requirement, particularly related to potential issues of resident safety, particularly for those with cognitive impairment, relative to the standard.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Proposal withdrawn.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 066:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3050 Day rooms

**Proposal:** Revise/Add text as follows:

(1) The assisted living facility must provide one or more day room areas in which residents may participate in social and recreational activities. Day room 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 for day room areas of:

~~(a) One hundred fifty square feet, or ten fifteen 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 areas with comfortable furniture and furnishings that meet the residents' needs; and,

(a) Furnishings and finishes must be easy to clean and capable of withstanding the cleaning materials and methods used.

(4) The assisted living facility should provide storage facilities appropriate to the types of activities provided in day room areas.

**Statement of Problem and Substantiation:**

Consolidate square footage requirements; call attention to material selection.

**Cost Impacts:**

This will not increase construction costs. This is consistent with general design for new construction.

**Benefits:**

Editorial

**Discussion Notes:**

Rename day rooms to 'common' rooms to match currently referenced terms. Remove CRS reference to 1988, potentially address in another section, if necessary. Remove subjective language.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 067:**

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**Submitter:** LeadingAge Washington  
**Section:** 388-78A-78A-3050 Day Rooms  
**Proposal:** Revise/Add text as follows:

(1) The assisted living facility must provide one or more day room areas in which residents may participate in social and recreational activities. ~~Day~~ common room 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 for ~~day~~ common room areas of:

(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~~ common room areas with comfortable furniture and furnishings that meet the residents' needs.

**Statement of Problem and Substantiation:**

The standard term for this is no 'common areas'. We updated his section to reflect this. Strike the reference to language that

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Rename day rooms to 'common' rooms to match currently referenced terms. Remove CRS reference to 1988, potentially address in another section, if necessary. Remove subjective language.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		X	/	X	/	/	X	X	X	X	/	/	X

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**Proposal 068:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3050 Day Rooms

**Proposal:** Revise/Add text as follows:

- (1) The assisted living facility must provide one or more day room areas in which residents may participate in social and recreational activities. Day room 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 for day room areas of:
  - (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 areas with comfortable furniture and furnishings that meet the residents' needs.

**Statement of Problem and Substantiation:**

This change simply eliminates subjective language.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Rename day room to common room to match currently referenced terms. Remove CRS reference to 1988, potentially address in another section, if necessary. Remove subjective language.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		/	/	/	/	/	/	/	/	O	/	/	/

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**Proposal 069:**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3070 Stairs-Ramps

**Proposal:** Revise/Add text as follows:

~~The assisted living facility must maintain nonskid surfaces on all stairways and ramps used by residents.~~

**Statement of Problem and Substantiation:**

Consolidate like requirements for the safety of the physical environment to new section 2703.

**Cost Impacts:**

This will not increase construction costs.

**Benefits:**

Editorial. Move information in this section to new section 2703 regarding safety of the built environment.

**Discussion Notes:**

Moved to 2703, see proposal #15.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 070:**


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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3080 Guardrails-Handrails

**Proposal:** Revise/Add text as follows:

~~(1) The assisted living facility must install and maintain sturdy handrails according to building code requirements, located:~~

~~(a) In halls and corridors, if necessary for resident safety;~~

~~(b) On each side of interior and exterior stairways with more than one step riser, unless the department approves in writing having a handrail on one side only; and~~

~~(c) On each side of interior and exterior ramps with slopes greater than one to twenty.~~

~~(2) The assisted living facility must install guardrails if the department determines guardrails are necessary for resident safety.~~

**Statement of Problem and Substantiation:**

Language of this rule revised and moved to new proposed section WAC 388-78A-2703 which addresses safety of the built environment.

**Cost Impacts:**

This will not increase construction costs.

**Benefits:**

New/relocated language clarifies intent of rule, new location consolidates like requirements.

**Discussion Notes:**

Moved to 2703. See proposal #15. Need to differentiate various types of rails.

