
JOINT LEGISLATIVE EXECUTIVE COMMITTEE

OCTOBER 26, 2015

Residential Care Services Overview

- *Introduction to Residential Care Services (RCS)*
- *Workflow for complaints and inspections*
- *Overview of RCS process for Reviewing and Responding to Findings*
- *Top 5 RCS Licensed and Certified Provider areas of non-compliance and deficiencies*
- *Top 5 Citation categories and descriptions by provider type for FY 2010-2014*



Washington State
Department of Social
& Health Services

AL TSA Aging and Long-Term
Support Administration

Transforming Lives

Residential Care Services

The Aging and Long-Term Support Administration's Residential Care Services Division is responsible to protect and promote the health, safety, and well-being of individuals who are vulnerable and residing in Washington State's 3,700 facilities statewide. These include adult family homes, assisted living facilities, nursing homes, intermediate care facilities for individuals with intellectual disabilities, certified residential/supported living programs, and enhanced services facilities.

Residential Care Services provides comprehensive regulatory oversight, licensing, and certification of facilities. This includes investigating complaints and conducting timely surveys and enforcement activities related to facility/provider practice. These essential functions are performed using state and/or federal regulations; and in partnership with the entities including the Department of Health, the Washington State Long-Term Care Ombuds Program, Law Enforcement, Adult Protective Services, and the Attorney General's Office.

A professional team, comprised of over 300 nurses, social workers and managers conduct the in-person surveys/inspections, while delivering detailed reports outlining any deficiencies in practice and enforcement for Residential Care Services. At the forefront of staff interactions is to transform lives by promoting choice, independence, and safety through innovative services.

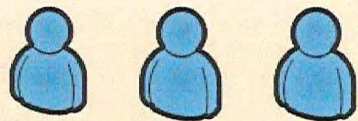
To reinforce a strong community safety network, Residential Care Services also relies on help from clients/residents, families, providers, Tribes, stakeholders and advocacy groups.

For more information on the Residential Care Services Division, please visit:

<https://www.dshs.wa.gov/altsa/residential-care-services/residential-care-services>.

RCS Complaint Reporting & Investigation

Complaint Reporters



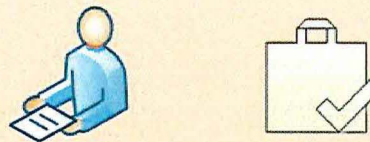
Provider Public Family Members

The Complaint Resolution Unit (CRU) hotline **1-800-562-6078** receives and prioritizes complaints regarding provider practice, including suspected abuse or neglect in long-term care settings including adult family homes, assisted living facilities, nursing homes, intermediate care facilities for individuals with intellectual disabilities, and certified residential/supported living programs.



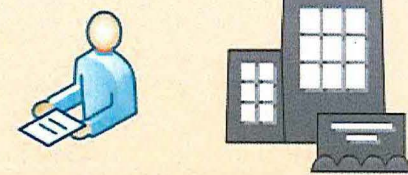
Calls or contacts the RCS Complaint Resolution Unit (CRU) with concern or incident

CRU Staff triage complaint and it may be assigned to the district field office for investigation



Triage

Complaint Investigation is conducted by RCS staff at the facility

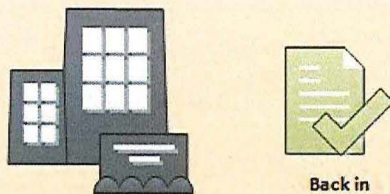


Depending on the nature and severity of the reported issue, reports may be referred to law enforcement, state professional licensing boards, Medicaid Fraud, Adult Protective Services or other state agencies.

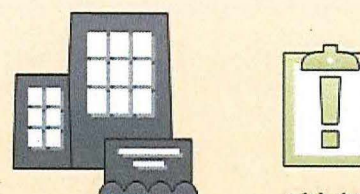
When an investigation is conducted, RCS checks for compliance with specific regulations that govern licensed/certified providers. Regulations address many important areas, but not all issues that impact a resident are potential regulatory violations.

The facility may remedy the enforcement action with a plan of correction. Follow-up visits by are made to ensure that regulation violations are corrected and the provider is back in compliance

If a violation is found, RCS may take enforcement action that ranges from imposing a monetary fine to revoking the license or certification.



