

Chapter 388-97 WAC

Nursing Home Licensing

Regulations

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388-97-0001 Definitions.

"Abandonment" means action or inaction by an individual or entity with a duty of care for a vulnerable adult that leaves the vulnerable individual without the means or ability to obtain necessary food, clothing, shelter, or health care.

"Abuse" means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment of a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a vulnerable adult, which have the following meanings:

- (1) **"Mental abuse"** means any willful action or inaction of mental or verbal abuse. Mental abuse includes, but is not limited to, coercion, harassment, inappropriately isolating a resident from family, friends, or regular activity, and verbal assault that includes ridiculing, intimidating, yelling, or swearing.
- (2) **"Physical abuse"** means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, prodding, or restraints including chemical restraints, unless the restraint is consistent with licensing requirements.
- (3) **"Sexual abuse"** means any form of nonconsensual, sexual contact, including, but not limited to, unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse includes any sexual contact between a staff person and a resident, whether or not it is consensual.
- (4) **"Exploitation"** means an act of forcing, compelling, or exerting undue influence over a resident causing the resident to act in a way that is inconsistent with relevant past behavior, or causing the resident to perform services for the benefit of another.

"Administrative hearing" is a formal hearing proceeding before a state administrative law judge that gives:

- (1) A licensee an opportunity to be heard in disputes about licensing actions, including the imposition of remedies, taken by the department; or
- (2) An individual an opportunity to appeal a finding of abandonment, abuse, neglect, financial exploitation of a resident, or misappropriation of a resident's funds.

"Administrative law judge (ALJ)" means an impartial decision-maker who presides over an administrative hearing. ALJs are employed by the office of administrative hearings (OAH), which is a separate state agency. ALJs are not DSHS employees or DSHS representatives

"Administrator" means a nursing home administrator, licensed under chapter [18.52 RCW](#), who must be in active administrative charge of the nursing home, as that term is defined in the board of nursing home administrator's regulations.

"Advanced registered nurse practitioner (ARNP)" means an individual who is licensed to practice as an advanced registered nurse practitioner under chapter [18.79 RCW](#).

"Applicant" means an individual, partnership, corporation, or other legal entity seeking a license to operate a nursing home.

"ASHRAE" means the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc.

"Attending physician" means the doctor responsible for a particular individual's total medical care.

"Berm" means a bank of earth piled against a wall.

"Chemical restraint" means a psychopharmacologic drug that is used for discipline or convenience and is not required to treat the resident's medical symptoms.

"Civil adjudication proceeding" means judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, abandonment, violation of a professional licensing standard regarding a child or vulnerable adult, or exploitation or financial exploitation of a child or vulnerable adult under any provision of law, including but not limited to chapter [13.34](#), [26.44](#), or [74.34](#) RCW, or rules adopted under chapters [18.51](#) and [74.42](#) RCW. "Civil adjudication proceeding" also includes judicial or administrative findings that become final due to the failure of the alleged perpetrator to timely exercise a legal right to administratively challenge such findings.

"Civil fine" is a civil monetary penalty assessed against a nursing home as authorized by chapters [18.51](#) and [74.42](#) RCW. There are two types of civil fines, "per day" and "per instance."

(1) **"Per day fine"** means a fine imposed for each day that a nursing home is out of compliance with a specific requirement. Per day fines are assessed in accordance with WAC [388-97-4580](#)(1); and

(2) **"Per instance fine"** means a fine imposed for the occurrence of a deficiency.

"Condition on a license" means that the department has imposed certain requirements on a license and the licensee cannot operate the nursing home unless the requirements are observed.

"Deficiency" is a nursing home's failed practice, action or inaction that violates any or all of the following:

(1) Requirements of chapters [18.51](#) or [74.42](#) RCW, or the requirements of this chapter; and

(2) (2) In the case of a medicare and medicaid contractor, participation requirements under Title XVIII and XIX of the Social Security Act and federal medicare and medicaid regulations.

"Deficiency citation" or **"cited deficiency"** means written documentation by the department that describes a nursing home's deficiency(ies); the requirement that the deficiency(ies) violates; and the reasons for the determination of noncompliance.

"Deficient facility practice" or **"failed facility practice"** means the nursing home action(s), error(s), or lack of action(s) that provide the basis for the deficiency.

"Dementia care" means a therapeutic modality or modalities designed specifically for the care of persons with dementia.

"Denial of payment for new admissions" is an action imposed on a nursing home (facility) by the department that prohibits payment for new medicaid admissions to the nursing home after a specified date. Nursing homes certified to provide medicare and medicaid services may also be subjected to a denial of payment for new admissions by the federal Centers for Medicare and Medicaid Services.

"Department" means the state department of social and health services (DSHS).

"Department on-site monitoring" means an optional remedy of on-site visits to a nursing home by department staff according to department guidelines for the purpose of monitoring resident care or services or both.

"Dietitian" means a qualified dietitian. A qualified dietitian is one who is registered by the American Dietetic Association or certified by the state of Washington.

"Disclosure statement" means a signed statement by an individual in accordance with the requirements under RCW [43.43.834](#). The statement should include a disclosure of whether or not the individual has been convicted of certain crimes or has been found by any court, state

licensing board, disciplinary board, or protection proceeding to have neglected, sexually abused, financially exploited, or physically abused any minor or adult individual.

"Drug" means a substance:

- (1) Recognized as a drug in the official *United States Pharmacopoeia*, *Official Homeopathic Pharmacopoeia of the United States*, *Official National Formulary*, or any supplement to any of them; or
- (2) Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease.

"Drug facility" means a room or area designed and equipped for drug storage and the preparation of drugs for administration.

"Emergency closure" is an order by the department to immediately close a nursing home.

"Emergency transfer" means immediate transfer of residents from a nursing home to safe settings.

"Entity" means any type of firm, partnership, corporation, company, association, or joint stock association.

"Financial exploitation" means the illegal or improper use of the property, income, resources, or trust funds of the vulnerable adult by any individual for his or her profit or advantage.

"Habilitative services" means the planned interventions and procedures which constitute a continuing and comprehensive effort to teach an individual previously undeveloped skills.

"Highest practicable physical, mental, and psychosocial well-being" means providing each resident with the necessary individualized care and services to assist the resident to achieve or maintain the highest possible health, functional and independence level in accordance with the resident's comprehensive assessment and plan of care. Care and services provided by the nursing home must be consistent with all requirements in this chapter, chapters [74.42](#) and [18.51](#) RCW, and the resident's informed choices. For medicaid and medicare residents, care and services must also be consistent with Title XVIII and XIX of the Social Security Act and federal medicare and medicaid regulations.

"Informal department review" is a dispute resolution process that provides an opportunity for the licensee or administrator to informally present information to a department representative about disputed, cited deficiencies. Refer to WAC [388-97-4420](#).

"Inspection" or **"survey"** means the process by which department staff evaluates the nursing home licensee's compliance with applicable statutes and regulations.

"Intermediate care facility for the mentally retarded (ICF/MR)" means an institution certified under chapter 42 C.F.R., Part 483, Subpart I, and licensed under chapter [18.51](#) RCW.

"License revocation" is an action taken by the department to cancel a nursing home license in accordance with RCW [18.51.060](#) and WAC [388-97-4220](#).

"License suspension" is an action taken by the department to temporarily revoke a nursing home license in accordance with RCW [18.51.060](#) and this chapter.

"Licensee" means an individual, partnership, corporation, or other legal entity licensed to operate a nursing home.

"Licensed practical nurse" means an individual licensed to practice as a licensed practical nurse under chapter [18.79](#) RCW;

"Mandated reporter" as used in this chapter means any employee of a nursing home, any health care provider subject to chapter [18.130](#) RCW, the Uniform Disciplinary Act, and any licensee or operator of a nursing home. Under RCW [74.34.020](#), mandated reporters also include any employee of the department of social and health services, law enforcement officers, social workers, professional school personnel, individual providers, employees and licensees of

boarding home, adult family homes, soldiers' homes, residential habilitation centers, or any other facility licensed by the department, employees of social service, welfare, mental health, adult day health, adult day care, home health, home care, or hospice agencies, county coroners or medical examiners, or Christian Science practitioners.

"Misappropriation of resident property" means the deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money.

"NFPA" means National Fire Protection Association, Inc.

"Neglect":

- (1) In a nursing home licensed under chapter [18.51](#) RCW, neglect means that an individual or entity with a duty of care for nursing home residents has:
 - (a) By a pattern of conduct or inaction, failed to provide goods and services to maintain physical or mental health or to avoid or prevent physical or mental harm or pain to a resident; or
 - (b) By an act or omission, demonstrated a serious disregard of consequences of such magnitude as to constitute a clear and present danger to the resident's health, welfare, or safety.
- (2) In a skilled nursing facility or nursing facility, neglect also means a failure to provide a resident with the goods and services necessary to avoid physical harm, mental anguish, or mental illness.

"Noncompliance" means a state of being out of compliance with state and/or federal requirements for nursing homes/facilities.

"Nursing assistant" means a nursing assistant as defined under RCW [18.88A.020](#) or successor laws

"Nursing facility (NF)" or **"medicaid-certified nursing facility"** means a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to medicaid recipients under Section 1919(a) of the federal Social Security Act.

"Nursing home" means any facility licensed to operate under chapter [18.51](#) RCW.

"Officer" means an individual serving as an officer of a corporation.

"Owner of five percent or more of the assets of a nursing home" means:

- (1) The individual, and if applicable, the individual's spouse, who operates, or is applying to operate, the nursing home as a sole proprietorship;
- (2) In the case of a corporation, the owner of at least five percent of the shares or capital stock of the corporation; or
- (3) In the case of other types of business entities, the owner of a beneficial interest in at least five percent of the capital assets of an entity.

"Partner" means an individual in a partnership owning or operating a nursing home.

"Person" means any individual, firm, partnership, corporation, company, association or joint stock association.

"Pharmacist" means an individual licensed by the Washington state board of pharmacy under chapter [18.64](#) RCW.

"Pharmacy" means a place licensed under chapter [18.64](#) RCW where the practice of pharmacy is conducted.

"Physical restraint" means any manual method or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that the resident cannot remove easily, and which restricts freedom of movement or access to the resident's body.

"Physician's assistant (PA)" means a physician's assistant as defined under chapter [18.57A](#) or [18.71A](#) RCW or successor laws.

"Plan of correction" is a nursing home's written response to cited deficiencies that explains how it will correct the deficiencies and how it will prevent their reoccurrence.

"Reasonable accommodation" and **"reasonably accommodate"** has the meaning given in federal and state antidiscrimination laws and regulations. For the purpose of this chapter:

- (1) Reasonable accommodation means that the nursing home must:
 - (a) Not impose admission criteria that excludes individuals unless the criteria is necessary for the provision of nursing home services;
 - (b) Make reasonable modification to its policies, practices or procedures if the modifications are necessary to accommodate the needs of the resident;
 - (c) Provide additional aids and services to the resident.
- (2) Reasonable accommodations are not required if:
 - (a) The resident or individual applying for admission presents a significant risk to the health or safety of others that cannot be eliminated by the reasonable accommodation;
 - (b) The reasonable accommodations would fundamentally alter the nature of the services provided by the nursing home; or
 - (c) The reasonable accommodations would cause an undue burden, meaning a significant financial or administrative burden.

"Receivership" is established by a court action and results in the removal of a nursing home's current licensee and the appointment of a substitute licensee to temporarily operate the nursing home

"Recurring deficiency" means a deficiency that was cited by the department, corrected by the nursing home, and then cited again within fifteen months of the initial deficiency citation.

"Registered nurse" means an individual licensed to practice as a registered nurse under chapter [18.79](#) RCW.

"Rehabilitative services" means the planned interventions and procedures which constitute a continuing and comprehensive effort to restore an individual to the individual's former functional and environmental status, or alternatively, to maintain or maximize remaining function.

"Resident" generally means an individual residing in a nursing home. Except as specified elsewhere in this chapter, for decision-making purposes, the term "resident" includes the resident's surrogate decision maker acting under state law. The term resident excludes outpatients and individuals receiving adult day or night care, or respite care.

"Resident care unit" means a functionally separate unit including resident rooms, toilets, bathing facilities, and basic service facilities.

"Respiratory isolation" is a technique or techniques instituted to prevent the transmission of pathogenic organisms by means of droplets and droplet nuclei coughed, sneezed, or breathed into the environment.

"Siphon jet clinic service sink" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inches in diameter.

"Skilled nursing facility (SNF)" or **"medicare-certified skilled nursing facility"** means a nursing home or a long-term care wing or unit of a hospital that has been certified to provide nursing services to medicare recipients under Section 1819(a) of the federal Social Security Act.

"Social/therapeutic leave" means leave which is for the resident's social, emotional, or psychological well-being; it does not include medical leave.

"Staff work station" means a location at which nursing and other staff perform charting and related activities throughout the day.

"Stop placement" or **"stop placement order"** is an action taken by the department prohibiting nursing home admissions, readmissions, and transfers of patients into the nursing home from the outside.

"Substantial compliance" means the nursing home has no deficiencies higher than severity level 1 as described in WAC [388-97-4500](#), or for medicaid certified facility, no deficiencies higher than a scope and severity "C."

"Surrogate decision maker" means a resident representative or representatives as outlined in WAC [388-97-0240](#), and as authorized by RCW [7.70.065](#).

"Survey" means the same as **"inspection"** as defined in this section.

"Temporary manager" means an individual or entity appointed by the department to oversee the operation of the nursing home to ensure the health and safety of its residents, pending correction of deficiencies or closure of the facility.

"Termination" means an action taken by:

- (1) The department, or the nursing home, to cancel a nursing home's medicaid certification and contract; or
- (2) The department of health and human services Centers for Medicare and Medicaid Services, or the nursing home, to cancel a nursing home's provider agreement to provide services to medicaid or medicare recipients, or both.

"Toilet room" means a room containing at least one toilet fixture.

"Uncorrected deficiency" is a deficiency that has been cited by the department and that is not corrected by the licensee by the time the department does a revisit.

"Violation" means the same as **"deficiency"** as defined in this section.

"Volunteer" means an individual who is a regularly scheduled individual not receiving payment for services and having unsupervised access to a nursing home resident.

"Vulnerable adult" includes a person:

- (1) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
- (2) Found incapacitated under chapter [11.88](#) RCW; or
- (3) Who has a developmental disability as defined under RCW [71A.10.020](#); or
- (4) Admitted to any facility, including any boarding home; or
- (5) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter [70.127](#) RCW; or
- (6) Receiving services from an individual provider; or
- (7) With a functional disability who lives in his or her own home, who is directing and supervising a paid personal aide to perform a health care task as authorized by RCW [74.39.050](#).

"Whistle blower" means a resident, employee of a nursing home, or any person licensed under Title [18](#) RCW, who in good faith reports alleged abandonment, abuse, financial exploitation, or neglect to the department, the department of health or to a law enforcement agency.

388-97-0020 Nursing facility care.

The nursing facility must provide items, care, and services in accordance with this chapter and with federal regulations under 42 C.F.R. § 483.1 through 483.206, or successor laws, and other applicable federal requirements.

388-97-0040 Discrimination prohibited.

- (1) A nursing facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services covered under the state medicaid plan for all individuals regardless of source of payment.
- (2) A nursing facility must not require or request:
 - (a) Residents or potential residents to waive their rights to medicare or medicaid;
 - (b) Oral or written assurance that residents or potential residents are not eligible for, or will not apply for medicare or medicaid benefits; and
 - (c) A third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may require an individual who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.
- (3) A nursing facility must inform, in writing, a prospective resident, and where applicable, the resident's representative, before or at the time of admission, that a third party may not be required or requested to personally guarantee payment to the nursing home, as specified in subsection (2)(c) of this section.
- (4) A nursing facility must readmit a resident, who has been hospitalized or on therapeutic leave, immediately to the first available bed in a semiprivate room if the resident:
 - (a) Requires the services provided by the facility; and
 - (b) Is eligible for medicaid nursing facility services.
- (5) A nursing facility must not:
 - (a) Deny or delay admission or readmission of an individual to the facility because of the individual's status as a medicaid recipient;
 - (b) Transfer a resident, except from a single room to another room within the facility, because of the resident's status as a medicaid recipient;
 - (c) Discharge a resident from a facility because of the resident's status as a medicaid recipient; or
 - (d) Charge medicaid recipients any amounts in excess of the medicaid rate from the date of eligibility, except for any supplementation that may be permitted by department regulation.
- (6) A nursing facility must maintain only one list of names of individuals seeking admission to the facility, which is ordered by the date of request for admission, and must:
 - (a) Offer admission to individuals in the order they appear on the list, except as provided in subsection (7), as long as the facility can meet the needs of the individual with available staff or through the provision of reasonable accommodations required by state or federal laws;
 - (b) Retain the list of individuals seeking admission for one year from the month admission was requested; and

- (c) Offer admission to the portions of the facility certified under medicare and medicaid without discrimination against persons eligible for medicaid, except as provided in subsection (7).
- (7) A nursing facility is permitted to give preferential admission to individuals who seek admission from a boarding home, licensed under chapter [18.20](#) RCW, or from independent retirement housing, if:
 - (a) The nursing facility is owned by the same entity that owns the boarding home or independent housing; and
 - (b) They are located within the same proximate geographic area; and
 - (c) The purpose of the preferential admission is to allow continued provision of culturally or faith-based services, or services provided by a continuing care retirement community as defined in RCW [74.38.025](#).
- (8) A nursing facility must develop and implement written policies and procedures to ensure nondiscrimination in accordance with this section and RCW [74.42.055](#).

388-97-0060 Nursing facility admission and payment requirements.

Refer to WAC [388-106-0350](#) through [388-106-0360](#).

388-97-0080 Discharge planning.

- (1) A resident has the right to attain or maintain the highest practicable physical, mental, and psychosocial well-being, and to reside in the most independent setting. Therefore, the nursing home must:
 - (a) Utilize a formal resident discharge planning system with identical policies and practices for all residents regardless of source of payment;
 - (b) Inform the resident or resident's representative in writing of the nursing home's discharge planning system when the resident is admitted or as soon as practical after the resident's admission, including:
 - (i) Specific resources available to assist the resident in locating a lesser care setting;
 - (ii) The name of the nursing home's discharge coordinator(s);
 - (iii) In the case of a medicaid certified nursing facility, the address and telephone number for the department's local home and community services office; and
 - (iv) In the case of a resident identified through pre-admission screening and resident review (PASRR) as having a developmental disability or mental illness, the address and telephone number for the division of developmental disabilities or the mental health PASRR contractor.
- (2) The nursing home must prepare a detailed, written transfer or discharge plan for each resident determined to have potential for transfer or discharge within the next three months. The nursing home must:
 - (a) Develop and implement the plan with the active participation of the resident and, where appropriate, the resident's representative;
 - (b) In the case of a medicaid resident, coordinate the plan with the department's home and community services staff;

- (c) In the case of a resident identified through PASRR as having a developmental disability or mental illness, coordinate the plan with the division of developmental disabilities or the mental health PASRR contractor;
 - (d) Ensure the plan is an integral part of the resident's comprehensive plan of care and, as such, includes measurable objectives and timetables for completion;
 - (e) Incorporate in the plan relevant factors to include, but not be limited to the:
 - (i) Resident's preferences;
 - (ii) Support system;
 - (iii) Assessments and plan of care; and
 - (iv) Availability of appropriate resources to match the resident's preferences and needs.
 - (f) Identify in the plan specific options for more independent placement; and
 - (g) Provide in the plan for the resident's continuity of care, and to reduce potential transfer trauma, including, but not limited to, pretransfer visit to the new location whenever possible.
- (3) For a resident whose transfer or discharge is not anticipated in the next three months, the nursing home must:
- (a) Document the specific reasons transfer or discharge is not anticipated in that time frame; and
 - (b) Review the resident's potential for transfer or discharge at the time of the quarterly comprehensive plan of care review. If the reasons documented under subsection (3)(a) of this section are unchanged, no additional documentation of reasons is necessary at the time of plan of care review.
- (4) The nursing home must initiate discharge planning on residents described in subsection (3) of this section:
- (a) At the request of the resident or the resident's representative; and
 - (b) When there is a change in the resident's situation or status which indicates a potential for transfer or discharge within the next three months.
- (5) Each resident has the right to request transfer or discharge and to choose a new location. If the resident chooses to leave, the nursing home must assist with and coordinate the resident's transfer or discharge. The medicaid resident, resident's representative, or nursing facility may request assistance from the department's home and community services or, where applicable, the division of developmental disabilities or mental health in the transfer or discharge planning and implementation process.
- (6) The nursing home must coordinate all resident transfers and discharges with the resident, the resident's representative and any other involved individual or entity.
- (7) When a nursing home anticipates discharge, a resident must have a discharge summary that includes:
- (a) A recapitulation of the resident's stay;
 - (b) A final summary of the resident's status to include items in WAC [388-97-1000\(1\)](#), at the time of discharge that is available for release to authorized individuals and agencies, with the consent of the resident or and surrogate decision maker; and
 - (c) A postdischarge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment.

388-97-0100 Utilization review.

- (1) To assure appropriate use of medicaid services, the nursing facility must determine whether each medicaid resident's health has improved sufficiently so the resident no longer needs nursing facility care.
 - (a) The nursing facility must base its determination on:
 - (i) An accurate, comprehensive assessment process; and
 - (ii) Documentation by the resident's physician.
 - (b) The nursing facility is not responsible to assess under WAC [388-97-1960](#), PASSR level II screening assessment.
- (2) When the nursing facility determines a resident no longer needs nursing facility care under subsection (1) of this section, the nursing facility must initiate transfer or discharge in accordance with WAC [388-97-0120](#), [388-97-0140](#), and 42 C.F.R. § 483.12, or successor laws, unless the resident voluntarily chooses to transfer or discharge.
- (3) When a nursing facility initiates a transfer or discharge of a medicaid recipient under subsection (2) of this section:
 - (a) The resident will be ineligible for medicaid nursing facility payment:
 - (i) Thirty days after the receipt of written notice of transfer or discharge; or
 - (ii) If the resident appeals the facility determination, thirty days after the final order is entered upholding the nursing home's decision to transfer or discharge a resident.
 - (b) The department's home and community services may grant extension of a resident's medicaid nursing facility payment after the time specified in subsection (3)(a) of this section, when the department's home and community services staff determine:
 - (i) The nursing facility is making a good faith effort to relocate the resident; and
 - (ii) A location appropriate to the resident's medical and other needs is not available.
- (4) Department designees may review any assessment or determination made by a nursing facility of a resident's need for nursing facility care.

