

Long-Term Care Settings in Washington and Public Health

A training for Local Health Jurisdictions



Welcome



Training Materials

This presentation will be recorded.

After the presentation, we will email you:

- The presentation recording
- PowerPoint slides
- An evaluation survey

You can also access the presentation materials any time at our website:

[Outreach and Partnerships | Washington State Department of Health](#)



Why this Training?

In response to the pandemic and public health emergency.

[RCW 70.129.185](#) tasked us with developing training materials to help Local Health Jurisdictions (LHJs) when establishing and enforcing public health measures in Long-Term Care (LTC) settings. This includes training on:

- The state's LTC system
- LTC resident rights, including Due Process
- Developmental Disability settings and client rights
- Process for LHJs to report abuse, including when visitation is limited

Learning Objectives

By the end of the presentation, participants will

- Identify long-term care (LTC) settings in Washington and LTC resident rights.
- Understand the different types of healthcare services offered and staff available in LTC settings.
- Learn about LTC resident and client rights to Due Process.
- Know the process for reporting abuse of vulnerable adults.
- Name resources for consultation when making public health decisions that affect LTC residents or clients.



Housekeeping

- Your microphone is muted during presentation
- Use chat for questions
- Cameras optional
- Maintain confidentiality
- Stay present
- Apply knowledge
- Provide feedback!

Terms

- **AFH** – Adult Family Home
- **ALF** – Assisted Living Facility
- **CRU** – Complaint Resolution Unit
- **CCRSS** – Certified Community Residential Services and Supports
- **DSHS** – Department of Health and Human Services
- **DOH** – Department of Health
- **DSHS** – Department of Social and Health Services
- **ESF** – Enhanced Service Facility
- **ESP** – Essential Support Person
- **ICF/IID** – Intermediate Care Facilities for Individuals with Intellectual Disabilities
- **LHJ** – Local Health Jurisdiction
- **LTC** – Long-Term Care
- **NH** – Nursing Home
- **RCS** – Residential Care Services
- **RCW** – Revised Code of Washington
- **SNF** – Skilled Nursing Facility
- **WAC** – Washington Administrative Code

Part 1: Long-Term Care Facilities

in Washington State



Types of LTC Facilities

Long-term care facilities are state licensed or certified settings that help vulnerable adults with daily living, health care, and more in:



Assisted Living Facilities



Adult Family Homes



Enhanced Services Facilities



Nursing Home

Long-Term Care Facilities Vary In:

- State regulations
- Building size
- Services
- Types of people served
- Nursing care
- Specialty care
 - Mental health
 - Memory care
 - Developmental Disabilities
- Available technology



Services Required in LTC Facilities

Services	Requirements			
	Nursing Homes	Assisted Living Facilities	Enhanced Service Facilities	Adult Family Homes
Licensed Administrator	✓	✓	✓	✓
Medical Director	✓	✗	✗	✗
Director of Nursing	✓	✗	RN 20 hrs/wk Lic. Nurse 24/7	✗
Infection Preventionist	✓	✗	✗	✗
Minimum Staffing Requirements	✓	Sufficient Staffing	2 Staff/All Times	Sufficient Staffing
Social Services	✓	✗	✗	✗
Rehabilitative Services	✓	✗	Behavioral Health Rehabilitation	✗
Activities Program	✓	✓	✓	✗
Pharmacy/Medical Services	✓	✓	✓	✓
Meals/Nutrition Services	✓	✓	✓	✓
Laundry Services	✓	✓	✓	✓
Outside Agency Contracts	✓	✓	✓	✓

Who Lives in These Facilities?

“Residents” or “Clients” who:

- voluntarily live in these facilities.
- may receive none, some, or all of the services that are provided.
- may have complicated personal care needs and behavioral challenges.
- need support with activities of daily living.
- may have age related illnesses, underlying health conditions, developmental disabilities, and/or medical disabilities.
- may need increased supervision or require specialized memory care.
- have any of the above and may also benefit from increased socialization and activities.