Back in Compliance

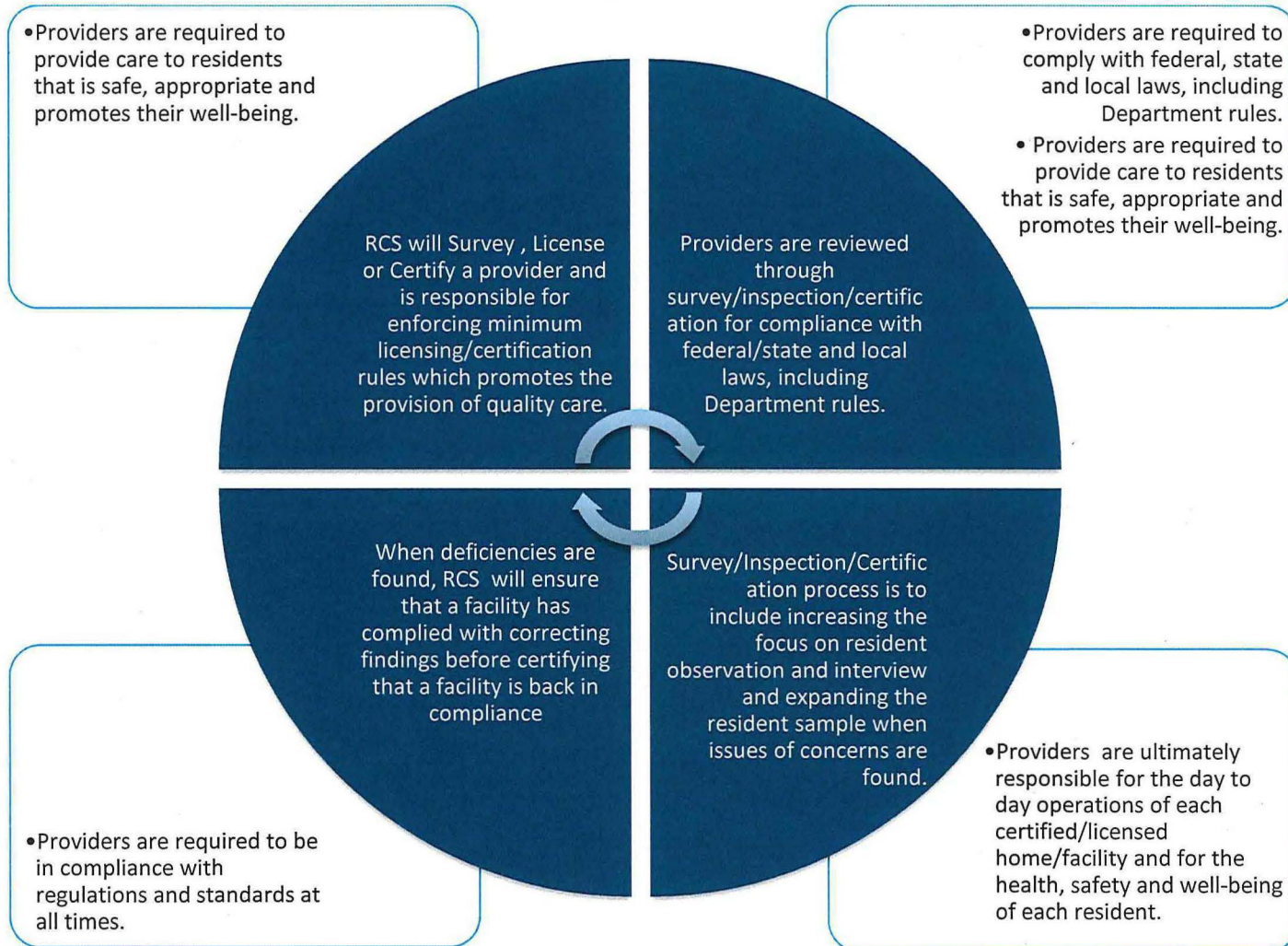


Violation



Residential Care Services Licensing Overview

Residential Care Services is responsible for licensing and regulating over 3,600 long-term care residential providers/facilities in Washington State, including nursing homes (NHs), assisted living facilities (ALFs), and adult family homes (AFHs). RCS also certifies Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID) and certified residential/supported living providers. RCS conducts quality assurance activities to ensure residents are protected from abuse, neglect and exploitation through surveys, licensing and certification inspections.



Overview of Residential Care Services' Process for Reviewing and Responding to Findings

Residential Care Services (RCS) is responsible for the licensing, certification and oversight of adult family homes, assisted living facilities, enhanced services facilities, nursing homes, certified residential community services (supported living), and Intermediate Care Facilities for Individuals with Intellectual Disabilities. Oversight is done through inspections and investigations with law and rule enforcement authority. RCS conducts provider practice investigations in all of our settings.

