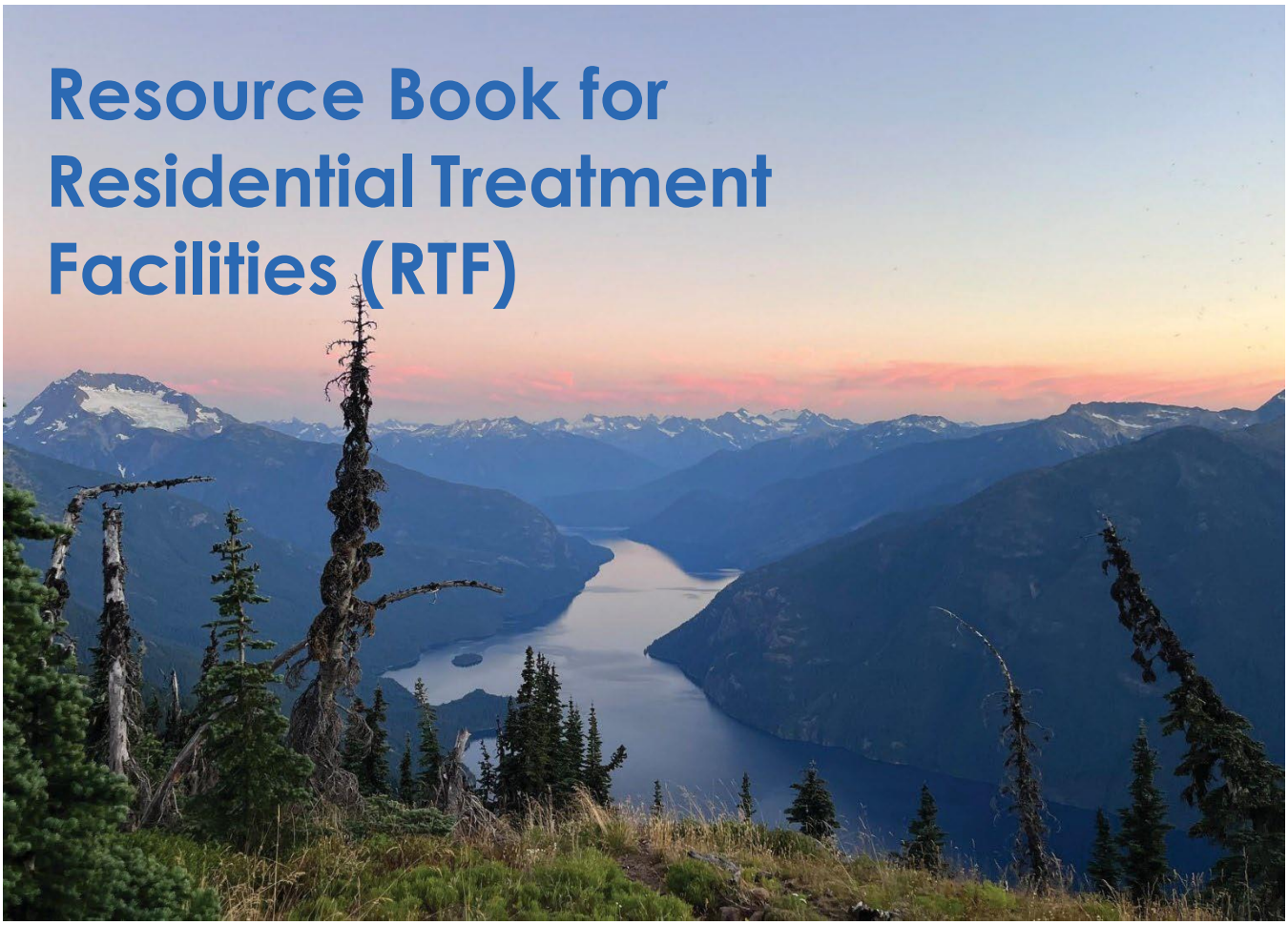
WASHINGTON STATE DEPARTMENT OF HEALTH

Resource Book for Residential Treatment Facilities (RTF)



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Executive Summary

Welcome to the Resource Book for Residential Treatment Facilities (RTF). The RTF is a facility in which 24-hour, on-site care is provided for the evaluation, stabilization, or treatment of residents for substance use, mental health, co-occurring disorders, or for drug- exposed infants. An RTF is defined by service to RCW 71.12 and adherence to WAC 246- 337 which provide the minimum standards any facility must achieve if it is to receive licensure from the Washington State Department of Health. This setting may provide substance use disorder and mental health services for adults and/or children.

The types of services provided in the RTF range from crisis triage, voluntary and involuntary evaluation and treatment, chemical dependency detoxification, short- and long-term care for chemical dependency and/or mental illness.

This resource book was first created by the Department of Health (DOH) in collaboration with community stakeholders to help everyone better understand the processes involved in creating and maintaining compliance with Washington State Administrative Code (WAC). It is only a guide and is intended to continually reflect the changes made to WAC 246-337 and regularly requested questions from the stakeholders. The original stakeholders included volunteers from various facility types and other governmental agencies, i.e., Division of Alcohol and Substance Abuse (DASA) and Mental Health Division (MHD) under the Department of Social and Health Services (DSHS) Health and Recovery Services Administration.

The guide attempts to provide additional guidance to the WAC through tips, links and notes. We always encourage you to review the most current WAC.

The RTF rule and resource book is available on our website. Should you need it in any other form or have any questions or comments, please contact us.

Contact us | Email customer service | Phone: 360-236-4700.

Chapter 246-337 WAC
Last update: December 24, 2018
Residential Treatment Facility

Scope and Purpose WAC 246-337-001

(1) This chapter implements chapter 71.12 RCW and sets the minimum health and safety standards for licensure and operations of twenty-four hour private, county or municipal residential treatment facilities (RTF) providing health care services to persons with mental disorders or substance abuse.

(2) These rules are intended to supplement other applicable federal, state and local laws, rules and ordinances. If any provision of this chapter is more restrictive than local codes and ordinances this chapter shall prevail over any less restrictive provision.

Note: It's always a good idea to always start by understanding applicable local codes and ordinances.

Definitions WAC 246-337-005

For the purpose of this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

(1) "Administrator" means an individual person responsible for managing the day-to-day operations of the residential treatment facility.

(2) "Adult" means an individual age 18 years or older.

(3) "Authorized" means mandated or permitted, in writing, by the administrator to perform an act that is within a health care provider's lawful scope of practice, or that was lawfully delegated to the health care provider or to the unlicensed staff member.

(4) "Bathroom" means a room containing at least one bathtub or shower.

(5) "Child" or "minor" means an individual under the age of 18. A child or minor may

include an infant as defined in subsection (17) of this section.

(6) “Communicable disease” means a disease caused by an infectious agent that can be transmitted from one person, animal, or object to another individual by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

(7) “Confidential” means information that may not be disclosed except under specific conditions permitted or mandated by law or legal agreement between the parties concerned.

(8) “Construction” means:

(a) The erection of a facility;

(b) An addition, modification, alteration or change of an approved use to an existing facility; or

(c) The conversion of an existing facility or portion of a facility for use as a RTF.

(9) “Co-occurring services” means services certified by the department that combine mental health services and substance use disorder services under a single RTF license.

(10) “Department” means the Washington State Department of Health.

(11) “Facility” means a building, portion of a building, or multiple buildings under a single RTF license.

(12) “Health assessment” means a systematic physical examination of the person's body conducted by an allopathic physician, osteopathic physician, naturopathic physician, allopathic physician's assistant, osteopathic physician's assistant, advanced registered nurse practitioner, registered nurse, or licensed practical nurse who is licensed under Title 18 RCW and operating within their scope of practice.

(13) “Health care” means any care, service, or procedure provided by a health care provider to diagnose, treat, or maintain a resident's physical or mental condition, or that affects the structure or function of the human body.

(14) “Health care prescriber” or "prescriber" means an allopathic physician, osteopathic physician, naturopathic physician, allopathic physician's assistant, osteopathic physician's assistant, or advanced registered nurse practitioner licensed under Title 18 RCW operating within their scope of practice who by law

can prescribe drugs in Washington state.

(15) "Health care provider" means an individual who is licensed, registered or certified under Title 18 RCW to provide health care within a particular profession's statutorily authorized scope of practice.

(16) "Health care screen" means a systematic interview or use of a questionnaire approved by a health care prescriber to determine the health history and care needs of a resident.

(17) "Infant" means a resident less than twelve months of age at the time of admission for pediatric transitional care services

(18) "Licensee" means the person, corporation, association, organization, county, municipality, public hospital district, or other legal entity, including any lawful successors to whom the department issues an RTF license.

(19) "Medication" means a legend drug prescribed for a resident by an authorized health care prescriber. Medication also means nonprescription drugs, also called "over-the-counter medications," that can be purchased by the general public without a prescription.

Note: Legend drug means drugs that are approved by the U.S. Food and Drug Administration (FDA) and that are required by federal or state law to be dispensed to the public only on prescription of a licensed physician or other licensed provider.

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(20) "Medication administration" means the direct application of a medication or device by ingestion, inhalation, injection, or any other means, whether self-administered by a resident, or administered by a parent or guardian for a minor, or an authorized health care provider.

(21) "Medication administration error" means a resident failing to receive the correct medication, medication at the correct time, the correct dose, or medication by the correct route.

(22) "Mental health services" means services certified by the department under chapter 246-341 WAC to evaluate, stabilize, or treat one or more residents for a mental disorder.

(23) "Parent or guardian" means:

(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under joint custody agreement; or

(b) An individual or agency judicially appointed as legal guardian or custodian of the child.

(24) "Pediatric transitional care services" or "PTCS" means short-term, temporary, health and comfort services for drug exposed infants according to the requirements of this chapter.

(25) "Pediatric transitional care services unit" means the distinct spaces within a facility used exclusively for the provision of pediatric transitional care services.

(26) "Resident" means an individual admitted to an RTF licensed under this chapter.

Note: "Resident" includes children accompanying parents to treatment.

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(27) "Residential treatment facility" or "RTF" means a facility in which 24-hour, on-site care is provided for the evaluation, stabilization, or treatment of residents for substance use, mental health, co-occurring disorders, or for drug exposed infants.

Note: Facilities in which individuals do not stay for 24 hours and do not provide 24-hour supervision are considered outpatient facilities and are not required to have an RTF license.

See resource #18 "Am I an RTF?"

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(28) "Restraint" means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a resident to move his or her arms, legs, body or head freely; or a drug or medication when used as a restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition. Restraint does not include momentary periods of minimal physical restriction by direct person-to-person contact, without the aid of mechanical or chemical restraint, accomplished with limited force and designed to:

(a) Prevent a resident from completing an act that would result in potential bodily harm to the resident or others or to damage property;

(b) Remove a disruptive resident who is unwilling to leave the area voluntarily; or

(c) Guide a resident from one location to another.

(29) "Seclusion" means the involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving.

(30) "Staff" means medical and administrative employees, independent contractors, trained caregivers, students, volunteers, and trainees performing duties at an RTF.

(31) "Substance use disorder services" means services certified by the department under chapter 246- 341 WAC to evaluate, stabilize, or treat one or more residents for alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(32) "Survey" means an inspection or investigation conducted by the department to evaluate and monitor a licensee's compliance with chapter 71.12 RCW and this chapter.

(33) "Toilet room" means a room containing a water closet (toilet).

(34) "Trained caregiver" means a noncredentialled, unlicensed person who may not provide medical care to infants, working under the supervision of a registered nurse as defined in RCW 18.79.020(6).

Initial Licensure WAC 246-337-010

An applicant may not open or operate an RTF until all requirements for licensure set forth in this section are met and the department has issued an initial, renewed, or amended RTF license listing the service type(s) approved to be provided in the RTF.

(1) Initial licensure. An applicant for an initial RTF license must submit to the department: submit to the department:

(a) A completed application on form(s) provided by the department, signed by the owner or legal designee;

(b) Disclosure statements and criminal history background checks obtained within the previous three months of the application date for the administrator in accordance with WAC 246-337- 055;

(c) The license fee specified in WAC 246-337-990;

(d) Policies and procedures in compliance with chapter 71.12 RCW and this chapter for review and approval by the department;

(e) A completed construction review application and fee, and functional program plan according to WAC 246-337-040;

Note: "Technical assistance" is available from the Construction Review Services (CRS) program to facilities either at the program offices or at the project location for a fee of $500 for each eight staff hours or fraction thereof - and may include:

- Information on the laws, rules and compliance methods and technologies applicable to the regulations
- Information on methods to avoid compliance problems
- Assistance in applying for permits, licensure or certification

Information on the mission, goals, and objectives of the program.

Assistance to parties constructing projects not required to be licensed or certified and voluntarily wish to comply with rules or guidelines in the interest of safety or best practices. More information about CRS is on our website.

(f) Written approval of the chief of the Washington State patrol, through the director of fire protection, as required by RCW 71.12.485 and chapter 212-12 WAC; and

(g) Other information as required by the department.

(2) An RTF license is effective for one year from the date it is issued.

(3) License renewal. At least thirty calendar days before the expiration date of the current license, the licensee must submit to the department:

(a) completed application on form(s) provided by the department;

(b) Disclosure statements and criminal history background checks obtained within the previous three months of the application date for the administrator in accordance with WAC 246-337-055;

(c) The renewal fee specified in WAC 246-337-990;

(d) Written approval from the chief of the Washington state patrol, through the director of fire protection, as required by RCW 71.12.485 and chapter 212-12 WAC; and

(e) Other information as required by the department.

Note: The department often sends out annual renewal notice reminders as a courtesy but there is no requirement to do so. To ensure the license does not lapse it is imperative the licensee keeps track of renewal dates.

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(4) License amendment. Prior to changing any of the service type(s) provided in the facility, number of resident beds, location or use of rooms, the physical structure of the facility, a change in the administrator, or a change in address, the licensee must submit to the department:

(a) Notification in writing of the intended change;

(b) A completed application on form(s) provided by the department;

(c) The administrative fee and other applicable fee(s) specified in WAC 246-337-990;

(d) A request to the department to determine the need for review by the department's construction review services and Washington state fire marshal;

(e) If changing service type, policies and procedures in compliance with chapter 71.12 RCW and this chapter for review and approval by the department; and

(f) If changing administrators, disclosure statements and criminal history background checks obtained within the previous three months of the application date for the administrator in accordance with WAC 246-337-055.

(5) Change of ownership. Prior to selling, leasing, renting or otherwise transferring control of an RTF that results in a change of the state Uniform Business Identifier Number, the licensee must submit to the department:

(a) The full name and address of the current licensee and prospective licensee;

(b) The name and address of the licensed RTF and the name under which the RTF will operate;

(c) Date of the proposed change;

(d) Plans for preserving resident records, consistent with WAC 246-337-095; and

(e) Other information as required by the department.

(6) A prospective new RTF owner shall apply for licensure by complying with subsection (1) of this section.

(7) An RTF license is not transferable.

(8) The licensee shall:

(a) Maintain and post a current RTF license in a conspicuous place on the premises;

(b) Provide services limited to each department approved service type; and

(c) Maintain the occupancy level not exceeding the licensed resident bed capacity of the RTF.

(9) Prior to issuing, renewing, or amending a license, the department shall:

(a) Review and approve the licensing application;

(b) Review and approve RTF policies and procedures according to this chapter, as applicable;

(c) Verify compliance with RTF construction standards according to this chapter, as applicable;

(d) Obtain written verification of compliance with RCW 71.12.485 and chapter 212-12 WAC administered by the Washington state patrol fire marshal fire protection service, as applicable; and

(e) Determine whether the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter.

(10) The department may issue a single RTF license to include two or more buildings on the same campus if the applicant or licensee:

(a) Meets the licensure requirements of chapter 71.12 RCW and this chapter; and

(b) Operates the multiple buildings as a single integrated system with governance by a single authority or body over all staff and buildings.

(11) For the purposes of this section, "campus" means an area where all of the RTF's buildings are located on contiguous properties undivided by:

(a) Public streets, not including alleyways used primarily for delivery services or

parking; or

(b) Other land that is not owned and maintained by the owners of the property on which the facility is located."

More information about RTFs is on our website.

WAC 246-337-015 Service types

A licensee must provide one or more of the following types of services in the RTF:

(1) Mental health services;

(2) Substance use disorder services;

(3) Co-occurring services; or

(4) Pediatric transitional care services.

Note: A licensee will need separate licenses for each designated service type.

WAC 246-337-021 On-site surveys, complaint investigations, and enforcement.

(1) To determine compliance with chapter 71.12 RCW and this chapter, the department may:

(a) Conduct unannounced on-site surveys after initial licensure; and

(b) Investigate complaints alleging noncompliance with chapter 71.12 RCW and this chapter.

(2) The licensee shall assist the department during on-site surveys and investigations in a cooperative manner.

(3) Notice of correction.