Nursing Homes

Nursing Homes (NH)

Sometimes referred to as Skilled Nursing Facilities (SNF)

Provide a wide range of medical and personal care services, typically including:

- 24-hour nursing care and supervision.
- Help with everyday activities.
- Rehabilitation services, such as physical, occupational, and speech therapy.

Most residents have a semi-private room, meaning:

- They share a room with another resident.
- A curtain separates the beds.
- There is a shared bathroom.

Meals and activities take place in communal dining rooms and activity rooms.

Who Provides Care and Services at a NH?

- Medical director ([WAC 388-97-1700](#))
- Infection Preventionists
- Registered and Licensed Practical Nurses
- Registered and Certified Nursing assistants
- Physical and Occupational Therapists
- Kitchen/dietary staff
- Housekeeping
- Administrators and office personnel

What Rules are NHs Required to Follow?

Standards for the licensure, maintenance and operation in [chapter 18.51 RCW](#).

- The [Center for Medicare and Medicaid Services](#) oversees state certification of nursing home facilities.
- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division provides regulation and licensure for NHs [chapter 388-97 WAC](#).
- [42 C.F.R. Part 488, Subpart E](#) requires DSHS to conduct an unannounced full health survey or inspection at least every 15 months.



Assisted Living Facilities

Assisted Living Facilities (ALF)

- Have 7-200 residents.
- Larger buildings with multiple apartments or rooms designed to offer communal dining and group activities.
- For people who need help with daily care, but not as much help as a skilled nursing facility provides.
- Provides housing, meals, laundry, social activities, supervision, and varying levels of assistance with care, including:
 - health support services or intermittent nursing services
 - specialized care for people with mental health issues, developmental disabilities, or dementia

Who Provides Care and Services at an ALF?

- Administrators
- Direct Care Staff/Home Care Aide Certification
- Kitchen/Dietary
- Housekeeping

ALFs are **not required** to have:

- Infection Preventionist
- Medical Director
- Activities personnel
- Registered Nurses, Licensed Practical Nurses

What Rules are ALFs Required to Follow?

Standards for the licensure, maintenance and operation in [chapter 18.20 RCW](#). Assisted living facilities are licensed by the state.

- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division provides regulation and licensure for ALFs ([chapter 388-78A WAC](#)).
- DSHS inspects all ALFs at least every eighteen months with an annual average of fifteen months.



Adult Family Homes

Adult Family Homes (AFH)

- In residential neighborhoods.
- Typically in a house with multiple rooms for residents.
- Often single-family dwellings adapted to meet building requirement codes for an AFH.
- Over 4,000 licensed adult family homes across the state.
- Independently licensed and operated to care for between 2 and 8 residents.
- Provide room, board, medication services, laundry, necessary supervision, and 24-hour help with activities of daily living, personal care, and social services.
- Many AFH beds are Medicaid funded.

Who Provides Care and Services at an AFH?

Direct Care Staff required to have Home Care Aide Certification

- There must always be a staff member on site that assumes responsibility for residents' safety and well-being.
- An AFH may contract with a nurse to provide nursing services.
- No requirement to have a nurse on site.
- Providers offer varying levels of care based on their professional skills and qualifications, staff training, etc.

Each home must have one person responsible for managing the overall delivery of care to all residents (Provider or Resident Manager - required).

AFHs are **not** required to have an Infection Preventionist or a Medical Director.

An AFH health care provider may have a specialty certification or other contracts noted on their license: mental health, dementia, or developmental disabilities.

What Rules are AFHs Required to Follow?

AFHs are licensed by the state as outlined in [chapter 70.128 RCW](#).

- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division provides regulation and licensure for AFHs [chapter 388-76 WAC](#).
- The AFH health care provider is ultimately responsible for the day-to-day operations of each licensed adult family home ([RCW 70.128.130](#)).
- DSHS inspects AFHs every eighteen months, with an annual average of fifteen months ([RCW 70.128.070](#)).



