



Certificate of Need Program
P.O. Box 47852
Olympia, Washington 98502-7852

Nursing Home Projects - Structure and Process

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C. STRUCTURE AND PROCESS (QUALITY) OF CARE (WAC 246-310-230)

1.

| Staffing | Current Number of Employees | | Projected Number of Employees | |
|-----------------------------|-----------------------------|---------------------------|-------------------------------|---------------------------|
| | <i>Full-Time Equivalent</i> | <i>Consultant hr/week</i> | <i>Full-Time Equivalent</i> | <i>Consultant hr/week</i> |
| Registered Nurse | | | | |
| LPN | | | | |
| Nurses Aides & Assistants | | | | |
| NURSING TOTAL | | | | |
| Dietitians | | | | |
| Aides | | | | |
| DIETARY TOTAL | | | | |
| Administrator | | | | |
| Assistant Administrator | | | | |
| Administrator In-training | | | | |
| Activities Director | | | | |
| Medical Director | | | | |
| In-service Director | | | | |
| Director of Nursing | | | | |
| Clerical | | | | |
| Housekeeping/ maintenance | | | | |
| Laundry | | | | |
| ADMINISTRATION TOTAL | | | | |
| Physical Therapist | | | | |
| Occupational Therapist | | | | |
| Pharmacist | | | | |
| Medical Records | | | | |
| Social Worker | | | | |
| Plant Engineer | | | | |
| Other (specify) | | | | |
| ALL OTHERS TOTAL | | | | |
| TOTAL STAFFING | | | | |

2. Nursing hours per patient day

| | |
|----------------------------|--|
| Registered Nurse | |
| LPNs | |
| Nurse's Aides & Assistants | |
| TOTAL | |

3. Provide evidence that the personnel needed to staff the nursing home will be available.
4. Provide evidence that there will be adequate ancillary and support services to provide the necessary patient services.
5. Provide evidence that indicates the services provided at your facility will be in compliance with applicable federal and state laws, rules, and regulations for health care facilities.
6. Provide evidence that the project will be in compliance with applicable conditions of participation related to the Medicare and Medicaid programs.
7. Fully describe any history of each applicant with respect to the actions noted in the Certificate of Need criterion. (WAC 246-310-230 (5) (a). If there is such a history, provide evidence that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.
8. Provide evidence that the project will adequately address continuity of care. Describe the arrangements that will be made with other providers for patient care consultation services. Provide assurance that patients will be referred to a hospital for acute care needed. Also, provide assurance that patients discharged from the nursing home will be referred to home health, hospice, or assisted living agencies when such care is needed.
9. Existing nursing homes will document the number of patients discharged from the nursing home to the patients home, referred to home health, hospice agency, or assisted living services during the last three years.

| | 19 | 19 | 19 |
|--|----|----|----|
| # Discharged Home | | | |
| # Discharged to Home Health | | | |
| # Discharged to Hospice | | | |
| # Discharged to Assisted Living Services | | | |