

Assisted Living Facility Contract Requirements

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
ENTRANCE DATE		LICENSOR NAME	
Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint: Number _____			
<p>RCS has the authority to regulate to ALF contract requirements found within WAC 388-110 for all partially or fully funded state pay resident(s). For all contracts, the provider must develop and provide services as agreed upon in a negotiated service agreement developed according to WAC 388-78A including reasonable accommodations as required by RCW 70.129.</p> <p>Contract requirements pertain to state pay residents only. Select which contract(s) the ALF holds and complete the corresponding sections below. If none, check none and skip the rest of this form.</p> <p>Contracts: <input type="checkbox"/> AL <input type="checkbox"/> ARC <input type="checkbox"/> EARC <input type="checkbox"/> EARC-SDC <input type="checkbox"/> None</p>			
Assisted Living (AL) (WAC 388-110-140 and 388-110-150)			
Yes	No	Standard / Regulation	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Provide the following: 1. Intermittent Nursing services 2. Medication administration 3. Personal care services 4. Supportive services that promote independence and self-sufficiency 5. Provide generic personal care items 6. Access to on-site washing machine and dryer 7. Provide beverages and snacks	
<input type="checkbox"/>	<input type="checkbox"/>	Resident room – meeting the requirements of a type “B” dwelling after 09/01/2004: 1. Single occupancy room (no exemption required if spouse) 2. Private bathroom with sink, toilet, shower or bathtub 3. Kitchen with refrigerator, microwave or stove top, counter or table, kitchen sink 4. Lockable door 5. 220 sq feet (180 sq feet before 09/01/2004)	
<input type="checkbox"/>	<input type="checkbox"/>	Includes storage for utensils / supplies, counter surface with knee space and wired for phone (if new after 09/01/2004)	
<input type="checkbox"/>	<input type="checkbox"/>	Accessible mailbox	
<input type="checkbox"/>	<input type="checkbox"/>	Common areas: 1. Available at any time to residents 2. Smoke-free 3. Homelike 4. Outdoor areas	

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Assisted Residential Care (ARC) (WAC 388-110-240 and 388-110-150)			
Yes	No	Standard / Regulation	Notes
<input type="checkbox"/>	<input type="checkbox"/>	Providing personal care services	
<input type="checkbox"/>	<input type="checkbox"/>	Ability to lock resident unit door if desired	
Enhanced Assisted Residential Care (EARC) (WAC 388-110-220)			
Yes	No	Standard / Regulation	Notes
<input type="checkbox"/>	<input type="checkbox"/>	No more than two residents per room	
<input type="checkbox"/>	<input type="checkbox"/>	Provide the following: 1. Intermittent nursing services 2. Medication administration 3. Personal care services 4. Supportive services promoting independence and self-sufficiency	
Enhanced Assisted Residential Care – Specialized Dementia Care (EARC-SDC) (WAC 388-110-220)			
Yes	No	Standard / Regulation	Notes
<input type="checkbox"/>	<input type="checkbox"/>	No more than two residents per room	
<input type="checkbox"/>	<input type="checkbox"/>	Rooms: 1. Furnished and/or decorated to resident preference and needs 2. Accessible without staff assistance	
<input type="checkbox"/>	<input type="checkbox"/>	Providing the following: 1. Intermittent nursing services 2. Medication administration 3. Personal care services 4. Supportive services promoting independence and self-sufficiency 5. Provide generic personal care items	
<input type="checkbox"/>	<input type="checkbox"/>	Maintain either an EARC or AL contract in addition to EARC-SDC contract	
<input type="checkbox"/>	<input type="checkbox"/>	Full reassessment <u>semi-annually</u>	
<input type="checkbox"/>	<input type="checkbox"/>	24-hour awake staff responsive to resident's needs	
<input type="checkbox"/>	<input type="checkbox"/>	Additional policies for: 1. Wandering 2. Actions to be taken regarding elopement 3. Consultation resources to address behavioral issues	
<input type="checkbox"/>	<input type="checkbox"/>	Continuing Ed 12 hours / year requirement for staff to include 6 hours related to dementia.	

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<input type="checkbox"/>	<input type="checkbox"/>	Routine eating assistance to include: 1. Extensive assistance, oversight, supervision, cuing and encouragement 2. Occasional total assistance when applicable. Note: tube feeding and IV feeding are not required.	
<input type="checkbox"/>	<input type="checkbox"/>	Daily activities: 1. Opportunities for independent, self-directed activities 2. Individual activities 3. Group activities 4. Activities that accommodate variations in mood, energy and preferences – based upon individual resident schedules and interests	
<input type="checkbox"/>	<input type="checkbox"/>	Common areas: 1. Multiple and vary in size and arrangement 2. Provide opportunities for privacy, socialization and wandering 3. Garden area	
<input type="checkbox"/>	<input type="checkbox"/>	Outdoor area – At least one outdoor area: 1. Accessible without staff assistance. 2. Surrounded by walls or fences at least 72 inches high 3. Protected from direct sunshine and rain throughout the day 4. Firm, stable and slip resistant walking surfaces free of abrupt changes and appropriate for wheelchairs and walkers that encourage exploration and walking 5. Suitable outdoor furniture 6. No poisonous or toxic plants	
<input type="checkbox"/>	<input type="checkbox"/>	Public address system is used only for emergencies.	
Notes			