388-97-0120 Individual transfer and discharge rights and procedures.

- (1) The skilled nursing facility and nursing facility must comply with all of the requirements of 42 C.F.R. § 483.10 and § 483.12, and RCW [74.42.450](#), or successor laws, and the nursing home must comply with all of the requirements of RCW [74.42.450](#) (1) through (4) and (7), or successor laws, including the following provisions and must not transfer or discharge any resident unless:
 - (a) At the resident's request;
 - (b) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
 - (c) The transfer or discharge is appropriate because the resident's health has improved enough so the resident no longer needs the services provided by the facility;
 - (d) The safety of individuals in the facility is endangered;
 - (e) The health of individuals in the facility would otherwise be endangered; or
 - (f) The resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility.

- (2) The following notice requirements apply if a nursing home/facility initiates the transfer or discharge of a resident. The notice must:
 - (a) Include all information required by 42 C.F.R. § 483.12 when given in a nursing facility;
 - (b) Be in writing, in language the resident understands;
 - (c) Be given to the resident, the resident's surrogate decision maker, if any, the resident's family and to the department;
 - (d) Be provided thirty days in advance of a transfer or discharge initiated by the nursing facility, except that the notice may be given as soon as practicable when the facility cannot meet the resident's urgent medical needs, or under the conditions described in (1)(c), (d), and (e) of this section; and
 - (e) Be provided fifteen days in advance of a transfer or discharge initiated by the nursing home, unless the transfer is an emergency.
- (3) The nursing home must:
 - (a) Provide sufficient preparation and orientation to the resident to ensure safe and orderly transfer or discharge from the nursing home;
 - (b) Attempt to avoid the transfer or discharge of a resident from the nursing home through the use of reasonable accommodations unless agreed to by the resident and the requirements of WAC [388-97-0080](#) are met; and
 - (c) Develop and implement a bed-hold policy. This policy must be consistent with any bed-hold policy that the department develops.
- (4) The nursing home must provide the bed-hold policy, in written format, to the resident, and a family member, before the resident is transferred or goes on therapeutic leave. At a minimum the policy must state:
 - (a) The number of days, if any, the nursing home will hold a resident's bed pending return from hospitalization or social/therapeutic leave;
 - (b) That a medicaid eligible resident, whose hospitalization or social/therapeutic leave exceeds the maximum number of bed-hold days will be readmitted to the first available semi-private bed, provided the resident needs nursing facility services. Social/therapeutic leave is defined under WAC [388-97-0001](#). The number of days of social/therapeutic leave allowed for medicaid residents and the authorization process is found under WAC [388-97-0160](#); and
 - (c) That a medicaid eligible resident may be charged if he or she requests that a specific bed be held, but may not be charged a bed-hold fee for the right to return to the first available bed in a semi-private room.
- (5) The nursing facility must send a copy of the federally required transfer or discharge notice to:
 - (a) The department's home and community services when the nursing home has determined under WAC [388-97-0100](#), that the medicaid resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility; and
 - (b) The department's designated local office when the transfer or discharge is for any of the following reasons:
 - (i) The resident's needs cannot be met in the facility;
 - (ii) The health or safety of individuals in the facility is endangered; or

- (iii) The resident has failed to pay for, or to have paid under medicare or medicaid, a stay at the facility.

388-97-0140 Transfer and discharge appeals for resident in medicare or medicaid certified facilities.

- (1) A skilled nursing facility and a nursing facility that initiates transfer or discharge of any resident, regardless of payor status, must:
 - (a) Provide the required written notice of transfer or discharge to the resident and, if known or appropriate, to a family member or the resident's representative;
 - (b) Attach a department-designated hearing request form to the transfer or discharge notice;
 - (c) Inform the resident in writing, in a language and manner the resident can understand, that:
 - (i) An appeal request may be made any time up to ninety days from the date the resident receives the notice of transfer or discharge; and
 - (ii) Transfer or discharge will be suspended when an appeal request is received by the office of administrative hearings on or before the date the resident actually transfers or discharges; and
 - (iii) The nursing home will assist the resident in requesting a hearing to appeal the transfer or discharge decision.
 - (iv) A skilled nursing facility or nursing facility must suspend transfer or discharge pending the outcome of the hearing when the resident's appeal is received by the office of administrative hearings on or before the date of the transfer or discharge set forth in the written transfer or discharge notice, or before the resident is actually transferred or discharged.
- (2) The resident is entitled to appeal the skilled nursing facility or nursing facility's transfer or discharge decision. The appeals process is set forth in chapter [388-02](#) WAC and this chapter. In such appeals, the following will apply:
 - (a) In the event of a conflict between a provision in this chapter and a provision in chapter [388-02](#) WAC, the provision in this chapter will prevail;
 - (b) The resident must be the appellant and the skilled nursing facility or the nursing facility will be the respondent;
 - (c) The department must be notified of the appeal and may choose whether to participate in the proceedings. If the department chooses to participate, its role is to represent the state's interest in assuring that skilled nursing facility and nursing facility transfer and discharge actions comply substantively and procedurally with the law and with federal requirements necessary for federal funds;
 - (d) If a medicare certified or medicaid certified facility's decision to transfer or discharge a resident is not upheld, and the resident has been relocated, the resident has the right to readmission immediately upon the first available bed in a semi-private room if the resident requires and is eligible for the services provided by a nursing facility or skilled nursing facility;
 - (e) Any review of the administrative law judge's initial decision shall be conducted under WAC [388-02-0600\(1\)](#).

388-97-0160 Discharge or leave of a nursing facility resident.

- (1) A nursing facility must send immediate written notification of the date of discharge or death of a medicaid resident to the department's local home and community service office.
- (2) The nursing facility must:
 - (a) Notify the department of nursing facility discharge and readmission for all medicaid recipients admitted as hospital inpatients; and
 - (b) Document in the resident's clinical record all social/therapeutic leave exceeding twenty-four hours.
- (3) The department will pay the nursing facility for a medicaid resident's social/therapeutic leave not to exceed a total of eighteen days per calendar year per resident.
- (4) The department's home and community services may authorize social/therapeutic leave exceeding eighteen days per calendar year per resident when requested by the nursing facility or by the resident. In the absence of prior authorization from the department's home and community services, the department will not make payment to a nursing facility for leave days exceeding eighteen per calendar year per resident.
- (5) An individual who is on social/therapeutic leave retains the status of a nursing facility resident.

388-97-0180 Resident rights.

- (1) The nursing home must meet the resident rights requirements of this section and those in the rest of the chapter.
- (2) The resident has a right to a dignified existence, self-determination, and communication with, and access to individuals and services inside and outside the nursing home.
- (3) A nursing home must promote and protect the rights of each resident, including those with limited cognition or other barriers that limit the exercise of rights.
- (4) The resident has the right to:
 - (a) Exercise his or her rights as a resident of the nursing home and as a citizen or resident of the United States. Refer to [WAC 388-97-0240](#);
 - (b) Be free of interference, coercion, discrimination, and reprisal from the nursing home in exercising his or her rights; and
 - (c) Not be asked or required to sign any contract or agreement that includes provisions to waive:
 - (i) Any resident right set forth in this chapter or in the applicable licensing or certification laws; or
 - (ii) Any potential liability for personal injury or losses of personal property.
- (5) The nursing home must take steps to safeguard residents and their personal property from foreseeable risks of injury or loss.

388-97-0200 Free choice.

The resident has the right to:

- (1) Choose a personal attending physician.
- (2) Be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.
- (3) Participate in planning care and treatment or changes in care and treatment.

388-97-0220 Statute implemented in resident decision making, informed consent, and advance directives.

WAC [388-97-0240](#), [388-97-0260](#), and [388-97-0280](#) implement the federal Patient Self-Determination Act and clarify requirements under chapters [11.94](#), [7.70](#), [70.122](#), [11.88](#) and [11.92](#) RCW.

388-97-0240 Resident decision making.

- (1) At the time of admission, or not later than the completion of the initial comprehensive resident assessment, the nursing home must determine if the resident:
 - (a) Has appointed another individual to make his or her health care, financial, or other decisions;
 - (b) Has created any advance directive or other legal documents that will establish a surrogate decision maker in the future; and
 - (c) Is not making his or her own decisions, and identify who has the authority for surrogate decision making, and the scope of the surrogate decision maker's authority.
- (2) The nursing home must review the requirements of (1) of this section when the resident's condition warrants the review or when there is a significant change in the resident's condition.
- (3) In fulfilling its duty to determine who, if anyone, is authorized to make decisions for the resident, the nursing home must:
 - (a) Obtain copies of the legal documents that establish the surrogate decision maker's authority to act; and
 - (b) Document in the resident's clinical record:
 - (i) The name, address, and telephone number of the individual who has legal authority for substitute decision making;
 - (ii) The type of decision making authority such individual has; and
 - (iii) Where copies of the legal documents are located at the facility.
- (4) In accordance with state law or at the request of the resident, the resident's surrogate decision maker is, in the case of:
 - (a) A capacitated resident, the individual authorized by the resident to make decisions on the resident's behalf;
 - (b) A resident adjudicated by a court of law to be incapacitated, the court appointed guardian; and
 - (c) A resident who has been determined to be incapacitated, but is not adjudicated incapacitated established through:
 - (i) A legal document, such as a durable power of attorney for health care; or
 - (ii) Authority for substitute decision making granted by state law, including RCW [7.70.065](#).
- (5) Determination of an individual's incapacity must be a process according to state law not a medical diagnosis only and be based on:
 - (a) Demonstrated inability in decision making over time that creates a significant risk of personal harm;
 - (b) A court order; or
 - (c) The criteria contained in a legal document, such as durable power of attorney for health care.

- (6) The nursing home must promote the resident's right to exercise decision making and self-determination to the fullest extent possible, taking into consideration his or her ability to understand and respond. Therefore, the nursing home must presume that the resident is the resident's own decision maker unless:
 - (a) A court has established a full guardianship of the individual;
 - (b) The capacitated resident has clearly and voluntarily appointed a surrogate decision maker;
 - (c) A surrogate is established by a legal document such as a durable power of attorney for health care; or
 - (d) The facility determines that the resident is an incapacitated individual according to RCW [11.88.010](#) and (5)(a) of this section.
- (7) The nursing home must honor the exercise of the resident's rights by the surrogate decision maker as long as the surrogate acts in accordance with this section and with state and federal law which govern his or her appointment.
- (8) If a surrogate decision maker exercises a resident's rights, the nursing home must take into consideration the resident's ability to understand and respond and must:
 - (a) Inform the resident that a surrogate decision maker has been consulted;
 - (b) Provide the resident with the information and opportunity to participate in all decision making to the maximum extent possible; and
 - (c) Recognize that involvement of a surrogate decision maker does not lessen the nursing home's duty to:
 - (i) Protect the resident's rights; and
 - (ii) Comply with state and federal laws.
- (9) The nursing home must:
 - (a) Regularly review any determination of incapacity based on (4)(b) and (c) of this section;
 - (b) Except for residents with a guardian, cease to rely upon the surrogate decision maker to exercise the resident's rights, if the resident regains capacity, unless so designated by the resident or by court order; and
 - (c) In the case of a guardian notify the court of jurisdiction in writing if:
 - (i) The resident regains capacity;
 - (ii) The guardian is not respecting or promoting the resident's rights;
 - (iii) The guardianship should be modified; or
 - (iv) A different guardian needs to be appointed.

388-97-0260 Informed consent.

- (1) The nursing home must ensure that the informed consent process is followed with:
 - (a) The resident to the maximum extent possible, taking into consideration his or her ability to understand and respond; and
 - (b) The surrogate decision maker when the resident is determined to be incapacitated as established through the provision of a legal document such as durable power of attorney for health care, a court proceeding, or as authorized by state law, including RCW [7.70.065](#). The surrogate decision maker must:
 - (i) First determine if the resident would consent or refuse the proposed or alternative treatment;

- (ii) Discuss determination of consent or refusal with the resident whenever possible; and
 - (iii) When a determination of the resident's consent or refusal of treatment cannot be made, make the decision in the best interest of the resident.
- (2) The informed consent process must include, in words and language that the resident, or if applicable the resident's surrogate decision maker, understands, a description of:
 - (a) The nature and character of the proposed treatment;
 - (b) The anticipated results of the proposed treatment;
 - (c) The recognized possible alternative forms of treatment;
 - (d) The recognized serious possible risks, complications, and anticipated benefits involved in the treatment and in the recognized possible alternative forms of treatment including nontreatment; and
 - (e) The right of the resident to choose not to be informed.
- (3) To ensure informed consent or refusal by a resident, or if applicable the resident's surrogate decision maker, regarding plan or care options, the nursing home must:
 - (a) Provide the informed consent process to the resident in a neutral manner and in a language, words, and manner the resident can understand;
 - (b) Inform the resident of the right to consent to or refuse care and service options at the time of resident assessment and plan of care development (see WAC [388-97-1000](#) and [388-97-1020](#) and with condition changes, as necessary to ensure that the resident's wishes are known;
 - (c) Inform the resident at the time of initial plan of care decisions and periodically of the right to change his or her mind about an earlier consent or refusal decision;
 - (d) Ensure that evidence of informed consent or refusal is consistent with WAC [388-97-1000](#) and [388-97-1020](#); and
 - (e) Where appropriate, include evidence of resident's choice not to be informed as required in subsections (2) and (3) of this section.

388-97-0280 Advance directives.

- (1) "**Advance directive**" as used in this chapter means any document indicating a resident's choice with regard to a specific service, treatment, medication or medical procedure option that may be implemented in the future such as power of attorney, health care directive, limited or restricted treatment cardiopulmonary resuscitation (CPR), do not resuscitate (DNR), and organ tissue donation.
- (2) The nursing home must carry out the provisions of this section in accordance with the applicable provisions of WAC [388-97-0240](#) and [388-97-0260](#), and with state law.
- (3) The nursing home must:
 - (a) Document in the clinical record whether or not the resident has an advance directive;
 - (b) Not request or require the resident to have any advance directives and not condition the provision of care or otherwise discriminate against a resident on the basis of whether or not the resident has executed an advance directive;
 - (c) In a language and words the resident understands, inform the resident in writing and orally at the time of admission, and thereafter as necessary to ensure the resident's right to make informed choices, about:

- (i) The right to make health care decisions, including the right to change his or her mind regarding previous decisions;
- (ii) Nursing home policies and procedures concerning implementation of advance directives; and
- (d) Review and update as needed the resident advance directive information:
 - (i) At the resident's request;
 - (ii) When the resident's condition warrants review; and
 - (iii) When there is a significant change in the resident's condition.
- (4) When the nursing home becomes aware that a resident's health care directive is in conflict with facility practices and policies which are consistent with state and federal law, the nursing home must:
 - (a) Inform the resident of the existence of any nursing home practice or policy which would preclude implementing the health care directive;
 - (b) Provide the resident with written policies and procedures that explain under what circumstances a resident's health care directive will or will not be implemented by the nursing home;
 - (c) Meet with the resident to discuss the conflict; and
 - (d) Determine, in light of the conflicting practice or policy, whether the resident chooses to remain at the nursing home:
 - (i) If the resident chooses to remain in the nursing home, develop with the resident a plan in accordance with chapter [70.122 RCW](#) to implement the resident's wishes. The nursing home may need to actively participate in ensuring the execution of the plan, including moving the resident at the time of implementation to a care setting that will implement the resident's wishes. Attach the plan to the resident's directive in the resident's clinical record; or
 - (ii) If, after recognizing the conflict between the resident's wishes and nursing home practice or policy the resident chooses to seek other long-term care services, or another physician who will implement the directive, the nursing home must assist the resident in locating other appropriate services.
- (5) If a terminally ill resident, in accordance with state law, wishes to die at home, the nursing home must:
 - (a) Use the informed consent process as described in WAC [388-97-0260](#), and explain to the resident the risks associated with discharge; and
 - (b) Discharge the resident as soon as reasonably possible.

388-97-0300 Notice of rights and services.

- (1) The nursing home must provide the resident, before admission, or at the time of admission in the case of an emergency, and as changes occur during the resident's stay, both orally and in writing and in language and words that the resident understands, with the following information:
 - (a) All rules and regulations governing resident conduct, resident's rights and responsibilities during the stay in the nursing home;
 - (b) Advanced directives, and of any nursing home policy or practice that might conflict with the resident's advance directive if made;

- (c) Advance notice of transfer requirements, consistent with RCW [70.129.110](#);
 - (d) Advance notice of deposits and refunds, consistent with RCW [70.129.150](#); and
 - (e) Items, services and activities available in the nursing home and of charges for those services, including any charges for services not covered under medicare or medicaid or by the home's per diem rate.
- (2) The resident has the right:
- (a) Upon an oral or written request, to access all records pertaining to the resident including clinical records within twenty-four hours; and
 - (b) After receipt of his or her records for inspection, to purchase at a cost not to exceed twenty-five cents a page, photocopies of the records or any portions of them upon request and two working days advance notice to the nursing home. For the purposes of this chapter, "**working days**" means Monday through Friday, except for legal holidays.
- (3) The resident has the right to:
- (a) Be fully informed in words and language that he or she can understand of his or her total health status, including, but not limited to, his or her medical condition;
 - (b) Accept or refuse treatment; and
 - (c) Refuse to participate in experimental research.
- (4) The nursing home must inform each resident:
- (a) Who is entitled to medicaid benefits, in writing, prior to the time of admission to the nursing facility or, when the resident becomes eligible for medicaid of the items, services and activities:
 - (i) That are included in nursing facility services under the medicaid state plan and for which the resident may not be charged; and
 - (ii) That the nursing home offers and for which the resident may be charged, and the amount of charges for those services.
 - (b) That deposits, admission fees and prepayment of charges cannot be solicited or accepted from medicare or medicaid eligible residents; and
 - (c) That minimum stay requirements cannot be imposed on medicare or medicaid eligible residents.
- (5) The nursing home must, except for emergencies, inform each resident in writing, thirty days in advance before changes are made to the availability or charges for items, services or activities specified in section (4)(a)(i) and (ii), or before changes to the nursing home rules.
- (6) The private pay resident has the right to the following, regarding fee disclosure-deposits:
- (a) Prior to admission, a nursing home that requires payment of an admission fee, deposit, or a minimum stay fee, by or on behalf of an individual seeking admission to the nursing home, must provide the individual:
 - (i) Full disclosure in writing in a language the potential resident or his representative understands:
 - (A) Of the nursing home's schedule of charges for items, services, and activities provided by the nursing home; and
 - (B) Of what portion of the deposits, admissions fees, prepaid charges or minimum stay fee will be refunded to the resident if the resident leaves the nursing home.
 - (ii) The amount of any admission fees, deposits, or minimum stay fees.

- (iii) If the nursing home does not provide these disclosures, the nursing home must not keep deposits, admission fees, prepaid charges or minimum stay fees.
 - (b) If a resident dies or is hospitalized or is transferred and does not return to the nursing home, the nursing home:
 - (i) Must refund any deposit or charges already paid, less the home's per diem rate, for the days the resident actually resided or reserved or retained a bed in the nursing home, regardless of any minimum stay or discharge notice requirements; except that
 - (ii) The nursing home may retain an additional amount to cover its reasonable, actual expenses incurred as a result of a private pay resident's move, not to exceed five days per diem charges, unless the resident has given advance notice in compliance with the admission agreement.
 - (c) The nursing home must refund any and all refunds due the resident within thirty days from the resident's date of discharge from the nursing home; and
 - (d) Where the nursing home requires the execution of an admission contract by or on behalf of an individual seeking admission to the nursing home, the terms of the contract must be consistent with the requirements of this section.
- (7) The nursing home must furnish a written description of legal rights which includes:
 - (a) A description of the manner of protecting personal funds, under WAC [388-97-0340](#);
 - (b) In the case of a nursing facility only, a description of the requirements and procedures for establishing eligibility for medicaid, including the right to request an assessment which determines the extent of a couple's nonexempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to medicaid eligibility levels;
 - (c) A posting of names, addresses, and telephone numbers of all relevant state client advocacy groups such as the state survey and certification agency, the state licensure office, the state ombudsman program, the protection and advocacy network, and the medicaid fraud control unit; and
 - (d) A statement that the resident may file a complaint with the state survey and certification agency concerning resident abandonment, abuse, neglect, financial exploitation, and misappropriation of resident property in the nursing home.
- (8) The nursing home must:
 - (a) Inform each resident of the name, and specialty of the physician responsible for his or her care; and
 - (b) Provide a way for each resident to contact his or her physician.
- (9) The skilled nursing facility and nursing facility must prominently display in the facility written information, and provide to residents and individuals applying for admission oral and written information, about how to apply for and use medicare and medicaid benefits, and how to receive refunds for previous payments covered by such benefits.
- (10) The written information provided by the nursing home pursuant to this section, and the terms of any admission contract executed between the nursing home and an individual seeking admission to the nursing home, must be consistent with the requirements of

chapters [74.42](#) and [18.51](#) RCW and, in addition, for facilities certified under medicare or medicaid, with the applicable federal requirements.

388-97-0320 Notification of changes.