(a) When the department identifies deficiencies, it does not determine to be major, broadly systemic, or of a recurring nature, the department will issue the administrator a notice of correction according to RCW 43.05.100.

(b) The "notice of correction" will include:

(i) A description of the condition that is not in compliance and the text of the specific section or subsection of the applicable law or rule;

(ii) A brief statement of what is required to achieve compliance;

(iii) The date by which the department requires compliance to be achieved;

(iv) Notice of the means to contact any technical assistance services provided by the department or other sources of technical assistance; and

(v) Notice of when, where, and to whom a request to extend the time to achieve compliance for good cause may be filed with the department.

(4) Plan of correction.

(a) At the same time the department issues a notice of correction as identified in subsection of this section, the department will provide instructions on how the administrator will complete and submit a plan of correction.

(b) The "plan of correction" must be approved by the department and include:

(i) A statement that the administrator:

(A) Has or will correct each cited deficiency; and

(B) Will maintain correction of each cited deficiency.

(ii) A place for the administrator to describe the specific action(s) that must be taken to correct each cited deficiency;

(iii) A place for the administrator to indicate the individual responsible for assuring correction of each deficiency; and

(iv) A place for the administrator to indicate the time frame in which to complete the corrections.

(c) Time frames to correct each cited deficiency in the notice of correction must be approved by the department.

(d) Implementation of the corrective action must be completed within the approved time frame and is subject to verification by the department.

(e) The administrator or the administrator's designee shall:

(i) Complete, sign, date, and submit a written plan of correction to the department within ten business days of receiving a notice of correction; and

(ii) Submit to the department updated plans of correction as needed.

(5) Directed plan of correction.

(a) When the department identifies deficiencies, it determines to be broadly systemic, recurring, or of a significant threat to public health and safety, it will issue a directed plan of correction.

(b) The directed plan of correction will include:

(i) Direction from the department on the specific corrective action(s) required for the licensee to correct each cited deficiency; and

(ii) The time frames in which the department requires the licensee to complete each cited deficiency.

(c) The department may reduce the time frames in the directed plan of correction to the minimum necessary. Implementation of the directed corrective action(s) must be completed within the approved time frame and is subject to verification by the department.

(6) The department may deny, suspend, modify, or revoke an RTF license under chapters 71.12, 43.70, 34.05 RCW, and 246-10 WAC, if the applicant or licensees have:

(a) Failed to correct any deficiencies within the required time frames as described in subsections (3) through (5) of this section;

(b) Failed to comply with any other provision of chapter 71.12 RCW or this chapter;

(c) Failed to meet certification standards under chapters 71.05, 71.24, and 71.34 RCW;

(d) Been denied a license to operate a health care, child care, group care or personal care facility in this state or elsewhere, had the license suspended or revoked, or been found civilly liable or criminally convicted of operating the facility without a license;

(e) Committed, aided or abetted an illegal act in connection with the operation of any RTF or the provision of health care or residential services;

(f) Abandoned, abused, neglected, assaulted, or demonstrated in-difference to the welfare and well-being of a resident;

(g) Failed to take immediate corrective action in any instance of assault, abuse, neglect, or indifference to the welfare of a resident; or

(h) Retaliated against a staff member, resident, or other individual for reporting suspected abuse or other alleged improprieties.

(7) The department may summarily suspend a license pending a proceeding for revocation or other action if the department determines a deficiency is an imminent threat to a resident's health, safety, or welfare.

(8) A licensee may contest a department decision or action according to the provision of RCW 43.70.115, chapter 34.05 RCW, and chapter 246-10 WAC.

For more on surveys see our inspection process webpage.

WAC 246-337-025 Exemptions or alternative means and methods of compliance.

(1) An applicant or licensee may request an exemption or alternative means or methods of compliance from any part of this chapter by submitting a written request to the department that includes:

(a) The specific section, or sections, of rules for which the exemption or alternative means or methods of compliance is requested;

(b) An explanation of the circumstances involved;

(c) A proposed alternative that would ensure the safety and health of residents meeting the intent of the rule; and

(d) Any supporting research or other documentation.

(2) After review and consideration, the department may grant the request if the exemption or alternative means or methods of compliance does not:

(a) Negate the purpose and intent of these rules;

(b) Place the safety or health of the residents in the RTF in jeopardy

(c) Reduce any fire and life safety or infection control laws or rules; or

(d) Adversely affect the structural integrity of a facility.

(3) The department will send a copy of the exemption or alternative means or methods of compliance decision to the licensee, and shall maintain the exemption or alternative means or methods of compliance as part of the current RTF file. The licensee shall maintain the documented exemption or alternative means or methods of compliance decision on file in the RTF.

WAC 246-337-030 Retroactivity.

(1) Except as provided in sub-sections (2) and (3) of this section, any construction on or after August 20, 2005, must comply with this chapter.

(2) RTFs that are licensed and operating on August 20, 2005, may continue to operate without modifications to the facility, unless specifically required under this chapter, or as deemed necessary by either the local building official, the department, other licensing regulators, the state fire marshal, for the general safety and welfare of the occupants and public.

(3) Facilities providing pediatric transitional care services in a licensed capacity before January 1, 2019, are not subject to construction review by the department for an initial department of health license according to this chapter.

Note: This section relates to structural modifications only. General repair is not considered structural modification.

WAC 246-337-040 Construction review services requirements

(1) Prior to beginning any construction or remodeling, the applicant or licensee must submit an application and fee specified in chapter 246-314 WAC, if applicable, to the department and receive written authorization by the department to proceed.

(2) The requirements of chapter 246-337 WAC in effect at the time the application and fee are submitted to the department, and the project number as assigned by the department, apply for the duration of the construction project.

(3) All facilities seeking to be licensed and existing licensed facilities seeking to renovate, alter, add, or relocate shall comply with the state building code as adopted by the state building code council under the authority of chapter 19.27 RCW.

(4) In addition to subsection (3) of this section, facilities, or any portion of the facility, licensed in their capacity to provide mental health, substance use disorder, or co-occurring services must follow physical environmental requirements in this chapter

for new construction.

More information about guidelines are on our website.

(5) In addition to subsection (3) of this section, facilities, or any portion of the facility, licensed in their capacity to provide pediatric transitional care services shall comply with the following physical environmental standards:

(a) The 2014 edition of the Guidelines for Design and Construction of Hospitals and Outpatient Facilities as developed by the Facilities Guidelines Institute and published by the American Society for Healthcare Engineering of the American Hospital Association, 155 North Wacker Drive, Chicago, IL 60606 for new construction; and

(b) The following specific construction standards:

(i) All doors accessing the pediatric transitional care services unit are locked doors in accordance with the Washington state adopted building code;

(ii) All resident sleeping rooms have windows in the hallway wall or door to promote high visibility;

(iii) Security cameras, video only, installed at all entry points into the PTCS unit, in hallways outside all resident sleeping rooms, and in all designated parent visitation areas;

(iv) Telephones installed in all resident sleeping rooms;

(v) A communication system, wired or wireless, that provides staff the means to summon on-duty staff assistance from key areas such as resident sleeping rooms, common rooms, corridors, nurse station, and administrative offices; and

(vi) Emergency power. The licensee must have an emergency generator that:

(A) Meets the definition in the NFPA 99, Health care facilities, as adopted by the state building code council; and

(B) Provides a minimum of seventy-two hours of effective facility operation.

(6) Preconstruction. The applicant or licensee must request and attend a pre-submission conference with the department for projects with a construction value of two hundred fifty thousand dollars or more. The pre-submission conference shall be scheduled to occur at the end of the design development phase or the beginning of the construction documentation phase of the project.

(7) Construction document review. The applicant or licensee must submit accurate and complete construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. The construction documents must include:

(a) A written functional program, in accordance with RCW 71.12.470, outlining the types of services provided, types of residents to be served, and how the needs of the residents will be met including a narrative description of:

(i) Program goals;

(ii) Staffing and health care to be provided consistent with WAC 246-337-080 or 246-337-081, as applicable;

(iii) Infection control consistent with WAC 246-337-060;

(iv) Safety and security consistent with WAC 246-337-065;

(v) Restraint and seclusion consistent with WAC 246-337-110;

(vi) Laundry consistent with WAC 246-337-112;(vii) Food and nutrition consistent with WAC 246-337-111;

(viii) Medication consistent with WAC 246-337-105; and

(ix) Housekeeping.

Note: This plan is known as the written "functional program" as referenced in this section of the regulation.

(b) Drawings prepared, stamped, and signed by an architect or engineer licensed by the state of Washington under chapter 18.08 RCW. The services of a consulting engineer licensed by the state of Washington may be used for the various branches of the work, if appropriate;

(c) Drawings with coordinated architectural, mechanical, and electrical work drawn to scale showing complete details for construction, including:

(i) Site plan(s) showing streets, driveways, parking, vehicle and pedestrian circulation, and location of existing and new buildings;

(ii) Dimensioned floor plan(s) with the function of each room and fixed/required equipment designated;

(iii) Elevations, sections, and construction details;

(iv) Schedules of floor, wall, and ceiling finishes;

(v) Schedules of doors and windows - Sizes and type, and door finish hardware;

(vi) Mechanical systems - Plumbing and heating/venting/air conditioning; and

(vii) Electrical systems, including lighting, power, and communication/notification systems.

(d) Specifications that describe with specificity the workmanship and finishes;

(e) Shop drawings and related equipment specifications for:

(i) An automatic fire sprinkler system; and

(ii) An automatic fire alarm system.

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

(g) 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.

(8) Resubmittals. The licensee shall respond in writing when the department requests additional or corrected construction documents.

(9) Construction. The licensee or applicant shall comply with the following requirements during the construction phase:

(a) Assure conformance to the approved plans during construction;

(b) Submit addenda, change orders, construction change directives or any other deviation from the approved plans to the department prior to their installation; and

(c) Allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications.

(10) Project closeout. The licensee or applicant shall not use any new or remodeled areas until:

(a) The department has approved construction documents;

(b) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and

(c) The licensee or applicant notifies the department when construction is completed and includes:

(i) A copy of the local jurisdiction's approval for occupancy;

(ii) The completion date;

(iii) The actual construction cost; and

(iv) Additional information as required by the department.

Resource: See Resource 2 Functional Program for additional information.

Resource: See Resource 3 Resident Safety During Construction for more information about provisions for resident health, safety and comfort during construction.

More information about functional programs is on our website.

WAC 246-337-045 Governance and administration.

The licensee must establish a governing body with responsibility for operating and maintaining the RTF. The governing body must provide organizational guidance and oversight to ensure that resources support and staff provides safe and adequate resident care including, but not limited to:

(1) Adopting, periodically reviewing, and updating as necessary, policies that:

(a) Govern the organization and functions of the RTF including:

(i) A brief narrative explaining the scope of services provided;

(ii) An organization chart specifying the governing body, staff positions, and number of

full or part-time persons for each position; and

(iii) A policy addressing the provision of sufficient resources such as personnel, facilities, equipment, and supplies to meet the needs of the population served;

(b) Provide a process for communication and conflict resolution for both staff and residents;

(c) Provide clear lines of authority for both management and operation of the RTF; and

(d) Implement the requirements of this chapter and ensure they are:

(i) Kept current;

(ii) Made known to staff and available at all times; and

(iii) Complied with by staff.

(2) Establishing a job description and procedures for selecting and periodically

evaluating a qualified administrator to carry out the goals and policies of the governing body. The administrator must:

(a) Be qualified through appropriate knowledge, experience and capabilities to supervise and administer the services; and

(b) Be available at all times either in person, by telephone or similar electronic means, or designate an alternate who has similar qualifications and is available to carry out the goals, objectives and standards of the governing body.

(3) Establishing a personnel system whose:

(a) Personnel records of all employees and volunteers contain written job descriptions consistent with staff responsibilities and standards for professional licensing;

(b) Staff are assigned, oriented, trained, supervised, monitored, and evaluated;

(c) Staff who provide direct resident care, direct treatment, or manage the safety of a resident are competent by training, experience and capability;

(d) Contracts for contracted personnel are kept on file, kept current, and signed. Contracts must also clearly state the responsibilities for all contracted personnel; and

(e) Staff, contractors, consultants, students, volunteers, and trainees with unsupervised access to residents comply with WAC 246-337-055.

WAC 246-337-048 Quality improvement program.

The licensee must establish policies and procedures to ensure ongoing maintenance of a coordinated quality improvement program to improve the quality of care provided to residents and to identify and prevent serious or unanticipated resident and facility outcomes. The licensee must:

(1) Establish a written performance improvement plan that is periodically evaluated.

(2) Collect, measure, and assess data on policies and procedures, and outcomes related to resident care and the environment including:

(a) Medication administration errors;

(b) Allegations of abuse;

(c) Death;

(d) Suicide;

(e) Injuries which result in serious or unanticipated outcomes;

(f) Restraint or seclusion use;

(g) Resident grievances;

(h) Security incidents; and

(i) Disruption of services through internal or external emergency or disaster event.

Note: It may be important to note that a few of the above may need to be reported to the department by the end of the next business day. See WAC 246-337-065 Safety and security for more information.

Report resources are on our website.

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(3) Review serious or unanticipated resident or facility outcomes as specified in subsection (2) of this section, in a timely manner.

(4) Implement and document changes or improvements made to pre-vent future occurrences of any serious or unanticipated resident out-come specified in subsection (2) of this section.

Note: Each facility is unique and the specific resident population being cared for must be considered when developing a quality improvement program. A quality improvement program provides the means to identify opportunities to improve resident's health and safety.

A quality improvement program will enable a facility to be able to recognize a health or safety opportunity to improve, to report serious reportable events to the appropriate regulatory agency, and to conduct work in a manner that constantly

improves the facility's health and safety systems, e.g., employee turnover, medication errors, food safety, access to health care services, environment of care, emergency disaster drill and plan, and others as determined by resident needs, facility location, services provided, etc.

For more information about patient/resident safety and quality improvement programs: See DOH's Coordinated Quality Improvement and DOH's Patient Safety webpage.

WAC 246-337-050 Management of human resources

(1) The licensee must ensure residents receive care from qualified staff authorized and competent to carry out assigned responsibilities.

(2) A sufficient number of staff must be present on a twenty-four hour per day basis to:

(a) Meet the care needs of the residents served;

(b) Manage emergency situations;

(c) Provide crisis intervention;

(d) Implement individual service plans; and

(e) Carry out required monitoring activities.

(3) At least one staff trained in basic first aid and age-appropriate cardiopulmonary resuscitation (CPR) must be on-site twenty-four hours per day. Additionally, all staff providing hands-on care to infants must have a current certification in infant CPR.

(4) Staff must be trained, authorized, and where applicable credentialed to perform assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual service plan.

(5) The licensee must document that staff receive the following training as applicable:

(a) Initial orientation and ongoing training to address the safe-ty and health care needs of the residents served for all staff;

(b) Bloodborne pathogen training inclusive of HIV/AIDS training for staff involved in direct resident care or potential for having contact with blood or body fluids;

(c) If restraint or seclusion is used in the facility, initial and annual training in the proper and safe use of restraint or seclusion for staff required to perform restraint or seclusion procedures inclusive of:

(i) Techniques to identify staff and resident behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion;

(ii) The use of nonphysical intervention skills;

(iii) Choosing the least restrictive intervention based on an individualized assessment of the resident's medical or behavioral status or condition;

(iv) The safe application and use of all types of restraint or seclusion used in the RTF, including training in how to recognize and respond to signs of physical and psychological distress;

(v) Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary; and

(vi) Monitoring the physical and psychological well-being of the resident who is restrained or secluded including, but not limited to, respiratory and circulatory status, skin integrity, and vital signs; and

(d) Current basic first aid and age-appropriate cardiopulmonary resuscitation for staff required to provide first aid or CPR.

(6) In addition to the requirements in subsection (5) of this section, an RTF in its licensed capacity to provide pediatric transitional care services must document that staff providing direct care to infants have received the following training:

(a) For all staff providing direct care to infants:

(i) Infant safe sleep;

(ii) Period of infant crying which is at its peak, unexpected, resists soothing, done with a pain-like face, is long lasting, and during the evening (commonly referred to as P.U.R.P.L.E. crying);

(iii) Reading signs and signals;

(iv) Managing feeding difficulties;

(v) Managing stimulus;

(vi) Impact of drugs in utero on developmental milestones;

(vii) Recognizing symptoms in infants exposed to specific drugs;

(viii) Therapeutic management techniques;

(ix) Managing your stress; and

(x) Managing complex psychosocial family dynamics.

(b) In addition to (a) of this subsection, trained caregivers must also receive training on the care of infants:

(i) Linen changing;

(ii) Therapeutic handling;

(iii) Bathing;

(iv) Weighing and tracking weight;

(v) Proper charting;

(vi) Techniques for taking temperature;

(vii) Positioning;

(viii) Reading signs and signals;

(ix) Feeding techniques; and

(x) Infection control.

