|  |  Attachment N **Assisted Living Facility Contract Requirements** |
| --- | --- |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| ENTRANCE DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Full **[ ]**  Follow up **[ ]**  Complaint: Number   |
| RCS has the authority to regulate to ALF contract requirements found within [WAC 388-110](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110&full=true#388-110-005) 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](https://app.leg.wa.gov/WAC/default.aspx?cite=388-78A&full=true) including reasonable accommodations as required by [RCW 70.129](https://app.leg.wa.gov/RCW/default.aspx?cite=70.129). 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.Contracts:  **[ ]**  AL **[ ]**  ARC **[ ]**  EARC **[ ]**  EARC-SDC **[ ]**  None |
| **Assisted Living (AL) (WAC** [**388-110-140**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-140) **and** [**388-110-150**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-150)**)** |
| Yes | No | Standard / Regulation | Notes |
| **[ ]**  | **[ ]**  | 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
 |  |
| **[ ]**  | **[ ]**  | 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)
 |  |
| **[ ]**  | **[ ]**  | Includes storage for utensils / supplies, counter surface with knee space and wired for phone (if new after 09/01/2004) |  |
| **[ ]**  | **[ ]**  | Accessible mailbox |  |
| **[ ]**  | **[ ]**  | Common areas: 1. Available at any time to residents
2. Smoke-free
3. Homelike
4. Outdoor areas
 |  |
| **Assisted Residential Care (ARC) (WAC** [**388-110-240**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-240) **and** [**388-110-150**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-150)**)** |
| Yes | No | Standard / Regulation | Notes |
| **[ ]**  | **[ ]**  | Providing personal care services |  |
| **[ ]**  | **[ ]**  | Ability to lock resident unit door if desired |  |
| **Enhanced Assisted Residential Care (EARC) (WAC** [**388-110-220**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-220)**)** |
| Yes | No | Standard / Regulation | Notes |
| **[ ]**  | **[ ]**  | No more than two residents per room |  |
| **[ ]**  | **[ ]**  | 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**](https://app.leg.wa.gov/WAC/default.aspx?cite=388-110-220)**)** |
| Yes | No | Standard / Regulation | Notes |
| **[ ]**  | **[ ]**  | No more than two residents per room |  |
| **[ ]**  | **[ ]**  | Rooms:1. Furnished and/or decorated to resident preference and needs
2. Accessible without staff assistance
 |  |
| **[ ]**  | **[ ]**  | 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
 |  |
| **[ ]**  | **[ ]**  | Maintain either an EARC or AL contract in addition to EARC-SDC contract |  |
| **[ ]**  | **[ ]**  | Full reassessment semi-annually |  |
| **[ ]**  | **[ ]**  | 24-hour awake staff responsive to resident’s needs |  |
| **[ ]**  | **[ ]**  | Additional policies for:1. Wandering
2. Actions to be taken regarding elopement
3. Consultation resources to address behavioral issues
 |  |
| **[ ]**  | **[ ]**  | Continuing Ed 12 hours / year requirement for staff to include 6 hours related to dementia. |  |
| **[ ]**  | **[ ]**  | 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.
 |  |
| **[ ]**  | **[ ]**  | 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
 |  |
| **[ ]**  | **[ ]**  | Common areas:1. Multiple and vary in size and arrangement
2. Provide opportunities for privacy, socialization and wandering
3. Garden area
 |  |
| **[ ]**  | **[ ]**  | 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
 |  |
| **[ ]**  | **[ ]**  | Public address system is used only for emergencies. |  |
| **Notes** |
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