Licensors/surveyors investigate if there is a system break down in quality of care and services provided. Complaints about safety, medication, food, resident rights, and quality of life are some examples of provider practice investigations. [RCW 74.39A.060](#)

Below is a high-level overview of each licensed/certified setting definition, our role in inspections and investigations and the enforcement actions RCS is authorized to take if a provider is not in compliance with the regulations.

Adult Family Home (AFH) means a residential home in which a person or an entity is licensed to provide personal care, special care, and room and board to more than one but not more than six adults who are not related by blood or marriage to a licensed operator, resident manager, or caregiver, who resides in the home. Adult family homes may also be designated as a specialty home (on their AFH license) in one or more of the following three categories: Developmental Disability, Mental Illness, and Dementia if they meet all certification and training requirements. [Chapter 388-76 WAC](#)

- **Inspections and investigations:**
 - Initial licensing Inspections
 - Annual Inspections (at least every 18 months with an annual average of 15 months)
 - Revisit Inspection
 - Complaint Investigations
 - Monitoring Visits (follow-up to sanctions)
- **Enforcement actions:**
 - Denial of an application for a license;
 - Impose reasonable conditions on a license;
 - Impose civil penalties;
 - Order stop placement; and/or
 - Suspension or revocation of license

Assisted Living Facility (ALF) means any home or other institution, however named, which is advertised, announced, or maintained for the express or implied purpose of providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care, consistent with Chapter 388-78A WAC to seven or more residents. ALFs do not include group training

homes, independent senior living, or continuing care retirement communities which are subsidized by HUD. [Chapter 388-78A WAC](#)

- **Inspections and investigations:**
 - Initial licensing/Preoccupancy Inspections
 - Annual Inspections (at least every 18 months with an annual average of 15 months)
 - Revisit Inspection
 - Complaint Investigations
- **Enforcement actions:**
 - Deny, suspend, revoke, refuse to renew a license;
 - Suspend admissions to a facility;
 - Suspend admissions of a specific category of residents;
 - Impose conditions on a license;
 - Impose civil penalties of not more than \$100 per day per violation;
 - Impose civil penalties up to \$3000 per day per violation for interference, coercion, discrimination and/or reprisal by a facility.

Enhanced Services Facility (ESF) means a facility that provides treatment and services to persons for whom acute inpatient treatment is not medically necessary and who have been determined by the department to be inappropriate for placement in other licensed facilities due to the complex needs that result in behavioral and security issues. [Chapter 388-107 WAC](#)

- **Inspections and investigations:**
 - Initial licensing/Preoccupancy Inspections
 - Annual Inspection (at least once every 18 months)
 - Complaint investigations
- **Enforcement actions:**
 - Deny, suspend, revoke, refuse to renew a license;
 - Suspend, revoke, or refuse to issue or renew a license;
 - Order stop placement; or
 - Assess civil monetary penalties.

Nursing Home (NH) means any home, place or institution which operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who by reason of illness or infirmity, are unable properly to care for themselves. Skilled Nursing Facility (SNF) or "medicare-certified skilled nursing facility" means a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to medicare recipients under Section 1819(a) of the federal Social Security Act. [Chapter 388-97 WAC](#) ; [State Operations Manual, CH 7](#)

- **Inspections and investigations:**
 - Initial licensing/Preoccupancy

- Annual Inspections (at least every 15 months with an average 12 months)
- Revisit Inspection
- Complaint Investigations
- **Enforcement actions:**
 - Stop placement;
 - Immediate closure of a nursing home, emergency transfer of residents or both;
 - Civil fines;
 - Appoint temporary management;
 - Petition the court for appointment of a receiver in accordance with RCW 18.51.410;
 - License denial, revocation, suspension or nonrenewal;
 - Denial of payment for new medicaid admissions;
 - Termination of the medicaid provider agreement (contract);
 - Department on-site monitoring as defined under WAC 388-97-0001; and
 - Reasonable conditions on a license
 - For a SNF and/or a NF, RCS may also refer the facility to the Centers for Medicare and Medicaid Services (CMS) to impose remedies at the federal level.