(7) The licensee shall have written documentation for each staff member including:

(a) Employment;

(b) Hire date;

(c) Verification of education and experience;

(d) Current signed job description;

(e) Criminal history disclosure statement and results of a back-ground check, according to WAC 246-337-055, completed within the previous three months of hire date and annually thereafter;

(f) Current license, certification, or registration, if applicable;

(g) Current basic first aid and age-appropriate CPR, if applicable;

(h) Current Washington state food and beverage service worker permit, if applicable;

(i) Current driver's license, if applicable;

(j) Initial and ongoing tuberculosis screening according to the facility risk assessment and tuberculosis written plan according to WAC 246-337-060;

(k) All vaccination documentation required by WAC 246-337-060; and

(l) Annual signed performance evaluation(s).

Information on vaccinations is on the agency's immunization webpage.

WAC 246-337-055 Personnel criminal history, disclosure, and background inquiries.

The licensee shall screen all prospective staff with unsupervised access to residents for criminal history disclosure and background requirements using a Washington state patrol background check consistent with RCW 43.43.830 through 43.43.842. All background check reports and signed disclosure statements must be made available to the department upon request.

More information about criminal history is on the Washington State Patrol's website.

WAC 246-337-060 Infection control.

The licensee must implement and maintain an infection control program that prevents the transmission of infections and communicable disease among residents, staff, and visitors by:

(1) Developing written policies and procedures for:

(a) Hand hygiene;

(b) Cleaning and disinfection;

(c) Standard precautions to prevent transmission of bloodborne pathogens in accordance with chapter 296-823 WAC;

(d) Resident hygiene;

(e) Preventing transmission of tuberculosis consistent with the department's Washington State Tuberculosis Services Manual, DOH 343-071 June 2012, and chapter 246-170 WAC;

(f) Management of staff with a communicable disease in an infectious stage;

(g) Environmental management; and

(h) Housekeeping functions.

Note: Each facility is unique, so the specific resident population being cared for must be considered when developing an infection control program. Resident population characteristics that should be considered include infants and toddlers (toys, hazards, feeding, diapering, immunizations, handwashing, and cleaning and disinfection), and adolescents and adults (tattooing, body piercing, communicable diseases to include Tuberculosis and Influenza, and STI (sexually transmitted infections aka sexually transmitted disease)).

An infection control program enables a facility to be able to recognize a communicable disease outbreak, report Notifiable Conditions per law, know who to call for assistance.

Find some graphics available to print on the CDC's website.

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(2) Complying with chapters 246-100 and 246-101 WAC.

Resource: See Resource 4 Respiratory Etiquette Poster and Resource 8 Handwashing Poster and resource #17.

Note: Cleaning should always flow from clean to dirty versus dirty to clean, i.e., clean the counter and sink before cleaning the toilet.

(3) Providing all necessary supplies and equipment to implement the infection control program.

Note: Equipment includes appropriate storage and supplies for handwashing, diaper changing and barriers (gloves, masks, etc.), garbage disposal, sharps container, etc.

(4) (a) An RTF licensed to provide pediatric transitional care services must require all staff to provide proof of full vaccination against, or show proof of acquired immunity for, the following:

(i) Chickenpox (Varicella);

(ii) German measles (Rubella);

(iii) Measles (Rubeola);

(iv) Mumps;

(v) Whooping cough (pertussis); and

(vi) Influenza (flu).

Influenza vaccination is annual and must be received within the first month it becomes publicly available.

(b) The licensee may exempt a person working at their facility from one or more of the vaccinations required by this subsection if acceptable medical documentation of a medical contraindication, signed by a health care provider, is provided to the licensee.

(c) For the purposes of this subsection:

(i) Full vaccination means vaccinations given at the ages and intervals according to the national Center for Disease Control and Prevention immunization guidelines in "Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Adults Aged

19 Years or Older—United States, 2018"; as published in the "Morbidity and Mortality Weekly Report (MMWR) 2018; 67(5):158-160."

(ii) Acquired immunity means a medically documented positive titer.

Information on vaccinations is on our website.

WAC 246-337-065 Safety and security.

The licensee must protect resident safety and security by developing written policies and procedures that are consistent with the requirements of this chapter and address:

(1) Management of disorderly residents, visitors, or staff.

(2) The safety of residents during transportation, including:

(a) Disorderly residents;

(b) Minimum qualifications for transport staff;

(c) Any additional equipment in transport vehicles to ensure safety such as car seats for infants and children, and first-aid kits; and

(d) Transportation that is safe, reliable, and in conformance with state and federal safety laws.

Note: The Washington state rules governing transportation are different than the federal rules. Please see the Washington State rules addressing adult and child passenger restraint.

Note: See current traffic/transport laws.

Resource: Also see resource #16.

(3) Smoking, vaping, and tobacco use by residents, visitors, and staff.

See current information on smoking cessation, tobacco use, etc. on our website.

(4) Security, including:

(a) Controlling all entrances and exits and accounting for access to and egress from the RTF; and

(b) Conducting resident searches.

(5) Reporting to the department and other appropriate agencies, by the end of the next business day of the incident occurring, serious or undesirable outcomes that occur in the facility including:

(a) Allegations of abuse;

(b) Death;

(c) Suicide;

(d) Injuries resulting in an inpatient hospital stay; and

(e) Disruption of services through internal or external emergency or disaster.

Important note! This WAC requires an RTF to report "by the end of the next business day" whereas the BHA regulation for similar reporting is 48 hours. It is important to follow the shortest time frame between the two.

More information about reporting requirements is on our website.

(6) Subsections (2)(a), (4)(b), and (5)(c) of this section do not apply to an RTF in its licensed capacity to provide pediatric transitional care services.

WAC 246-337-070 Emergency disaster plan.

The licensee must establish and implement an emergency disaster plan designed to respond to internal and external emergency situations.

(1) The emergency disaster plan must:

Note: Internal and external emergency safety situations may include natural disaster, e.g., a tsunami on the coast, floods, volcanic eruption, earthquake, major disruption in utility services, chemical spill, civil unrest or violence within the facility, etc.

(a) Be specific to each building that comprises the facility;

(b) Be communicated to the residents and staff;

(c) Be coordinated with local emergency plans;

(d) Address actions the licensee will take if residents cannot return to the facility;

(e) Be posted or readily available to all staff and residents; and

(f) Include emergency phone numbers.

(2) The emergency disaster plan must identify:

(a) The person responsible for each aspect of the plan;

(b) A system to account for all residents and staff during and after the emergency;

(c) Evacuation procedures and the meeting location after evacuation;

(d) Care of residents with special needs during and after an emergency;

(e) Provisions of emergency medications, food, water, clothing, shelter, heat and power for critical functions for three days;

(f) How family members will be contacted; and

(g) Arrangements for transportation.

(3) Evacuation routes must be clearly posted in plain sight of residents and staff.

(4) The emergency disaster plan must include an evaluation process that includes:

(a) At least annually, conducting and documenting emergency drills for residents and staff;

(b) A debriefing and evaluation of the plan after each emergency incident or drill; and

(c) At least annually, documenting, reviewing and, as needed, re-vising the emergency disaster plan.

Note: Supplies and first aid equipment need to reflect the first aid/CPR training of staff and as noted below.

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(5) Emergency supplies and first-aid equipment must be:

(a) In a designated location(s);

(b) Readily available to staff including during the transportation of residents;

(c) Available to meet residents' needs; and

(d) Within applicable expiration dates.

Note: This regulation contains minimum requirements that are basic for any emergency disaster plan. However, you may choose to develop a plan that is far more elaborate than the regulation requires. Whatever plan you have, ensure that it is one that can be instituted in your facility, is geared towards the population you have in care, that your staff and residents understand it to the fullest extent possible, and that it is based, in part, on your geographical location, e.g., a Tsunami

or volcanic eruption is not likely to occur in Spokane, so if your facility is located in the Spokane vicinity, you would not be required or expected to address these issues.

When identifying who is responsible for various aspects of the emergency plan consider a worst-case scenario, e.g., in the middle of the night, two employees on duty, no communication, and a storm struck your facility and others in a twenty-mile radius, what would you do? Be as specific as possible so that a coordinated effort takes places with as few glitches as possible. Who will be responsible for various aspects of the plan? Do these individuals know how to and have the tools necessary to perform these functions, e.g., wrenches or other tools may be needed to shut off the gas or water to the water heater, which, if not contaminated, would be an excellent source of drinking water.

More information and publications are on our website. Also our website has disaster and emergency preparedness publications in several languages.

Resource: See Resource 6 Disaster Plan and Evacuation and see Resource 5 Disaster Planning Checklist.

WAC 246-337-075 Resident rights.

The licensee must establish a process to ensure resident rights are protected in compliance with chapter 71.12 RCW, this chapter, and other applicable laws, and are based on the service types provided in the RTF. This process must address how the RTF will:

(1) In an understandable manner, inform each resident or their personal representative, designee or parent or guardian, of the following:

(a) All rights, treatment methods, and rules applicable to the proposed health care of the resident;

(b) The estimated cost of treatment;

(c) The name, address and telephone number of the department;

(d) How to file a complaint with the department without interference, discrimination, reprisal or facility knowledge; and

(e) Use of applicable emergency interventions such as:

(i) Behavior management;

(ii) Restraint or seclusion, if used in the RTF;

(iii) Special treatment intervention such as room or personal searches;

(iv) Restrictions of rights; and

(v) Confidentiality parameters based on terms of admission or confinement.

(2) Treat each resident in a manner that respects individual identity, human dignity and fosters constructive self-esteem. Each resident has the right to:

(a) Be free of abuse, including being deprived of food, clothes, or other basic necessities;

(b) Be free of restraint or seclusion, except as provided in WAC 246-337-110;

(c) Participate or abstain from participation in social and religious activities;

(d) Participate in planning their own health care and treatment;

(e) Review or have their personal representative, designee, or parent or guardian review the resident's files in accordance with chapter 70.02 RCW;

(f) Refuse to perform services for the benefit of the RTF unless agreed to by the resident, documented in the individual service plan and in accordance with applicable law;

(g) Have a safe and clean environment; and

(h) Be free from invasion of privacy; provided that reasonable means may be used to detect or prevent items that may be harmful or injurious to the resident or others, from being possessed or used on the premises.

(3) On or before admission, document that each resident, or the resident's personal representative, designee, parent or guardian receives a written copy of the resident's rights that includes all items in subsection (2) of this section.

(4) Protect the confidentiality of:

(a) Treatment and personal information when communicating with individuals not associated or listed in the resident's individual service plan or confidentiality

disclosure form;

(b) Residents when visitors or other nonresidents are in the RTF; and

(c) Residents receiving substance use disorder service in accordance with 42 C.F.R., Part II.

You may find Regulation 42 C.F.R. online. Also report child abuse or neglect on the Washington State Department of Children, Youth, & Families website. You may also report abuse and neglect on the Department of Social and Health Service website.

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(5) Comply with reporting requirements of suspected incidents of child or adult abuse and neglect in accordance with chapters 26.44 and 74.34 RCW.

You may find Regulation 42 C.F.R. online. Also report child abuse or neglect on the Washington State Department of Children, Youth, & Families website. You may also report abuse and neglect on the Department of Social and Health Service website.

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(6) Account for each resident's assets, including allowance, earnings from federal or state sources and expenditures.

(7) Assist each resident, upon request, in sending written communications of the fact of the resident's commitment in the RTF to friends, relatives, or other persons.

You may find information on mental health advance directives on Health Care Authority's website.

WAC 246-337-080 Resident care services.

Nothing in this section applies to an RTF in its licensed capacity to provide pediatric

transitional care services according to this chapter.

(1) The licensee must establish and implement policies and procedures that:

(a) Describe how the licensee meets the residents' health care needs by satisfying the requirements of this section; and

(b) Are reviewed and approved by a health care prescriber at least biennially.

(2) The licensee must:

(a) Limit admission, transfer, discharge, and referral processes to residents for whom the RTF is qualified by staff, services, equipment, building design and occupancy to give safe care;

(b) Conduct or accept a current health care screening of each resident upon admission including a tuberculosis risk assessment and symptom screening;

Note: Health care providers may develop a health screen that non-medical personnel may use in screening residents. Health care provider could include a registered nurse.

Resource: Refer to Resource 7 "A Guide for Health Care Screening for information to consider when developing a health care screening tool."

(c) Refer residents for health care provided outside of the RTF as needed such as, but not limited to, laboratory, dental, ambulatory care or specialty services as needed;

(d) Assist residents in following all prescribed treatments, modified diets, activities or activity limitations;

(e) Assist residents to keep health care appointments;

(f) Provide access to a health assessment by a health care prescriber any time a resident exhibits signs or symptoms of an injury, illness or abnormality for which a medical diagnosis and treatment are indicated;

Note: Health care prescriber means medical physician (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP), or physician assistant (PAC)."

(g) Provide access to tuberculosis testing if the resident is high-risk or symptomatic of tuberculosis;

(h) Address serious illness, medical emergencies, or threat to life, to include:

(i) Criteria for determining the degree of medical stability of residents;

(ii) Observing residents for signs and symptoms of illness or trauma;

(iii) Reporting abnormal signs and symptoms according to an established protocol;

(iv) Criteria requiring a resident's immediate transfer to a hospital;

(v) How staff transmits the resident's medical and related data in the event of a transfer;

(vi) How to notify the parent or guardian, personal representative or next of kin in the event of an emergency, threat to life, serious change in the resident's condition, transfer of a resident to another facility, or death; and

(vii) When to consult with internal or external resource agencies or entities such as poison control, fire department or police.

(i) Provide access to emergency and prenatal care for pregnant residents, and postnatal care services for residents and infants; and

(j) Assure provisions of each resident's personal care items and durable medical equipment including storing and labeling each resident's personal care items separately, preventing contamination, and preventing access by other residents.

Note: Durable medical equipment may include but is not limited to walkers or canes, and specialty chairs or beds. An example would be when a resident with a broken ankle is admitted to your facility and requires crutches for ambulation.

(3) (a) RTFs performing the following duties must meet the staffing requirements in

(b) of this subsection:

(i) Have a health care prescriber initiate or adjust medication that is administered by staff according to the resident's individual service plan;

(ii) Otherwise administer medications to the resident; or

(iii) Use restraint or seclusion.

(b) RTFs performing any duties described in (a) of this subsection must meet the following staffing requirements:

(i) A registered nurse, licensed practical nurse, or prescriber must be available on-site during medication administration or while restraint or seclusion is being used, and otherwise available by phone twenty-four hours per day, seven days per week; and

(ii) A prescriber or registered nurse who is responsible for the supervision of resident care and nursing services must be available on-site at least four hours per calendar week.

Note: Facility staff members have the ability to provide or make provisions for nursing service functions. This should be addressed in your policies and procedures.

More information on nursing regulations is on the nursing commission website.

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(4) RTFs which do not perform any duties described in subsection (3)(a) of this section but have a health care prescriber initiate or adjust medication for residents to self-administer according to the resident's individual service plan must have a registered nurse or licensed practical nurse available at least by phone twenty-four hours per day, seven days per week.

(5) RTFs which meet the conditions in subsection (3) or (4) of this section must:

(a) Perform a health assessment for each resident. A prescriber or licensed nurse operating within their scope of practice shall con-duct and complete the assessment following the resident's admission to the RTF unless a health assessment was performed within the past three months and is available to the RTF upon admission; and

(b) Develop and implement the policies and procedures explaining how nursing staff will be used including:

(i) Scheduling of hours on-site and availability by phone;

(ii) Supervision, assessment, and training of other staff;

(iii) Delegation to other staff;

(iv) Medication management;

(v) Treatment planning;

(vi) Health screenings;

(vii) Health assessments; and

(viii) If applicable, restraint or seclusion

WAC 246-337-081 Residential services—Pediatric transitional care.

This section only applies to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter.

(1) The licensee must establish and implement policies and procedures that:

(a) Describe how the licensee meets the infants' health care needs by satisfying the requirements of this section; and

(b) Are reviewed and approved by a pediatrician, a pediatric physician's assistant, or pediatric ARNP at least biennially.

(2) The licensee may only provide pediatric transitional care services to infants who:

(a) Are less than twelve months of age;

(b) Have been exposed to drugs before birth;

(c) Require twenty-four-hour continuous residential care and skilled nursing services as a result of drug exposure; and

(d) Are medically assessed by a pediatrician, physician's assistant, or pediatric ARNP and referred to the RTF by the department of children, youth, and families' regional hospitals or private parties.

(3) The licensee may only admit drug exposed infants that primarily require withdrawal management services and whose condition has been determined by a pediatrician, physician's assistant, or pediatric ARNP to be otherwise medically stable

and predictable.

Admissions must contain a complete discharge summary from the sending facility.