Enhanced Service Facilities

Enhanced Service Facilities (ESF)

- An option for individuals whose complicated personal care and behavioral challenges do not require a psychiatric hospital setting.
- Focus on psychiatric stabilization and behavioral rehabilitation.
- Individuals are referred to an ESF from state psychiatric and community psychiatric hospitals.
 - Residents may have no other placement option due to their complex behavior, medical, chemical dependency and/or mental health needs.
- Offer behavioral health, personal care services, and nursing at a level that is not generally provided in other LTC settings.

Who Provides the Care and Services at ESFs?

- An ESF must have:
 - Enough staff to provide care and services consistent with each resident's needs
 - At least two staff on duty in the facility when residents are present.
 - A Registered Nurse on duty at least 20 hours/week on site and on call when not present.
 - A Licensed Nurse on duty whenever a registered nurse is not on site.
 - A mental health professional available at least 8 hours/day on site, and on call when not present
- ESF staff must have training in mental health and dementia specialized trainings consistent with [chapter 388-112A WAC](#)
- May also have specialized training for developmental disabilities.

ESFs are **not** required to have an Infection Preventionist or a Medical Director.

What Rules are ESFs Required to Follow?

ESFs are licensed by the state as outlined in [chapter 70.97 RCW](#).

- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division provides regulation and licensure for ESFs [chapter 388-107 WAC](#).
- An ESF may only admit residents that require daily care by or under the supervision of a mental health professional, chemical dependency professional, or nurse ([WAC 388-107-0030](#)).
- DSHS inspects ESFs every eighteen months, with an annual average of fifteen months ([RCW 70.97.160](#)).
- Standards for the licensure, maintenance, and operation in [chapter 70.97 RCW](#).

Self-Quiz True/False

There was no legislative mandate to provide this training. Someone just thought it might be a good idea.



Self-Quiz True/False

There was no legislative mandate to provide this training. Someone just thought it might be a good idea.

FALSE *RCW 70.129.185 mandates DSHS, DOH, State Office of LTC Ombuds, and LTC Representatives to develop training materials to educate the LHJs.*



Self-Quiz True/False

Long-term care facilities always have a nurse on duty for LHJs to contact about infection control issues and recommendations.



Self-Quiz True/False

Long-term care facilities always have a nurse on duty for LHJs to contact about infection control issues and recommendations.

FALSE *Each type of the four LTC facility types provide care and services based on the regulations that dictate required services. Nursing services may or may not be available in ALFs and AFHs. NH and ESF are required to provide this type of staffing or nursing availability.*



Self-Quiz True/False

Nursing Homes are the only facility type required to have an infection preventionist on staff at least 20 hours a week.



Self-Quiz True/False

Nursing Homes are the only facility type required to have an infection preventionist on staff at least 20 hours a week.

TRUE *It is a federal regulation all nursing homes must have an infection preventionist on staff as well as a medical director.*



Long-Term Care Facilities

RESIDENT RIGHTS

What are LTC Resident Rights?

- Legal rights that apply to all people who live in long-term care facilities.
- LTC resident rights are in **addition** to constitutionally protected civil rights and all other legal rights.

State	Federal
RCW 70.129.005	LTC Residents' Rights & Quality of Care
	The Americans with Disabilities Act
Apply to residents in nursing homes, assisted living facilities, enhanced services facilities, and adult family homes.	Apply to residents in nursing homes.

Why is it Important to Understand LTC Resident Rights?

- LTC residents have been disproportionately impacted and isolated during the COVID-19 pandemic.
- Over 50% of all Washington COVID-19 deaths have been associated with LTC facilities.
- Isolation disrupts care, exacerbates dementia, depression, suicide risk, and chronic health challenges.
- LTC residents may not have access or capabilities to use digital tools, which worsens their social isolation.
- LTC residents must retain their essential rights of life, liberty, and happiness, even during a public health emergency.

[\(Substitute House Bill 1218\)](#)

What is the Intent of LTC Resident Rights?