Advisory opinion: Support / Support with Modifications **X** Do not Support **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	GFD		/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 071:**

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**Submitter:** LeadingAge Washington

**Section:**

**Proposal:** Revise/Add text as follows:

(1) The assisted living facility must install and maintain sturdy handrails according to building code requirements, located:

(a) In halls and corridors, if necessary for resident safety;

(b) On each side of interior and exterior stairways with more than one step riser, unless the department approves in writing having a handrail on one side only; and

(c) On each side of interior and exterior ramps with slopes greater than one to twenty.

(2) The assisted living facility must install guardrails if the department determines guardrails are necessary for resident safety.

**Statement of Problem and Substantiation:**

We'd like to understand what the definition of guardrails is and the department's criteria for determining whether or not they are required. Once we understand this, it may be necessary to add this to the WAC so it is clear for all providers.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Proposal withdrawn.

Advisory opinion: Support / Support with Modifications **X** Do not Support **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 072:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3080 Guardrails—Handrails

**Proposal:** Revise/Add text as follows:

- (1) The assisted living facility must install and maintain sturdy handrails according to building code requirements, located:
- (a) In halls and corridors, if necessary for resident safety;
  - (b) On each side of interior and exterior stairways with more than one step riser, ~~unless the department approves in writing having a handrail on one side only~~; and
  - (c) On each side of interior and exterior ramps with slopes greater than one to twenty.
- (2) The assisted living facility must install guardrails if the department determines guardrails are necessary for resident safety.

**Statement of Problem and Substantiation:**

Seeking points of clarification/discussion: Why is specific exemption language called out with this requirement? What is the definition for a ‘guardrail’, and how is it distinguished from a handrail? What is the process used by the department to determine if those guardrails are necessary?

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Moved to 2703, see proposal #15. Need to differentiate various types of rails. Amend language to either clarify the difference between guardrail and handrail, or clarify where and when they are used.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			/	X	/	/	X	/	/	/	X	/	/	/

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**Proposal 073**

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**Submitter:** Department of Health, Construction Review Services

**Section:** 388-78A-3090 Maintenance and Housekeeping

**Proposal:** Revise/Add text as follows:

- (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; 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:

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

### Cost Impacts:

This change will not increase construction costs.

### Benefits:

Editorial.

### Discussion Notes:

Minor edits with move to applicability section in #25.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			/	/	ABSTAIN	/	/	/	X	/	/	/	X	X

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### **Proposal 074:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3090 Maintenance and Housekeeping

**Proposal:** Revise/Add text as follows:

(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 work together maintains the resident's quarters in a safe and



sanitary condition; and

**Statement of Problem and Substantiation:**

There are often times where a resident will not maintain their apartment in safe and sanitary condition and refuse housekeeping provided by facility. How do we account for this? Especially in instances where the resident is hoarding.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Consider alternative verbiage to address this special concern.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	X	ABSTAIN	/	/	X	X	X	O	X	X	X

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**Proposal 075:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3090 Maintenance and Housekeeping

**Proposal:** Revise/Add text as follows:

(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; 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:**

Placeholder for discussion- seeking clarification on issue of ‘proximity’ for housekeeping supply rooms.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Proposal withdrawn.

**Advisory opinion:**    **Support /**        **Support with Modifications**    **X**        **Do not Support**    **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 076:**

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**Submitter:** Department of Social and Health Services, Residential Care Services

**Section:** 388-78A-3090 Maintenance and Housekeeping

**Proposal:** Revise/Add text as follows:

(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; and....

**Statement of Problem and Substantiation:**

For discussion-Medical alert systems such as a necklace and wristband buttons rely on batteries and WiFi to be functional. Cellular connections can be weak based on wireless coverage and compromised. The range from the call button to the base station must be considered in order to know if the signal can activate the alarm. This will depend on the layout of the resident’s room, construction, and potential interference factors. There is no current standard for the maintenance of these systems to assure that the connectivity is working consistently between the resident room and

the base station.