(4) The licensee shall not admit infants solely for treatment of complex medical conditions requiring specialized care, monitoring, and equipment including, but not limited to, respiratory compromise requiring assisted ventilation or continuous oxygen, conditions requiring a peripherally inserted central catheter line, or conditions requiring nasogastric tubes.

(5) The staffing and staffing ratios in this subsection apply at all times. The licensee shall provide twenty- four-hour medical supervision to infants according to the following minimum staffing requirements:

(a) One registered nurse shall be present and on duty at the facility at all times;

(b) (i) One registered nurse or licensed practical nurse shall be present and on duty for every eight infants requiring morphine or other controlled substances for treatment of condition;

(ii) One registered nurse or licensed practical nurse shall be present and on duty for every sixteen infants provided that the staffing ratio of subsection (3) of this section is not exceeded.

(c) One trained caregiver to four infants; and

(d) A pediatrician, physician's assistant, or pediatric ARNP responsible for the supervision of infant medical care and nursing services must be available by phone twenty-four hours a day for consultation and on-site for medical examinations.

(6) The licensee may provide services for an infant for up to forty-five days. Pediatric transitional care services may be extended beyond forty-five days if the pediatrician, physician's assistant, or pediatric ARNP on staff determines it to be medically necessary and with consent of the infant's parent, legal guardian, or state agency with placement and care authority. The assessment and determination must be conducted and entered into the infant's record no less than two days before the infant's forty-fifth day at the RTF and must include the medical reasons for the extended stay.

(7) The licensee shall provide trainings to parents or legal guardians, foster parents, and relatives on:

(a) Reading your infant's signs and signals;

(b) Managing feeding difficulties;

(c) Managing stimulus in a family environment;

(d) Impact of drugs in utero on developmental milestones;

(e) Managing your stress and that of your family; and

(f) Therapeutic benefits of touch, sound and light in modulating infant behavior.

(8) The licensee shall provide for medical examinations and consultations by a pediatrician, physician's assistant, or pediatric ARNP for each infant with the frequency and regularity recommended by the American Academy of Pediatrics and according to the time frames in this subsection.

Medical assessments, examinations, screenings, and other services relevant to an infant's individual service plan shall include:

(a) An initial health assessment of the infant conducted and completed by a registered nurse upon the infant's arrival;

(b) An initial medical examination of the infant conducted and completed by a pediatrician, physician's assistant or pediatric ARNP within twenty-four hours, if on morphine, otherwise seventy-two hours of the infant's arrival unless a pediatrician, physician's assistant or pediatric ARNP orders a shorter time frame;

(c) Medical examinations of infants conducted every three weeks by a pediatrician, physician's assistant, or pediatric ARNP unless a pediatrician, physician's assistant or pediatric ARNP orders a shorter time frame;

(d) A plan of management for neonatal abstinence syndrome (NAS). Licensees must use a NAS scoring tool approved by the department. NAS scoring must be conducted and completed based on the infant's condition and treatment by a trained licensed practical nurse, registered nurse, pediatrician, physician's assistant, or pediatric ARNP on staff at the RTF. A licensed practical nurse can gather NAS scoring data but cannot analyze the data to inform medication dosage and other treatment decisions;

(e) Infant developmental screening tests, approved by the department, within thirty days after the infant's arrival at the RTF; and

(f) If written consent is given by the parent or guardian, administration of all routinely recommended vaccinations to the infant at the ages and intervals

according to the national immunization guidelines in the "Advisory Committee on Immunization Practices (ACIP) Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2018"; as published in the "Morbidity and Mortality Weekly Report (MMWR) 2018; 67(5):156-157."

(9) The licensee must:

(a) Provide transportation of the infant to and from the RTF, if needed. Transportation requirements shall include the following:

(i) All vehicles used for transportation must be in good working condition and insured by the licensee;

(ii) Drivers must be at least twenty-one years of age, have proof of a valid driver's license, and be employed by the RTF;

(iii) Drivers must be accompanied by a trained caregiver or licensed health care provider employed by the RTF to attend to the infant during transport; and

(iv) Child passenger restraint requirements must be in compliance with RCW 46.61.687.

Resource: See resource #16.

(b) Limit admission, transfer, discharge, and referral processes to infants for whom the RTF is qualified by staff, services, equipment, building design and occupancy to provide safe care;

(c) Refer infants for health care provided outside of the RTF as needed such as, but not limited to, laboratory, dental, ambulatory care, or specialty services;

(d) Follow all prescribed treatments, modified diets, activities, or activity limitations;

(e) Keep health care appointments;

(f) Provide a health assessment any time an infant exhibits signs or symptoms of an injury, illness or abnormality for which a medical diagnosis and treatment are indicated;

(g) Address serious illness, medical emergencies, or threat to life, to include:

(i) Criteria for determining the degree of medical stability of infants;

(ii) Observing infants for signs and symptoms of illness or trauma;

(iii) Reporting abnormal signs and symptoms according to an established protocol;

(iv) Criteria requiring an infant's immediate transfer to a hospital;

(v) How staff transmits the infant's medical and related data in the event of a transfer;

(vi) How to notify the parent or guardian, personal representative, or next of kin in the event of an emergency, threat to life, serious change in the infant's condition, transfer of an infant to an-other facility, or death; and

(vii) When to consult with internal or external resource agencies or entities such as poison control, fire department, or police.

(h) Assure provisions of each infant's personal care items and durable medical equipment including storing and labeling each resident's personal care items separately, preventing contamination, and preventing access by other residents;

(i) Develop and implement the policies and procedures explaining how nursing staff will be used including:

(i) Scheduling of hours on-site and availability by phone;

(ii) Supervision, assessment, and training of other staff;

(iii) Delegation to other staff;

(iv) Medication management;

(v) Treatment planning;

(vi) Health screenings; and

(vii) Health assessments.

(10) In satisfying the requirements of this chapter, the licensee must also collaborate with the department of children, youth, and families regarding individual safety plans and to meet family and medical needs as contractually required.

More information on case plans is on the Washington State Department of Children, Youth & Families website.

(11) The licensee shall have equipment to support infants receiving pediatric transitional care services in adequate supply to meet the medical needs of the population:

(a) Cardiac respiratory monitors for each infant receiving morphine or as medically indicated;

(b) Pediatric pulse oximeter in each infant room;

(c) Plumbed or portable oxygen tanks and suction devices in an adequate supply to meet infant needs;

(d) Digital thermometers designed for pediatric use in each infant room;

(e) Scales used for weighing infants;

(f) Warming beds in adequate supply to meet infant needs;

(g) Refrigerator with thermometer for storing infant formula;

(h) Refrigerator with thermometer, approved for storing medications and vaccinations consistent with Centers for Disease Control and Prevention "Vaccine Storage and Handling Toolkit, January 2018"; and

(i) Infant first-aid kit.

(12) The licensee must develop and implement policies and procedures that ensure unauthorized persons do not access the pediatric transitional care services unit.

WAC 246-337-082 Pediatric transitional care services – Parent-infant visitation.

This section only applies to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter.

(1) The licensee, in collaboration with the infant's family, and the department of children, youth, and families, if applicable, shall identify persons who are authorized to visit the infant or call and receive verbal updates on the infant's condition.

(2) The licensee shall make all reasonable efforts to provide an initial visit between

parents and infants at the facility within seventy-two hours of admission to the RTF, unless directed otherwise by a court order.

(3) At the first initial visit, the licensee shall develop a written visitation plan in collaboration with the infant's family and the department of children, youth, and families, if applicable.

Note: For more information contact the Washington State Department of Children, Youth & Families (DCYF).

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(4) The licensee shall develop and implement policies and procedures regarding how to address safety concerns that are identified with persons visiting or wanting to visit an infant receiving pediatric transitional care services.

WAC246-337-085 Accepting a child with a parent in treatment.

(1) An RTF providing substance use disorder services and no mental health services may accept a child or children along with a parent in treatment as long as the parent is not receiving withdrawal management services.

Note: This chapter applies to **ONLY** those facilities providing substance use disorder treatment.

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(2) If the RTF provides withdrawal management, the child must be kept physically and visually separate from residents receiving withdrawal management services.

(3) An RTF that accepts a child with a parent in treatment must operate or arrange for child care which the child will attend during treatment hours of the parent. Child care facilities must be licensed by the department of early learning under:

(a) Chapter 170-295 WAC;

(b) Chapter 170-297 WAC; or

(c) Chapter 170-296A WAC

Note: Child care licensing does not need to include all WAC's mentioned above. You only need to address those WAC's that are relevant to the population you serve. The Dept. of Early Learning and associated WAC have changed recently and will be updated when 246-337 is updated. Until then, questions may be directed to the RTF Program.

(4) During the hours the parent is not in treatment the RTF must require that the parent be responsible for the child's care under the following conditions:

(a) The parent's management of the child is subject to the policies and procedures of the RTF; and

(b) A parent may designate another resident to care for a child, if the designation is in writing and includes a specified time period, any special instructions, and the parent, designee and staff member sign an approval of the designation;

(5) The RTF shall obtain a health history for each child following admission and, if needed, develop with the parent a plan of care for each child that addresses the child's health care needs, including medications.

Note: This includes a current immunization history. The most recent immunization information is on our website.

Note: In programs with parents and children in care, it is important to remember that emphasis needs to be placed on ensuring that the children's health care needs are met as well as those of the parents, and that they are in a safe, healthy and nurturing environment.

When small children accompany parents to treatment, health, safety and environment risks related to the chronological and developmental age of the child need to be considered.

WAC 246-337-095 Resident health care records.

The licensee must ensure the RTF meets the following requirements:

(1) Develop and implement procedures for maintaining current health care records as required by chapter 70.02 RCW and other applicable laws.

(2) Health care records may be integrated into a resident's individual service plan so long as the requirements of this section are met.

(3) Make health care records accessible for review by appropriate direct care staff, the resident, the parent or guardian, and the department in accordance with applicable law.

Note: Ensure a system for backup of electronic records is in place.

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(4) Document health care information in a standardized manner.

(5) Record health care information by the health care provider or direct care staff with resident contact to include typed or legible handwriting in ink, verified by signature or unique identifier, title, date and time.

(6) Maintain the confidentiality and security of health care records in accordance with applicable law.

(7) Maintain health care records in chronological order in their entirety or chronologically by sections.

(8) Keep health care records current with all documents filed according to the licensee's written timeline policy.

(9) Include the following, at a minimum, in each health care record:

(a) Resident's name, date of birth, sex, marital status, date of admission, voluntary or other commitment, name of health care prescriber, diagnosis, date of discharge, previous address and phone number, if any;

(b) Resident's receipt of notification of resident's rights;

(c) Resident's consent for health care provided by the RTF, un-less the resident is admitted under an involuntary court order;

(d) A copy of any authorizations, advance directives, powers of attorney, letters of guardianship, or other similar documentation;

(e) Original reports, where available or, if not available, durable, legible copies of

original reports on all tests, procedures, and examinations performed on the resident;

(f) Individual service plan according to WAC 246-337-100 or 246-337-103, as applicable;

(g) Individuals whom the resident consents for the RTF to freely communicate with regarding the health care of the resident including the individual's name, relationship to the resident, and address;

(h) Dated and signed notes describing all health care provided for each contact with the resident pertinent to the resident's individual service plan including:

(i) Physical and psychosocial history;

(ii) Health screening;

(iii) Health care service and treatment provided, including resident's response to treatment and any adverse reactions and resolution of health care issues and when applicable;

(iv) Medication administration, and medical staff notification of medication administration errors, adverse effects, or side effects;

(v) Use of restraint or seclusion consistent with WAC 246-337-110;

(vi) Staff actions or response to health care needs;

(vii) Instructions or teaching provided to the resident in connection with his or her health care; and

(viii) Discharge summary, including:

(A) Summary of the resident's physical and mental history, as applicable;

(B) Condition upon discharge;

(C) List of current medications;

(D) Recommendations for services, follow-up or continuing care; and

(E) Date and time of discharge.

(10) Retain the health care records at least six years beyond the resident's discharge

or death date, whichever occurs sooner, and at least six years beyond the age of eighteen.

(11) Destroy the health care records in accordance with applicable law and in a manner that preserves confidentiality.

Note: Reminder! An RTF license is not transferable. Prior to selling, leasing, renting or otherwise transferring control of an RTF that results in a change of the state Uniform Business Identifier Number, the proposed licensee must submit plans for preserving resident records, consistent with this chapter to the department.

WAC 246-337-100 Resident's individual service plan.

This section does not apply to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter.

(1) The licensee must develop and implement an individual service plan for each resident based on the resident's:

(a) Initial health on admission; and

(b) Health assessment(s).

(2) Individual service plans must:

(a) Be prepared by one or more staff involved in the resident's care with participation by the resident and by either his or her personal representative or parent or guardian when minors are involved;

(b) Address the needs of a mother and baby during pregnancy and after delivery, if applicable;

(c) Include work assignments given to a resident as part of their individual service plan, if applicable;

(d) Be updated as additional needs are identified during treatment; and

(e) Include a discharge health care plan.

Note: The health care plan may vary depending on the population of residents cared for, i.e., crisis, long term, pregnant and parenting women (PPW), etc.

WAC 246-337-103 Individual service plan—Pediatric transitional care services.

(1) This section only applies to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter.

(2) The licensee must develop, implement, and update at least weekly an individual service plan for each infant receiving pediatric transitional care services based on the infant's:

(a) Initial health on admission; and

(b) Health assessment(s) described in WAC 246-337-081.

Note: See above- 246-337-081 (8).

(3) Each individual service plan must:

(a) Establish a plan of management for neonatal abstinence syndrome prepared by a health care provider who is:

(i) Involved with the infant's care; and

(ii) Working within their scope of practice.

(b) Be prepared in accordance with the infant's standing orders;

(c) Include short-term goals;

(d) Establish timelines for initial and ongoing visitation between the infant and parents, guardians, or identified family resources according to WAC 246-337-082;

(e) Include a discharge plan that addresses, at minimum, the following:

(i) Medical release from a pediatrician, physician's assistant, or pediatric ARNP indicating that the infant is medically stable and appropriate for discharge;

(ii) Verification of a receiving physician, pediatrician, physician's assistant, or ARNP who will assume infant care and receive relevant health care records;

(iii) Verification from a registered nurse that the infant has achieved weight and feeding milestones appropriate for discharge;

(iv) Written after care plan for the infant, developed in collaboration with the parents, which includes specific tasks for parents. Parents must sign the after-care plan prior to infant discharge; and

(v) Assessment that the home environment and family dynamics are appropriate to receive and care for the infant.

(f) Include an aftercare plan that addresses, at minimum, the following:

(i) A plan to regularly communicate with the parents or guardian for a minimum of six months after discharge to check on the infant's condition and offer consultation and community resource referrals as needed; and

(ii) Provide the infant's family appropriate staff contacts in case family needs consultation.

WAC 246-337-105 Medication management.

The licensee is responsible for implementing policies and procedures for the control and appropriate use of all drugs within the RTF in accordance with all applicable state and federal regulations. The policies and procedures to implement this section must be developed, approved, and reviewed by a health care prescriber and the RTF administrator, and must be consistent with this chapter.

Note: Health care prescriber means medical physician (MD), osteopathic physician (DO), advanced registered nurse practitioner (ARNP), or physician assistant (PAC)."

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(1) Procurement. Timely procurement of drugs must be achieved in one or more of

the following ways:

(a) A pharmacy licensed under chapter 18.64 RCW provides resident specific drugs by prescription order to the RTF;

(b) A prescriber purchases drugs from a licensed wholesaler and is responsible for the drugs;

(c) The RTF is listed as a hospital pharmacy associated clinic under a hospital pharmacy license in accordance with chapter 18.64 RCW and applicable rules adopted by the Washington state pharmacy quality assurance commission;

(d) The RTF holds a health care entity license under chapter 18.64 RCW and purchases drugs consistent with chapter 246-904 WAC; and

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Information and applications about health care entities is on our website.

(e) The resident brings his or her prescribed medication with them to the RTF.

(2) Storage and security.

(a) Storage of drugs must include limits on access to drugs to those staff authorized to assist, administer, or dispense drugs and addresses security, safety, sanitation, temperature, light, moisture and ventilation, and hand washing facilities. All drugs must be stored in accordance with United States pharmacopoeia standards and designated storage locations are constructed in accordance with WAC 246-337-126.

(b) Automated drug dispensing devices (ADDDs). For the purposes of this section, an ADDD has the same meaning as defined in WAC 246-874-010. ADDDs may be used to store drugs if:

(i) The ADDD is leased or owned by a prescriber who maintains sole responsibility for the drugs;

(ii) The RTF holds a health care entity license under chapter 18.64 RCW and complies with chapters 246-874 and 246-904 WAC; or

(iii) The RTF is operated in connection with a licensed hospital and complies with chapter 246-874 WAC and rules of the pharmacy quality assurance commission governing hospital pharmacy associated clinics.