- Foster a sense of self-worth
- Do not go away during a public health emergency
- Serve to enhance quality of life for LTC residents by assuring that:
 - LTCFs provide appropriate services
 - Residents receive courteous treatment
 - Residents' basic civil and legal rights are protected
 - Residents can exercise reasonable control over life decisions
 - Residents have choices in participation, privacy, the opportunity to engage in religious, political, civic, recreational, and other social activities
 - LTCFs provide a safe, clean, comfortable, and homelike environment
 - Residents can use their personal belongings to the extent possible

Highlight of Rights Addressed in Long-Term Care Resident Rights

Chapter 70.129 RCW

- [70.129.060](#) Grievances
- [70.129.080](#) Mail and telephone privacy
- [70.129.090](#) Advocacy, access, and visitation rights
- [70.129.120](#) Restraints – Physical or chemical
- [70.129.130](#) Abuse, punishment, seclusion
- [70.129.140](#) Quality Life
- [70.129.185](#) **Training Materials for leadership and staff – Local Health Jurisdictions**
- [70.129.190](#) Right to Essential Support Person

The Right to Advocacy, Access, and Visitation ([RCW 70.129.100](#))

The **facility must not interfere with** access to any resident.

The following people must be able to access resident(s):

- Long-term care ombuds
- Any representative of the state (state agencies, state legislators, etc.)
- Resident's doctor

To protect others' rights, facilities can restrict resident's access to and access by:

- Resident's representative
- Family
- Other visitors (e.g., attorney, spiritual provider, counselor)

Residents have the right to deny or withdraw consent to any visitor.

With resident/representative permission, LTCFs must allow State Ombuds access to clinical records.

The Right to Quality of Life ([RCW 70.129.140](#))

The **facility** must promote care for residents in a manner that maintains or enhances dignity and respect in full recognition of their individuality using "reasonable rules" that protect residents' rights and quality of life.

LTC residents have the right to:

- Choose activities, schedules, and health care consistent with their interests, assessments, and care plans.
- Direct their own care (unless legally deemed incapacitated or incompetent).
- Interact with members of the community both inside and outside the facility.
- Make choices about parts of their life in the facility that are important to them.
- Organize and participate in resident groups in the facility.
- Receive services with reasonable accommodation of needs and preferences

The Right to an Essential Support Person ([RCW 70.129.190](#))

Essential Support Person (ESP): A person 18 years or older, designated by the resident or their representative, who is necessary for the resident's emotional, mental, physical well-being, and will help reduce the resident's confusion, anxiety, or emotional distress.

LTC residents must have access to an essential support person even when there are resident visitation limits due to a **public health emergency**.

- Facilities must provide private, in-person access to a support person if the resident lives in a shared room and the roommate does not consent, or if the visit cannot be conducted safely in a shared room.
- Facilities may place reasonable limits on access to protect the health and safety of residents, support persons, and staff.
- Any limitations that facilities develop must be reasonable and specific to the public health emergency or health or safety threat.
- Facilities may temporarily suspend an individual's ESP for a maximum of 48 hours.

LTC Facility Obligations

LTC facilities have a duty to protect and promote their residents' rights.

- LTC facilities must:
 - promote care in a manner and environment that maintains or enhances each resident's dignity and respect in full recognition of their individuality.
 - allow an essential support person access to a resident, especially when visitation may be limited due to a public health emergency.
 - allow resident access to state agencies even when visitation may be limited due to a public health emergency.

Due Process

- LTC residents keep their constitutional right to due process.
- “Due process” means that before the government deprives one of life, liberty, or property, the government must provide **notice, and opportunity to be heard and to object to the deprivation**.
 - Example: Isolation and quarantine ([WAC 246-100-055](#)).
- When applying public health interventions to LTC facilities, LTC residents have the same due process rights as any other Washington resident.

Self-Quiz (True/False)

LTC facilities have a responsibility to ensure residents rights are not violated.



Self-Quiz (True/False)

LTC facilities have a responsibility to ensure residents rights are not violated.

TRUE Facilities must promote care for residents in a manner that maintains or enhances resident dignity and respect in full recognition of their individuality using "reasonable rules" designed to protect the rights and quality of life of residents.



Self-Quiz (True/False)

The right of LTC residents to have visits from a designated essential support person applies during a public health emergency.