Certified Community Residential Services and Supports (CCRSS) –also referred to as Supported Living-means instruction, supports, and services delivered by service providers to clients living in homes that are owned, rented, or leased by the client or their legal representative. [Chapter 388-101 WAC](#)

- **Recertification and investigation:**
 - On-site certification evaluation (anytime or at least every two years)
 - Complaint investigation
- **Enforcement actions:** (effective January 2016 in relation to HB1307)
 - Revoke the certification and terminate the residential services contract. Additionally for community protection programs:
 - Impose conditions on a service provider's certification status;
 - Suspend department referrals to the service provider;
 - Impose civil penalties of not more than \$150 per day; and
 - Impose a separate violation each day during which the same or similar action or inaction occurs.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) are residential settings designed to meet the needs of four or more individuals with intellectual disabilities who require twenty-four hour active treatment services. Many of the individuals have complicated physical or behavioral needs. All must qualify for Medicaid assistance financially. ICF/IID facilities are governed by both federal certification and state licensure rules. [ICF/IID 42 CFR Part 442, Subpart C](#)

- **Recertifications and investigations:**
 - Annual recertification (every 9-15 months with 12 month average)
 - Post recertification visits (as needed in relation to citations)

- Complaint investigations
- Post complaint investigations (as needed in relation to citations)
- **Enforcement actions:**
 - Termination of provider agreement
 - Denial of payment for all new admissions
 - Directed Plan of Correction
 - Directed In-service Training
 - State Monitoring
 - Additional actions could include those listed in specific program rules for ICF/IID facilities that also have an Assisted Living Facility or Nursing Home license.

Narrative Summary

TOP 5 RCS Licensed | Certified Provider

Areas of Provider Non-compliance and Deficiencies

Non-compliance causes – Survey and inspections reveal the following causes of non-compliance as:

1. Lack of understanding, knowledge and experience in operating a business.
2. Lack of effective quality assurance and monitoring activities by facilities to ensure continued compliance with the federal and state regulations.
3. Turnover of administrative personnel and direct caregivers.
4. Lack of resources to provide the care and services of residents with higher acuity needs.
5. Ongoing change of ownerships leading to inconsistent and fractured implementation of quality assurance systems.

Recommended Solution:

One recommended solution is to re-establish Quality Assurance Nurse (QAN) monitoring programs in nursing homes and Quality Improvement Consultant nurse programs in assisted living facilities. Creation of similar programs in adult family homes, supported living settings, intermediate care facilities, and enhanced services facilities can improve quality and education of providers.

Adult Family Home

FY2010-2014

Top 5 citation categories with description

Citation Category	Description
Administration- General	WAC's 388-76-10191 through 10230. This category covers general administration of the home including Liability insurance coverage, ensuring enough staff are in the home and readily available to meet client needs, personnel records, following the terms and conditions of a Medicaid contract, protection of resident funds, and reporting requirements for abuse, neglect, abandonment or exploitation of a resident
Negotiated Care Plan	WAC's 388-76-10355 through 10385. Includes the requirement to develop a plan of care for a resident within 30 days of admission and the timeframes for updates to the plan of care. Also covers requirements for who is involved in the plan and who signs the plan of care
Resident Medications	WAC's 388-76-10430 through 10490 Includes expectations of a system for medication delivery and monitoring, Documentation of medications resident refusal of medication, medication administration levels (from independence to total assist with medications), altering of medication (crushing or cutting pills), appropriate use of medication organizers, and policies for appropriate disposal of unused medication
Resident Rights	WAC's 388-76-10510 through 10615 Includes resident right to exercise civil and legal rights, and receive notice of his/her rights. The right to notice of all services and charges for the services, the right to know about the staff in the home, the right to privacy, voice grievances, have visitors, and have access to advocates, the right to personal space and storage, the right to telephone and mail privacy. The right to a safe and orderly discharge (if the discharge is appropriate). The right not to sign a waiver of liability.
Physical Plant Basic Requirements	WAC's 388-76-10685 through 10795. Includes bedroom size and bedroom capacity, the need to follow all federal, state and local building codes, requirement for common use areas, the need for grab bars in the bathroom, adequate water temperatures, adequate facility temperature, adequate water supply, window size, and safety and maintenance requirements

Assisted Living Facility

FY2010-2014

Top 5 citation categories with description

Citation Category	Description
Assessment and Monitoring	WAC's 388-78A-2060 through 2120 includes: preadmission assessment, qualified assessor, on-going assessments, resident participation in assessments, monitoring of resident's well-being.
Administration-Staff	WAC's 388-78A-2450 through 2489 includes: Quality assurance committee, background checks process and results, staff training, and Tuberculosis testing requirements for staff.
Administration-Safety and Disaster Preparedness	WAC's 388-78A-2600 includes: policies and procedures including supporting services that maintain or enhance the quality of life for residents including residents' decision-making rights; safety in the facility and procedures for reporting abuse; procedures for addressing residents' need for substitute decision-maker, end of life decisions, responses to emergencies, supervision of residents, resident grievances, etc.
Negotiated Service Agreement	WAC's 388-78A-2130 through 2160 includes: resident service agreement planning, the contents of the negotiated service agreement, signature and implementation.
Medications	WAC's 388-78A-2210 through 2290 includes: medication services, prescribed medication authorizations, non-availability of medications, alteration of medications, storage, resident-controlled medications, organization of medications and family assistance with medications and treatments.