More information on automated drug distribution devices is on our website. The associated WACs have changed recently and will be updated when 246-337 is updated. Until then, questions may be directed to the RTF Program.

Note: Stock medication means medication that is not labeled for, or intended for, use by a specific patient when it leaves the pharmacy, but is intended to be stored and ultimately administered by a licensed health care professional in accordance with applicable laws and regulations.

(a) Receipt and disposal of all drugs;

(b) Inventory of legend drugs;

Note: Legend drug means drugs that are approved by the U.S. Food and Drug Administration (FDA) and that are required by federal or state law to be dispensed to the public only on prescription of a licensed physician or other licensed provider.

(c) Inventory of controlled substances biennially, including:

Note: Controlled substance" means a drug, substance, or immediate precursor included in Schedules I through V as set forth in federal or state laws, or federal or commission rules, but does not include hemp or industrial hemp as defined in RCW 15.140.020.

(i) Keep all controlled substance records for a minimum of two years;

(ii) Have two authorized staff verify shift counts of controlled substances when transfer of accountability occurs. If an ADDD is used, staff must follow the policies and procedures developed for the ADDD; and

(iii) Report to the Washington state pharmacy quality assurance commission if the controlled substance counts or inventory indicate disappearances or unaccounted for discrepancies of controlled

substances in accordance with WAC 246-873-080 and 246- 887-020, and 21 C.F.R. Sec. 1301.76(b).

(4) Prescribing and administering drugs.

(a) An organized system must be established and maintained that ensures accuracy in receiving, transcribing and implementing orders for medication administration that ensures residents receive the correct medication, dosage, route, time, and reason.

(b) An authorized health care prescriber shall sign all written orders for legend drugs, controlled substances and vaccines. Orders, including telephone or verbal orders for legend drugs, controlled sub-stances and vaccines must be signed as soon as possible, but no later than seventy-two hours after the telephone or verbal order has been issued.

Note: More information about who may prescribe in Washington is online.

(c) If using electronic prescribing, prescribers shall comply with RCW 69.50.312, chapter 246- 870 WAC, and 21 C.F.R. Sec. 1311(c).

(d) A prescriber shall approve the use of self-administered non-prescription drugs. Staff shall provide the nonprescription drugs according to prescriber instructions.

(e) A prescriber shall:

(i) Develop an approved list of nonprescription drugs acceptable for residents that includes the parameters of use for each drug; and

(ii) Review and approve the list annually.

Note: There are various ways to make available over-the-counter medications (OTC), e.g., a prescriber may order individual OTC medications and the facility may have available OTCs for self-administration by the resident. OTC are to be administered according to manufacturer's instructions with the overall list being approved by the pharmacist or prescriber.

(f) The licensee shall address the way(s) medications are administered including:

(i) Staff-administered medication in which licensed staff operating within their scope of practice remove the drug from the container and provide it to the resident for ingestion or otherwise administer the drug to the resident;

(ii) Observed self-administration of medication in which residents obtain their container of medication from a supervised and secure storage area, remove the dose needed, ingest or otherwise take the medication as directed on the label while being observed by staff;

(iii) Independent self-administration of medication in which residents obtain their container of medication from either a supervised and secure storage area or from their personal belongings, remove the dose needed, ingest or otherwise take the medication as directed on the label without being observed by staff; or

(iv) Involuntary antipsychotic medication administration consistent with WAC 388-865- 0570.

(g) Medication administration errors, adverse effects, and side effects must be reported and addressed;

Note: To make a report see our Critical Incident Reporting Requirements webpage.

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(h) The licensee shall develop a policy and procedure for:

(i) The use, receipt, storage and accountability for residents receiving methadone from an outpatient methadone clinic, if applicable; and

(ii) Drugs given to a resident on temporary leave from the RTF.

Note: You will need to address, in policies and procedures, a system for ensuring residents receive appropriately labeled and packaged medications when a resident goes on pass..

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(5) Documentation. All medications administered, observed being self-administered, or involuntarily administered must be documented on the medication administration record, including:

(a) Name and dosage of the medication;

(b) Parameters of use;

(c) Date the medication order was initiated;

(d) Date the medication order was discontinued;

(e) Time of administration;

(f) Route;

(g) Staff or resident initials indicating medication was administered, or observed being self- administered;

(h) Notation if medication was refused, held, wasted or not administered or observed being self- administered;

(i) Allergies; and

(j) Resident response to medication when given "as needed."

(6) RTF staff must have available to them a current established drug reference resource.

(7) For the purposes of this section:

(a) Controlled substance has the same meaning as defined in RCW 69.50.101; and

(b) Legend drugs has the same meaning as defined in RCW 69.41.010.

WAC 246-337-110 Use of restraint and seclusion.

(1) This section only applies to an RTF that uses restraint or seclusion. This section does not apply to an RTF in its licensed capacity to provide pediatric transitional care services according to this chapter, nor are any of the practices described in this section permitted when providing services to infants. The licensee shall have policies and procedures addressing the application and use of restraint or seclusion consistent with this chapter.

Note: "Restraint" means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a resident to move his or her arms, legs, body or head freely; or a drug or medication when used as a

restriction to manage the resident's behavior or restrict the resident's freedom of movement and is not a standard treatment or dosage for the resident's condition. Restraint does not include momentary periods of minimal physical restriction by direct person-to-person contact, without the aid of mechanical or chemical restraint, accomplished with limited force and designed to:

(a) Prevent a resident from completing an act that would result in potential bodily harm to the resident or others or to damage property;

(b) Remove a disruptive resident who is unwilling to leave the area voluntarily; or

(c) Guide a resident from one location to another.

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(2) The following facilities must have a minimum of one seclusion room for seclusion or temporary holding of residents awaiting transfer:

Note: "Seclusion" means the involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving.

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(a) Any RTF certified under chapter 388-865 WAC as an evaluation and treatment facility, competency restoration facility or involuntary crisis triage facility; or

(b) Any RTF certified under chapter 388-877B WAC as a detoxification facility providing secure detoxification services as defined in RCW 71.05.020 (51).

(3) (a) At admission, the incoming resident must be informed and provided a copy of the RTF's policy regarding the use of restraint or seclusion. An acknowledgment that the information and policy has been received must be obtained in writing from the resident; or

(b) In the case of a minor, the resident's parent(s) or guardian(s) must be informed and provided a copy of the RTF policy and acknowledge in writing that the information has been received.

(4) Restraint or seclusion must be safe, based on:

(a) Assessment of behavior;

(b) Chronological and developmental age;

(c) Size;

(d) Gender;

(e) Physical, medical, and psychiatric condition; and

(f) Personal history.

(5) Restraint or seclusion must only be used in emergency situations to ensure the physical safety of the individual resident or other residents or staff of the RTF, and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.

(6) A prescriber must authorize use of the restraint or seclusion.

Note: "Health care prescriber" or "prescriber" means an allopathic physician, osteopathic physician, naturopathic physician, allopathic physician's assistant, osteopathic physician's assistant, or advanced registered nurse practitioner licensed under Title 18 RCW operating within their scope of practice who by law can prescribe drugs in Washington state.

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(7) If the order for restraint or seclusion is verbal, the verbal order must be received by a registered nurse or licensed practical nurse.

(8) "Whenever needed" or "as needed" orders for use of restraint or seclusion are prohibited.

(9) In emergency situations in which an order cannot be obtained prior to the application of restraint or seclusion, the order must be obtained either during the emergency application of the restraint or seclusion, or immediately after the restraint or seclusion has been applied. Policies and procedures must identify who can initiate the emergency application of restraint or seclusion prior to obtaining an order from a health care prescriber.

Note: The law defines improper use of restraint as the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that:

(i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs; or

(ii) is not medically authorized; or

(iii) otherwise constitutes abuse.

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(10) Restraint and seclusion cannot be used simultaneously with persons under twenty-one years of age.

(11) Staff shall continuously observe and monitor residents in restraint or seclusion using:

(a) Face-to-face observation and monitoring; or

(b) Both direct sight video and two-way audio communications.

(12) The health care prescriber must:

(a) Limit each order of restraint or seclusion as follows:

(i) Adults: Four hours;

(ii) Children and adolescents at least nine years old less that eighteen years old: Two hours; and

(iii) Children under nine years of age: One hour.

(b) Be available to staff for consultation, at least by phone, throughout the period of emergency safety intervention;

(c) Examine the resident before the restraint or seclusion exceeds more than twenty-four hours; and

(d) Only renew the original order in accordance with the limits (a) of this subsection for up to a total of twenty-four hours. For each subsequent twenty-four-hour period of restraint or seclusion, repeat the examination.

(13) A health care prescriber or registered nurse must, within one hour of initiation of restraint or seclusion, conduct a face-to-face assessment of the resident including the residents' physical and psychological status, behavior, appropriateness of

intervention, and any complications resulting from the intervention of the resident and consult the ordering health care prescriber. If restraint or seclusion is discontinued before the face-to-face assessment is performed, the face-to-face assessment must still be performed.

Note: "Face-to-face" is defined in WAC 246-924-010 as "in-person contact in the same physical space not assisted by technology."

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(14) The following documentation must be included in the residents' individual service plan when restraint or seclusion is used:

(a) The original and any subsequent order for the restraint or seclusion including name of the health care prescriber;

(b) The date and time the order was obtained;

(c) The specific intervention ordered including length of time and behavior that would terminate the intervention;

(d) Time the restraint or seclusion began and ended; and

(e) Time and results of the one-hour face-to-face assessment.

(15) During the period a resident is placed in restraint or seclusion, appropriately trained staff must assess the client and document in the individual service plan at a minimum of every fifteen minutes:

(a) Resident's behavior and response to the intervention used including the rationale for continued use of the intervention;

(b) Food/nutrition offered;

(c) Toileting; and

(d) Physical condition of the resident.

Note: Facility policies and procedures should include the frequencies of when these are to be done.

(16) Additional documentation in the individual service plan must include:

(a) Alternative methods attempted or the rationale for not using alternative methods;

(b) Resident behavior prior to initiation of the restraint or seclusion;

(c) Any injuries sustained during the restraint or seclusion;

(d) Post intervention debriefing with the resident to include the names of staff who were present for the debriefing, and any changes to the resident's individual service plan that result from the debriefing; and

(e) In the case of a minor, notification of the parent or guardian including the date and time of notification, and the name of the staff person providing the notification.

(17) Within twenty-four hours after the initiation of the restraint or seclusion, staff and the resident shall have a face-to-face discussion. This discussion must, to the extent possible, include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the well-being of the resident. Other staff and the resident's parent(s) or guardian(s) may participate in the discussion when it is deemed appropriate by the RTF. Discussions must be conducted in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and the staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

(18) Restraint or seclusion must be provided in a safe environment. Every licensee must:

(a) Perform a risk assessment that identifies risks in the physical environment to residents, staff and the public when any level of restraint or seclusion is carried out;

(b) Identify location(s) in the RTF where restraint or seclusion is performed;

(c) Ensure that risks in the physical environment are mitigated as appropriate to the type of restraint or seclusion used and the planned population; and

(d) Ensure that restraint or seclusion rooms are constructed as required in WAC 246-337-127. Previously reviewed and approved seclusion rooms are permitted to comply with the requirements of the rule under which they were constructed.

(19) A seclusion room may be used for multiple purposes but must be equipped to allow immediate use for seclusion purposes.

WAC 246-337-111 Food and nutrition services.

Meals must meet resident nutritional needs, and are stored, prepared and served in accordance with chapter 246-215 WAC.

Note: WAC 246-215 incorporates and adopts much of the Federal Food Codes.

The licensee shall:

(1) Provide food and dietary services managed by a person knowledgeable in food services, and, when needed, consultative services provided by a registered dietician.

Note: Consultation from a registered dietician may be necessary to update meal plans when national dietary guidelines change or special needs population is served, e.g., residents who are pregnant or lactating, with underlying medical conditions, infants' and other children's nutritional requirements or for assistance in meeting the requirements below.

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(2) Post current food handlers permit in the kitchen.

More info on food handler's permits is on our website.

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(3) Provide at least three meals at regular intervals without more than fourteen hours

between the last meal of the day and the first meal of the next day.

(4) Consider age, gender, developmental age, activities and health conditions when developing meals.

(5) Make reasonable accommodations for cultural and religious preferences.

(6) Notify appropriate staff of any resident with food allergies or other medical conditions, symptoms of allergic reactions to watch for, and emergency measures to take if allergic reactions occur.

(7) Provide modified diets, nutrient supplements and concentrates to residents if prescribed or indicated by an authorized health care prescriber or registered dietician.

(8) Allow sufficient time for residents to consume meals.

(9) Require all staff and residents who perform food preparation for group consumption have a current food and beverage service worker's permit and be medically screened and cleared to perform food preparation. All residents who do not perform food preparation for group consumption but who work in the kitchen do not need a food and beverage worker's permit, but must be oriented and supervised by staff with a current food and beverage worker permit at all times when working in the kitchen.

(10) Date, make available, and conspicuously post menus at least one week in advance.

(11) Keep records of all food served, including substitutions for at least three months.

Note: An acceptable substitution for a food item listed on the menu would be of comparable nutrient value, e.g., serving chicken in place of turkey, fish or beef.

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(12) Prepare food on-site or have food provided by a licensed food establishment under chapter 246-215 WAC, Food and Drug Administration, or United States Department of Agriculture, with which the RTF has a signed contract or agreement and a written plan of action should food be in an unacceptable condition.

Note: Temperatures of foods that would normally be held cold or hot, (e.g., milk, meats and casseroles), should be taken upon arrival at the facility when food is catered or received from an off-site food establishment.

(13) Use commercial appliances if the kitchen provides meals for more than sixteen residents. A licensed RTF with sixteen or fewer res-idents may use domestic or home-type kitchen appliances. Domestic and home-type equipment must meet sanitation requirements of chapter 246-215 WAC.

More information on food safety is on our website.

WAC 246-337-112 Laundry services.

The licensee shall:

(1) Provide to residents' laundry facilities, equipment, handling and processes for linen and laundered items that are clean and in good repair, adequate to meet the needs of residents, and maintained according to the manufacturer's instructions;

Note: The intent of the rules is to ensure that linen and clean laundered items are not contaminated or soiled by dirty linen.

(2) Provide laundry and linen services on the premises, or by commercial laundry;

(3) Handle, clean, and store linen according to acceptable methods of infection control including preventing contamination from other sources;

Resource: See Resource 13 Laundry for flow illustration.

(4) Provide separate areas for handling clean laundry and soiled laundry;

(5) Require that all staff wear appropriate personal protective equipment and use appropriate infection control practices when handling grossly soiled laundry;

(6) Remove gross soil from laundry before washing and drying;

(7) Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons;

(8) Use washing machines that have a continuous supply of hot water with a temperature of one hundred forty degrees Fahrenheit, or that automatically dispense a chemical sanitizer and detergent or wash additives as specified by the manufacturer. A resident's personal laundry, separate from other laundry, may be washed at temperatures below one hundred forty degrees Fahrenheit provided chemicals suitable for low temperature washing at proper use concentration and according to the cleaning instructions for the textile, fabric, or clothing are used.

Note: Laundry equipment with built-in bleach, detergent or fabric softeners are considered to automatically dispense.

WAC 246-337-113 Resident sleeping room accommodations.

In resident rooms used for sleeping, the licensee shall provide furniture appropriate for the age and physical condition of each resident, including:

(1) A bed at least thirty-six or more inches wide for adults and appropriate size for children, spaced at least thirty-six inches apart.

Note: See Resource 1 Sleeping Room Layout for egress and spacing diagram of resident bedroom and placement of furniture.

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(2) No more than two infants per room using two single level non-stacking cribs or bassinets for licensees providing pediatric transitional care services.

(3) Equipping each bed with:

(a) A mattress that is clean, in good repair, and fits the frame;

(b) One or more pillows that are clean, and in good repair for each resident over two and one-half years of age;

(c) Bedding that includes a tight-fitting sheet or cover for the sleeping surface, and a clean blanket or suitable cover; and

(d) Bedding that is in good repair, changed weekly or more often as necessary to maintain cleanliness.

(4) A single level non-stacking crib, infant bed, bassinet or playpen for children twenty-four months of age and younger meeting chapter 70.111 RCW, and including:

(a) Sleep equipment having secure latching devices; and

(b) A mattress that is:

(i) Snug-fitting to prevent the infant from becoming entrapped between the mattress and crib side rails;

(ii) Waterproof and easily sanitized; and

(iii) Free of crib bumpers, stuffed toys or pillows.

(5) A youth bed or regular bed for children twenty-five months of age and older.

(6) If bunk beds are used, prohibit children six years of age or less from using the upper bunk.

WAC 246-337-116 Animal management and safety.

The licensee must develop and implement policies and procedures that protect the health and safety of residents when service animals or, if allowed, therapy animals or pets are allowed on the premises.