Self-Quiz (True/False)

The right of LTC residents to have visits from a designated essential support person applies during a public health emergency.

TRUE LTC residents must have access to an essential support person when limitations are placed on resident visitation due to a public health emergency.



Self-Quiz (True/False)

Facilities can place reasonable restrictions on how and when the LTC State Ombuds and other state agencies such as DSHS can access LTC residents during a public health emergency.



Self-Quiz (True/False)

Facilities can place reasonable restrictions on how and when the LTC State Ombuds and other state agencies such as DSHS can access LTC residents during a public health emergency.

FALSE The resident has the right and the facility must not interfere with access to any resident ([RCW 70.129.090](#))



Part 2: Developmental Disability Settings

In Washington State



Types of Certified Community Residential Services and Supports Settings

- Supported living (own home)
- Group homes
- Group training homes



Who Lives in These Settings?

Adults who need residential support across a broad spectrum of life areas and activities due to developmental or intellectual disabilities.

Supported Living

- Service provided helps clients living in their own homes with one to three others.
- Support varies from a few hours/day to 24 hours/day.
- Services are based on individual need and supports can be shared in the household.
- Services support client choice and full access to the greater community.
- Clients pay their own expenses and rent their own homes.

Group Training Homes and Group Homes

Group Training Homes	Group Homes
<ul style="list-style-type: none">• Community-based, residential facility.• Typically serves 5-12 clients.• 24-hour instruction and support services.• Clients pay monthly based on their income for food and shelter.• Owned by the provider.	<ul style="list-style-type: none">• Similar services as group training homes.• Licensed as assisted living facilities or adult family homes.• Owned by the provider.

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

- Federally certified program.
- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division regulates and certifies ICF/IIDs.
- Provide residential support and services to people with developmental disabilities.
- Provide individualized services that support or enhance client's individual skills and strengths.
- Typically, campuses have multiple cottages with multiple bedrooms.
- Washington state currently has 4 ICF/IID.

Developmental Disability Settings

CLIENT RIGHTS

Client Rights

- **Client:** a person who has a developmental disability and who has been determined to be eligible for services under [chapter 71A.16 RCW](#).
- Client rights are a separate body of rights and apply to people with developmental disabilities who receive services from DSHS.
- These rights apply to all clients **in addition** to their basic civil rights and LTC resident rights.
- Clients with developmental disabilities may live in a licensed LTC facility (such as an adult family home).
- See [chapter 71A.26 RCW](#).

Due Process of Rights

- Clients in developmental disability settings keep their constitutional right to due process.
- “Due process” means that before the government deprives one of life, liberty, or property, the government must provide **notice, and opportunity to be heard and to object to the deprivation.**
 - Example: Isolation and quarantine ([WAC 246-100-040](#)).
- When applying public health interventions, clients have the same due process rights as any other Washington resident.

Self Quiz (True/False)

All clients with intellectual or developmental disabilities live in LTC facilities.



Self Quiz (True/False)

All clients with intellectual and developmental disabilities live in LTC facilities.

FALSE Supported Living clients rent or own their homes and pay for their own personal expenses.



Self Quiz (True/False)

An adult receiving services due to an intellectual or developmental disability cannot live in an assisted living facility and must live in a group home or ICF/IID.



Self Quiz (True/False)

An adult receiving services due to an intellectual or developmental disability cannot live in an assisted living facility and must live in a group home or ICF/IID.

FALSE An assisted living facility may provide care and services for an adult with intellectual or developmental disabilities. These adults are protected by both LTC Resident Rights and Client Rights.



Self Quiz (True/False)

Having an intellectual or developmental disability does not limit a client's right to due process during a public health emergency.



Self Quiz (True/False)

Having an intellectual or developmental disability does not limit a person's right to due process during a public health emergency.

TRUE A client retains all rights to due process when recommending or enforcing public health orders.



Part 3: Reporting Abuse in Long-Term Care Settings



A Legal Right

LTC residents and clients have the right to be free from:

Verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

([RCW 70.129.130](#); [RCW 71A.26.030](#))

Physical restraint or chemical restraint.