- (1) A nursing home must immediately inform the resident, consult with the resident's physician, and if known, notify the resident's surrogate decision maker, and when appropriate, with resident consent, interested family member(s) when there is:
 - (a) An accident involving the resident which results in injury and has the potential for requiring physician intervention;
 - (b) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychological status in either life-threatening conditions or clinical complications); refer to WAC [388-97-0240](#);
 - (c) A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or
 - (d) A decision to transfer or discharge the resident from the facility.
- (2) The nursing home must also promptly notify the resident and, if known, the resident's surrogate decision maker, and when appropriate, with the resident's consent, interested family member(s) when there is:
 - (a) A change in room or roommate assignment, refer to the timing requirements in WAC [388-97-0580](#); or
 - (b) A change in resident rights under federal or state law or regulations as specified in WAC [388-97-0300](#).
- (3) The nursing home must record and periodically update the address and phone number of the resident's legal surrogate decision maker and interested family member(s).

388-97-0340 Protection of resident funds.

- (1) The resident has the right to manage his or her financial affairs and the nursing home may not require residents to deposit their personal funds with the nursing home.
- (2) Upon written authorization of a resident, the nursing home must hold, safeguard, manage and account for the personal funds of the resident deposited with the nursing home.
- (3) The nursing home must establish and maintain a system that assures a full, complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the nursing home on the resident's behalf and must:
 - (a) Deposit any resident's personal funds in excess of fifty dollars, one hundred dollars for medicare residents, in an interest-bearing resident personal fund account or accounts, separate from any nursing home operating accounts, and credit all interest earned to the account;
 - (b) Keep personal funds under fifty dollars, one hundred dollars for medicare residents, in a noninterest-bearing account or petty cash fund maintained for residents; and
 - (c) Make the individual financial record available to the resident or his or her surrogate decision maker through quarterly statements and on request.
- (4) The nursing facility must notify each resident that receives medicaid benefits:

- (a) When the amount in the resident's account reaches two hundred dollars less than the SSI resource limit for one individual; and
 - (b) That if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one individual, the resident may lose eligibility for medicaid or SSI.
- (5) The nursing home must convey the resident's funds, and a final accounting of those funds, to the resident or to the individual or jurisdiction administering the resident's estate, within thirty days of the discharge, transfer or death of any resident with a personal fund deposited with the nursing home. The funds of a deceased medicaid resident must be sent to the state of Washington, department of social and health services, office of financial recovery.
- (6) The nursing facility must purchase a surety bond, or an approved alternative, to assure security of personal funds of residents deposited with the facility.
- (7) Medicare certified and medicaid certified facilities may not impose a charge against a resident's personal funds for any item or service for which payment is made under medicaid or medicare as described in 42 C.F.R. § 483.10 (c)(8).
- (8) Medicare certified and medicaid certified nursing facilities must:
- (a) Not charge a resident (or the resident's representative) for any item or service not requested by the resident;
 - (b) Not require a resident, or the resident's representative, to request any item or service as a condition of admission or continued stay; and
 - (c) Inform the resident, or the resident's representative, requesting an item or services for which a charge will be made that there will be a charge for the item or service and what the charge will be.
- (9) When a resident's financial eligibility for nursing facility services is established by the department, the facility must refund to the resident:
- (a) Any deposit that was required prior to eligibility; and
 - (b) Any payments for services that will be covered retroactively by medicaid.

388-97-0360 Privacy and confidentiality.

- (1) The resident has the right to personal privacy and confidentiality of his or her personal and clinical records. Personal privacy includes:
- (a) Accommodations;
 - (b) Medical treatment;
 - (c) Written and telephone communications;
 - (d) Personal care;
 - (e) Visits; and
 - (f) Meetings with family and resident groups.
- (2) The resident may approve or refuse the release of personal and clinical records to any individual outside the nursing home, unless the resident has been adjudged incapacitated according to state law.
- (3) The resident's right to refuse release of personal and clinical records does not apply when:
- (a) The resident is transferred to another health care institution; or
 - (b) Record release is required by law.

388-97-0380 Electronic monitoring equipment — Audio monitoring and video monitoring.

- (1) Except as provided in this section or in WAC [388-97-0400](#), the nursing home must not use the following in the facility or on the premises:
 - (a) Audio monitoring equipment; or
 - (b) Video monitoring equipment if it includes an audio component.
- (2) The nursing home may video monitor and video record activities in the facility or on the premises, without an audio component, only in the following areas:
 - (a) Entrances and exits as long as the cameras are:
 - (i) Focused only on the entrance or exit doorways; and
 - (ii) Not focused on areas where residents gather.
 - (b) Areas used exclusively by staff persons such as, medication preparation and storage areas or food preparation areas, if residents do not go into these areas;
 - (c) Outdoor areas not commonly used by residents, such as, but not limited to, delivery areas; and
 - (d) Designated smoking areas, subject to the following conditions:
 - (i) Residents have been assessed as needing supervision for smoking;
 - (ii) A staff person watches the video monitor at any time the area is used by such residents;
 - (iii) The video camera is clearly visible;
 - (iv) The video monitor is not viewable by general public; and
 - (v) The facility notifies all residents in writing of the use of video monitoring equipment.

388-97-0400 Electronic monitoring equipment — Resident requested use.

- (1) The nursing home must not use audio or video monitoring equipment to monitor any resident unless:
 - (a) The resident has requested the monitoring; and
 - (b) The monitoring is only used in the sleeping room of the resident who requested the monitoring.
- (2) If the resident requests audio or video monitoring, before any electronic monitoring occurs, the nursing home must ensure:
 - (a) That the electronic monitoring does not violate chapter [9.73](#) RCW;
 - (b) The resident has identified a threat to the resident's health, safety or personal property;
 - (c) The resident's roommate has provided written consent to electronic monitoring, if the resident has a roommate; and
 - (d) The resident and the nursing home have agreed upon a specific duration for the electronic monitoring and the agreement is documented in writing.
- (3) The nursing home must:
 - (a) Reevaluate the need for the electronic monitoring with the resident at least quarterly; and
 - (b) Have each re-evaluation in writing, signed and dated by the resident.
- (4) The nursing home must immediately stop electronic monitoring if the:
 - (a) Resident no longer wants electronic monitoring;
 - (b) Roommate objects or withdraws the consent to the electronic monitoring; or

- (c) The resident becomes unable to give consent.
- (5) For the purposes of consenting to video electronic monitoring without an audio component, the term "resident" includes the resident's surrogate decision maker.
- (6) For purpose of consenting to any audio electronic monitoring, the term "resident" includes:
 - (a) The individual residing in the nursing home; or
 - (b) The resident's court-appointed guardian or attorney-in-fact who has obtained a court order specifically authorizing the court-appointed guardian or attorney-in-fact to consent to audio electronic monitoring of the resident.
- (7) If a resident's decision maker consents to audio electronic monitoring as specified in (6) above, the nursing home must maintain a copy of the court order authorizing such consent in the resident's record.

388-97-0420 Work.

The resident has the right to:

- (1) Refuse to perform services for the nursing home; and
- (2) Perform services for the nursing home, if he or she chooses, when:
 - (a) The facility has documented the need or desire for work in the plan of care;
 - (b) The plan specifies the nature of the services performed and whether the services are voluntary or paid;
 - (c) Compensation for paid services is at or above prevailing rates; and
 - (d) The resident agrees to the work arrangement described in the plan of care.

388-97-0440 Self-administration of drugs.

A resident may self-administer drugs if the interdisciplinary team has determined that this practice is safe.

388-97-0460 Grievance rights.

A resident has the right to:

- (1) Voice grievances without discrimination or reprisal. Grievances include those with respect to treatment which has been furnished as well as that which has not been furnished.
- (2) Prompt efforts by the nursing home to resolve voiced grievances, including those with respect to the behavior of other residents.
- (3) File a complaint, contact, or provide information to the department, the long-term care ombudsman, the attorney general's office, and law enforcement agencies without interference, discrimination, or reprisal. All forms of retaliatory treatment are prohibited, including those listed in chapter [74.39A RCW](#).
- (4) Receive information from agencies acting as client advocates, and be afforded the opportunity to contact these agencies.

388-97-0480 Examination of survey results.

- (1) The resident has the right to examine the results of:

- (a) The most recent survey of the nursing home conducted by federal and state surveyors;
 - (b) Surveys related to any current or subsequent complaint investigation; and
 - (c) Any required accompanying plan of correction, completed or not.
- (2) Upon receipt of any deficiency citation report, the nursing home must publicly post a notice:
- (a) That the results of the survey or complaint investigation, or both, are available regardless of whether the plan of correction is completed or not; and
 - (b) Of the location of the deficiency citation reports.
- (3) For a report posted prior to the plan of correction being completed, the nursing home may attach an accompanying notice that explains the purpose and status of the plan of correction, informal dispute review, administrative hearing and other relevant information.
- (4) Upon receipt of any citation report, the nursing home must publicly post a copy of the most recent full survey and all subsequent complaint investigation deficiency citation reports, including the completed plans of correction, when one is required.
- (5) The notices and any survey reports must be available for viewing or examination in a place or places:
- (a) Readily accessible to residents, which does not require staff interventions to access; and
 - (b) In plain view of the nursing home residents, including individuals visiting those residents, and individuals who inquire about placement in the nursing home.

388-97-0500 Resident mail.

The resident has the right and the nursing home must provide immediate access to any resident by the following:

- (1) Send and promptly receive mail that is unopened; and
- (2) Have access to stationary, postage and writing implements at the resident's own expense.

388-97-0520 Access and visitation rights.

- (1) The resident has the right and the nursing home must provide immediate access to any resident by the following:
- (a) For medicare and medicaid residents any representative of the U.S. department of health and human services (DHHS);
 - (b) Any representative of the state;
 - (c) The resident's personal physician;
 - (d) Any representative of the state long term care ombudsman program (established under section 307 (a)(12) of the Older American's Act of 1965);
 - (e) Any representative of the Washington protection and advocacy system, or any other agency (established under part c of the Developmental Disabilities Assistance and Bill of Rights Act);
 - (f) Any representative of the Washington protection and advocacy system, or any agency (established under the Protection and Advocacy for Mentally Ill Individuals Act);

- (g) Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
- (h) Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.
- (2) The nursing home must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
- (3) The nursing home must allow representatives of the state ombudsman, described in subsection (1)(d) of this section, to examine a resident's clinical records with the permission of the resident or the resident's surrogate decision maker, and consistent with state law. The ombudsman may also, under federal and state law, access resident's records when the resident is incapacitated and has no surrogate decision maker, and may access records over the objection of a surrogate decision maker if access is authorized by the state ombudsman pursuant to 42 U.S.C. § 3058g(b) and RCW [43.190.065](#).

388-97-0540 Telephone.

The resident has the right to have twenty-four hour access to a telephone which:

- (1) Provides auditory privacy;
- (2) Is accessible to an individual with a disability and accommodates an individual with sensory impairment; and
- (3) Does not include the use of telephones in staff offices and at the nurses station(s).

388-97-0560 Personal property.

- (1) The resident has the right, unless to do so would infringe upon the rights or health and safety of other residents, to:
 - (a) Retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits;
 - (b) Provide his or her own bed and other furniture, if desired and space permits; and
 - (c) Not be required to keep personal property locked in the facility office, safe, or similar arrangement.
- (2) The nursing home must:
 - (a) Not request or require residents to sign waivers of potential liability for losses of personal property; and
 - (b) Have a system in place to safeguard personal property within the nursing home that protects the personal property and yet allows the resident to use his or her property.

388-97-0580 Roommates/rooms.

- (1) A resident has the right to:
 - (a) Share a room with his or her spouse or state registered domestic partners when both residents live in the same facility and both consent to the arrangement and the room complies with the requirements for two occupants; and
 - (b) Receive three days notice of change in room or roommate except:
 - (i) For room changes: The move is at the resident's request; and

- (ii) For room or roommate changes: A longer or shorter notice is required to protect the health or safety of the resident or another resident; or an admission to the facility is necessary, and the resident is informed in advance. The nursing home must recognize that the change may be traumatic for the resident and take steps to lessen the trauma.
- (2) The nursing home must make reasonable efforts to accommodate residents wanting to share the same room.

388-97-0600 Refusal of certain transfers.

In dually certified facilities all beds are medicaid certified. Therefore the beds in a certified distinct part for medicare are also nursing facility beds for medicaid.

- (1) Each resident has the right to refuse a transfer to another room within the facility, if the purpose of the transfer is to relocate:
 - (a) A resident from the medicare distinct part of the facility to a part of the facility that is not a medicare distinct part; or
 - (b) A resident from the part of the facility that is not a medicare distinct part to the medicare distinct part of the facility.
- (2) A resident's exercise of the right to refuse transfer under subsection (1)(a) of this section does not affect the individual's eligibility or entitlement to medicare or medicaid benefits.
- (3) The skilled nursing facility or nursing facility must inform residents of their rights under subsection (1) and (2) of this section at the time of the proposed transfer or relocation.

388-97-0620 Chemical and physical restraints.

- (1) The resident has the right to be free from any physical or chemical restraint imposed for purposes of:
 - (a) Discipline or convenience, and not required to treat the resident's medical symptoms; or
 - (b) Preventing or limiting independent mobility or activity.
- (2) The nursing home must develop and implement written policies and procedures governing:
 - (a) The emergency use of restraints;
 - (b) The use of chemical and physical restraints, required for the treatment of the resident's medical symptoms, not for discipline or convenience;
 - (c) The personnel authorized to administer restraints in an emergency; and
 - (d) Monitoring and controlling the use of restraints.
- (3) Physical restraints may be used in an emergency only when:
 - (a) It has been assessed as necessary to prevent a resident from inflicting injury to self or to others;
 - (b) The restraint is the least restrictive form of restraint possible;
 - (c) A physician's order is obtained:
 - (i) Within twenty-four hours; and
 - (ii) The order includes treatments to assist in resolving the emergency situation and eliminating the need for the restraint.
 - (d) The resident is released from the restraint as soon as the emergency no longer exists.

- (4) In certain situations, chemical or physical restraints may be necessary for residents with acute or chronic mental or physical impairments. When chemical or physical restraints are used the nursing home must ensure that:
 - (a) The use of the restraint is related to a specific medical need or problem identified through a multidisciplinary assessment;
 - (b) The informed consent process is followed as described under WAC [388-97-0260](#); and
 - (c) The resident's plan of care provides approaches to reduce or eliminate the use of the restraint, where possible.
- (5) The nursing home must ensure that any resident physically restrained is released:
 - (a) At intervals not to exceed two hours; and
 - (b) For periods long enough to provide for ambulation, exercise, elimination, food and fluid intake, and socialization as independently as possible.

388-97-0640 Prevention of abuse.

- (1) Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.
- (2) The nursing home must develop and implement written policies and procedures that:
 - (a) Prohibit abandonment, abuse, and neglect of residents, financial exploitation, and misappropriation of resident property; and
 - (b) Require staff to report possible abuse, and other related incidents, as required by chapter [74.34](#) RCW, and for skilled nursing facilities and nursing facilities as required by 42 C.F.R. § 483.13.
- (3) The nursing home must not allow staff to:
 - (a) Engage in verbal, mental, sexual, or physical abuse;
 - (b) Use corporal punishment;
 - (c) Involuntarily seclude, abandon, neglect, or financially exploit residents; or
 - (d) Misappropriate resident property.
- (4) The nursing home must report any information it has about an action taken by a court of law against an employee to the department's complaint resolution unit and the appropriate department of health licensing authority, if that action would disqualify the individual from employment as described in RCW [43.43.842](#).
- (5) The nursing home must ensure that all allegations involving abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property, including injuries of unknown origin, are reported immediately to the department, other applicable officials, and the administrator of the facility. The nursing home must:
 - (a) Ensure that the reports are made through established procedures in accordance with state law including chapter [74.34](#) RCW, and guidelines developed by the department; and
 - (b) Not have any policy or procedure that interferes with the requirement of chapter [74.34](#) RCW that employees and other mandatory reporters file reports directly with the department, and also with law enforcement, if they suspect sexual or physical assault has occurred.
- (6) The nursing home must:
 - (a) Have evidence that all alleged violations are thoroughly investigated;

- (b) Prevent further potential abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property while the investigation is in progress; and
 - (c) Report the results of all investigations to the administrator or his designated representative and to other officials in accordance with state law and established procedures (including the state survey and certification agency) within five working days of the incident, and if the alleged violation is verified appropriate action must be taken.
- (7) When a mandated reporter has:
- (a) Reasonable cause to believe that a vulnerable adult has been abandoned, abused, neglected, financially exploited, or a resident's property has been misappropriated, the individual mandatory reporter must immediately report the incident to the department's aging and disability services administration (ADSA);
 - (b) Reason to suspect that a vulnerable adult has been sexually or physically assaulted, the individual mandatory reporter must:
 - (i) Immediately report the incident to the department's aging and disability services administration (ADSA);
 - (ii) Notify local law enforcement in accordance with the provisions of chapter [74.34 RCW](#).
- (8) Under RCW [74.34.053](#), it is:
- (a) A gross misdemeanor for a mandated reporter knowingly to fail to report as required under this section; and
 - (b) A misdemeanor for a person to intentionally, maliciously, or in bad faith make a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.
- (9) The nursing home must not employ individuals who are disqualified under the requirements of WAC [388-97-1820](#).

388-97-0660 Resident protection program definition.

As used in WAC [388-97-0680](#) through [388-97-0840](#), the term "**individual**," means anyone, used by the nursing home to provide services to residents who is alleged to have abandoned, abused, neglected, misappropriated property of a resident or financially exploited a resident. "Individual" includes, but is not limited to, employees, contractors, and volunteers.

388-97-0680 Investigation of mandated reports.

- (1) The department will review all allegations of resident abandonment, abuse, neglect, or financial exploitation, or misappropriation of resident property, as those terms are defined in this chapter, RCW [74.34.020](#) or 42 C.F.R. 488.301.
- (2) If, after the review of an allegation, the department concludes that there is reason to believe that an individual has abandoned, abused, neglected, or financially exploited a resident, or has misappropriated a resident's property, then the department will initiate an investigation.
- (3) The department's investigation may include, but is not limited to:
 - (a) The review of facility and state agency records;
 - (b) Interviews with anyone who may have relevant information about the allegation;and

- (c) The collection of any evidence deemed necessary by the investigator.

388-97-0700 Preliminary finding.

If, after review of the results of the investigation, the department determines that an individual has abandoned, abused, neglected, or financially exploited a resident, or has misappropriated a resident's property, the department will make a preliminary finding to that effect. However, a preliminary finding of neglect will not be made if the individual demonstrates that the neglect was caused by factors beyond the control of the individual.

388-97-0720 Notice to individual of preliminary findings.

- (1) The department will serve notice of the preliminary finding as provided in WAC [388-97-4425](#).
- (2) The department may establish proof of service as provided in WAC [388-97-4430](#).

388-97-0725 Notice to others of preliminary findings.

Consistent with confidentiality requirements concerning the resident, witnesses, and the reporter, the department may provide notification of a preliminary finding to:

- (1) Other divisions within the department;
- (2) The agency, program or employer where the incident occurred;
- (3) The employer or program that is currently associated with the individual;
- (4) Law enforcement;
- (5) Other entities as authorized by law including chapter [74.34](#) RCW and this chapter; and
- (6) The appropriate licensing agency.

388-97-0740 Disputing a preliminary finding.

- (1) The individual may request an administrative hearing to challenge a preliminary finding made by the department.
- (2) The request must be made in writing to the office of administrative hearings.
- (3) The office of administrative hearings must receive the individual's written request for an administrative hearing within thirty calendar days of the date of the notice of the preliminary finding; except under the circumstances described in subsection (4).
- (4) If, an individual requests a hearing within one hundred eighty days of the date of the notice of the preliminary finding and the individual can demonstrate good cause for failing to request a hearing within thirty days, the office of administrative hearings may grant the request. Under these circumstances, the finding against the individual will remain on the department's registry pending the outcome of the hearing.

388-97-0760 Hearing procedures to dispute preliminary finding.

Upon receipt of a written request for a hearing from an individual, the office of administrative hearings will schedule a hearing, taking into account the following requirements:

- (1) The hearing decision must be issued within one hundred twenty days of the date the office of administrative hearings receives a hearing request; except as provided in subsection (6);

- (2) Neither the department nor the individual can waive the one hundred twenty day requirement;
- (3) The hearing will be conducted at a reasonable time and at a place that is convenient for the individual;
- (4) The hearing, and any subsequent appeals, will be governed by this chapter, chapter [34.05](#) RCW, and chapter [388-02](#) WAC, or its successor regulations;
- (5) A continuance may be granted for good cause upon the request of any party, as long as the hearing decision can still be issued within one hundred twenty days of the date of the receipt of the appeal; except under the circumstances described in subsection 6;
- (6) If the administrative law judge finds that extenuating circumstances exist that will make it impossible to render a decision within one hundred twenty days, the administrative law judge may extend the one hundred twenty-day requirement by a maximum of sixty days; and
- (7) To comply with the time limits described in this section, the individual must be available for the hearing and other preliminary matters. If the decision is not rendered within the time limit described in subsection (1), or if appropriate under subsection (6), the administrative law judge shall issue an order dismissing the appeal and the preliminary finding will become final.

388-97-0780 Finalizing the preliminary finding.

- (1) The preliminary finding becomes a final finding when:
 - (a) The department notifies the individual of a preliminary finding and the individual does not ask for an administrative hearing within the time frame provided under WAC [388-97-0740](#);
 - (b) The individual requested an administrative hearing to appeal the preliminary finding and the administrative law judge:
 - (i) Dismisses the appeal following withdrawal of the appeal or default;
 - (ii) Dismisses the appeal for failure to comply with the time limits under WAC [388-97-0760](#); or
 - (iii) Issues an initial order upholding the finding; or
 - (c) The board of appeals reverses an administrative law judge's initial order and issues a final order upholding the preliminary finding.
- (2) A final finding is permanent, except under the circumstances described in (3).
- (3) A final finding may be removed from the department's registry and, as appropriate, any other department lists under the following circumstances:
 - (a) The department determines the finding was made in error;
 - (b) The finding is rescinded following judicial review;
 - (c) At least one year after a single finding of neglect has been finalized, the department may remove the finding of neglect from the department's registry or department lists based upon a written petition by the individual and in accordance with requirements of federal law, 42 U.S.C. 1396r (g)(1)(D); or
 - (d) The department is notified of the individual's death.