Policies and procedures must address:

(1) Animal immunizations;

(2) Animal behavior;

(3) The handling and cleanup of animal waste; and

(4) Animal health care needs.

Up-to-date information about service animals is on Northwest ADA Center's website.

WAC 246-337-120 Facility and environment requirements.

(1) The licensee must maintain the facility, exterior grounds, and component parts

such as fences, equipment, outbuildings, and landscape items in a manner that is safe, free of hazards, clean, and in good repair.

Note: See Resource 15 Keep Your Facility Safe for hazards commonly found in facilities.

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(2) Each facility must be located on a site which is accessible by emergency vehicles on at least one street, road or driveway usable under all weather conditions and free of major potholes or obstructions.

(3) Policies and procedures must be developed and implemented for routine preventative maintenance, including:

(a) Heating ventilation and air conditioning, plumbing and electrical equipment;

(b) Certification and calibration of biomedical and therapeutic equipment; and

(c) Documentation of all maintenance.

(4) Stairways must be equipped with more than one riser and ramps with slopes greater than one in twenty with handrails on both sides. Ends of handrails must be designed in a manner that eliminates a hooking hazard.

Note: See Resource 12 Safe Handrail Design.

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(5) Excluding child care, school facilities serving residents on the same grounds as the RTF must meet all requirements for health and safety and comply with chapter 246-366 WAC.

(6) Access and egress control devices must be used to support the policies of the RTF.

WAC 246-337-124 Common room requirements.

The RTF shall include rooms for social, educational, and recreational activities, visitation, dining, toileting and bathing, as described in this section.

(1) Common areas. Provide at least forty square feet per resident for the total combined area which is used for dining, social, educational, recreational activities and group therapies.

(2) Visiting room(s). At least one private area for visitation of residents by guests.

(3) Dining room(s). Dining rooms or areas must be large enough to accommodate all residents at a single sitting or in no more than three shifts. If the space is used for more than one purpose, that space must be designed to accommodate each of the activities without unreasonable interference with one another.

(4) Toilet room(s) and bathroom(s). Toilet rooms and bathrooms must be available to residents including:

(a) A minimum of one toilet and handwashing sink for every eight residents. Urinals may count for up to one-third of the required toilets in a male-only toilet room;

(b) A toilet and handwashing sink in, or immediately accessible to each bathroom;

(c) A minimum of one bathing fixture for every eight residents;

(d) Rooms containing more than one toilet or more than one bathing area must:

(i) Be designated for use by one gender, unless it is a toilet room specifically designated for children under the age of six years; and

(ii) Provide for privacy during toileting, bathing, and dressing through the use of doors or dividers;

(e) Equipping each toilet room and bathroom with:

(i) Water resistant, smooth, easily cleanable, slip-resistant bathtubs, showers, and floor surfaces;

(ii) Washable walls to the height of splash or spray;

(iii) Washable cabinets and counter tops;

(iv) Plumbing fixtures designed for easy cleaning;

(v) Clean, nonabsorbent toilet seats free of cracks;

(vi) Grab bars installed at each toilet and bathing fixture;

(vii) Shatter resistant mirrors when appropriate;

(viii) Adequate lighting for general illumination;

(ix) One or more handwashing sink with soap and single use or disposable towels with a mounted paper towel dispenser, unless a blower or equivalent hand-drying device is provided; and

(x) Toilet tissue with a reachable mounted tissue dispenser by each toilet.

(f) Providing access to bath and toilet rooms by:

(i) Locating a toilet room and bath room on the same floor or level as the sleeping room of the resident; and

(ii) Providing access without passage through any food preparation area or from one bedroom through another bedroom.

(g) If a toilet room or bath room adjoins a bedroom, the bath room is restricted to use by those residents residing in the adjoining bedrooms.

WAC 246-337-126 Resident care room requirements.

The facility shall include rooms for individual and group therapy, medical examination when there is routine physical examination of residents, and medication storage if applicable, as described in this section.

(1) Therapy room(s). Therapy rooms for individual and group counseling must maintain visual and auditory confidentiality. The facility must have at least one room per twelve residents.

(2) Medical examination room. The examination room must be equipped with:

(a) An exam table with at least three feet of space on two sides and end of the table for staff access;

(b) An examination light;

(c) Storage units for medical supplies and equipment; and

(d) A handwashing sink.

(3) Medication storage. A room shall be provided with:

(a) Lockable storage;

(b) Refrigeration if needed for pharmaceuticals stored;

(c) Temperature and moisture control appropriate to pharmaceuticals;

(d) In new construction, provide a handwashing sink; and

(e) Appropriate lighting.

WAC 246-337-127 Restraint or seclusion room requirements.

This section only applies to an RTF that is approved to use restraint or seclusion. In new construction or modification, each restraint or seclusion room must:

(1) Be designed to minimize potential for stimulation, escape, hiding, injury, or death, including:

(a) Walls, ceiling, and floors shall be designed to resist impact forces;

(b) Ceilings shall be monolithic without joints or crevices or shall be a minimum of nine feet high;

(c) All permanent building fixtures and details in the room shall be designed to prevent injury to the residents or staff; and

(d) Electrical switches and receptacles within the room are prohibited or covered to make them inaccessible.

(2) Have a maximum capacity of one resident.

(3) Be located and designed to permit visual and audible observation of the resident by direct or electronic means.

(4) Be designed to facilitate entrance, transfer and containment of resident, including:

(a) Have a door that opens outward into a vestibule or controlled area away from the generally populated areas; and

(b) Have a staff-controlled, lockable, toilet room that adjoins either the treatment room or vestibule.

(5) Provide appropriate space for the level of treatment being provided, including:

(a) Have a minimum of sixty square feet for seclusion;

(b) Have a minimum of eighty square feet if the room is also used for restraining residents; and

(c) Have a minimum of three feet of clear space on three sides of the bed, if a bed is provided.

(6) Have negative air pressure with all air exhausted to the exterior of the building with the exhaust fan at the discharge end of the system.

WAC 246-337-128 Laundry and housekeeping room requirements.

(1) Laundry. RTFs in which on-site laundry services are provided must:

(a) Locate laundry equipment in rooms other than those used for open food storage, food preparation, or food service;

(b) Equip laundry areas with:

(i) A utility sink;

(ii) A table or counter for folding clean laundry; and

(iii) At least one washing machine and one clothes dryer.

(c) Provide separate areas for handling clean laundry and soiled laundry; and

(d) Ventilate laundry rooms and areas to the exterior including areas or rooms where holding soiled laundry for processing by off-site commercial laundry services.

(2) Housekeeping. A housekeeping room must be on each level of the RTF and equipped with:

(a) Locking door(s);

(b) A utility sink or equivalent means of obtaining and disposing of mop water separate from food preparation and service areas; and

(c) Storage for cleaning supplies and wet mops.

WAC 246-337-129 Resident sleeping room requirements.

(1) The licensee shall provide residents with an accessible, clean, well-maintained room with sufficient space, light, and comfortable furnishings for sleeping and personal activities.

(2) Sleeping rooms must include:

(a) At least a three-foot clear access aisle from the entry door, along at least one side of each bed, and in front of all storage equipment;

(b) If a bunk bed is used, a minimum access aisle of five feet along at least one

side of the bunk bed;

(c) Room identification;

(d) Direct access to a hallway, living room, lounge, the outside, or other common use area without going through a laundry or utility area, a bath or toilet room, or another resident's bedroom; and

(e) One or more outside windows that:

(i) Has adjustable curtains, shades, blinds, or equivalent in-stalled at the windows for visual privacy;

(ii) Is shatterproof, screened, or of the security type as deter-mined by the resident needs; and

(iii) Are marked with a solid color or barrier if clear glass windows or doors extend to the floor.

(3) Sleeping rooms must be equipped with:

(a) One or more noncombustible waste containers;

(b) An individual towel and washcloth rack or an equivalent meth-od to provide clean towels and washcloths; and

(c) Secured storage facilities for storing clothing and, when re-quested by the resident, storage in a lockable drawer, cupboard, locker, or other secure space somewhere in the building.

WAC 246-337-130 Water supply, sewage and waste disposal.

The licensee shall ensure:

(1) Water supply and waste disposal in each facility meet the provisions of chapter 246-290 or 246-291 WAC, whichever applies.

(2) Tempered water between one hundred and one hundred twenty degrees Fahrenheit in resident areas.

Note: Water temperatures between 100- and 120-degrees Fahrenheit (37.8–48.9° Centigrade) minimize the risk of scalding for your residents. Remember that the resident's age or underlying medical condition may determine how quickly a burn

injury can occur.

Resource: See Resource 11 for water temperature chart.

(3) Plumbing systems free of cross connections

Resource: See Resource 14 Cross Connections.

More information about cross connections is our drinking water webpage.

(4) Sewage and waste water drain into a public sewer system in compliance with applicable laws and rules, or meet the requirements of chapters 246-272 and 173-240 WAC, and local laws and rules.

WAC 246-337-135 Heating, ventilation and air conditioning.

The licensee shall ensure:

(1) Rooms used by residents are able to maintain interior temperatures between sixty-five degrees Fahrenheit and seventy-eight degrees Fahrenheit year-round.

(2) Direct evaporative coolers are not used for cooling. In existing facilities, no new or replacement evaporative coolers may be used after adoption of these rules. Facilities currently using direct evaporative coolers such as swamp coolers or similar equipment shall follow manufacturer's instructions and develop and implement a written preventive maintenance program.

(3) Excessive odors and moisture are prevented in all areas of the building. The ventilation system must be in compliance with the mechanical code as adopted by the Washington state building code council.

(4) RTFs licensed prior to July 1991 may continue to use windows for ventilating toilet rooms, bathrooms, and janitor rooms if the windows are equipped with sixteen-gauge mesh screens.

Note: Bathroom and kitchen fans are an important part of your facility's ventilation system. Fans remove odors which improves indoor air quality. Fans also remove moisture, which can increase the level of humidity. High humidity can damage building materials and cause mold growth. Mold may affect a resident's health.

Keep your ventilation system clean by cleaning the vents and filters. Fans create static electricity which attracts dirt like a magnet to the fan and housing. The dirt can encourage mold growth and restrict air movement.

To find out if your exhaust fan is drawing air, hold a piece of toilet tissue up to the grill. The exhaust air should hold the tissue tightly to the grill.

WAC 246-337-140 Lighting, emergency lighting, and electrical outlets.

The licensee shall ensure that lighting, emergency lighting, and electrical outlets are adequate and safe including:

(1) Protection of bulbs and tubes against breakage by using canned lights, appropriately fitted shields, or shatter resistant materials in all areas occupied by residents, and in medication and food preparation areas.

(2) Use of tamper resistant electrical outlets in each room or area occupied by children under age five or residents with unsafe behaviors.

Note: In addition to children, this may include mental health facilities providing evaluation and treatment, long-term or crisis residential care.

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(3) Use of electrical outlets of the ground fault interrupter type or be controlled by a ground fault circuit interrupter when the outlet is within six feet of a sink or wet area.

(4) Emergency lighting on each floor.

(5) Exterior lighting with solar or battery backup at the exit and entry doors.

WAC 246-337-146 Cleaning, maintenance and refuse disposal.

The licensee shall maintain the facility, equipment, and furnishings in a safe and sanitary condition, and in good repair through the following requirements:

(1) Provide sanitary disposal and collection of garbage and refuse by:

(a) Use of containers constructed of nonabsorbent material, which are water-tight, covered, and adequate to store garbage and refuse;

(b) Having a storage area location convenient for resident and staff use;

(c) Having a clean and maintained area for containers to prevent:

(i) Entrance of insects, rodents, birds, or other pests;

(ii) Odors; and

(iii) Other nuisances.

(d) A disposal program for biohazardous and nonmedical waste using appropriate containers and disposal services.

Note: Washington's medical waste disposal regulations are outlined by the Washington Department of Ecology, but local governments primarily regulate medical waste.

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(2) Provide adequate storage space for:

(a) Clean and soiled equipment and linens;

(b) Lockable, shelved storage impervious to moisture, for cleaning supplies, disinfectants and poisonous compounds; and

(c) Separate, locked storage for flammable materials or other fire and safety hazards.

(3) Provide a safe and cleanable area designated for pouring stock chemicals and cleaning supplies into separate, properly labeled containers if stock chemicals are used.

(4) Provide an effective pest control program so that the RTF is free of pests such as rodents and insects.

More information about the DOH Pesticide Program is on our website.

Resource: See Resource 10 General Environmental Cleaning/Housekeeping.

WAC 246-337-990 Licensing fees.

The licensee shall submit the following fees to the department:

Fee Type	Amount
Administrative processing / initial application fee	$204
License bed fee (per bed)	$190
Annual renewal fee (per bed)	$190
Late fee (per bed)	$33 (up to $660)
Follow-up compliance survey fee or a complete on-site survey fee resulting from a substantiated complaint	$1,320

(1) The department shall refund fees paid by the applicant for initial licensure if:

(a) The department has received an application but has not con-ducted an on-site survey or provided technical assistance. The department shall refund two-thirds of the fees paid, less a fifty-dollar processing fee;

(b) The department has received an application and has conducted an on-site survey or provided technical assistance. The department shall refund one-third of the fees paid, less a fifty-dollar processing fee.

(2) The department will not refund fees paid by the applicant if:

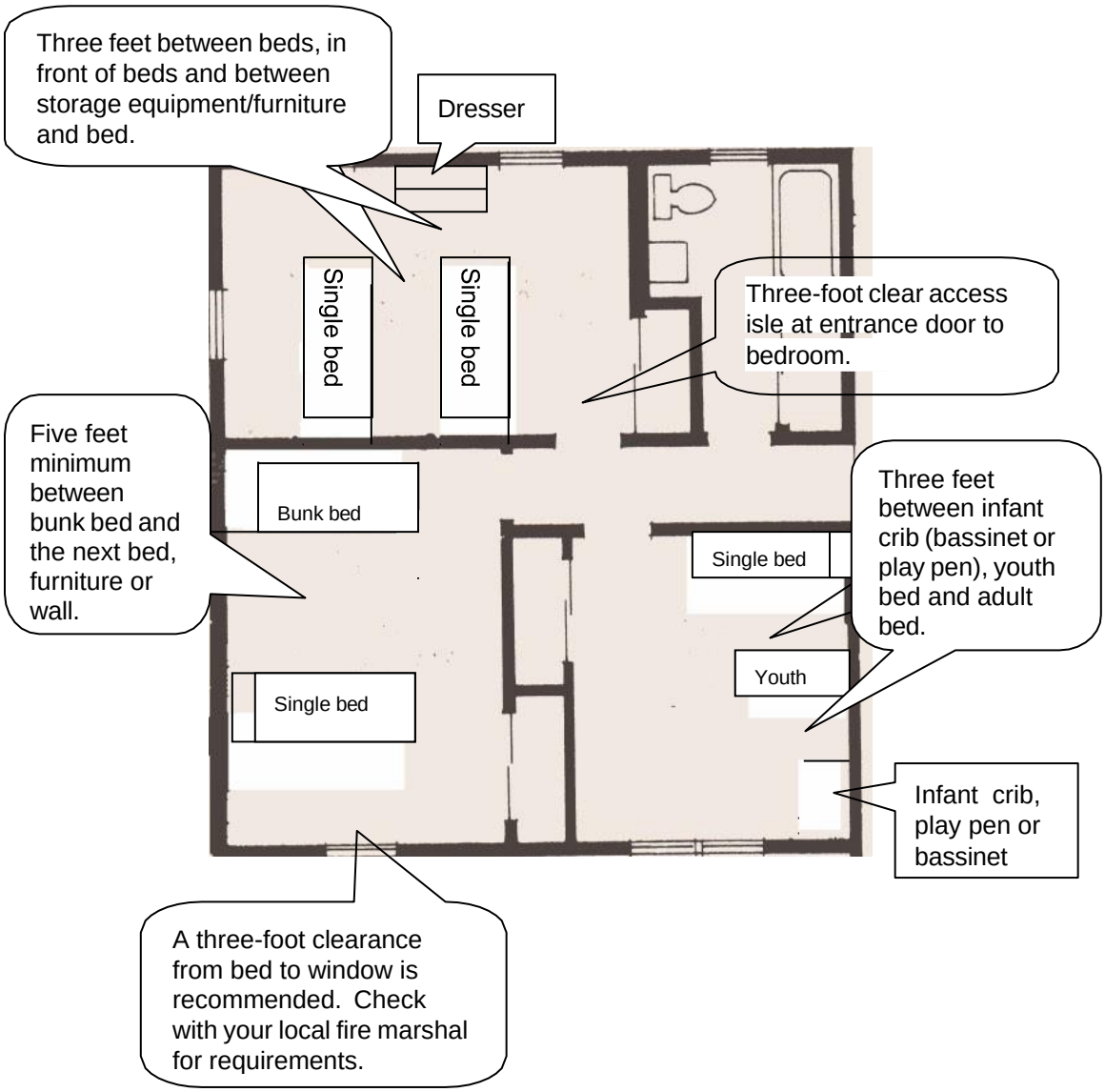
(a) The department has conducted more than one on-site visit for any purpose.