([RCW 70.129.120](#); [RCW 71A.26.030](#))

Who Is a Vulnerable Adult?

A person is a vulnerable adult if they meet **any** of the following:

- 60 years of age or older with the functional, mental, or physical inability to care for themselves.
- Have a developmental disability as defined under [RCW 71A.10.020](#).
- Have been admitted to any LTC facility.
- Receive services from home health, hospice, or home care agencies licensed or required to be licensed under [chapter 70.127 RCW](#).

What Is Abuse of a Vulnerable Adult?

“Abuse” covers many ways someone may harm a vulnerable adult.

Abuse is intentional, willful, or reckless action or inaction that inflicts any of the following:

- injury
- unreasonable confinement
- intimidation
- punishment

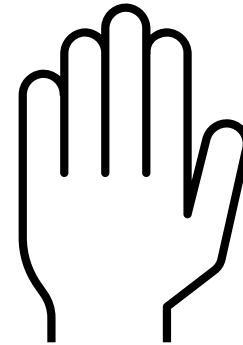
Types of Abuse

Types of abuse are defined in [RCW 74.34.020](#)

1. Physical
2. Mental
3. Sexual
4. Exploitation
5. Neglect
6. Improper use of a restraint
7. Involuntary seclusion

1. Physical Abuse

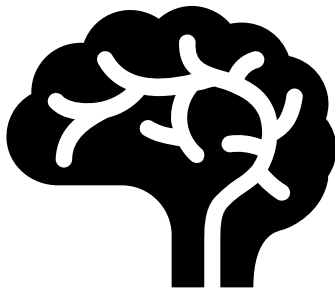
- Intentional bodily injury.
- Examples: slapping, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints.



Signs of Physical Abuse

- Bruises, black eyes, welts, lacerations, and rope marks
- Broken bones
- Open wounds, cuts, punctures, untreated injuries in various stages of healing
- Broken eyeglasses/frames
- Laboratory findings of medication overdose or under dose
- Reports being hit, slapped, kicked, or mistreated
- Sudden change in behavior
- Someone refusing to allow a person to have visitors alone

2. Mental Abuse



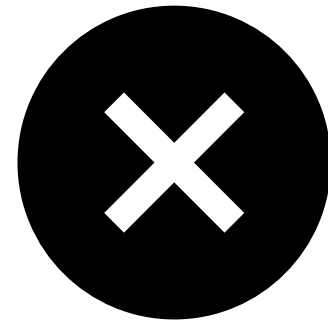
- Also called emotional abuse.
- Deliberately causing mental or emotional pain.
- Examples: intimidation, coercion, ridiculing, harassment, treating an adult like a child, isolating an adult from family, friends, or regular activity, use of silence to control behavior, and yelling or swearing which results in mental distress.

Signs of Mental or Emotional Abuse

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
- Nervousness around certain people
- Reports being verbally or mentally mistreated

3. Sexual Abuse

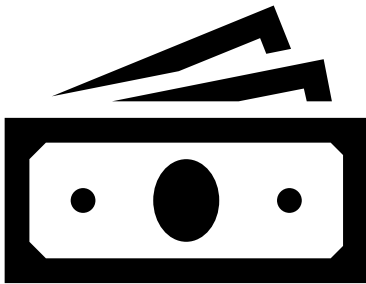
- Nonconsensual sexual contact.
- Examples: unwanted touching, rape, sodomy, coerced nudity, and sexually explicit photographing.



Signs of Sexual Abuse

- Bruises around the breasts or genital area
- Unexplained sexually transmitted infections (STIs)
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing
- Individual reports being sexually assaulted or raped

4. Exploitation



- When someone illegally or improperly uses a person or a person's resources or income for their own profit or gain.
- Examples: illegally withdrawing money out of someone's account, forging checks, and stealing things from someone's house.