Nursing Home

FY2010-2014

Top 5 citation categories with description

Citation Category	Description
Services Provided Meet Professional Standards	F 281: Assuring each discipline in the facility is acting in accordance with his/her professional standards. For example, nursing standards include the 5 Rights to be followed during medication administration (right resident, right drug, right dose, right route, right time). If a medication error occurs, professional standards were not followed. This tag may be cited any time a standard of practice for a discipline was not followed.
Infection Control, Prevent Spread, Linens	F 441: The facility must create and implement policies to prevent the spread of infections. The facility must also record and analyze in house infection data for quality assurance purposes. The facility must create a system for laundering and distribution of linens in a manor to prevent the spread of infections.
Free of Accident Hazards/Supervision/Devices	F 323: The facility must keep residents free from accidents and hazards, including the potential for accidents. The facility should keep the physical environment and all equipment in good repair. If the facility has an awareness a resident is a potential for injury (ie: history of falls), the facility must implement plans to minimize or eliminate the resident risk for injuries.
Provide Care/Services for Highest Well-being	F 309: This tag encompasses a number of areas in which the facility is expected to ensure the resident receives all necessary services to meet his/her highest level of function (and avoid a decline in that function unless the decline is reasonably expected related to the resident diagnosis). The categories in this tag include: dementia, dialysis, pain, hospice, non-pressure related skin ulcers, diabetes, fractures, and fecal impaction.
Drug Regimen is Free from Unnecessary Drugs	F 329: The facility will ensure the resident only takes the medications needed, in the lowest dose possible to address the problem, and will ensure the medication(s) do not have adverse consequences to the resident and the medications do not have the potential for an adverse reaction with other medications the resident is taking. The facility will ensure that all appropriate monitoring occurs with the medication (Blood pressure checks, blood sugar checks, labs) and the facility will attempt to reduce the dose periodically for those medications that are considered psychotropic medications. The facility will not inappropriately utilize psychotropic medications to control "unwanted" behaviors

Intermediate Care Facilities for Individuals with Intellectual Disabilities
(ICF/IID)

FY2010-2014

Top 5 citation categories with description

Citation Category	Description
Staff Treatment of Clients	Federal Tags: W149 - Facility failed to develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.
Program Monitoring and Change	Federal Tags: W263, A Specially Constituted Committee must review, approve and monitor all restrictive client programs to include physical restraints, restrictions and psychotropic medications. A Qualified Intellectual Disability Professional must also monitor and revise a client's Active Treatment plan when the client is regressing, losing skills or failing to progress.
Physician Services	Federal Tags: W322, Facility must provide preventative and general medical care to include assessment and treatment of acute and chronic conditions...and referral to specialists.
Evacuation Drills	Federal Tag: W440 thru W450, Drills occur each shift and once per quarter. Drills are held under varied conditions including varied time frames and exit locations. All drills are evaluated. Clients are physically evacuated at least once per year, per shift (versus mock evacuation).
Governing Body	Federal Tags: W262 and W263-The Specially Constituted Committee must review, approve and monitor all restrictive programs. Each restrictive program must be conducted with a written consent.

Certified Community Residential Services and Supports (Supported Living)

FY2010-2014

Top 5 citation categories with description

Citation Category	Description
4160: Mandated reporting to law enforcement	WAC 388-101-4160, Service provider must report to law enforcement when there is reason to suspect that the client was sexually or physically assaulted, or when there are concerning injuries, or at the client or guardians request.
3320: Client rights	WAC 388-101-3320, The client has the right to be free from harm including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment and financial exploitation.
3860: Positive behavior support plan	WAC 388-101-3860, Service provider must develop, train to and implement a written individualized positive support plan when a client takes psychotropic medications or has restrictive procedures including physical restraints.
4150: Mandated reporting to the department	WAC 388-101-4150, Service provider must report to the state complaint hotline when there is reasonable cause to believe a client was abandoned, abused, neglected, financially exploited, or sexually assaulted.
3630: Medication services— General.	WAC 388-101-3630, Service provider must ensure medications are given as ordered and in a manner that safeguards the client's health and safety.