388-97-0800 Reporting final findings.

The department will report a final finding of abandonment, abuse, neglect, financial exploitation of a resident, and misappropriation of resident property within ten working days to the following:

- (1) The individual;
- (2) The current administrator of the facility in which the incident occurred;
- (3) The administrator of the facility that currently employs the individual, if known;
- (4) The department's registry;
- (5) The appropriate licensing authority; and
- (6) Any other lists maintained by a state or federal agency as appropriate.

388-97-0820 Appeal of administrative law judge's initial order or finding.

- (1) If the individual or the department disagrees with the administrative law judge's decision, either party may appeal this decision by filing a petition for review with the department's board of appeals as provided under chapter [34.05](#) RCW and chapter [388-02](#) WAC.
- (2) If the individual appeals the administrative law judge's decision, the finding will remain on the department's registry or other lists.

388-97-0840 Disclosure of investigative and finding information.

- (1) Information obtained during the investigation into allegations of abandonment, abuse, neglect, misappropriation of property, or financial exploitation of a resident, and any documents generated by the department will be maintained and disseminated with regard for the privacy of the resident and any reporting individuals and in accordance with laws and regulations regarding confidentiality and privacy.
- (2) Confidential information about resident and mandated reporters provided to the individual by the department must be kept confidential and may only be used by the individual to challenge findings through the appeals process.
- (3) Confidential information such as the name and other personal identifying information of the reporter, witnesses, or the resident will be redacted from the documents unless release of that information is consistent with chapter [74.34](#) RCW and other applicable state and federal laws

388-97-0860 Resident dignity and accommodation of needs.

- (1) Dignity. The nursing home must ensure that:
 - (a) Resident care is provided in a manner to enhance each resident's dignity, and to respect and recognize his or her individuality; and
 - (b) Each resident's personal care needs are provided in a private area free from exposure to individuals not involved in providing the care.
- (2) Accommodation of needs. Each resident has the right to reasonable accommodation of personal needs and preferences, except when the health or safety of the individual or other residents would be endangered.

388-97-0800 Environment.

The nursing home must provide and maintain:

388-97-0900 Self determination and participation.

- (1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible;
- (2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;
- (3) Comfortable and safe temperature levels:
 - (a) Facilities licensed after October 1, 1990 must maintain a temperature range of seventy-one to eighty-one degrees Fahrenheit; and
 - (b) Regardless of external weather conditions, all nursing homes must develop and implement procedures and processes to maintain a temperature level that is comfortable and safe for residents;
- (4) Comfortable sound levels, to include:
 - (a) Minimizing the use of the public address system to ensure each use is in the best interest of the residents; and
 - (b) Taking reasonable precautions with noisy services so as not to disturb residents, particularly during their sleeping time; and
- (5) Lighting suitable for any task the resident chooses to do, and any task the staff must do.

388-97-0900 Self determination and participation.

The resident has the right to:

- (1) Choose activities, schedules, and health care consistent with his or her interests, assessments, and plan of care;
- (2) Interact with members of the community both inside and outside the nursing home;
- (3) Make choices about aspects of his or her life in the facility that are significant to the resident; and
- (4) Participate in social, religious, and community activities that do not interfere with the rights of other residents in the nursing home.

388-97-0920 Participation in resident and family groups.

- (1) A resident has the right to organize and participate in resident groups in the nursing home.
- (2) The nursing home must provide a resident or family group, if one exists, with private space.
- (3) Staff or visitors may attend meetings only at the group's invitation.
- (4) The nursing home must provide a designated staff individual responsible for providing assistance and responding to written requests that result from group meetings.
- (5) When a resident or family group exists, the nursing home must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the nursing home.
- (6) A resident's family has the right to meet in the nursing home with the families of other residents in the facility.

388-97-0940 Activities.

The nursing home must:

- (1) Provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident;
- (2) Provide activities meaningful to the residents at various times throughout every day and evening based on each resident's need and preference; and
- (3) Ensure that the activities program is directed by a qualified professional who:
 - (a) Is a qualified therapeutic recreation specialist or an activities professional who is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or
 - (b) Has two years of experience in a social or recreational program within the last five years, one of which was full-time in a patient activities program in a health care setting; or
 - (c) Is a qualified occupational therapist or occupational therapy assistant.

388-97-0960 Social services.

The nursing home must:

- (1) Provide medically related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident; and
- (2) Employ a qualified social worker on a full-time basis if the nursing home has more than one hundred twenty beds. A qualified social worker is an individual with:
 - (a) A bachelor's degree in social work or a bachelor's degree in a human services field including but not limited to sociology, special education, rehabilitation counseling, and psychology; and
 - (b) One year of supervised social work experience in a health care setting working directly with patients or residents.

388-97-0980 Pets.

- (1) Each resident must have a reasonable opportunity to have regular contact with animals, if desired.
- (2) The nursing home must:
 - (a) Consider the recommendations of nursing home residents, resident councils, and staff;
 - (b) Determine how to provide residents access to animals;
 - (c) Determine the type and number of animals available in the facility, which the facility can safely manage. Such animals should include only those customarily considered domestic pets;
 - (d) Ensure that any resident's rights, preferences, and medical needs are not compromised by the presence of an animal; and
 - (e) Ensure any animal visiting or living on the premises has a suitable temperament, is healthy, and otherwise poses no significant health or safety risks to residents, staff, or visitors.
- (3) Animals living on the nursing home premises must:
 - (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state; and
 - (b) Be veterinarian certified to be free of diseases transmittable to humans.

- (4) Pets must be restricted from:
 - (a) Central food preparation areas; and
 - (b) Residents who object to the presence of pets.

388-97-1000 Resident assessment.

- (1) The nursing home must:
 - (a) Provide resident care based on a systematic, comprehensive, interdisciplinary assessment, and care planning process in which the resident participates, to the fullest extent possible;
 - (b) Conduct initially and periodically a comprehensive, accurate, standardized, reproducible assessment of each resident's functional capacity;
 - (c) At the time each resident is admitted:
 - (i) Have physician's orders for the resident's immediate care; and
 - (ii) Ensure that the resident's immediate care needs are identified in an admission assessment.
 - (d) Ensure that the comprehensive assessment of a resident's needs describes the resident's capability to perform daily life functions and significant impairments in functional capacity.
- (2) The comprehensive assessment must include at least the following information:
 - (a) Identification and demographic information;
 - (b) Customary routine;
 - (c) Cognitive patterns;
 - (d) Communication;
 - (e) Vision;
 - (f) Mood and behavior patterns;
 - (g) Psychosocial well-being;
 - (h) Physical functioning and structural problems;
 - (i) Continence;
 - (j) Disease diagnosis and health conditions;
 - (k) Dental and nutritional status;
 - (l) Skin conditions;
 - (m) Activity pursuit;
 - (n) Medications;
 - (o) Special treatments and procedures;
 - (p) Discharge potential;
 - (q) Documentation of summary information regarding the assessment performed; and
 - (r) Documentation of participation in assessment.
- (3) The nursing home must conduct comprehensive assessments:
 - (a) No later than fourteen days after the date of admission;
 - (b) Promptly after a significant change in the resident's physical or mental condition; and
 - (c) In no case less often than once every twelve months.
- (4) The nursing home must ensure that:
 - (a) Each resident is assessed no less than once every three months, and as appropriate, the resident's assessment is revised to assure the continued accuracy of the assessment; and

- (b) The results of the assessment are used to develop, review and revise the resident's comprehensive plan of care under WAC [388-97-1020](#).
- (5) The skilled nursing facility and nursing facility must:
 - (a) For the required assessment, complete the state approved resident assessment instrument (RAI) for each resident in accordance with federal requirements;
 - (b) Place copies of the completed state approved RAI in each resident's clinical record, unless all charting is computerized;
 - (c) Maintain all copies of resident assessments completed within the resident's active clinical record for fifteen months;
 - (d) Assess each resident not less than every three months, using the state approved assessment instrument; and
 - (e) Transmit all state and federally required RAI information for each resident to the department:
 - (i) In a manner approved by the department;
 - (ii) Within ten days of completion of any RAI required under this subsection; and
 - (iii) Within ten days of discharging or readmitting a resident.

388-97-1020 Comprehensive plan of care.

- (1) The nursing home must develop a comprehensive plan of care for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment.
- (2) The comprehensive plan of care must:
 - (a) Describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under WAC [388-97-1060](#);
 - (b) Describe any services that would otherwise be required, but are not provided due to the resident's exercise of rights, including the right to refuse treatment (refer to WAC [388-97-0300](#) and [388-97-0260](#));
 - (c) Be developed within seven days after completion of the comprehensive assessment;
 - (d) Be prepared by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the residents needs;
 - (e) Consist of an ongoing process which includes a meeting if desired by the resident or the resident's representative; and
 - (f) Include the ongoing participation of the resident to the fullest extent possible, the resident's family or the resident's surrogate decision maker.
- (3) The nursing home must implement a plan of care to meet the immediate needs of newly admitted residents, prior to the completion of the comprehensive assessment and plan of care.
- (4) The nursing home must:
 - (a) Follow the informed consent process with the resident as specified in WAC [388-97-0260](#), regarding the interdisciplinary team's plan of care recommendations;
 - (b) Respect the resident's right to decide plan of care goals and treatment choices, including acceptance or refusal of plan of care recommendations;

- (c) Include in the interdisciplinary plan of care process:
 - (i) Staff members requested by the resident; and
 - (ii) Direct care staff who work most closely with the resident.
 - (d) Respect the resident's wishes regarding which individuals, if any, the resident wants to take part in resident plan of care functions;
 - (e) Provide reasonable advance notice to and reasonably accommodate the resident family members or other individuals the resident wishes to have attend, when scheduling plan of care meeting times; and
 - (f) Where for practical reasons any individuals significant to the plan of care process, including the resident, are unable to attend plan of care meetings, provide a method for such individuals to give timely input and recommendations.
- (5) The nursing home must ensure that each comprehensive plan of care:
- (a) Designates the discipline of the individuals responsible for carrying out the program; and
 - (b) Is reviewed at least quarterly by qualified staff, as part of the ongoing process of monitoring the resident's needs and preferences.

388-97-1040 Dementia care.

- (1) A nursing home must ensure that it provides residents with dementia with an environment designed to attain or maintain the highest level of functioning and well-being possible, taking into consideration the resident's medical condition and functional status. Therefore, the nursing home must:
- (a) Have a program designed to meet the identified needs of the residents;
 - (b) Develop and implement program policies and procedures; and
 - (c) Train all staff, who have resident contact, in the special needs and care approaches applicable to residents with dementia. This training must be ongoing and consistent with requirements under WAC [388-97-1680](#) (2)(b).
- (2) A nursing home that has a locked or secured dementia unit must:
- (a) Always have staff present in the unit, available to meet the needs of the residents and to protect them in the event of an emergency;
 - (b) Have staff available to assist residents, as needed, in accessing outdoor areas;
 - (c) Have admission, transfer, and discharge criteria which ensures that:
 - (i) The process of informed consent is followed before admission to or transfer/discharge from the unit;
 - (ii) The resident is provided with unit specific admission or transfer/discharge criteria, prior to admission to the unit;
 - (iii) The resident's need for admission to the unit from another part of the nursing home, or transfer/discharge from the unit, is based on the comprehensive assessment and plan of care;
 - (iv) Through an evaluation prior to admission, a resident admitted directly from outside the nursing home meets the cognitive and functional criteria of the unit; and
 - (v) In the case of an individual admitted directly to the unit from outside the nursing home, as specified in subsection (2)(b)(iv) above, the nursing home may complete the comprehensive assessment after the individual's admission to the unit, provided that the nursing home complies with

required time frames for completion of the resident assessment under WAC [388-97-1000](#).

- (d) Provide private pay residents, or their surrogate decision maker written notification:
 - (i) If admitted from outside the nursing home, of additional charges, if any, for services, items, and activities in the unit, prior to admission; and
 - (ii) If admitted from another part of the nursing home, thirty days in advance of changes to those charges.
- (e) Comply with physical plant requirements in WAC [388-97-2800](#) through [388-97-2920](#), for existing facilities and for new construction.

388-97-1060 Quality of care.

- (1) Consistent with resident rights, the nursing home must provide each resident with the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being, self-care and independence in accordance with his or her comprehensive assessment and plan of care.
- (2) Based on the comprehensive assessment of a resident, the nursing home must ensure that:
 - (a) A resident's abilities in activities of daily living do not decline unless circumstances of the resident's clinical condition demonstrate that the decline was unavoidable. This includes the resident's ability to:
 - (i) Bathe, dress, and groom;
 - (ii) Transfer and ambulate;
 - (iii) Toilet;
 - (iv) Eat; and
 - (v) Use speech, language, or other functional communication systems.
 - (b) A resident is given the appropriate treatment and services to maintain or improve the resident's abilities in activities of daily living specified in subsection (2)(a) of this section; and
 - (c) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.
- (3) The nursing home must ensure that the appropriate care and services are provided to the resident in the following areas, as applicable in accordance with the resident's individualized assessments and plan of care:
 - (a) Vision and hearing;
 - (b) Skin;
 - (c) Continence;
 - (d) Range of motion;
 - (e) Mental and psychosocial functioning and adjustment;
 - (f) Nasogastric and gastrostomy tubes;
 - (g) Accident prevention;
 - (h) Nutrition;
 - (i) Hydration;
 - (j) Special needs, including:
 - (i) Injections;
 - (ii) Parenteral and enteral fluids;

- (iii) Colostomy, ureterostomy, or ileostomy care;
 - (iv) Tracheostomy care;
 - (v) Tracheal suction;
 - (vi) Respiratory care;
 - (vii) Dental care;
 - (viii) Foot care; and
 - (ix) Prostheses.
 - (k) Medications, including freedom from:
 - (i) Unnecessary drugs;
 - (ii) Nursing home error rate of five percent or greater; and
 - (iii) Significant medication errors.
 - (l) Self-administration of medication; and
 - (m) Independent living skills.
- (4) The nursing home must ensure that each resident is monitored for desired responses and undesirable side effects of prescribed drugs.

388-97-1080 Nursing services.

- (1) The nursing home must ensure that a sufficient number of qualified nursing personnel are available on a twenty-four hour basis seven days per week to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.
- (2) The nursing home must:
 - (a) Designate a registered nurse or licensed practical nurse to serve as charge nurse, who is accountable for nursing services on each tour of duty; and
 - (b) Have a full time director of nursing service who is a registered nurse.
- (3) The nursing home must have:
 - (a) A registered nurse on duty directly supervising resident care a minimum of sixteen hours per day, seven days per week; and
 - (b) A registered nurse or licensed practical nurse on duty directly supervising resident care the remaining eight hours per day, seven days per week. "**Directly supervising**" means the supervising individual is on the premises and is quickly and easily available to provide necessary assessments and other direct care of residents; and oversight of supervised staff.
- (4) The nursing home must ensure that staff respond to each resident's requests for assistance in a manner which promptly meets the quality of life and quality of care needs of all the residents.
- (5) The director of nursing services is responsible for:
 - (a) Coordinating the plan of care for each resident;
 - (b) Ensuring that registered nurses and licensed practical nurses comply with chapter [18.79](#) RCW; and
 - (c) Ensuring that the nursing care provided is based on the nursing process in accordance with nationally recognized and accepted standards of professional nursing practice.

388-97-1100 Dietary services.

The nursing home must:

- (1) Provide each resident with a nourishing, palatable, well-balanced diet that meets their daily nutritional and special dietary needs.
- (2) Serve food in an attractive manner and at temperatures safe and acceptable to each resident.
- (3) Ensure that food service is in compliance with chapter [246-215 WAC](#).
- (4) Retain dated menus, dated records of foods received, a record of the number of meals served, and standardized recipes for at least three months for department review as necessary.

388-97-1120 Meal provision.

The nursing home must:

- (1) Provide a minimum of three meals in each twenty-four period, at regular times similar to normal meal times in the community;
- (2) Make fresh fruits and vegetables, in season, available to residents on a daily basis;
- (3) Make reasonable efforts to:
 - (a) Accommodate individual mealtime preferences and portion sizes, as well as preferences for between meal and evening snacks when not medically contraindicated;
 - (b) Offer a late breakfast or an alternative to the regular breakfast for late risers; and
 - (c) Provide food consistent with the cultural and religious needs of the residents.
- (4) Use input from residents and the resident council, if the nursing home has one, in meal planning, scheduling, and the meal selection process.

388-97-1140 Individual dietary needs.

The nursing home must:

- (1) Encourage residents to continue eating independently;
- (2) Provide effective adaptive utensils as needed to promote independence;
- (3) Allow sufficient time for eating in a relaxed manner;
- (4) Provide individualized assistance as needed;
- (5) Provide table service, for all residents capable of eating at a table, in a dining area/room, located outside of the resident's room; and
- (6) Offer a substitute of similar nutritive value when a resident refuses food served.

388-97-1160 Dietary personnel.

The nursing home must have sufficient support personnel capable of carrying out the functions of dietary services and must:

- (1) Employ a qualified dietitian either full-time, part-time or on a consultant basis who must:
 - (a) Approve regular and therapeutic menus which meet the dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences;
 - (b) Prepare dated menus for general and modified diets at least three weeks in advance;
 - (c) Provide services which include:

388-97-1180 Dietary menus.

- (i) Nutrition assessment;
 - (ii) Liaison with medical and nursing staff, and administrator;
 - (iii) Inservice training; and
 - (iv) Guidance to the director of food service, and food service staff.
- (2) If a qualified dietitian is not employed full-time as the food service manager the nursing home must employ a food service manager to serve as the director of food service.
- (3) The food service manager means:
 - (a) An individual who is a qualified dietitian; or
 - (b) An individual:
 - (i) Who has completed a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American Dietetic Association/Dietary Manager Association; and
 - (ii) Receives regularly scheduled consultation from a qualified dietitian.

388-97-1180 Dietary menus.

The nursing home must:

- (1) Ensure that menus are followed;
- (2) Post the current dated general menu, including substitutes, in the food service area and in a place accessible and conspicuous to residents and visitors, in print the residents can read; and
- (3) Note any changes to the regular menu on the posted menu.

388-97-1200 Dietary orders.

The nursing home must:

- (1) Ensure that residents' diets are provided as prescribed by the physician. Diet modifications, for texture only, may be used as an interim measure when ordered by a registered nurse; and
- (2) Provide supplementary fluid and nourishment in accordance with each resident's needs as determined by the assessment process.

388-97-1220 Modified diets.

The nursing home must review a resident's modified diet to ensure that the food form and texture are consistent with the resident's current needs and functional level:

- (1) At the request of the resident.
- (2) When the resident's condition warrants.
- (3) At the time of the plan of care review.

388-97-1240 Tube feedings.

If the nursing home prepares tube feeding formula, or mixes additives to the prepared formula it must ensure that:

- (1) Each resident's tube feedings are of uniform consistency and quality; and
- (2) Tube feeding formulas are prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination.

388-97-1260 Physician services.

- (1) The nursing home must ensure that the resident is seen by the physician whenever necessary.
- (2) Except as specified in RCW [74.42.200](#), a physician must personally approve in writing a recommendation that an individual be admitted to a nursing home.
- (3) The nursing home must ensure that:
 - (a) Except as specified in RCW [74.42.200](#), the medical care of each resident is supervised by a physician;
 - (b) Another physician supervises the medical care of residents when their attending physician is unavailable; and
 - (c) Physician services are provided twenty-four hours per day, in case of emergency.
- (4) The physician must:
 - (a) Write, sign and date progress notes at each visit;
 - (b) Sign and date all orders; and
 - (c) In medicare and medicare/medicaid certified facilities, review the resident's total program of care, including medications and treatments, at each federally required visit.
- (5) Except as specified in subsections (6), (7), and (9) of this section, a physician may delegate tasks to a physician's assistant or advanced registered nurse practitioner who is:
 - (a) Licensed by the state;
 - (b) Acting within the scope of practice as defined by state law; and
 - (c) Under the supervision of the physician.
- (6) The physician may not delegate a task when the delegation is prohibited under state law or by the facility's own policies.
- (7) If the resident's primary payor source is medicare, the physician may:
 - (a) Alternate federally required physician visits between personal visits by:
 - (i) The physician; and
 - (ii) An advanced registered nurse practitioner or physician's assistant; and
 - (b) Not delegate responsibility for the initial required physician visit. This initial visit must occur within the first thirty days of admission to the facility.
- (8) If the resident's payor source is medicaid, the physician may delegate any federally required physician task, including tasks which the regulations specify must be performed personally by the physician, to a physician's assistant or advanced registered nurse practitioner who is not an employee of the facility but who is working in collaboration with a physician.
- (9) If the resident's payor source is not medicare or medicaid:
 - (a) In the medicare only certified facility or in the medicare certified area of a medicare/medicaid facility, the physician may alternate federally required physician visits between personal visits by the physician and an advanced registered nurse practitioner or physician's assistant. The physician may not delegate responsibility for the initial required physician visit.
 - (b) In the medicaid only certified facility or in the medicaid certified area of a medicare/medicaid facility, the physician may delegate any federally required physician task, including tasks which the regulations specify must be performed personally by the physician, to a physician's assistant or advanced registered nurse

practitioner who is not an employee of the facility but who is working in collaboration with a physician.

(10) The following table describes the physician visit requirements related to medicare or medicaid certified area and payor type.