Signs of Exploitation

Personal

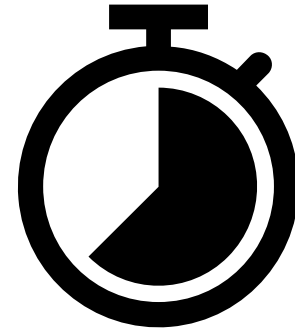
- Individual reports that personal exploitation is occurring.
- Individual is forced to do tasks for others against their wishes.
- Sudden change of an agent-in-fact on a power of attorney.

Financial

- Individual reports that financial exploitation is occurring.
- Unexplained discrepancy between known income and standard of living.
- Signing documents without full understanding of consequences.
- Possessions disappearing from household.
- Unexplained withdrawals from bank accounts.
- Sudden changes in banking practices.
- Sudden new names on bank accounts.
- Unusual bank transactions.

5. Neglect

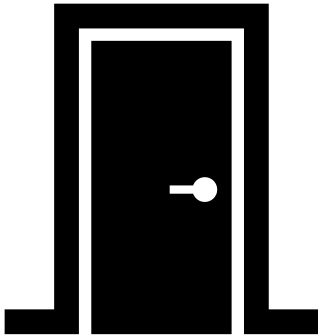
- When someone, either through action or inaction, deprives a person of the care needed to maintain their physical or mental health.
- Examples: not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care.



Signs of Neglect

- Dehydration, malnutrition, untreated bed sores and poor personal hygiene
- Unattended or untreated health problems
- Hazardous or unsafe living conditions (e.g., improper wiring, no heat or running water)
- Unsanitary and unclean living conditions (e.g., dirt, fleas, lice, soiled bedding, fecal or urine smell, inadequate clothing)
- Individual reports being neglected

6. Involuntary Seclusion



- Restricting someone's freedom to interact with others for extended periods of time against their will.
- Examples: Not allowing someone to see or talk to people they would normally see and talk to, not allowing them to use the telephone, prohibiting someone from sending or receiving personal mail, putting someone in a room and locking the door, placing a chair by a door so someone cannot exit.

Examples of Involuntary Seclusion

- Forcing someone to eat in their room
- Locking someone in their room
- Locking someone out of their residence
- Not allowing someone to participate in an activity or events
- Not allowing access to other community members

7. Improper Use of a Restraint

Improper use of a restraint is anything that restricts or controls a person's movement or behavior for convenience, discipline, or in a manner that:

- Is inconsistent with federal or state licensing or certification requirements for LTC facilities
- Is not medically authorized

For example, any physical, mechanical, or chemical interventions that inhibits someone's freedom and prevents them from participating in activities of daily living, negatively impacting their quality of life.



Types of Restraint

Physical: Using a manual method, obstacle, or physical or mechanical device or material that is not required to treat medical symptoms on or near the client's body to restrict their movement or access to their body for discipline or convenience.

Chemical: Using drugs that are not required to treat someone's medical symptoms for discipline or convenience.

Mechanical: Using a device attached to or near someone's body that they cannot easily remove to restrict freedom of movement or normal access to their body.

Examples of Improper Use of Physical and Mechanical Restraints

- Putting a person in a backwards facing onesie or clothing restraint.
- Putting a person under weighted blankets that they can't easily remove.
- Using a lift chair by tilting it back and then unplugging it so it stays in that position.
- Having a person sit in a bean bag chair they can't easily get up from without help.
- Not accommodating a person's wish to be out of bed and in their wheelchair because it's inconvenient for staff.
- Pushing or pulling a person without their consent.
- "Bear-hugging" a person as a calming intervention while they struggle to free themselves.

Signs of Improper Use of Chemical Restraints

- Exceptional drowsiness
- Unusual lethargy or inability to communicate
- Going to sleep at an uncharacteristically early time.
- Stating that improper use of restraints is occurring.

When to Report

- Report when there is reasonable cause to believe that abuse of a vulnerable adult has occurred ([RCW 74.34.035](#)).
- When in doubt, report it.
- You do not need proof to make a report.



Mandatory Reporting

[Mandatory reporters](#) are professionals identified by law who **must** make a report if they suspect any form of abuse has happened.