**Cost Impacts:**

(No response)

**Benefits:**

Residents need to have functional medical alert systems in place to get assistance in a medical crisis to reduce the risk of further injury and possibly death in an emergent event.

**Discussion Notes:**

Proposal withdrawn. (See proposal #44 for discussion notes relative to this concern.)

**Advisory opinion:**   **Support /**      **Support with Modifications** **X**      **Do not Support** **O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD	WD

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**Proposal 077:**

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**Submitter:** Washington Health Care Association

**Section:** 388-78A-3100 Safe storage of supplies and equipment

**Proposal:** Revise/Add text as follows:

The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;
- (3) Whether or not the supplies and equipment are commonly found in a private home, such as hand soap or laundry detergent; and
- (4) How residents with special needs are individually protected without unnecessary restrictions on the general population.

**Statement of Problem and Substantiation:**

Placeholder for discussion in the context of specialized dementia care.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

OSHA required. 'Except eye station per OSHA' be included. Eye wash stations are located where chemicals are. This could include laundry areas which could be accessible to residents.

Advisory opinion: Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			O	ABSTAIN	ABSTAIN	O	X	X	X	X	X	X	X	X

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**Proposal 078:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3120 Areas for cleaning & storing soiled equipment....laundry

**Proposal:** Revise/Add text as follows:

(1) The assisted living facility may combine areas used for storing, handling and cleaning soiled laundry and linens, areas used for cleaning and disinfecting soiled 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:

- (a) A two-compartment sink for handwashing and sanitizing;
- (b) A clinical service sink, toilet, or equivalent for rinsing and disposing of waste material;
- (c) A work counter or table;
- (d) Mechanical ventilation to the outside of the assisted living facility; and
- (e) Locked storage for cleaning supplies, if stored in the area.

**Statement of Problem and Substantiation:**

Clarifies that toilets can be used to dispose of waste.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Consider separating storage from processing soiled laundry. Waste from soiled laundry could be disposed of in toilet.

Advisory opinion: Support / Support with Modifications X Do not Support O

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	X	X	X	X	X	X	X	X	X	X	X

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**Proposal 079:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3120 Areas for cleaning & storing clean supplies and equipment

**Proposal:** Revise/Add text as follows:

~~The assisted living facility may combine areas used for handling and storing clean laundry, and areas used for storing, preparing and handling clean and sterile nursing supplies, equipment and medications, into a single area on the premises only when the assisted living facility:~~

- ~~(1) Equips the area with:~~
  - ~~(a) A handwashing sink; and~~
  - ~~(b) A work counter or table.~~
- ~~(2) Ensures that any work or function performed in the area is performed without significant risk of contamination from other sources; and~~
- ~~(3) Stores medications separate from all other stored items consistent with WAC 388-78A-2260.~~

**Statement of Problem and Substantiation:**

This may not be necessary based on our updates to WAC 388-78A-2920 and could be combined into one section to avoid redundancy.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

Consider soiled and clean areas be combined.

**Advisory opinion:**    **Support /**        **Support with Modifications X**        **Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			/	/	/	/	/	/	/	/	/	/	/	/

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**Proposal 080:**

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**Submitter:** LeadingAge Washington

**Section:** 388-78A-3130 Plant Restrictions

**Proposal:** Revise/Add text as follows:

The assisted living facility must conduct a safety risk assessment before ~~not~~ using 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:**

Many plants can be toxic to individuals depending on the amount ingested, etc. The facility should be able to conduct a risk assessment to determine whether or not a plant is appropriate for their community.

**Cost Impacts:**

(No response)

**Benefits:**

(No response)

**Discussion Notes:**

A complete list of poisonous plants is difficult to obtain. Many plants can be considered poisonous based on various factors including ingestion of large amounts of a plant. Instead of reviewing landscaping or list of plants it is recommended that a safety risk assessment be completed for residents on an individual basis, and included in the negotiated service plan.

**Advisory opinion: Support / Support with Modifications X Do not Support O**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
			X	/	X	/	/	/	X	/	/	O	/	X