	Beds in medicare only certified area	Beds in medicare/medicaid certified area	Beds in medicaid only certified area
Payor source:	Initial by physician	Initial by physician	N/A
medicare	Physician may delegate alternate visits	Physician may delegate alternate visits	
Payor source:	N/A	Delegate all tasks	Delegate all tasks
medicaid		Nonemployee	Nonemployee
Payor source:	Initial by physician	Initial by physician	Delegate all tasks
Others: such as insurance, private pay, Veteran Affairs	Physician may delegate alternate visits	Physician may delegate alternate visits	Nonemployee

(11) The attending physician, or the physician-designated advanced registered nurse practitioner or physician's assistant must:

- (a) Participate in the interdisciplinary plan of care process as described in WAC [388-97-1020](#);
- (b) Provide to the resident, or where applicable the resident's surrogate decision maker, information so that the resident can make an informed consent to care or refusal of care (see WAC [388-97-0260](#)); and
- (c) Order resident self-medication when appropriate.

(12) The nursing home must obtain from the physician the following medical information before or at the time of the resident's admission:

- (a) A summary or summaries of the resident's current health status, including history and physical findings reflecting a review of systems;
- (b) Orders, as necessary for medications, treatments, diagnostic studies, specialized rehabilitative services, diet, and any restrictions related to physical mobility; and
- (c) Plans for continuing care and discharge.

388-97-1280 Specialized habilitative and rehabilitative services.

(1) If specialized habilitative and rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must:

- (a) Provide the required services; or

- (b) Obtain the required services from an outside provider of specialized rehabilitative services.
- (2) As determined by the resident's individualized comprehensive plan of care, qualified therapists, as defined in RCW [74.46.020](#)(40), will provide specialized habilitative or rehabilitative services under the written order of the physician. According to state law and at the qualified therapist's discretion, certain services may be delegated to and provided by support personnel under appropriate supervision.
- (3) The nursing facility must:
 - (a) Ensure that residents who display mental or psychosocial adjustment difficulties receive appropriate treatment and services to correct the assessed problem; and
 - (b) Provide or arrange for the mental health or mental retardation services needed by residents that are of a lesser intensity than the specialized services defined at WAC [388-97-1960](#).
- (4) The nursing home may provide specialized rehabilitative and habilitative services to outpatients on the facility premises, only if the nursing home continues to also meet the needs of current residents.

388-97-1300 Pharmacy services.

- (1) The nursing home must:
 - (a) Obtain routine and emergency drugs and biologicals for its residents under an agreement with a licensed pharmacy;
 - (b) Ensure that pharmaceutical services:
 - (i) Meet the needs of each resident;
 - (ii) Establish and monitor systems for the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals; and
 - (c) Employ or obtain the services of a licensed pharmacist who must:
 - (i) Provide consultation on all aspects of the provision of pharmacy services in the nursing home;
 - (ii) Determine that nursing home drug records are in order;
 - (iii) Perform regular reviews at least once each month of each resident's drug therapy; and
 - (iv) Document and report drug irregularities to the attending physician and the director of nursing.
- (2) Drugs and biologicals used in the nursing home must be labeled and stored in accordance with applicable state and federal laws.
- (3) The nursing home must provide pharmaceutical services that:
 - (a) Meet recognized and accepted standards of pharmacy practice; and
 - (b) Comply with chapter [246-865](#) WAC, except nursing home staff administering drugs to residents may document administration at the time of pouring the drug or immediately after administration.
- (4) The nursing home must ensure:
 - (a) Education and training for nursing home staff by the licensed pharmacist on drug-related subjects including, but not limited to:
 - (i) Recognized and accepted standards of pharmacy practice and applicable pharmacy laws and rules;

- (ii) Appropriate monitoring of residents to determine desired effect and undesirable side effects of drug regimens; and
 - (iii) Use of psychotropic drugs.
 - (b) Reference materials regarding medication administration, adverse reactions, toxicology, and poison center information are readily available;
 - (c) Pharmacist monthly drug review reports are acted on in a timely and effective manner;
 - (d) Accurate detection, documentation, reporting and resolution of drug errors and adverse drug reactions; and
 - (e) Only individuals authorized by state law to do so will receive drug orders and administer drugs;
- (5) The resident has the right to a choice of pharmacies when purchasing prescription and nonprescription drugs as long as the following conditions are met to ensure the resident is protected from medication errors:
- (a) The medications are delivered in a unit of use compatible with the established system of the facility for dispensing drugs; and
 - (b) The medications are delivered in a timely manner to prevent interruption of dose schedule.

388-97-1320 Infection control.

- (1) The nursing home must:
- (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection;
 - (b) Prohibit any employee with a communicable disease or infected skin lesion from direct contact with residents or their food, if direct contact could transmit the disease; and
 - (c) Require staff to wash their hands after each direct resident contact for which handwashing is indicated by accepted professional practice.
- (2) Under the infection control program, the nursing home must:
- (a) Investigate, control and prevent infections in the facility;
 - (b) Decide what procedures should be applied in individual circumstances; and
 - (c) Maintain a record of incidence of infection and corrective action taken.
- (3) Nursing home personnel must handle, store, process, and transport linens so as to prevent the spread of infection.
- (4) The nursing home must develop and implement effective methods for the safe storage, transport and disposal of garbage, refuse and infectious waste, consistent with all applicable local, state, and federal requirements for such disposal.
- (5) The nursing home must provide areas, equipment, and supplies to implement an effective infection control program and ensure:
- (a) Ready availability of hand cleaning supplies and appropriate drying equipment or material at each sink;
 - (b) Safe use of disposable and single service supplies and equipment;
 - (c) Effective procedures for cleaning, disinfecting or sterilizing according to equipment use;

- (d) Chemicals and equipment used for cleaning, disinfecting, and sterilizing, including chemicals used to launder personal clothing, are used in accordance with manufacturer's directions and recommendations; and
- (e) Safe and effective procedures for disinfecting:
 - (i) All bathing and therapy tubs between each resident use; and
 - (ii) Swimming pools, spas and hot tubs.

388-97-1340 Influenza and pneumococcal immunizations.

- (1) The nursing home shall provide residents access on-site or make available elsewhere, the ability to obtain the influenza virus immunization on an annual basis.
- (2) Upon admission, the nursing home shall inform residents or the resident's representative, verbally and in writing, of the benefits of receiving the influenza virus immunization and the pneumococcal disease immunization.
- (3) Nursing homes who rely exclusively upon treatment by nonmedical religious healing methods, including prayer, are exempt from the above rules.

388-97-1360 Surveillance, management and early identification of individuals with active tuberculosis.

- (1) The nursing home must develop and implement policies and procedures that comply with nationally recognized tuberculosis standards set by the Centers for Disease Control (CDC), and applicable state law. Such policies and procedures include, but are not limited to, the following:
 - (a) Evaluation of any resident or employee with symptoms suggestive of tuberculosis whether tuberculin skin test results were positive or negative;
 - (b) Identifying and following up residents and personnel with suspected or actual tuberculosis, in a timely manner; and
 - (c) Identifying and following up visitors and volunteers with symptoms suggestive of tuberculosis.
- (2) The nursing home must comply with chapter [49.17](#) RCW, Washington Industrial Safety and Health Act (WISHA) requirements to protect the health and safety of employees.

388-97-1380 Tuberculosis — Testing required.

- (1) The nursing home must develop and implement a system to ensure that facility personnel and residents have tuberculosis testing within three days of employment or admission.
- (2) The nursing home must also ensure that facility personnel are tested annually.
- (3) For the purposes of WAC [388-97-1360](#) through [388-97-1580](#) "person" means facility personnel and residents.

388-97-1400 Tuberculosis — Testing method — Required.

The nursing home must ensure that all tuberculosis testing is done through either:

- (1) Intradermal (Mantoux) administration with test results read:
 - (a) Within forty-eight to seventy-two hours of the test; and
 - (b) By a trained professional; or
- (2) A blood test for tuberculosis called interferon-gamma release assay (IGRA).

388-97-1440 Tuberculosis — No testing.

The nursing home is not required to have a person tested for tuberculosis if the person has:

- (1) A documented history of a previous positive skin test results;
- (2) A documented history of a previous positive blood test; or
- (3) Documented evidence of:
 - (a) Adequate therapy for active disease; or
 - (b) Completion of treatment for latent tuberculosis infection preventive therapy.

388-97-1460 Tuberculosis — One test.

The nursing home is only required to have a person take one test if the person has any of the following:

- (1) A documented history of a negative result from a previous two step test done no more than one to three weeks apart; or
- (2) A documented negative result from one skin or blood test in the previous twelve months.

388-97-1480 Tuberculosis — Two-step skin testing.

Unless the person meets the requirement for having no skin testing or only one test, the nursing home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

- (1) An initial skin test within three days of employment; and
- (2) A second test done one to three weeks after the first test.

388-97-1500 Tuberculosis — Positive test result.

When there is a positive result to tuberculosis skin or blood testing the nursing home must:

- (1) Ensure that the person has a chest X ray within seven days;
- (2) Evaluate each resident or person with a positive test result for signs and symptoms of tuberculosis; and
- (3) Follow the recommendation of the person's health care provider.

388-97-1520 Tuberculosis — Negative test result.

The nursing home may be required by the public health provider or licensing authority to ensure that persons with negative test results have follow-up testing in certain circumstances, such as:

- (1) After exposure to active tuberculosis;
- (2) When tuberculosis symptoms are present; or
- (3) For periodic testing as determined by the health provider.

388-97-1540 Tuberculosis — Declining a skin test.

The nursing home must ensure that a person take the blood test for tuberculosis if they decline the skin test.

388-97-1560 Tuberculosis — Reporting — Required.

The nursing home must:

- (1) Report any person with tuberculosis symptoms or a positive chest X ray to the appropriate health care provider or public health provider;
- (2) Follow the infection control and safety measures ordered by the person's health care provider, including a public health provider;
- (3) Institute appropriate measures for the control of the transmission of droplet nuclei;
- (4) Apply living or work restrictions where residents or personnel are, or may be, infectious and pose a risk to other residents and personnel; and
- (5) Ensure that personnel caring for a resident with suspected tuberculosis comply with the WISHA standard for respiratory protection found in chapter [296-842](#) WAC.

388-97-1580 Tuberculosis — Test records.

The nursing home must:

- (1) Keep the records of tuberculin test results, reports of X-ray findings, and any physician or public health provider orders in the nursing home;
- (2) Make the records readily available to the appropriate health authority and licensing agency;
- (3) Retain the records for eighteen months beyond the date of employment termination; and
- (4) Provide the person a copy of his/her test results.

388-97-1600 Care of residents with active tuberculosis.

- (1) When the nursing home accepts the care of a resident with suspected or confirmed tuberculosis, the nursing home must:
 - (a) Coordinate the resident's admission, nursing home care, discharge planning, and discharge with the health care provider;
 - (b) Provide necessary education about tuberculosis for staff, visitors, and residents; and
 - (c) Ensure that personnel caring for a resident with active tuberculosis comply with the WISHA standards for respiratory protection, chapter [296-842](#) WAC.
- (2) For a resident who requires respiratory isolation for tuberculosis, the nursing home must:
 - (a) Provide a private or semiprivate isolation room:
 - (i) In accordance with WAC [388-97-2480](#);
 - (ii) In which, construction review of the department of health determines that room air is maintained under negative pressure; and appropriately exhausted, either directly to the outside away from intake vents or through properly designed, installed, and maintained high efficiency particulate air (HEPA) filters, or other measures deemed appropriate to protect others in the facility;
 - (iii) However, when a semiprivate isolation room is used, only residents requiring respiratory isolation for confirmed or suspected tuberculosis are placed together.
 - (b) Provide supplemental environment approaches, such as ultraviolet lights, where deemed to be necessary;
 - (c) Provide appropriate protective equipment for staff and visitors; and
 - (d) Have measures in place for the decontamination of equipment and other items used by the resident.

388-97-1620 General administration.

- (1) The nursing home must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
- (2) The nursing home must:
 - (a) Be licensed under chapter [18.51](#) RCW;
 - (b) Operate and provide services in compliance with:
 - (i) All applicable federal, state and local laws, regulations, and codes;
 - (ii) Accepted professional standards and principles that apply to professionals providing services in nursing homes; and
 - (c) Have a governing body or designated individuals functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the nursing home.
- (3) The governing body of the nursing home must appoint the administrator who:
 - (a) Is licensed by the state;
 - (b) Is responsible for management of the nursing home;
 - (c) Keeps the licensee informed of all surveys and notices of noncompliance;
 - (d) Complies with all requirements of chapter [18.52](#) RCW, and all regulations adopted under that chapter;
 - (e) Is an on-site, full-time individual in active administrative charge at the premises of only one nursing home, a minimum of four days and an average of forty hours per week. Exception: On-site, full-time administrator with small resident populations or in rural areas will be defined as an individual in active administrative charge at the premises of only one nursing home:
 - (i) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or
 - (ii) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.
- (4) Nursing homes temporarily without an administrator may operate up to four continuous weeks under a responsible individual authorized to act as nursing home administrator designee.
 - (a) The designee must be qualified by experience to assume designated duties; and
 - (b) The nursing home must have a written agreement with a nursing home administrator, licensed in the state of Washington, who must be readily available to consult with the designee.
 - (c) The nursing home may make a written request to the department's designated aging and disability services administration field office for an extension of the four weeks by stating why an extension is needed, how a resident's safety or well-being is maintained during an extension and giving the estimated date by which a full-time, qualified nursing home administrator will be on-site.
- (5) The nursing home must employ on a full-time, part time or consultant basis those professionals necessary to carry out the requirements of this chapter.
- (6) If the nursing home does not employ a qualified professional individual to furnish a specific service to be provided by the nursing home, the nursing home must:
 - (a) Have that service furnished to residents by an individual or agency outside the nursing home under a written arrangement or agreement; and

- (b) Ensure the arrangement or agreement referred to in (a) of this subsection specifies in writing that the nursing home assumes responsibility for:
 - (i) Obtaining services that meet professional standards and principles that apply to professionals providing services in nursing homes; and
 - (ii) The timeliness of services.
- (7) The nursing home must:
 - (a) Report to the local law enforcement agency and the department any individual threatening bodily harm or causing a disturbance which threatens any individual's welfare and safety;
 - (b) Identify, investigate, and report incidents involving residents, according to department established nursing home guidelines; and
 - (c) Comply with "whistle blower" rules as defined in chapter [74.34 RCW](#).
- (8) The department will:
 - (a) Investigate complaints, made to the department according to established protocols including protocols described in RCW [74.39A.060](#);
 - (b) Take action against a nursing home that is found to have used retaliatory treatment toward a resident or employee who has voiced grievances to nursing home staff or administration, or lodged a good faith complaint with the department; and
 - (c) Report to local law enforcement:
 - (i) Any mandated reporter that knowingly fails to report in accordance with WAC [388-97-0640](#); and
 - (ii) Any person that intentionally, maliciously or in bad faith makes a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.
- (9) Refer also to WAC [388-97-1840](#), Retaliation.

388-97-1640 Required notification and reporting.

- (1) The nursing home must immediately notify the department's aging and disability services administration of:
 - (a) Any allegations of resident abandonment, abuse, or neglect, including substantial injuries of an unknown source, financial exploitation and misappropriation of a resident's property;
 - (b) Any unusual event, having an actual or potential negative impact on residents, requiring the actual or potential implementation of the nursing home's disaster plan. These unusual events include but are not limited to those listed under WAC [388-97-1740](#) (1)(a) through (k), and could include the evacuation of all or part of the residents to another area of the nursing home or to another address; and
 - (c) Circumstances which threaten the nursing home's ability to ensure continuation of services to residents.
- (2) Mandated reporters must notify the department and law enforcement as directed in WAC [388-97-0640](#), and according to department established nursing home guidelines.
- (3) The nursing home must notify the department's aging and disability services administration of:
 - (a) Physical plant changes, including but not limited to:
 - (i) New construction;

- (ii) Proposed resident area or room use change;
 - (iii) Resident room number changes; and
 - (iv) Proposed bed banking.
 - (b) Mechanical failure of equipment important to the everyday functioning of the nursing home, which cannot be repaired within a reasonable time frame, such as an elevator; and
 - (c) An actual or proposed change of ownership (CHOW).
- (4) The nursing home must notify, in writing, the department's aging and disability services administration and each resident, of a loss of, or change in, the nursing home's administrator or director of nursing services at the time the loss or change occurs.
- (5) The nursing home licensee must notify the department's aging and disability services administration in writing of any change in the name of the licensee, or of the nursing home, at the time the change occurs.
- (6) If a licensee operates in a building it does not own, the licensee must immediately notify the department of the occurrence of any event of default under the terms of the lease, or if it receives verbal or written notice that the lease agreement will be terminated, or that the lease agreement will not be renewed.
- (7) The nursing home must report any case or suspected case of a reportable disease to the appropriate department of health officer and must also notify the appropriate department(s) of other health and safety issues, according to state and local laws.
- (8) The nursing home licensee must notify the department in writing of a nursing home's voluntary closure.
- (a) The licensee must send this written notification sixty days before closure to the department's designated local aging and adult administration office and to all residents and resident representatives.
 - (b) Relocation of residents and any required notice to the Centers for Medicare and Medicaid Services and the public must be in accordance with WAC [388-97-4320\(2\)](#).
- (9) The nursing home licensee must notify the department in writing of voluntary termination of its medicare or medicaid contract.
- (a) The licensee must send this written notification sixty days before contract termination, to the department's designated local aging and disability services administration office and to all residents and resident representatives.
 - (b) If the contractor continues to provide nursing facility services, the contract termination will be subject to federal law prohibiting the discharge of residents who are residing in the facility on the day before the effective date of the contract termination.
- (10) The nursing home licensee must notify the Centers for Medicare and Medicaid Services of voluntary termination of its medicare provider agreement in accordance with the requirements of 42 C.F.R. 489.52 or successor regulations.

388-97-1660 Staff and equipment.

- (1) The nursing home must ensure that:
- (a) Sufficient numbers of appropriately qualified and trained staff are available to provide necessary care and services safely under routine conditions, as well as fire, emergency, and disaster situations;

- (b) Adequate equipment, supplies and space are available to carry out all functions and responsibilities of the nursing home;
- (c) All staff, including management, provide care and services consistent with:
 - (i) Empowering each resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being, self-care and independence;
 - (ii) Respecting resident rights; and
 - (iii) Enhancing each resident's quality of life.
- (2) The nursing home must ensure that any employee giving direct resident care, excluding professionally licensed nursing staff:
 - (a) Has successfully completed or is a student in a DSHS-approved nursing assistant training program; and
 - (b) Meets other requirements applicable to individuals performing nursing related duties in a nursing home, including those which apply to minors.
- (3) The nursing home must ensure:
 - (a) Students in an DSHS-approved nursing assistant training program:
 - (i) Complete training and competency evaluation within four months of beginning work as a nursing assistant;
 - (ii) Complete at least sixteen hours of training in communication and interpersonal skills, infection control, safety/emergency procedures including the Heimlich maneuver, promoting residents' independence, and respecting residents' rights before any direct contact with a resident; and
 - (iii) Wear name tags which clearly identify student or trainee status at all times in all interactions with residents and visitors in all nursing homes, including the nursing homes in which the student completes clinical training requirements and in which the student is employed.
 - (b) Residents and visitors have sufficient information to distinguish between the varying qualifications of nursing assistants; and
 - (c) Each employee hired as a nursing assistant applies for registration with the department of health within three days of employment in accordance with [chapter 18.88A RCW](#).

388-97-1680 Staff development.

- (1) The nursing home must have a staff development program that is under the direction of a designated registered nurse or licensed practical nurse.
- (2) The nursing home must:
 - (a) Ensure each employee receives initial orientation to the facility and its policies and is initially assigned only to duties for which the employee has demonstrated competence;
 - (b) Ensure all employees receive appropriate inservice education to maintain a level of knowledge appropriate to, and demonstrated competence in, the performance of ongoing job duties consistent with the principle of assisting the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being. To this end, the nursing home must:
 - (i) Assess the specific training needs of each employee and address those needs; and

- (ii) Determine the special needs of the nursing home's resident population which may require training emphasis.
- (c) Comply with other applicable training requirements, such as, but not limited to, the bloodborne pathogen standard.

388-97-1700 Medical director.

- (1) The nursing home must designate a physician to serve as medical director.
- (2) The medical director is responsible for:
 - (a) Implementation of resident care policies; and
 - (b) The coordination of medical care in the facility.

388-97-1720 Clinical records.

- (1) The nursing home must:
 - (a) Maintain clinical records on each resident in accordance with accepted professional standards and practices that are:
 - (i) Complete;
 - (ii) Accurately documented;
 - (iii) Readily accessible; and
 - (iv) Systematically organized.
 - (b) Safeguard clinical record information against alteration, loss, destruction, and unauthorized use; and
 - (c) Keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is required by:
 - (i) Transfer to another health care institution;
 - (ii) Law;
 - (iii) Third party payment contract; or
 - (iv) The resident.
- (2) The nursing home must ensure the clinical record of each resident includes at least the following:
 - (a) Resident identification and sociological data, including the name and address of the individual or individuals the resident designates as significant;
 - (b) Medical information required under WAC [388-97-1260](#);
 - (c) Physician's orders;
 - (d) Assessments;
 - (e) Plans of care;
 - (f) Services provided;
 - (g) In the case of the medicaid-certified nursing facility, records related to preadmission screening and resident review;
 - (h) Progress notes;
 - (i) Medications administered;
 - (j) Consents, authorizations, releases;
 - (k) Allergic responses;
 - (l) Laboratory, X ray, and other findings; and
 - (m) Other records as appropriate.
- (3) The nursing home must:

- (a) Designate an individual responsible for the record system who:
 - (i) Has appropriate training and experience in clinical record management; or
 - (ii) Receives consultation from a qualified clinical record practitioner, such as a registered health information administrator or registered health information technician.
- (b) Make all records available to authorized representatives of the department for review and duplication as necessary; and
- (c) Maintain the following:
 - (i) A master resident index having a reference for each resident including the health record number, if applicable; full name; date of birth; admission dates; and discharge dates; and
 - (ii) A chronological census register, including all admissions, discharge, deaths and transfers, and noting the receiving facility. The nursing home must ensure the register includes discharges for social leave and transfers to other treatment facilities in excess of twenty-four hours.
- (4) The nursing home must ensure the clinical record of each resident:
 - (a) Is documented and authenticated accurately, promptly and legibly by individuals giving the order, making the observation, performing the examination, assessment, treatment or providing the care and services. **"Authenticated"** means the authorization of a written entry in a record by signature, including the first initial and last name and title, or a unique identifier allowing identification of the responsible individual; and:
 - (i) Documents from other health care facilities that are clearly identified as being authenticated at that facility will be considered authenticated at the receiving facility; and
 - (ii) The original or a durable, legible, direct copy of each document will be accepted.
 - (b) Contains appropriate information for a deceased resident including:
 - (i) The time and date of death;
 - (ii) Apparent cause of death;
 - (iii) Notification of the physician and appropriate resident representative; and
 - (iv) The disposition of the body and personal effects.
- (5) In cases where the nursing home maintains records by computer rather than hard copy, the nursing home must:
 - (a) Have in place safeguards to prevent unauthorized access; and
 - (b) Provide for reconstruction of information.
- (6) The nursing home licensee must:
 - (a) Retain health records for the time period required in RCW [18.51.300](#):
 - (i) For a period of no less than eight years following the most recent discharge of the resident; except
 - (ii) That the records of minors must be retained for no less than three years following the attainment of age eighteen years, or ten years following their most recent discharge, whichever is longer.
 - (b) In the event of a change of ownership, provide for the orderly transfer of clinical records to the new licensee;

- (c) In the event a nursing home ceases operation, make arrangements prior to cessation, as approved by the department, for preservation of the clinical records. The nursing home licensee must provide a plan for preservation of clinical records to the department's designated local aging and disability services administration office no later than seven days after the date of notice of nursing home closure as required by WAC [388-97-1640](#) (8) and (9) unless an alternate date has been approved by the department; and
- (d) Provide a resident access to all records pertaining to the resident as required under WAC [388-97-0300](#)(2).