(b) One year has elapsed since the department received an initial licensure

application, and the department has not issued a license because the applicant failed to complete requirements for licensure.

(c) The amount to be refunded as calculated by subsection (1)(a) or (b) of this section is ten dollars or less

Resource #1—Sleeping Room Layout



Resource #2—Functional Program

Address who, what, why, when, where, and how in your functional program for goals, staffing, infection control, security and safety, seclusion and restraint, laundry, food, and nutrition, health care and medication per WAC 246-337-040, and for items required by Construction Review Services. You will not need to address all items listed.

For example, if your program will not have or use seclusion and restraint, you will not need to address these items. On the other hand, if your chemical dependency treatment program provides for children accompanying parents to treatment or a pregnant and parenting women program (PPW), your functional program will need to address the care of small children, which may include provisions for child care, supervision of children, diaper changing, playgrounds, general safety, etc. **Items specifically requested by Construction Review Services include:**

- The scope of the project, providing background information.
- Space requirements and functions to be performed.
- Tasks and processes which require special planning and the use of equipment.
- Communications.
- Determine special requirements for each room.

Items That Might Require Special Consideration Include

- Communications
- Electrical outlets*
- Entry and exit requirements
- Finishes and ventilation
- Special design and system requirements

*Generally, you need tamper resistant electrical outlets in PPW Programs. Also, mental health child treatment, crisis and evaluation and treatment programs, and others as determined by the licensee or department.

Items Requiring Special Design and Systems Requirements

- Air Conditioning (cooling, heating**, ventilating)
- Communication Systems, including computers
- Domestic water supply (hot, cold, storage)
- Electrical system, including emergency electrical service
- Emergency Call Systems
- Emergency Entrance Night/door locked call
- Graphics and Signage
- Handicapped Accessibility
- Life Safety (entry/exit, compartmentalization for smoke and fire, fire sprinkler system, and fire alarm system)
- Line System (laundry, clean, soiled, contaminated)
- Maintenance
- Medical Emergency Assessment
- Sewer system
- Telephone system
- Utilities, e.g.

** Heating needs to be appropriately designed with consideration for the age and mental health of the residents in care, i.e., if heaters are within small children's reach, they will need to be designed and positioned to minimize the risk of access to sharp internal fins and mechanisms, and thermal or burn injury hazards.

Additional information related to functional programs can be found on the internet at:
https://doh.wa.gov/sites/default/files/legacy/Documents/2300//505-108_FPGuide_NH-AL.pdf
https://doh.wa.gov/sites/default/files/legacy/Documents/2300/2018//FPguideline.pdf?uid=625a015e6f2b2

Resource #3—Resident Safety During Construction

When planning demolition, construction, or renovation work, the licensee should conduct a proactive risk assessment to determine the scope and nature of the activities and extent of risk to residents, and take steps to minimize those identified risks, including:

Implementing controls to reduce risk and minimize impact on residents.

Ensuring residents & visitors are kept out of area of construction or work zone.

Having barriers in place to keep dust, mold & debris from entering resident care & food areas.

Using dust control measures, if needed & ensuring that ventilation is not compromised.

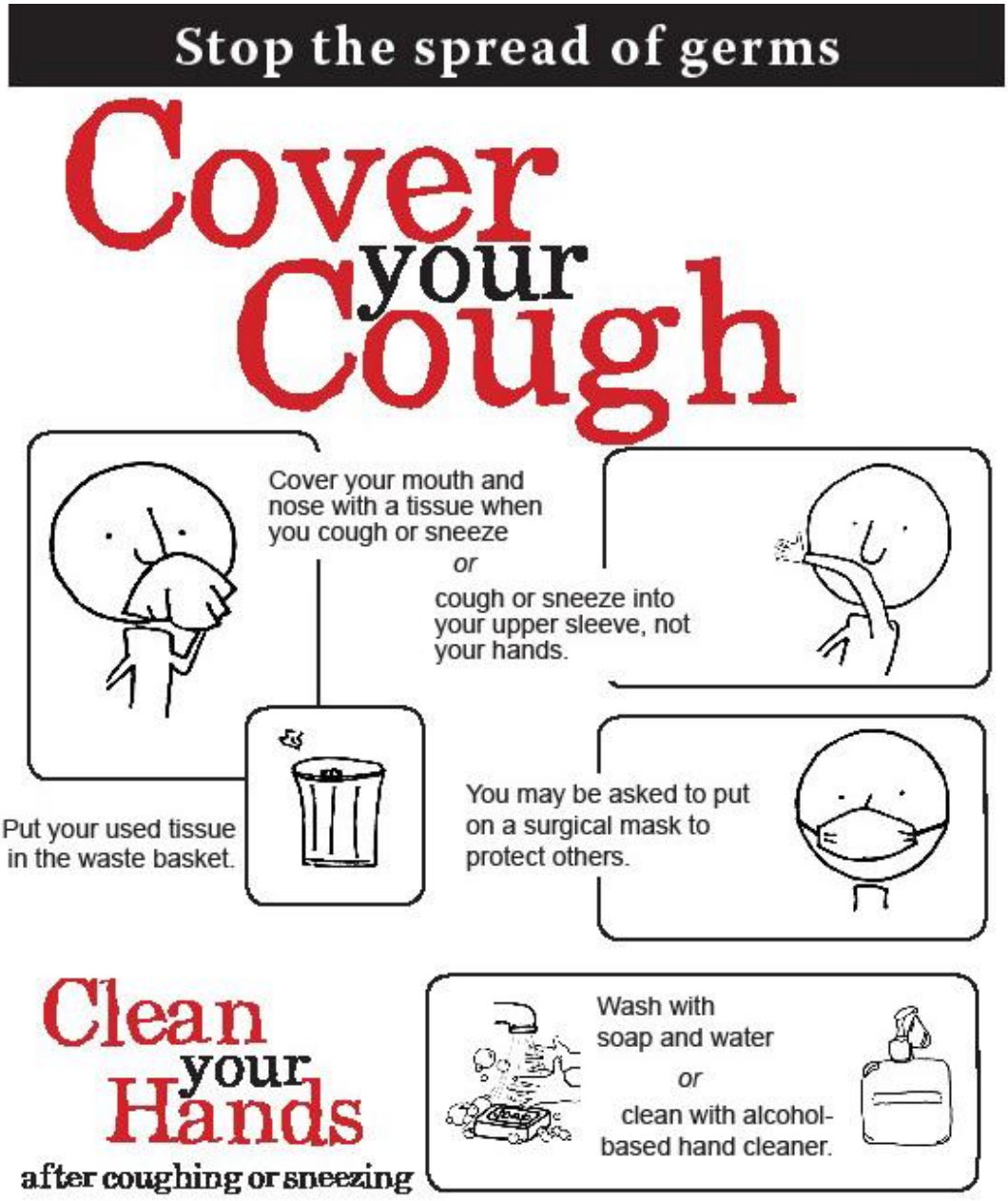
Ensuring plumping & fire hazards are not created during construction, e.g., cross-connections, combustibles, etc.

Addressing effects activities will have on indoor air quality & infection control.

Addressing effects activities will have on utilities, noise, vibrations & emergency procedures.

Minimizing exposures (mold/dust/debris) especially for immunocompromised residents.

Resource #4—Respiratory Etiquette



Resource #5—Disaster Planning Checklist

In the event of a disaster, you should be prepared to take care of your residents and staff for at least three days after the disaster. The following considerations, emergency supplies, and suggestions will help you in meeting the intent of this regulation and ultimately help to ensure your facility residents' needs are met during an emergency or disaster.

Consider and address in your Emergency Disaster Plan How and who will be responsible for:

- Assistant residents to get to a place of safety inside or outside of the facility, if necessary, i.e., how will your facility be evacuated? What if your residents remain in place?
- Accounting for residents.
- Care of residents with special needs.
- Contacting family members, guardians, etc.
- Primary evacuation route and alternate weather evacuation route.
- Provisions for emergency medications, food, water, clothing, shelter, heat and power.
- Retrieval of critical medications or list of prescribed medications.
- Transportation
- Shutting off gas, water, and electricity, if possible and necessary

Emergency Survival Kit:

- Dry or canned food and drinking water for three days for each person.
- Can opener
- First aid supplies and first aid book
- Copies of important documents
- Special needs items (infant formula, eyeglasses, medications, etc.)
- A change of clothing for each resident
- Sleeping bag or blanket
- Battery powered radio or television
- Flashlight and extra batteries
- Whistle
- Waterproof matches
- Toys, books, puzzles, games
- List of contact names and phone numbers

Additional items to be stored at your facility:

Cooking supplies:

- Barbecuing, camp stove, chafing dish
- Fuel for cooking (charcoal, camp stove fuel, etc.)
- Plastic knives, forks, spoons
- Paper plates and cups
- Paper towels
- Heavy-duty aluminum foil

Sanitation Supplies:

- Large plastic trash bags for trash, water protection
- Large trash cans
- Bar soap and liquid detergent, shampoo
- Toothpaste and toothbrushes
- Feminine and infant supplies, toilet paper
- Household bleach with no additives
- Newspaper—to wrap garbage and waste

Comfort:

- Sturdy shoes
- Gloves for cleaning debris
- Tent

Tools:

- Ax, shovel, broom
- Crescent wrench for turning off gas
- Screwdriver, pliers, hammer
- Coil of one-inch rope, plastic tape, and sheeting
- Knife or razor blades
- Garden hose for siphoning and fire fighting

More can be found here: https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//821-001_ResourceGuide.pdf?uid=62e15a6d4f8df

Resource #6—Disaster Plan—Evacuation

A disaster plan should include information related to evacuation. A disorganized evacuation plan can result in confusion, injury, and property damage. When developing the evacuation portion of your disaster plan, it is important to determine the following:

- Conditions under which an evacuation would be necessary.
- Conditions under which it may be better to shelter-in-place.
- A clear chain of command and designation of the person in your business authorized to order an evacuation or shutdown.
- Specific evacuation procedures, including routes and exits.
- Specific evacuation procedures for high-rise buildings, if applicable.
- Procedures for assisting staff and residents with disabilities or who speak little or no English.
- Where will you evacuate to, i.e., exterior location or other facility.
- A means of accounting for residents and staff.

In many instances, facilities create evacuation drawings or maps to assist in a smooth evacuation. For example, the one below was created from a floor diagram with arrows that designate the exit routes. Drawings should include the locations of exits, assembly points, and equipment (such as fire extinguishers, first aid kits, spill kits, etc.) that may be needed in an emergency. Drawings should be posted prominently in various areas for all residents and staff to see.

Your exit route should be:

- Clearly marked and well lit
- Unobstructed and clear of debris at all times
- Unlikely to expose evacuating residents and staff to additional hazards

Note: Obstacles in hallways, at the base of stairs, blocking doorways, etc., may prevent a safe evacuation.

Resource #7—A Guide To Health Care Screening

WAC 246-337-080(2)(b) When developing a health care screening tool, consider the following:

Demographic Area:

Name, age, sex, marital status

Date of admission/Date of birth

Admitting diagnosis

Height/weight/vital signs on admission

History and Assessment:

Social Cultural:

Occupation, education, religion, ethnicity

General Observations:

Appearance Psychomotor—

Posture/gait Behavior

Communication/Speech

Mental Status

Medical Data:

Allergies

Previous major illnesses, surgeries, hospitalizations

Current medications

Mental health history

Suicidal/homicidal

Substance use history

Pain (location & intensity)

Skin—infections/lacerations/wounds

Review of systems:

Sensory — hearing/vision

Musculoskeletal

Cardiovascular

A Guide To Health Care Screening (continued)

- Respiratory
- Gastrointestinal
- Urinary
- Endocrine
- Neurological

Basic Needs:

- Dietary preferences, restrictions, allergies
- Rest, sleep, comfort
- Personal Hygiene
- Elimination habits
- Dental — condition of teeth/dentures
- Mobility—functional aids/equipment
- Medical treatments

Communicable Disease Screening:

- Scabies
- Head Lice
- Sexually Transmitted Diseases

TB Screening:

- Last TB test result
- History of treatment for TB
- Any of the following symptoms:
  - Weight loss
  - Night sweats
  - Coughing up blood
  - Fatigue
  - Decreased appetite
  - Fever
  - Prolonged productive cough

Resource #8—Handwashing Posters—English & Spanish

https://doh.wa.gov/community-and-environment/food/food-worker-and-industry/hand-washing-signs

Resource #9—Improper Use of Restraint

Improper Use of Restraint

Effective 7/24/2015 (SSB 5600): The law defines [RCW 74.34.020(2)(e)] improper use of restraint as the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

- RCW 74.34.020(3)] Chemical restraint means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement, and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

An Example of a Chemical Restraint

Matthew lives in a nursing facility because of his dementia and lack of ability to perform his ADLs. Matthew has Sundowners, is up late at night pacing the hall, and loses his way, going into other people's rooms. Matthew often appears distressed, yelling, "help, help!" Tired of redirecting Matthew, the nurse gave him 50mg of Benadryl so Matthew would sleep.

- RCW 74.34.020(14)] Mechanical restraint means any device attached or adjacent to the vulnerable adult's body that he or she cannot easily remove that restricts freedom of movement or normal access to his or her body. "Mechanical restraint" does not include the use of devices, materials, or equipment that are:
  (a) medically authorized, as required, and
  (b) used in a manner that is consistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW.

An Example of a Mechanical Restraint

Jenny lives in an adult family home (AFH). Jenny frequently falls out of bed and has hurt herself in the past. Frustrated, the AFH owner pushes Jenny's bed against the wall and moves a low chest of drawers on the exposed side, hoping that this strategy will keep Jenny in bed.

- RCW 74.34.020(17)] Physical restraint means the application of physical force without the use of any device, for the purpose of restraining the free movement of a vulnerable adult's body. "Physical restraint" does not include (a) briefly holding without undue force a vulnerable adult in order to calm or comfort him or her, or (b) holding a vulnerable adult's hand to safely escort a resident from one area to another.

An Example of a Physical Restraint

Sarah has an intellectual disability and a diagnosed mental disorder. She lives with her parents. Sarah is upset that her father removed her bowl of cereal, rushing to get to an

Improper Use of Restraint (continued)

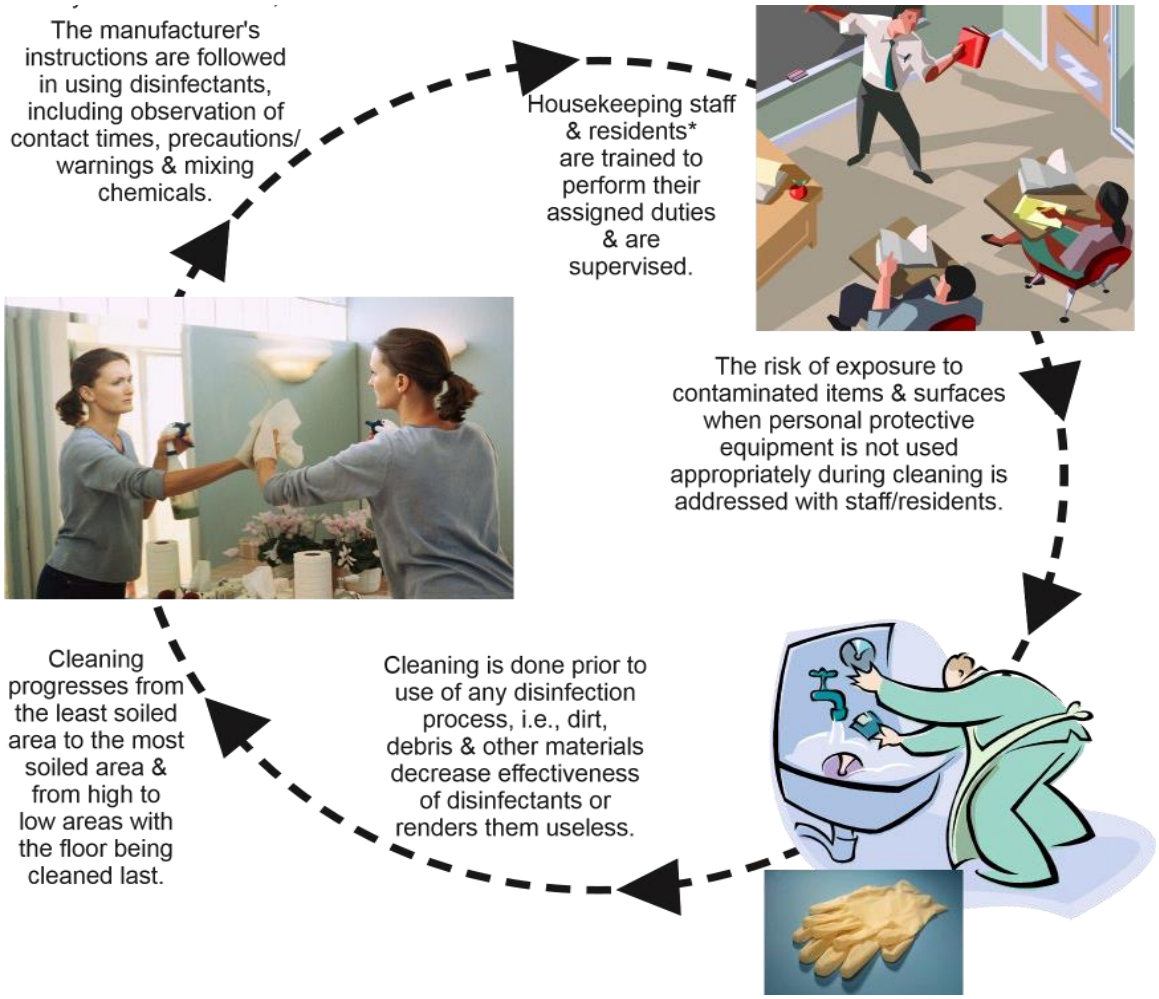
appointment. Sarah yells and turns over her chair. Sarah's two grade-school age siblings are in the room and the father fears they may get hurt. Sarah's father tackles her, pushes her up to a corner, and holds her arms, and yells for Sarah to calm down.