LHJ staff are mandatory reporters under the statutory definition of ‘social worker’ in [RCW 74.24.020](#):

- “Anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of vulnerable adults, or providing social services to vulnerable adults, whether in an individual capacity or as an employee or agent of any public or private organization or institution.”

You can make a [report](#) to Adult Protective Services even if you are not considered a mandatory reporter.

LHJs Have Greater Responsibility to Report during Public Health Emergencies

What: There is a greater responsibility on the part of the LHJ for noticing and reporting instances of abuse.

When: During public health emergencies, when visitation to licensed residential care settings may be limited.

Why: LHJ may be the only one to witness the abuse and act to help the resident in need.

First Priority When Reporting

Secure

- Protect the victim and other residents/clients from harm or further harm.
- If there is immediate danger, contact your local authorities or call 911.

Second Priority When Reporting

Report

- Report as soon as possible, **after the victim is safe**, to DSHS.
- There are three ways to make a report:
 - DSHS [Online Incident Report](#) form.
 - Email dshsaltsa.cru@dshs.wa.gov or
 - Call **1-800-562-6078**.
- Contact the medical examiner or coroner if there is reason to suspect that the death of a vulnerable adult was caused by abuse.

Third Priority When Reporting

Follow Up

- Connect with an ombudsman (representative for residents).
 - [How to find your regional LTC ombudsman](#)
 - [Office of Developmental Disabilities Ombudsman](#)
- Connect with the resident's support person or emergency contact.
- Work with facility administrators, doctors, and other medical personnel as needed.

What to Expect When Making a Report

To file the report, you need to:

- Identify the vulnerable adult
- Explain the nature and extent of the suspected abuse, neglect, exploitation, or abandonment
- Offer evidence of previous abuse, neglect, exploitation, or abandonment, if any
- Give the name and address of the person making the report
- Offer any other helpful information

DSHS makes every effort to keep the reporter's identity confidential.

- Exceptions may include court action, law enforcement involvement, or the reporter's consent to sharing ([RCW 74.34.040](#)).

If you report in good faith, you cannot be held liable for any damages resulting from reporting ([RCW 74.34.050](#)).

What to Expect After Making a Report



The Complaint Resolution Unit (CRU) at DSHS will review and prioritize reports for investigation ([RCW 74.34.063](#)).



When making the report, you can ask the CRU to follow up with you about the investigation outcome.



DSHS will respond to your report ([RCW 74.34.063](#)).



A DSHS staff member will contact you for more information ([RCW 74.34.067](#)).

Self-Quiz (True/False)

Anyone admitted to a LTC facility is considered a vulnerable adult.



Self-Quiz (True/False)

Anyone admitted to a LTC facility is considered a vulnerable adult.

TRUE Any adult who is receiving services at a LTC facility is considered a vulnerable adult.



Self-Quiz (True/False)

Abuse can result from a willful act or from willful inaction.



Self-Quiz (True/False)

Abuse can result from a willful act or from willful inaction.

TRUE Abuse can result from intentional, willful, or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment.



Self-Quiz (True/False)

Making sure I have all the accurate details before contacting the CRU should be my first priority when reporting.



Self-Quiz (True/False)

Making sure I have all the accurate details before contacting the CRU should be my first priority when reporting.

FALSE The first action to take is to make sure the resident/client is immediately protected from further harm.



Local Health Jurisdiction Toolkit

- Designed as a resource for LHJ leadership and staff.
- Provides guidance for establishing and enforcing public health measures in LTC settings.
- Offers a detailed overview of:
 - LTC settings in Washington
 - State and federal resident rights
 - Summary of legal protections for residents/clients
 - Process for reporting abuse or neglect for LHJs
 - Additional LTC setting WAC regulations for Infection, Prevention, and Control Practices
 - LTC Associations and Partners

Special Thanks

LTC Partners & Contributors

Adult Family Home Council

Comagine

LeadingAge

Washington Health Care Association (WHCA)

Public Health – Seattle King County

Chelan-Douglas Health District

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Questions?

Questions not answered from Chat will be answered in transcript



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.