388-97-1740 Disaster and emergency preparedness.

- (1) The nursing home must develop and implement detailed written plans and procedures to meet potential emergencies and disasters. At a minimum the nursing home must ensure these plans provide for:
 - (a) Fire or smoke;
 - (b) Severe weather;
 - (c) Loss of power;
 - (d) Earthquake;
 - (e) Explosion;
 - (f) Missing resident, elopement;
 - (g) Loss of normal water supply;
 - (h) Bomb threats;
 - (i) Armed individuals;
 - (j) Gas leak, or loss of service; and
 - (k) Loss of heat supply.
- (2) The nursing home must train all employees in emergency procedures when they begin work in the nursing home, periodically review emergency procedures with existing staff, and carry out unannounced staff drills using those procedures.
- (3) The nursing home must ensure emergency plans:
 - (a) Are developed and maintained with the assistance of qualified fire, safety, and other appropriate experts as necessary;
 - (b) Are reviewed annually; and
 - (c) Include evacuation routes prominently posted on each unit.

388-97-1760 Quality assessment and assurance.

- (1) The nursing home must maintain a process for quality assessment and assurance. The department may not require disclosure of the records of the quality assessment and assurance committee except in so far as such disclosure is related to ensuring compliance with the requirements of this section.
- (2) The nursing home must ensure the quality assessment and assurance process:
 - (a) Seeks out and incorporates input from the resident and family councils, if any, or individual residents and support groups; and
 - (b) Reviews expressed concerns and grievances.

388-97-1780 Policies and procedures.

- (1) The nursing home must develop and implement written policies and procedures, including those specified in RCW [74.42.430](#), for all services provided in the facility.
- (2) The nursing home must ensure the written policies and procedures:
 - (a) Promote and protect each resident's:
 - (i) Rights, including health care decision making;
 - (ii) Personal interests; and
 - (iii) Financial and property interests.
 - (b) Are readily available to staff, residents, members of residents' families, the public, and representatives of the department;
 - (c) Are current, and continued without interruption in the event of staff changes; and
 - (d) Are consistent with other state and federal laws applicable to nursing home operations.

388-97-1800 Criminal history disclosure and background inquiries.

- (1) As used in this section, the term "nursing home" includes a nursing facility and a skilled nursing facility.
- (2) The nursing home must:
 - (a) Have a valid criminal history background check for any individual employed, directly or by contract, or any individual accepted as a volunteer or student who may have unsupervised access to any resident; and
 - (b) Repeat the check every two years.
- (3) A nursing home licensed under chapter [18.51](#) RCW must make a background inquiry request to one of the following:
 - (a) The Washington state patrol;
 - (b) The department;
 - (c) The most recent employer licensed under chapters [18.51](#), [18.20](#), and [70.128](#) RCW provided termination of that employment was within twelve months of the current employment application and provided the inquiry was completed by the department or the Washington state patrol within the two years of the current date of application; or
 - (d) A nurse pool agency licensed under chapter [18.52C](#) RCW, or hereafter renamed, provided the background inquiry was completed by the Washington state patrol within two years before the current date of employment in the nursing home.
- (4) A nursing home may not rely on a criminal background inquiry from a former employer, including a nursing pool, if the nursing home knows or has reason to know that the individual applying for the job has, or may have, a disqualifying conviction or finding.
- (5) Nursing homes must:
 - (a) Request a background inquiry of any individual employed, directly or by agreement or contract, or accepted as a volunteer or student; and
 - (b) Notify appropriate licensing or certification agency of any individual resigning or terminated as a result of a criminal conviction or a civil adjudication proceeding.
- (6) Before a nursing home employs any individual, directly or by contract, or accepts any individual as a volunteer or student, a nursing home must:

- (a) Inform the individual that the nursing home must make a background inquiry and require the individual to sign a disclosure statement, under penalty or perjury and in accordance with RCW [43.43.834](#);
 - (b) Inform the individual that he or she may request a copy of the results of the completed background inquiry described in this section; and
 - (c) Require the individual to sign a statement authorizing the nursing home, the department, and the Washington state patrol to make a background inquiry; and
 - (d) Verbally inform the individual of the background inquiry results within seventy-two hours of receipt.
- (7) The nursing home must establish procedures ensuring that:
- (a) The individual is verbally informed of the background inquiry results within seventy-two hours of receipt;
 - (b) All disclosure statements and background inquiry responses and all copies are maintained in a confidential and secure manner;
 - (c) Disclosure statements and background inquiry responses are used for employment purposes only;
 - (d) Disclosure statements and background inquiry responses are not disclosed to any individual except:
 - (i) The individual about whom the nursing home made the disclosure or background inquiry;
 - (ii) Authorized state employees including the department's licensure and certification staff, resident protection program staff and background inquiry unit staff;
 - (iii) Authorized federal employees including those from the Department of Health and Human Services, Centers for Medicare and Medicaid Services;
 - (iv) The Washington state patrol auditor; and
 - (v) Potential employers licensed under chapters [18.51](#), [18.20](#), and [70.128](#) RCW who are making a request as provided for under subsection (1) of this section.
 - (e) A record of findings be retained by the nursing home for twelve months beyond the date of employment termination.
- (8) The nursing home must not employ individuals who are disqualified under the requirements of WAC [388-97-1820](#).

388-97-1820 Disqualification from nursing home employment.

- (1) The nursing home must not employ directly or by contract, or accept as a volunteer or student, any individual:
- (a) Who has been found to have abused, neglected, exploited or abandoned a minor or vulnerable adult by a court of law, by a disciplining authority, including the state department of health;
 - (b) With a finding of abuse or neglect of a child that is:
 - (i) Listed on the department's background check central unit (BCCU) report; or
 - (ii) Disclosed by the individual, except for findings made before December, 1998.

- (c) With a finding of abandonment, abuse, neglect, or financial exploitation of a vulnerable adult that is:
 - (i) Listed on any registry, including the department registry;
 - (ii) Listed on the department's background check central unit (BCCU) report; or
 - (iii) Disclosed by the individual, except for adult protective services findings made before October, 2003.
- (2) Except as provided in this section, the nursing home must not employ directly or by contract, or accept as a volunteer or student, any individual who may have unsupervised access to residents if the individual:
 - (a) Has been convicted of a "crime against children and other persons" as defined in RCW [43.43.830](#), unless the individual has been convicted of one of the two crimes listed below and the required number of years has passed between the most recent conviction and the date of the application for employment:
 - (i) Simple assault, assault in the fourth degree, or the same offense as it may hereafter be renamed, and three or more years have passed; or
 - (ii) Prostitution, or the same offense as it may hereafter be renamed, and three or more years have passed.
 - (b) Has been convicted of crimes relating to financial exploitation as defined in RCW [43.43.830](#), unless the individual has been convicted of one of the three crimes listed below and the required number of years has passed between the most recent conviction and the date of the application for employment:
 - (i) Theft in the second degree, or the same offense as it may hereafter be renamed, and five or more years have passed;
 - (ii) Theft in the third degree, or the same offense as it may hereafter be renamed, and three or more years have passed; or
 - (iii) Forgery, or the same offense as forgery may hereafter be renamed, and five or more years have passed.
 - (c) Has been convicted of:
 - (i) Violation of the Imitation Controlled Substances Act (VICSA);
 - (ii) Violation of the Uniform Controlled Substances Act (VUCSA);
 - (iii) Violation of the Uniform Legend Drug Act (VULDA); or
 - (iv) Violation of the Uniform Precursor Drug Act (VUPDA).
 - (d) Has been convicted of sending or bringing into the state depictions of a minor engaged in sexually explicit conduct.
 - (e) Has been convicted of criminal mistreatment.
 - (f) Has been convicted in another state of a crime that is equivalent to a crime listed in subsection (2)(a) through (e) of this section.
- (3) The term "**vulnerable adult**" is defined in RCW [74.34.020](#); the term "**unsupervised access**" is defined in RCW [43.43.830](#).
- (4) In addition to chapters [18.51](#) and [74.42](#) RCW, these rules are authorized by RCW [43.20A.710](#), [43.43.830](#) through [43.43.842](#) and [74.39A.050](#)(8).

388-97-1840 Retaliation or discrimination prohibited.

- (1) The licensee or the nursing home must not discriminate or retaliate in any manner against a resident or employee in its nursing home who has initiated or participated in any action or proceeding authorized under nursing home licensing law. Examples of such participation include, but are not limited to the following:
 - (a) The resident, or someone acting on behalf of the resident, or the employee:
 - (i) Made a complaint, including a whistle blower complaint, to the department, the department of health, the long-term care ombudsman, attorney general's office, the courts or law enforcement;
 - (ii) Provided information to the department, the department of health, the long-term care ombudsman, attorney general's office, the courts or law enforcement; or
 - (iii) Testified in a proceeding related to the nursing home or its staff.
- (2) For purposes of this chapter, "**retaliation**" or "**discrimination**" against a resident means an act including, but not limited to:
 - (a) Verbal or physical harassment or abuse;
 - (b) Any attempt to expel the resident from the facility;
 - (c) Nonmedically indicated social, dietary, or mobility restriction(s);
 - (d) Lessening of the level of care when not medically appropriate;
 - (e) Nonvoluntary relocation within a nursing home without appropriate medical, psychosocial, or nursing justification;
 - (f) Neglect or negligent treatment;
 - (g) Withholding privileges;
 - (h) Monitoring resident's phone, mail or visits without resident's permission;
 - (i) Withholding or threatening to withhold food or treatment unless authorized by terminally ill resident or the resident's representative;
 - (j) Persistently delaying responses to resident's request for services of assistance; or
 - (k) Infringement on a resident's rights described in chapter [74.42 RCW](#), [RCW 74.39A.060\(7\)](#), [WAC 388-97-0180](#), and also, for medicaid and medicare certified nursing facilities, in federal laws and regulations.
- (3) For purposes of this chapter, "**retaliation**" or "**discrimination**" against an employee means an act including, but not limited to:
 - (a) Harassment;
 - (b) Unwarranted firing;
 - (c) Unwarranted demotion;
 - (d) Unjustified disciplinary action;
 - (e) Denial of adequate staff to perform duties;
 - (f) Frequent staff changes;
 - (g) Frequent and undesirable office changes;
 - (h) Refusal to assign meaningful work;
 - (i) Unwarranted and unsubstantiated report of misconduct under Title [18 RCW](#);
 - (j) Unsubstantiated letters of reprimand;
 - (k) Unsubstantiated unsatisfactory performance evaluations;
 - (l) Denial of employment;
 - (m) A supervisor or superior encouraging coworkers to behave in a hostile manner toward the whistle blower; or

- (n) Workplace reprisal or retaliatory action as defined in RCW [74.34.180](#) (3)(b).
- (4) For purposes of this chapter, a "**whistle blower**" is defined in WAC [388-97-0001](#).
- (5) If, within one year of the complaint by or on behalf of a resident, the resident is involuntarily discharged from the nursing home, or is subjected to any type of discriminatory treatment, there will be a presumption that the action was in retaliation for the filing of the complaint. Under these circumstances, the nursing home will have the burden of establishing that the action was not retaliatory, in accordance with RCW [18.51.220](#) and [74.34.180](#)(2).

388-97-1860 Laundry services.

- (1) The nursing home must meet the requirements of WAC [388-97-2780](#), and:
 - (a) Launder nursing home linens on the premises; or
 - (b) Contract with a laundry service capable of meeting quality standards, infection control, and turn-around time requirements; and
 - (c) Make provision for laundering of residents' personal clothing.
- (2) For residents' personal clothing, the nursing home:
 - (a) Must have a system in place to ensure that personal clothing is not damaged or lost during handling and laundering; and
 - (b) May use a chemical disinfectant in lieu of hot water disinfection provided that the nursing home:
 - (i) Uses the product according to the manufacturer's instructions; and
 - (ii) Has readily available, current documentation from the manufacturer that supports the claim that the product is effective as a laundry disinfectant and such documentation is based on scientific studies or other rational data. "Disinfectant" means a germicide that inactivates virtually all recognized pathogenic microorganisms (but not necessarily all microbial forms, such as bacterial spores) on inanimate objects.

388-97-1880 Short-term care, including respite services and adult day or night care.

- (1) The nursing home may provide short-term care to individuals which include:
 - (a) Respite services to provide relief care for families or other caregivers of individuals with disabilities which must:
 - (i) Provide short-term care and supervision in substitution for the caregiver;
 - (ii) Be for short-term stays up to a maximum of thirty-one days; and
 - (iii) Not be used as a short-term placement pending the individual's admission to the nursing home.
 - (b) Adult day or night care to provide short-term nursing home care:
 - (i) Not to exceed sixteen hours each day; and
 - (ii) May be on a regular or intermittent basis.
- (2) The nursing home providing respite services, and adult day or night care must:
 - (a) Develop and implement policies and procedures consistent with this section;
 - (b) Ensure that individuals receiving short-term services under respite or adult day or night care are treated and cared for in accordance with the rights and choices of long-term residents, except for transfer and discharge rights which are provided

- under the program for short-term services which covers the individual in the nursing home;
- (c) Have appropriate and adequate staff, space, and equipment to meet the individual's needs without jeopardy to the care of regular residents;
 - (d) Before or at the time of admission, obtain sufficient information to meet the individual's anticipated needs. At a minimum, such information must include:
 - (i) The name, address, and telephone number of the individual's attending physician, and alternate physician if any;
 - (ii) Medical and social history, which may be obtained from a respite care assessment and service plan performed by a case manager designated by an area agency on aging under contract with the department, and mental and physical assessment data; and
 - (iii) Physician's orders for diet, medication and routine care consistent with the individual's status on admission.
 - (e) Ensure the individuals have assessments performed, where needed, and where the assessment of the individual reveals symptoms of tuberculosis, follow tuberculosis testing requirements under WAC [388-97-1360](#) through [388-97-1580](#);
 - (f) With the participation of the individual and, where appropriate, their representative, develop a plan of care to maintain or improve their health and functional status during their stay or care in the nursing home;
 - (g) Provide for the individual to:
 - (i) Bring medications from home in accordance with nursing home policy; and
 - (ii) Self-medicate where determined safe.
 - (h) Promptly report injury, illness, or other adverse change in health condition to the attending physician; and
 - (i) Inquire as to the need for and comply with any request of the individual, or where appropriate, the individual's representative, to secure cash and other valuables brought to the nursing home during the stay/care.
- (3) The nursing home may, in lieu of opening a new record, reopen the individual's clinical record with each period of stay or care up to one year from the previous stay or care, provided the nursing home reviews and updates the recorded information.
- (4) Medicaid certified nursing facilities must complete the state-approved resident assessment instrument, within fourteen days, for any individual whose respite stay exceeds fourteen days.

388-97-1900 Dialysis services.

- (1) The nursing home must ensure that appropriate care, treatment, and services are provided to each nursing home resident who receives dialysis in the nursing home.
- (2) For the purposes of this section the following definitions apply:
 - (a) "Dialysis" means the process of separating crystalloids and colloids in solution by means of the crystalloids and colloids unequal diffusion through a natural or artificial semipermeable membrane. This includes both peritoneal and hemodialysis.
 - (b) A "kidney center" means a facility as defined and certified by the federal government to provide end stage renal (ESRD) services.

- (3) The nursing home must not administer dialysis for a resident with acute renal failure in the nursing home.
- (4) A nursing home may only administer maintenance dialysis in the nursing home after:
 - (a) Other options have been analyzed and rejected, based on the resident's best interest; and
 - (b) A decision is made jointly by a team of individuals representing the kidney center and the nursing home, the resident, and the resident's nephrologist.
- (5) The nursing home must ensure that a current written agreement is in effect with each kidney center responsible for the management and care of each nursing home resident undergoing dialysis. The agreement must include all aspects of how the resident's care is to be managed including:
 - (a) Medical and nonmedical emergencies;
 - (b) Development and implementation of the resident's care plan related to dialysis issues;
 - (c) Interchange of information useful/necessary for the care of the resident; and
 - (d) The responsibility for waste handling, sterilization, and disinfection of equipment for dialysis done in the nursing home.
- (6) The nursing home must ensure implementation of policies and procedures developed with the kidney center that:
 - (a) Meet current standards of practice;
 - (b) Addresses both dialysis provided by or in the nursing home as well as dialysis provided by the kidney center; and
 - (c) Addresses all of the nursing home responsibilities related to a resident on dialysis.

388-97-1920 Preadmission screening — Level I.

- (1) Preadmission screening (PAS) is a process by which individuals are evaluated:
 - (a) For the presence of a serious mental illness or a developmental disability, before admission to the nursing facility;
 - (b) For nursing facility level of care; and
 - (c) If the individual does have either a serious mental illness or a developmental disability, to determine whether there is a need for specialized services, or services of a lesser intensity.
- (2) The referring hospital, physician, or other referral source must:
 - (a) Perform the identification screen using a standardized department-specified Level I screening form for all individuals seeking admission to a nursing facility unless they:
 - (i) Are being readmitted to the nursing facility from the hospital; or
 - (ii) Are being transferred from one nursing facility to another, with or without an intervening hospital stay.
 - (b) Identify whether the individual may have a serious mental illness or a developmental disability as defined under 42 C.F.R. § 483.102, or successor laws; and
 - (c) Refer all individuals identified as likely to have a serious mental illness or a developmental disability to the department for a nursing facility level of care assessment and a Level II screening.

388-97-1940 Advanced categorical determinations, not subject to preadmission screening — Level II.

Individuals identified as having symptoms of mental illness or a developmental disability and meeting any of the advanced categorical determinations do not need to be referred for a Level II screening. The determinations include that the individual:

- (1) Is admitted to the nursing facility for respite care as defined under WAC [388-97-1880](#), or convalescent care, following treatment in an acute care hospital, not to exceed thirty days;
- (2) Cannot accurately be diagnosed because of delirium. NOTE: The individual would be subject to a Level II screening when the delirium cleared;
- (3) Has been certified by a physician to be terminally ill as defined under section 1861 (dd)(3)(A) of the Social Security Act;
- (4) Has been diagnosed with a severe physical illness such as coma, ventilator dependence, and is functioning at a brain stem level;
- (5) Has a severe level of impairment from diagnoses such as:
 - (a) Chronic obstructive pulmonary disease;
 - (b) Parkinson's disease;
 - (c) Huntington's chorea;
 - (d) Amyotrophic lateral sclerosis;
- (6) Congestive heart failure; or
- (7) Has a primary diagnosis of dementia, including Alzheimer's disease or a related disorder. NOTE: There must be evidence to support this determination.

388-97-1960 Preadmission screening — Level II.

- (1) For individuals likely to have a serious mental illness or developmental disability, the department must determine their need for nursing facility level of care. If they meet the nursing facility level of care, the department refers them to the department's designee, either the mental health PASRR contractor or the division of developmental disabilities, for a Level II screening.
- (2) In the Level II screening, the department's designee will verify the diagnosis and determine whether the referred individuals need specialized services, or services of a lesser intensity:
 - (a) **"Specialized services"** for an individual with mental retardation or related conditions is defined under 42 C.F.R. § 483.120 (a)(2), and 42 C.F.R. § 483.440 (a)(1), or successor laws. These specialized services do not include services to maintain a generally independent individual able to function with little supervision or in the absence of a treatment program; and
 - (b) **"Specialized services"** for an individual with a serious mental illness is defined under 42 C.F.R. § 483.120 (a)(1), or successor laws. These services are generally considered acute psychiatric inpatient care, emergency respite care, or stabilization and crisis services.
- (3) The need for specialized services, for a nursing facility applicant, will be determined as follows:
 - (a) If the individual is identified as likely to have a serious mental illness, a qualified mental health professional will verify whether the individual has a serious mental

illness and, if so, will recommend whether the individual needs specialized services; and

- (b) If the individual is identified as likely to have a developmental disability, a licensed psychologist will verify whether the individual has a developmental disability and, if so, staff of the division of developmental disabilities will assess and determine whether the individual requires specialized services.

388-97-1980 Resident review.