Additional examples of improper use of restraint may include:

- Statements that improper use of restraints (physical, chemical, mechanical) is occurring
- Exceptional drowsiness
- Unusual lethargy or inability to communicate
- Bruising on wrists or ankles, that are suspected to be a result of tying, rope burns
- Furniture shoved against a bed to block movement
- Wheelchair user shoved in front of a table, unable to move
- Putting the vulnerable adult in a room and locking the door
- Pinning arms behind back
- Holding a person prone or supine
- A chair placed by a door so the vulnerable adult cannot exit
- Taking away a walker, cane, etc.

Resource #10—General Environmental Cleaning/ Housekeeping

Cleaning/housekeeping is done to reduce the number of microorganisms that may come in contact with residents, staff, and visitors and to provide a clean and pleasant living environment.
To accomplish this in a healthy and safe manner, licensees are to ensure that:



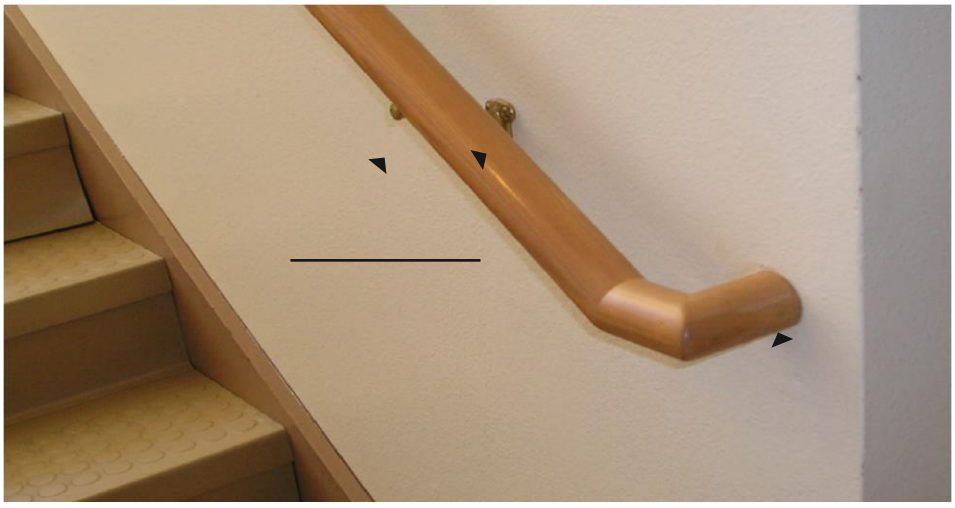
*Residents may have work assignments as part of their individual health care plan. Material Safety Data Sheets (MSDS) should be on file for chemicals used. Minimize contamination of cleaning solutions and cleaning tools by frequently changing solutions and using clean tools such as mop buckets and heads. Bloodborne Pathogens (WAC 296-823) requirements are to be followed for clean-up of blood, body fluids, & other potentially infectious fluids.

Resource #11—Tempered Water 100-120°F

- Water temperatures between 100 and 120 degrees minimize the risk of scalding for your patients.
- Third-degree burns can be caused in just two seconds by 150-degree water.
- Burns also happen with a six-second exposure to 140-degree water or a thirty-second exposure to 130-degree water. It is easy to see how water that is too hot is particularly dangerous to the very young and the very old.
- Even if the temperature is 120 degrees, a five-minute exposure could result in third-degree burns.
- In rare cases, very high-water temperatures can make water tanks explode.
- In addition to preventing accidents, a lower temperature will save energy and money.

Resource #12—Safe Handrail Design

Ensure that handrails are designed in a manner that does not create a hooking hazard and are smooth and secured without rotation within fittings!

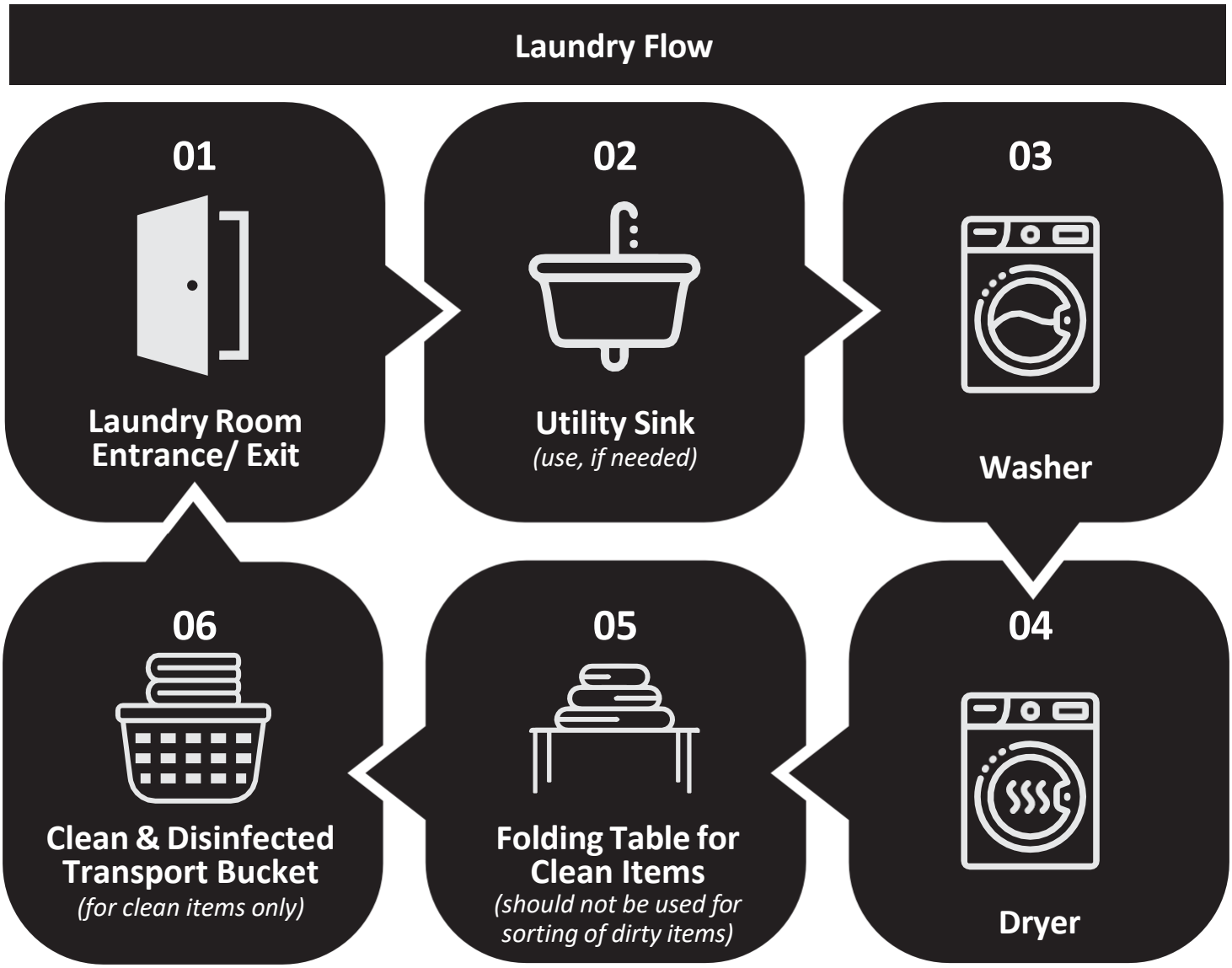


Fittings End of

Photos taken at Park Place RTF—Tacoma,

Design your handrails in a manner that eliminates hooking or snagging of clothing, bags and other items which may result in stumbling, tripping, and falls.

Resource #13—Laundry



- Process laundry in a manner that prevents cross-contamination between the clean and dirty items, and ensures laundered items are clean and disinfected (when needed).
- Separate laundry containers in good repair, should be used for transporting clean and dirty laundry. Clean and disinfect transport containers after transporting dirty items and before transporting clean ones.
- Adequate drying of laundered items will reduce or eliminate the possibility of mold, mildew, and bacterial growth on clean items.
- Clean lint traps or trays before or after laundering each load to reduce the possibility of a fire and aid in the proper operation of the equipment.

Utilizing appropriate personal protective equipment (PPE), such as gloves, gowns, masks, aprons, etc., when handling contaminated laundry will reduce the chance of staff becoming ill or having a potential exposure to disease.

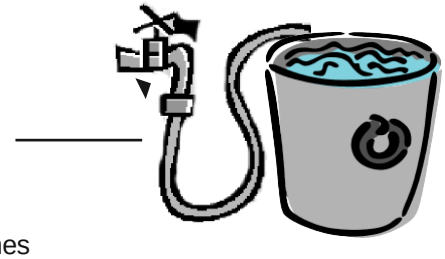
Resource #14—Cross Connections

Plumbing cross-connections are defined as actual or potential connections between a potable (clean/drinking water) and nonpotable (dirty/contaminated) water supply. The reason this happens is due to back siphonage or back pressure.

The adjacent illustration shows a fireman putting out a fire causing very high-water usage which may cause a drop in pressure in the lines supplying the surrounding homes and facilities. The drop in pressure is known as back or negative pressure in the water line, which results in back siphonage or back pressure. If back siphonage or back pressure occurs, we have a cross-connection where non-drinking contaminated or waste water can be sucked from bathing facilities, water hose bibs connected to garden sprayers, etc., into the potable or drinking water plumbing lines of your kitchens, handwashing sinks, water fountains, etc.

When equipment is connected directly or indirectly to a potable water supply, a backflow prevention device or air gap needs to be installed to ensure a cross-connection is not created. Examples of such equipment include:

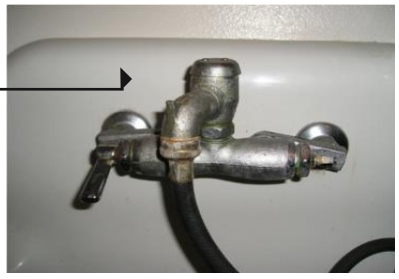
- Water Hose Bibs
- Ice Machines
- Dish Washers
- Food Preparation Sinks
- Sink Faucet (submerged or with hose attached)
- Juice and pressurized Soda Dispensing Equipment
- Front Loading Commercial and Domestic Style Laundry Machines



The type of backflow prevention device required depends on the level of risk or hazard posed by the connected equipment and the equipment design. For instance, a janitor sink or hose bib could be served by an atmospheric vacuum breaker or similar device as the risk posed is considered low level. Yet high risk levels require more complicated devices. Some equipment may also have a manufacturer installed backflow prevention device. Follow applicable rules or code requirements and manufacturer's instructions for both equipment and backflow prevention devices and consult a licensed plumber for installation.

Indirect Drain at a food preparation Sink

Vacuum Breaker on utility sink Faucet



For more information, https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//331-355.pdf

https://doh.wa.gov/community-and-environment/drinking-water/water-system-design-and-planning/cross-connection-control-backflow-prevention

Resource #15—Keep Your Facility Safe

Please note: Hazards are not limited to the above list.

Resource #16—Transportation Safety & The Law

All vehicle occupants be properly restrained!

When active front air bags are present, place children in the back seat, if possible.

Children six years old or weighing more than 60 pounds be restrained in either a booster seat or a properly adjusted and fastened seat belt

Vehicle Safety is the Key!

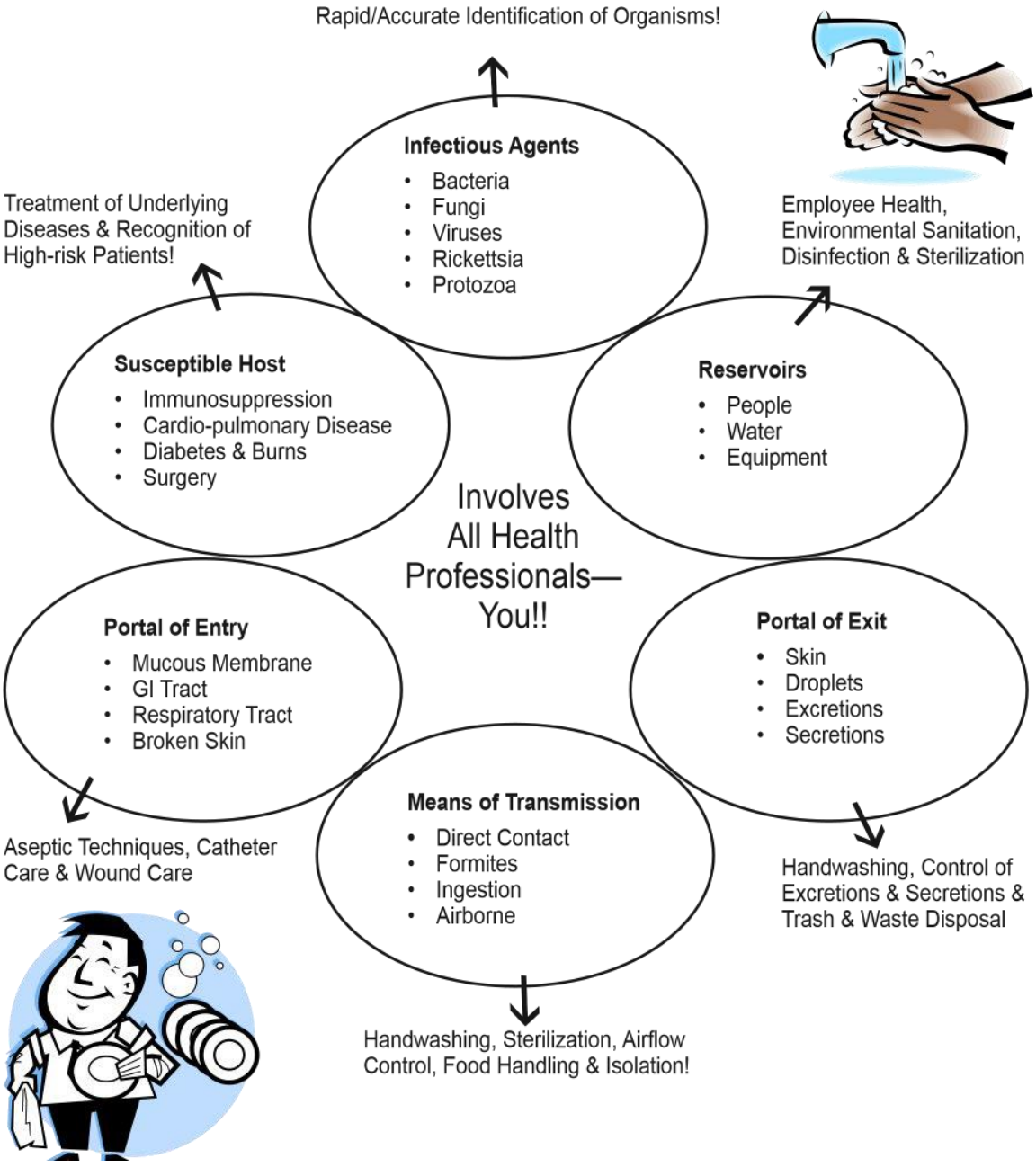
Children 20–40 pounds or 1–4 years of age ride in forward facing child safety seats with harness.

Child restraints be secured in vehicles and used according to manufacturer's instructions.

Children 4–6 years old or weighing 40–60 pounds be in a booster seat in vehicles equipped with a lap and shoulder belt.

in rear facing car seats until they are one year of age or weigh 20 pounds.

Resource #17—Breaking the Chain of Infection



Resource #18 – Am I an RTF?