After a resident's admission the nursing facility must:

- (1) Review the Level I screening form for accuracy and make changes as needed if the resident develops a qualifying diagnosis or if the resident's symptoms were undetected or misdiagnosed;
- (2) Refer residents who have qualifying diagnoses and who require further PASRR assessment to the mental health PASRR contractor or division of development disabilities;
- (3) Record the identification screen information or subsequent changes on the resident assessment instrument according to the schedule required under 42 C.F.R. § 483.20;
- (4) Maintain the identification screen form and PASRR assessment information, including recommendations, in the resident's active clinical record; and
- (5) Promptly notify the mental health PASRR contractor or division of developmental disabilities after a significant change in the physical or mental condition of any resident that is mentally ill or mentally retarded.

388-97-2000 Preadmission screening and resident review (PASRR) determination and appeal rights.

- (1) The resident has the right to choose to remain in the nursing facility and receive specialized services if:
 - (a) He or she has continuously resided in a nursing facility since October 1, 1987; and
 - (b) The department determined, in 1990, that the resident required specialized services for a serious mental illness or developmental disability but did not require nursing facility services.
- (2) In the event that residents chose to remain in the nursing facility as outlined in subsection (1) above, the department, or designee, will clarify the effect on eligibility for medicaid services under the state plan if the resident chooses to leave the facility, including its effect on readmission to the facility.
- (3) An individual applying for admission to a nursing facility or a nursing facility resident who has been adversely impacted by a PASRR determination may appeal the department's determination that the individual is:
 - (a) Not in need of nursing facility care as defined under WAC [388-106-0350](#) through [388-106-0360](#);
 - (b) Not in need of specialized services as defined under WAC [388-97-1960](#); or
 - (c) Need for specialized services as defined under WAC [388-97-1960](#).
- (4) The nursing facility must assist the individual applying for admission or resident, as needed, in requesting a hearing to appeal the department's PASRR determination.

- (5) If the department's PASRR determination requires that a resident be transferred or discharged, the department will:
 - (a) Provide the required notice of transfer or discharge to the resident, the resident's surrogate decision maker, and if appropriate, a family member or the resident's representative thirty days or more before the date of transfer or discharge;
 - (b) Attach a hearing request form to the transfer or discharge notice;
 - (c) Inform the resident, in writing in a language and manner the resident can understand, that:
 - (i) An appeal request may be made any time up to ninety days from the date the resident receives the notice of transfer or discharge;
 - (ii) Transfer or discharge will be suspended when an appeal request is received by the office of administrative hearings on or before the date of transfer or discharge set forth in the written transfer or discharge notice; and
 - (iii) The resident will be ineligible for medicaid nursing facility payment:
 - (A) Thirty days after the receipt of written notice of transfer or discharge; or
 - (B) If the resident appeals under subsection (1)(a) of this section, thirty days after the final order is entered upholding the department's decision to transfer or discharge a resident.
- (6) The department's home and community services may pay for the resident's nursing facility services after the time specified in subsection (5)(c)(iii) of this section, if the department determines that a location appropriate to the resident's medical and other needs is not available.
- (7) The department will:
 - (a) Send a copy of the transfer/discharge notice to the resident's attending physician, the nursing facility and, where appropriate, a family member or the resident's representative;
 - (b) Suspend transfer or discharge:
 - (i) If the office of administrative hearings receives an appeal on or before the date set for transfer or discharge or before the resident is actually transferred or discharged; and
 - (ii) Until the office of appeals makes a determination; and
 - (c) Provide assistance to the resident for relocation necessitated by the department's PASRR determination.
- (8) Resident appeals of PASRR determinations will be in accordance with 42 C.F.R. § 431 Subpart E, chapter [388-02](#) WAC, and the procedures defined in this section. In the event of a conflict between a provision in this chapter and a provision in chapter [388-02](#) WAC, the provision in this chapter will prevail.

388-97-2020 Intermediate care facilities for the mentally retarded.

- (1) ICF/MR nursing facilities must meet the requirements of 42 C.F.R. § 483 Subpart I and the requirements of this subchapter except that in an ICF/MR nursing facility:
 - (a) There must be at least one registered nurse or licensed practical nurse on duty eight hours per day, and additional licensed staff on any shift if indicated. WAC

388-97-1080 (2)(a) and (3)(a) and (b) do not apply to ICF/MR nursing facilities;
and

(b) A medical director is not required.

- (2) Staff from the division of developmental disabilities will approve of social/therapeutic leave for individuals who reside in ICF/MR nursing facilities.

388-97-2040 Design.

The design of a nursing home must facilitate resident-centered care and services in a safe, clean, comfortable and homelike environment that allows the resident to use his or her personal belongings to the greatest extent possible.

388-97-2060 New construction compliance.

The nursing home must ensure that:

- (1) New construction, as defined in WAC 388-97-2160, complies with all the requirements of subchapter II of this chapter;
- (2) New construction must maintain compliance with the regulations in effect at the time of initial submission to the department of health, certificate of need and construction review services; except if the previous construction jeopardizes resident health and safety, the department may require compliance with current construction rules;
- (3) The department of health, certificate of need and construction review programs, are contacted for review and that the programs issue applicable determinations and approvals for all new construction; and
- (4) Construction is completed in compliance with the final construction review services approved documents. Compliance with these standards and regulations does not relieve the nursing home of the need to comply with applicable state and local building and zoning codes.
- (5) The department has done a pre-occupancy survey and has notified the nursing home that it may begin admitting residents.

388-97-2080 Fire standards and approval, and other standards.

The nursing home must:

- (1) Conform to at least the minimum standards for the prevention of fire, and for the protection of life and property against fire, according to the International Fire Code, RCW 19.27.031, the federal Life Safety Code, 42 C.F.R. 483.70(a), and additional state requirements in chapter 212-12 WAC; and
- (2) Comply with all other applicable requirements of state and federal law.

388-97-2100 Maintenance and repair.

All nursing homes must:

- (1) Maintain electrical, mechanical, and patient care equipment in safe and operating condition; and
- (2) Ensure floors, walls, ceilings, and equipment surfaces are maintained in clean condition and in good repair.

388-97-2120 Noise.

- (1) All nursing homes must maintain comfortable sound levels, to include minimizing the use of the public address system and taking reasonable precautions with noisy services so residents are not disturbed, particularly during their sleeping time; and
- (2) In new construction, the nursing home must:
 - (a) Have walls, floor/ceiling and roof/ceiling assemblies constructed with materials that provide comfortable sound levels in all resident areas, rated at an STC 50 or greater; and
 - (b) Utilize an alternative to the public address system for nonemergency communication that best serves the residents' needs.

388-97-2140 Accessibility in new construction.

The nursing home must be readily accessible to a person with disability and comply with WAC [388-97-3520](#).

388-97-2160 Types of new construction.

New construction includes, but is not limited to:

- (1) New structures.
 - (a) A new building to be licensed as a nursing home; or
 - (b) An addition to a building currently licensed as a nursing home.
- (2) Existing buildings.
 - (a) Conversion of another building to a nursing home;
 - (b) Change in the use of space for access by residents within an existing nursing home; and
 - (c) Alterations including physical, mechanical, or electrical changes made to an existing nursing home, except for normal routine maintenance and repair.
- (3) See WAC [388-97-3400](#)(3) for less extensive alterations.

388-97-2180 ICF/MR exceptions to physical plan requirements.

The following regulations do not apply to nursing homes certified exclusively under 42 C.F.R. § 483, Subpart I, or successor laws:

- (1) New structures. WAC [388-97-2440](#), regarding the required number of square feet per bed; and
- (2) WAC [388-97-2660](#), regarding cubicle curtains.

388-97-2200 Emergency power.

- (1) The nursing home must have an alternate source of power and automatic transfer equipment to connect the alternate source within ten seconds of the failure of the normal source.
- (2) The nursing home must ensure the alternate source is a generator:
 - (a) With on-site fuel supply;
 - (b) Permanently fixed in place;
 - (c) Approved for emergency service; and

- (d) An on premises emergency generator, as defined in NFPA 99, Health care facilities, when life support systems are used.
- (3) The nursing home must ensure the emergency power supply provides a minimum of four hours of effective power for lighting for night lights, exit signs, exit corridors, stairways, dining and recreation areas, work stations, medication preparation areas, boiler rooms, electrical service room and emergency generator locations.
- (4) A nursing home first licensed on or after October 1, 1981, must have emergency power supplied to:
 - (a) Communication systems, all alarm systems, an elevator that reaches every resident floor including the ground floor, equipment to provide heating for resident rooms or a room to which all residents can be moved; and
 - (b) Electrical outlets located in medication preparation areas, pharmacy dispensing areas, staff work stations, dining areas, resident corridors, and resident bed locations designated for use with life support systems.
- (5) **In new construction** the emergency power equipment must meet the:
 - (a) Earthquake standards for the facility's geographic locale; and
 - (b) Requirements in NFPA 110, Generators.

388-97-2220 Location of the resident care unit.

The nursing home must ensure that:

- (1) Each resident care unit is located to minimize through traffic to any general service, diagnostic, treatment, or administrative area; and
- (2) **In new construction**, the resident care unit, and the services to support resident care and nursing needs, are designed to serve a maximum of sixty beds on the same floor.

388-97-2240 Required service areas on resident care units.

- (1) The nursing home must ensure each resident care unit has at least the following required service areas:
 - (a) A staff work station;
 - (b) A medicine storage and preparation area;
 - (c) A utility room that maintains separated clean and soiled functions;
 - (d) Storage space for linen, other supplies, and equipment; and
 - (e) Housekeeping services and janitor's closet.
- (2) **In new construction** resident care units may share required services if the units are in close proximity to each other and the combined units serve a total of not more than sixty residents; except the nursing home must have a separate staff work station on a secured dementia care unit.

388-97-2260 Staff work stations on resident care units

- (1) On each unit, the nursing home must have a staff work station appropriate to the needs of staff using the space. At a minimum, the nursing home must equip the area with:
 - (a) A charting surface;
 - (b) A rack or other storage for current health records;
 - (c) Storage for record and clerical supplies;
 - (d) A telephone;

388-97-2280 Call systems on resident care units.

- (e) A resident call system; and
 - (f) A clock.
- (2) **In new construction** the work station space must be open to the corridor.

388-97-2280 Call systems on resident care units.

The nursing home must provide a system that meets the following standards:

- (1) A wired or wireless communication system which registers a call by distinctive light at the room door and by distinctive light and audible tone at the staff work station. The system must be equipped to receive resident calls from:
 - (a) The bedside of each resident;
 - (b) Every common area, dining and activity areas, common use toilet rooms, and other areas used by residents; and
 - (c) Resident toilet, bath and rooms.
- (2) An emergency signal device that meets the needs of the resident and adapted for easy reach by the resident. A signal device must be adapted to meet resident needs and, in the dementia unit, may be adapted for staff and family use, see WAC [388-97-2900](#).

388-97-2300 Telephones on resident care units.

The nursing home must provide twenty-four hour access to a telephone for resident use which:

- (1) Provides auditory privacy;
- (2) Is accessible to a person with a disability and accommodates a person with sensory impairment;
- (3) Is not located in a staff office or at a nurse's station; and
- (4) Does not require payment for local calls.

388-97-2320 Utility service rooms on resident care units.

- (1) All nursing homes must:
 - (a) Provide utility rooms designed, equipped, and maintained to ensure separation of clean and sterile supplies and equipment from those that are contaminated;
 - (b) Ensure that each clean utility room has:
 - (i) A work counter;
 - (ii) A sink equipped with single use hand drying towels and soap for handwashing; and
 - (iii) Closed storage units for supplies and small equipment; and
 - (c) Ensure that each soiled utility room has:
 - (i) A work counter and a sink large enough to totally submerge the items being cleaned and disinfected;
 - (ii) Storage for cleaning supplies and other items, including equipment, to meet nursing home needs;
 - (iii) Locked storage for cleaning agents, disinfectants and other caustic or toxic agents;
 - (iv) Adequate space for waste containers, linen hampers, and other large equipment; and
 - (v) Adequate ventilation to remove odors and moisture.
- (2) **In new construction:**

- (a) A resident room must not be more than ninety feet from a clean utility room and a soiled utility room;
- (b) The clean utility room and the soiled utility room must be separate rooms;
- (c) Each soiled utility room must contain:
 - (i) A double-compartment sink with inside dimensions of each compartment deep enough to totally submerge items being cleaned and disinfected;
 - (ii) Sufficient, available work surface on each side of the sink to adequately process and dry equipment with a minimum of three feet of work surface on the clean side;
 - (iii) Drying/draining racks for wet equipment;
 - (iv) Work counters, sinks, and other fixed equipment arranged to prevent intermingling of clean and contaminated items during the cleaning process; and
 - (v) A siphon jet type clinic service sink or equivalent installed on the soiled side of the utility room away from the door.
- (d) The nursing home's space for waste containers, linen hampers, and other large equipment must not block work areas; and
- (e) The utility rooms must meet the ventilation requirements of Table 6 in WAC [388-97-4040](#).

388-97-2340 Drug facilities on resident care units.

The nursing home must provide an area designed and equipped for drug preparation and locked storage convenient to each work station. The nursing home must ensure:

- (1) The drug facilities are well illuminated, ventilated, and equipped with a work counter, sink with hot and cold running water, and drug storage units;
- (2) The drug storage units are one or more of the following:
 - (a) Locked cabinetry constructed in accordance with board of pharmacy regulations for drug storage which has:
 - (i) Separately keyed storage for Schedule II and III controlled substances; and
 - (ii) Segregated storage of different residents' drugs; or
 - (b) An automated medication distribution device or storage.
- (3) There is a refrigerator for storage of thermolabile drugs in the drug facility;
- (4) Locks and keys for drug facilities are different from other locks and keys within the nursing home; and
- (5) **In new construction**, the drug facility must be a separate room.

388-97-2360 Linen storage on resident care units.

The nursing home must provide:

- (1) A clean area for storage of clean linen and other bedding. This may be an area within the clean utility room;
- (2) A soiled linen area for the collection and temporary storage of soiled linen. This may be within the soiled utility room; and
- (3) **In new construction**, storage for linen barrels and clean linen carts.

388-97-2380 Janitors closets on resident care units.

- (1) The nursing home must have a janitor's closet with a service sink and adequate storage space for housekeeping equipment and supplies convenient to each resident unit.
- (2) **In new construction** a janitor's closet must meet the ventilation requirements of Table 6, in WAC [388-97-4040](#).

388-97-2400 Resident rooms.

- (1) The nursing home must ensure that each resident bedroom:
 - (a) Has direct access to a hall or corridor;
 - (b) Is located on an exterior wall with a transparent glass window; and
 - (c) Is located to prevent through traffic.
- (2) **In a new building or addition**, each resident bedroom must:
 - (a) Have an exterior transparent glass window:
 - (i) With an area equal to at least one-tenth of the bedroom usable floor area;
 - (ii) Located twenty-four feet or more from another building or the opposite wall of a court, or ten feet or more away from a property line, except on street sides;
 - (iii) Located eight feet or more from any exterior walkway, paved surface, or driveway; and
 - (iv) With a sill three feet or less above the floor.
 - (b) Be located on a floor level at or above grade level except for earth berms. "Grade" means the level of ground adjacent to the building floor level measured at the required exterior window. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward to the maximum sill height of the required window at a rate of one foot vertical for two feet horizontal.

388-97-2420 Capacity of resident rooms.

- (1) The nursing home must ensure that any resident bedroom has:
 - (a) No more than two beds between any resident bed and exterior window wall; and
 - (b) A maximum capacity of four beds.
- (2) **In a new building, addition, or change of use to a resident bedroom** the maximum capacity is two beds per room, for plans submitted after September 1, 1995.

388-97-2440 Size of resident rooms.

The nursing home must ensure that minimum usable room space exclusive of toilet rooms, closets, lockers, wardrobes, must:

- (1) In existing facilities, be at least eighty square feet per bed in each multibed room and at least one hundred square feet for each single bed room;
- (2) **In a new building or addition**, be one-hundred and ten square feet per bed in multibed rooms, and one-hundred square feet in single bed rooms;
- (3) **In new construction**, ensure that the minimum usable room space is also exclusive of vestibules; and
- (4) For exceptions to room size requirements refer to WAC [388-97-2180](#).

388-97-2460 Privacy in resident rooms.

The nursing home must ensure that each resident bedroom is designed or equipped to ensure full visual privacy for each resident.

388-97-2480 Resident isolation rooms.

If a nursing home provides an isolation room, the nursing home must ensure the room is uncarpeted and contains:

- (1) A handwashing sink with water supplied through a mixing valve;
- (2) Its own adjoining toilet room containing a bathing facility; and
- (3) **In new construction**, the handwashing sink must be located between the entry door and the nearest bed.

388-97-2500 Resident room size variance.

The director of residential care services, aging and disability services administration, or their designee, may permit exceptions to WAC [388-97-2420](#) (1)(a) and [388-97-2440](#)(1) when the nursing home demonstrates in writing that the exception:

- (1) Is in accordance with the special needs of the resident; and
- (2) Will not adversely affect any resident's health or safety.

388-97-2520 Resident room equipment.

The nursing home must determine a resident's furniture and equipment needs at the time of admission and routinely thereafter to ensure resident comfort. Except as specified in WAC [388-97-0560](#), the nursing home must provide each resident with the following items required in WAC [388-97-2540](#) through [388-97-2680](#).

388-97-2540 Resident bed and bedside equipment.

The nursing home must provide:

- (1) A comfortable bed of size and height to maximize a resident's independent functioning. Beds may be arranged to satisfy the needs and desires of the individual resident provided the arrangement does not negatively impact the health or safety of other residents;
- (2) Appropriate bedding; and
- (3) A bedside cabinet that allows for storage of small personal articles and a separate drawer or enclosed compartment for storage of resident care utensils/equipment.

388-97-2560 Lockable storage space in a resident room.

The nursing home must provide:

- (1) A lockable storage space accessible to each resident for storage of small personal items, upon request; and
- (2) **In a new building or addition**, a lockable cabinet space or drawer for storage of personal belongings for each resident bed, in addition to the bedside cabinet.

388-97-2580 Wardrobes in a resident room.

The nursing home must provide:

- (1) A separated, enclosed wardrobe or closet for each resident's clothing and belongings accessible to the resident; and
- (2) **In a new building or addition**, each bed in each room must have a separate, enclosed wardrobe or closet accessible to the resident with:
 - (a) Minimum inside dimensions of twenty-two inches deep by a minimum of twenty-six inches wide by sixty inches high; and
 - (b) Inside space including a rod, at least fifteen inches long, and allowing for fifty-four inches of clear hanging length adjustable to meet the needs of the resident.

388-97-2600 Seating in a resident room.

The nursing home must provide comfortable seating for residents and visitors, not including resident care equipment, that provides proper body alignment and support.

388-97-2620 Lighting in resident rooms.

The nursing home must provide a permanently mounted or equivalent light suitable for any task the resident chooses to do or any task the staff must do.

388-97-2640 Call signal device in resident rooms.

The nursing home must provide a resident call signal device that complies with WAC [388-97-2280](#).

388-97-2660 Cubicle curtains in resident rooms.

The nursing home must provide: Flame-retardant cubicle curtains in multibed rooms that ensures full visual privacy for each resident;

- (1) **In a new building or addition**, the cubicle curtain or enclosed space ensures full visual privacy for each bed in a multibed room with enclosed space containing at least sixty-four square feet of floor area with a minimum dimension of seven feet. "Full visual privacy" in a multibed room prevents staff, visitors and other residents from seeing a resident in bed, while allowing staff, visitors, and other residents access to the toilet room, handwashing sink, exterior window, and the entrance door;
- (2) For exceptions to cubicle curtain requirements refer to WAC [388-97-2180](#).

388-97-2680 Miscellaneous equipment in resident rooms in a new building or addition.

The nursing home must provide:

- (1) A phone jack for each bed in each room;
- (2) A handwashing sink in each multibed room and a handwashing sink in each single room that does not have an adjoining toilet room containing a handwashing sink. A handwashing sink located in a resident bedroom must be located between the corridor entry door and the nearest resident bed; and
- (3) Storage that meets the requirements of WAC [388-97-3000](#), [388-97-3020](#), and [388-97-3040](#).

388-97-2700 Resident toilet facilities or rooms.

The nursing home must ensure that:

- (1) Each resident room is equipped with or located convenient to toilet facilities.
- (2) **For new construction**, a toilet room must:
 - (a) Be directly accessible from each resident room and from each bathing facility without going through or entering a general corridor while maintaining resident dignity;
 - (b) Serve two bedrooms or less;
 - (c) Be designed to accommodate a person in a wheelchair;
 - (d) Contain at least one handwashing sink; and
 - (e) Provide a properly located and securely mounted grab bar at each side and the back of each toilet fixture in each toilet room and stall. Grab bars on the open side must be located twelve to eighteen inches from the center line of the toilet. Grab bars on the open side must be able to swing up.

388-97-2720 Resident bathing facilities or rooms.

The nursing home must ensure:

- (1) Each resident room is equipped with or located near bathing facilities;
- (2) At least one bathing unit for no more than thirty residents that is not located in a room served by an adjoining bathroom;
- (3) At least one bathing device for immersion per floor;
- (4) At least one roll in shower or equivalent on each resident care unit:
 - (a) Designed and equipped for unobstructed ease of shower chair entry and use; and
 - (b) With a spray attachment equipped with a backflow prevention device.
- (5) Resident bathing equipment is smooth, cleanable, and able to be disinfected after each use.
- (6) **For new construction**, in each bathing unit containing more than one bathing facility:
 - (a) Each bathtub, shower, or equivalent, is located in a separate room or compartment with three solid walls;
 - (b) The entry wall may be a "shower" type curtain or equivalent;
 - (c) The area for each bathtub and shower is sufficient to accommodate a shower chair, an attendant, and provide visual privacy for bathing, drying, and dressing;
 - (d) Shower and tub surfaces are slip-resistant;
 - (e) Bathing areas are constructed of materials that are impervious to water and cleanable; and
 - (f) Grab bars are installed on all three sides of a shower with the shower head grab bar being "L" shaped.

388-97-2740 Locks in toilet and bathing facilities.

The nursing home must ensure:

- (1) All lockable toilet facilities and bathrooms have a readily available means of unlocking from the outside; and
- (2) Locks are operable from the inside with a single motion.

388-97-2760 Dining, dayrooms, and resident activity areas.

- (1) The nursing home must provide one or more rooms designated for resident dining and activities that are:
 - (a) Well lighted;
 - (b) Well ventilated;
 - (c) Adequately furnished; and
 - (d) Large enough to accommodate all activities.
- (2) **In a new building or addition**, the nursing home must design space for dining rooms, dayrooms, and activity areas for resident convenience and comfort and to provide a homelike environment. These areas must be located on the same floor as the residents who will use the areas. The nursing home must:
 - (a) Ensure these rooms or areas are exterior rooms with windows that have a maximum sill height of thirty-six inches;
 - (b) Provide space for dining, day use, and activities with a minimum combined total of thirty square feet for each licensed bed;
 - (c) Design any multipurpose rooms to prevent program interference with each other;
 - (d) Locate a day room on each resident care unit;
 - (e) Provide storage spaces for all activity and recreational equipment and supplies, adjoining or adjacent to the facilities provided; and
 - (f) Locate a common use toilet facility, with handwashing sink and accessories, providing direct access from the hallway and within a maximum of forty feet from these spaces.

388-97-2780 Laundry services and storage.

The nursing home must comply with WAC [388-97-1860](#) and ensure:

- (1) Sufficient laundry washing and drying facilities to meet the residents' care and comfort needs without delay.
- (2) That the nursing home linen is disinfected in accordance with:
 - (a) The temperature and time of the cycle as specified by the manufacturer; or
 - (b) The hot water cycle using the following table:

Water Temperature	Cycle Length
160 degrees F	At least 5 minutes
140 degrees F	At least 15 minutes

- (3) **In new construction**, soiled linens and soiled clothing are stored and sorted in a room ventilated according to Table 6 in WAC [388-97-4040](#). The room must:
 - (a) Have self-closing doors;
 - (b) Be separated from the washing and drying facilities;
 - (c) Contain a handwashing sink;
 - (d) Have a floor drain; and
 - (e) Contain a clinic service sink.
- (4) **In new construction**, clean linen is stored in a room ventilated according to Table 6 in WAC [388-97-4040](#). The room must:
 - (a) Be separated from the washing and drying facilities; and
 - (b) Have self closing doors.

388-97-2800 Dementia care unit.

A nursing home that began operating a dementia care unit at any time after November 13, 1989, must meet all requirements of this section, WAC [388-97-2820](#) through [388-97-2920](#), and the resident care unit requirements of WAC [388-97-2220](#) through [388-97-2380](#). Refer to WAC [388-97-1040](#), for program requirements.

388-97-2820 Dining areas on a dementia care unit.

- (1) The nursing home must provide dining areas in the dementia care unit which may also serve as day areas for the unit.
- (2) **In a new building or addition**, the dining, dayroom, and activity area or areas on the unit must provide a minimum of thirty square feet per resident.

388-97-2840 Outdoor areas on a dementia care unit.

The nursing home must provide the dementia care unit with:

- (1) Secured outdoor space and walkways;
- (2) An ambulation area with accessible walking surfaces that:
 - (a) Are firm, stable, and free from cracks and abrupt changes with a maximum of one inch between sidewalk and adjoining landscape areas;
 - (b) Have slip-resistant surfaces if subject to wet conditions; and
 - (c) Sufficient space and outdoor furniture with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids.
- (3) Nontoxic outdoor plants in areas accessible to residents.
- (4) In new construction the outdoor areas must also meet the requirements of WAC [388-97-3740](#).

388-97-2860 Indoor areas on a dementia care unit.

The nursing home must provide the dementia care unit with:

- (1) Indoor ambulation areas that meet the needs of the residents and are maintained free of equipment; and
- (2) Nontoxic indoor plants in areas accessible to residents.

388-97-2880 Ambulation route on a dementia care unit in a new building or addition.

The nursing home must ensure that the dementia care unit has a continuous ambulation route which may include outdoor ambulation areas and allows the resident to return to the resident's starting point without reversing direction.

388-97-2900 Physical plant on a dementia care unit.

The nursing home must:

- (1) Provide a staff toilet room with a handwashing sink;
- (2) Ensure that floors, walls, and ceiling surfaces display contrasting color for identification:
 - (a) Surfaces may have a disguise design to obscure or conceal areas that residents should not enter, except for exit doors and doorways; and

- (b) Exit doors must be marked so that they are readily distinguishable from adjacent construction and the way of exit travel is obvious and direct.
- (3) Ensure that door thresholds are one-half inch high or less;
- (4) Provide a signal device adapted:
 - (a) To meet residents' needs; and
 - (b) For staff and family use, if necessary.
- (5) Ensure that the public address system is used only for emergency use; and
- (6) Refer to WAC 388-97-470(2) for dementia care unit exceptions to individual temperature controls.

388-97-2920 Special egress control devices on a dementia care unit.

In dementia care units the nursing home must:

- (1) Have proof that required approvals for any special egress control devices were obtained from the state fire marshal, department of social and health services, and the local official who enforces the International Building Code and International Fire Code; and
- (2) **In a new building or addition, or when adding** special egress control devices to be used on doors and gates which are a part of the exit system, the building must:
 - (a) Have obtained approval from department of health construction review and the local official who enforces the International Building Code and International Fire Code;
 - (b) Have an approved automatic fire alarm system;
 - (c) Have an approved supervised automatic fire sprinkler system which is electrically interconnected with the fire alarm system; and
 - (d) Have a system which must:
 - (i) Automatically release if power to the system is lost;
 - (ii) Automatically release with activation of the building's fire alarm system;
 - (iii) Release with an override switch installed at each staff work station or at a constantly staff attended location within the building; and
 - (iv) Have directions for releasing the device at each egress controlled door and gate; and
 - (e) Prohibit the use of keyed locks at all doors and gates in all egress pathways.

388-97-2940 Specialized rehabilitation.

- (1) If nursing homes initially licensed after October 1, 1981 provide inpatient specialized rehabilitation, they must ensure that those services provide:
 - (a) Easy access in general service areas;
 - (b) Exercise, treatment, and supportive equipment as required by the narrative program in the construction documents;
 - (c) Adequate space for exercise equipment and treatment tables with sufficient work space on each side;
 - (d) Privacy cubicle curtains on tracks or the equivalent around treatment areas;
 - (e) A sink in the treatment area and a toilet and handwashing sink in a toilet room nearby;
 - (f) Space and a desk or equivalent for administrative, clerical, interviewing, and consultative functions;

- (g) Adequate enclosed storage cabinets for clean linen and supplies and locked storage for cleaning chemicals in the rehabilitation room or nearby janitor's closet;
 - (h) Adequate storage space for large equipment;
 - (i) A janitor's closet close to the area;
 - (j) Soiled linen storage; and
 - (k) A separate room or area for hydrotherapy tanks, or the equivalent, if provided.
- (2) **For any new construction** under WAC [388-97-2160](#), nursing homes licensed before October 1, 1981, must comply with the requirements in subsection (1) of this section.

388-97-2960 Outpatient rehabilitation.

- (1) The nursing home must ensure that facilities with outpatient programs provide:
A designated reception and waiting room or area and space for interviewing or counseling individual outpatients and their families;
- (2) Adequate space for the program so that disruption to designated resident care units is minimized;
- (3) Accessible toilet and shower facilities nearby;
- (4) Lockers or a safe place to store outpatient personal belongings;
- (5) A separate room or area for hydrotherapy tanks, or the equivalent, if provided; and
- (6) **In new construction**, required access must come from the exterior without passing through the interior of the facility.

388-97-2980 Food service areas.

The nursing home must ensure food service areas are in compliance with chapter [246-215](#) WAC, state board of health rules governing food service sanitation. The nursing home must:

- (1) Ensure food service areas are provided for the purpose of preparing, serving, and storing food and drink unless food service is provided from another licensed food service facility;
- (2) Ensure food service areas are located to facilitate receiving of food supplies, disposal of kitchen waste, and transportation of food to dining and resident care areas;
- (3) Locate and arrange the kitchen to avoid contamination of food, to prevent heat and noise entering resident care areas, and to prevent through traffic;
- (4) Locate the receiving area for ready access to storage and refrigeration areas;
- (5) Conveniently locate a handwashing sink near the food preparation and dishwashing area, and include a waste receptacle and dispensers stocked with soap and paper towels;
- (6) Adequately ventilate, light, and equip the dishwashing room or area for sanitary processing of dishes;
- (7) Locate the garbage storage area in a well-ventilated room or an outside area;
- (8) Provide hot and cold water and a floor drain connected to the sanitary sewage system in a can wash area, unless located in outside covered area;
- (9) Provide space for an office or a desk and files for food service management located central to deliveries and kitchen operations; and
- (10) Include housekeeping facilities or a janitor's closet for the exclusive use of food service with a service sink and storage of housekeeping equipment and supplies.

388-97-3000 Storage of equipment.

The nursing home must:

- (1) Provide adequate storage space for wheelchairs and other ambulation equipment;
- (2) Ensure stored equipment does not impinge upon the required corridor space; and
- (3) **In new construction**, provide adequate storage of four square feet or more of storage space per bed which does not impinge upon required corridor space.

388-97-3020 Storage of resident room equipment in a new building or addition.

The nursing home must provide separate storage for extra pillows and blankets for each bed. This may be in a location convenient to the resident room or combined with the wardrobe or closet if it does not impinge upon the required space for clothing.

388-97-3040 General storage in new construction.

A nursing home must have general storage space of not less than five square feet per bed in addition to the closets and storage required in WAC [388-97-2560](#).

388-97-3060 Lighting.

The nursing home must ensure that lighting and lighting levels:

- (1) Are adequate and comfortable for the functions being conducted in each area of the nursing home;
- (2) Are suitable for any task the resident chooses or any task the staff must do;
- (3) Support the independent functioning of the resident;
- (4) Provide a homelike environment; and
- (5) Minimize glare.

388-97-3080 Natural or artificial light.

- (1) The nursing home must ensure that adequate natural or artificial light for inside illumination is provided in every useable room area, including but not limited to storerooms, attic and basement rooms, hallways, stairways, inclines, and ramps.
- (2) **In new buildings and additions**, the nursing home must utilize:
 - (a) Windows and skylights to minimize the need for artificial light and to allow a resident to experience the natural daylight cycle; and
 - (b) Windows and skylights near entrances/exits in order to avoid difficulty in adjusting to light levels when entering or leaving the facility.

388-97-3100 Outside lighting.

The nursing home must ensure:

- (1) Lighting levels in parking lots and approaches to buildings are appropriate for resident and visitor convenience and safety; and
- (2) All outside areas where nursing home equipment and machinery are stored have proper lighting.

388-97-3120 Light shields.

The nursing home must ensure that light shields are provided in food preparation and serving areas, utility rooms, medication rooms, exam rooms, pool enclosures, laundry areas, and on ceiling mounted fluorescent lights in resident rooms.

388-97-3140 Illumination levels in new buildings and additions.

The nursing home must ensure:

- (1) Lighting fixtures and circuitry provide at least the illumination levels appropriate to the task;
- (2) Design takes into consideration that lighting systems normally decrease in output with age and dirt accumulation; and
- (3) Light fixture locations and switching arrangements are appropriate for the needs of the occupants of the spaces and follow Illuminating Engineering Society (IES) recommendations for health care facilities.

388-97-3160 Night lights in new construction.

The nursing home must install in each resident room a night light that is:

- (1) Flush mounted on the wall;
- (2) Designed to prevent viewing the light source from thirty inches or more above the floor;
- (3) Located to provide safe pathway lighting for the staff and residents; and
- (4) Controlled by a switch at each resident room entrance door or by a master switch.

388-97-3180 Switches in new construction.

The nursing home must install quiet operating switches for general illumination adjacent to doors in all areas and accessible to residents in resident rooms.

388-97-3200 Electrical outlets.

- (1) The nursing home must provide enough electrical outlets to meet the care and personal appliance needs of each resident. An approved power tap may be used only for portable appliances with specific overcurrent protection needs, such as a computer. A "power tap" is a device for indoor use consisting of an attachment plug on the end of a flexible cord and two or more receptacles on the opposite end, with overcurrent protection. A power tap must be:
 - (a) Polarized or grounded;
 - (b) UL listed; and
 - (c) Directly connected to a permanently installed electrical outlet.
- (2) **In new construction**, the nursing home must ensure:
 - (a) There are a minimum of seven outlets:
 - (i) Four hospital grade electrical outlets located convenient to each residents' bed and centered at forty to forty-four inches above the floor, with a minimum of:
 - (A) Two additional electrical outlets at separate, convenient locations in each resident room; and

- (B) One duplex electrical outlet located adjacent to each handwashing sink intended for resident use.
- (b) All electrical outlets located within five feet of any sink, toilet, bath, or shower must be protected by a ground fault circuit interrupter.

388-97-3220 Safety.

The nursing home must provide:

- (1) A safe, functional, sanitary, and comfortable environment for the residents, staff, and the public; and
- (2) Signs to designate areas of hazard.

388-97-3240 Safety — Poisons and nonmedical chemicals.

The nursing home must ensure that poisons and nonmedicinal chemicals are stored in containers identified with warning labels. The containers must be stored:

- (1) In a separate locked storage when not in use by staff; and
- (2) Separate from drugs used for medicinal purposes.

388-97-3260 Safety — Storage of equipment and supplies.

The nursing home must ensure that the manner in which equipment and supplies are stored does not jeopardize the safety of residents, staff, or the public.

388-97-3280 Safety — Handrails.

The nursing home must:

- (1) Provide handrails on each side of all corridors and stairwells accessible to residents; and
- (2) **In new construction** ensure that:
 - (a) Ends of handrails are returned to the walls;
 - (b) Handrails are mounted thirty to thirty-four inches above the floor and project not more than three and three-quarters inches from the wall; and
 - (c) Handrails terminate not more than six inches from a door.

388-97-3300 Water supply.

The nursing home must comply with the requirements of the group A, Public Water Systems, chapter [246-290](#) WAC or group B, Public Water Systems, chapter [246-291](#) WAC.

388-97-3320 Hot water.

The nursing home must ensure:

- (1) The hot water system maintains water temperatures at one hundred ten degrees Fahrenheit, plus or minus ten degrees Fahrenheit, at fixtures used by residents and staff.
- (2) For laundry temperatures, refer to WAC [388-97-2780](#).
- (3) For dishwashing temperatures, refer to chapter [246-215](#) WAC.

388-97-3340 Cross connections.

The nursing home must:

- (1) Prohibit all cross connections between potable and nonpotable water;
- (2) Use backflow prevention devices on plumbing fixtures, equipment, facilities, buildings, premises or areas which are actual or potential cross-connections to prevent the backflow of water or other liquids, gases, mixtures or substances into a water distribution system or other fixtures, equipment, facilities, buildings or areas; and
- (3) Follow guidelines, practices, procedures, interpretations and enforcement as outlined in the manual titled "Accepted Procedure and Practice in Cross-Connection Control; Pacific NW Edition; American Waterworks Association," or any successor manual, referenced in chapter [246-290](#) WAC for public water supply.

388-97-3360 Pest control.

The nursing home must:

- (1) Maintain an effective pest control program so that the facility is free of pests such as rodents and insects;
- (2) Construct and maintain buildings to prevent the entrance of pests such as rodents and insects; and
- (3) Provide mesh screens or equivalent with a minimum mesh of one-sixteenth inch on all windows and other openings that can be left open.

388-97-3380 Sewage and liquid waste disposal.

The nursing home must ensure:

- (1) All sewage and liquid wastes are discharged into an approved public sewage system where such system is available; or
- (2) Sewage and liquid wastes are collected, treated, and disposed of in an on-site sewage system in accordance with chapter [246-272A](#) WAC and meets with the approval of the local health department and/or the state department of health.

388-97-3400 General new construction documents.

- (1) The project sponsor must submit plans for all new construction to the department of health, construction review, for review and approval. Documents must be approved before the work begins. The project sponsor must also submit documents to department of health, certificate of need for review and applicable determination.
- (2) The nursing home may request exemptions to new construction requirements as described in WAC [388-97-3500](#).
- (3) If the proposed project is not extensive enough to require professional architectural or engineering services, the project sponsor must submit a written description to the department of health, construction review, to determine if WAC [388-97-3440](#) applies.

388-97-3420 Preliminary new construction documents.

If preliminary documents and specifications are submitted, they must:

- (1) Include a narrative program with drawings. Copies of these documents must be sent to the department of health, certificate of need and construction review, and to aging and disability services administration. The narrative program must identify:
 - (a) How the design promotes a homelike environment and facilitates resident-centered care and services;
 - (b) Functional space requirements;
 - (c) Staffing patterns;
 - (d) Each function to be performed;
 - (e) Types of equipment required; and
 - (f) Services that will not be provided directly, but will instead be provided through contract.
- (2) Refer to WAC [388-97-3400\(3\)](#), if the proposed project is not extensive enough to require professional architectural or engineering services.
- (3) Be drawn to scale and include:
 - (a) A site plan showing streets, entrance ways, driveways, parking, design statements for adequate water supply, sewage and disposal systems, space for the storage of recycled materials, and the arrangement of buildings on the site noting handicapped accessible parking and entrances;
 - (b) Floor plans showing existing and proposed arrangements within the building, including the fixed and major movable equipment; and
 - (c) Each room, space, and corridor identified by function and number.
- (4) Include a general description of construction and materials, including interior finishes.

388-97-3440 Final new construction documents.

- (1) Construction must not start until at least two sets of final construction documents drawn to scale with complete specifications have been submitted to and approved by the department of health, construction review, in coordination with aging and disability services administration and the department of health, certificate of need.
- (2) An architect or engineer licensed by the state of Washington must prepare, stamp, sign, and date the final construction documents.
- (3) Construction documents that are changed after approval by the department of health, construction review, require resubmission before any construction on the proposed change is started.
- (4) The construction of the facility must follow the final approved construction documents.
- (5) These drawings and specifications must show complete details to be furnished to contractors for construction of the buildings, including:
 - (a) Site plan;
 - (b) Drawings of each floor of the building, including fixed equipment;
 - (c) Elevations, sections, and construction details;
 - (d) Schedule of floor, wall, and ceiling finishes, door and window sizes and types, and door finish hardware;
 - (e) Mechanical and electrical systems;
 - (f) Provision for noise, dust, smoke, and draft control, fire protection, safety and comfort of the residents if construction work takes place in or near occupied areas; and
 - (g) Landscape plans and vegetation planting schedules for dementia care units.

- (6) A reduced set of the final construction floor plans on eight and one half by eleven inch or eleven by seventeen inch sheets showing each room function and number must be submitted.

388-97-3460 Preinstallation submissions for new construction.

The department of health, construction review, must receive and approve preinstallation submissions prior to installation. Preinstallation submissions may include any or all of the following:

- (1) Stamped shop drawings, hydraulic calculations, and equipment information sheets for fire sprinkler system(s);
- (2) Shop drawings, battery calculations, and equipment information sheets for fire detection and alarm systems;
- (3) Shop drawings and equipment information sheets for a kitchen hood and duct automatic fire extinguishing system;
- (4) Drawings and equipment information sheets for special egress control devices; and
- (5) Drawings and/or a finish schedule denoting areas to be carpeted with:
 - (a) A coding system identifying type of carpet in each area;
 - (b) A copy the manufacturer's specifications for each type of carpet; and
 - (c) A copy of a testing laboratory report of the radiant panel and smoke density tests for each type of carpet.

388-97-3480 New construction timelines.

- (1) Construction documents must be resubmitted for review as a new project according to current requirements if construction:
 - (a) Has not started within one year from the date of approval; or
 - (b) Is not completed within two years from the date of approval.
- (2) To obtain an extension beyond two years, a written request must be submitted and approved thirty days prior to the end of the two-year period.

388-97-3500 Exemptions to new construction requirements.

- (1) The director of residential care services, aging and disability services administration, may grant exemptions to new construction requirements for:
 - (a) Alterations when the applicant demonstrates the proposed alterations will serve to correct deficiencies or will upgrade the nursing home in order to better serve residents; and
 - (b) Substitution of procedures, materials, or equipment for requirements specified in this chapter when such procedures, materials, or equipment have been demonstrated to the director's satisfaction to better serve residents.
- (2) The nursing home must ensure requests for exemptions are in writing and include any necessary approvals from the local code enforcement authority and the state fire marshal.
- (3) The nursing home must ensure all exemptions granted under the foregoing provisions are kept on file at the nursing home.

388-97-3520 State building code in new construction.

The nursing home must through its design, construction and necessary permits demonstrate compliance with the following codes and local jurisdiction standards. The nursing home that submitted plans for construction review after July 1, 2007 must also comply with the following International Building Codes and Standards

- (1) The International Building Code, and International Building Code Standards, as published by the International Conference of Building Officials as amended and adopted by the Washington state building code council and published as chapter [51-50](#) WAC, or successor laws;
- (2) The International Mechanical Code, including chapter 22, Fuel Gas Piping, Appendix B, as published by the International Conference of Building Officials and the International Association of Plumbing and Mechanical Officials as amended and adopted by the Washington state building code council and published as chapter [51-52](#) WAC, or successor laws;
- (3) The International Fire Code, and International Fire Code Standards, as published by the International Conference of Building Officials and the Western Fire Chiefs Association as amended and adopted by the Washington state building code council and published as chapter [51-54](#) WAC, or successor laws;
- (4) The Uniform Plumbing Code, and Uniform Plumbing Code Standards, as published by the International Association of Plumbing and Mechanical Officials, as amended and adopted by the Washington state building code council and published as chapters [51-56](#) and [51-57](#) WAC, or successor laws;
- (5) The Washington state ventilation and indoor air quality code, as adopted by the Washington state building code council and filed as chapter [51-13](#) WAC, or successor laws; and
- (6) The Washington state energy code, as amended and adopted by the Washington state building code council and filed as chapter [51-11](#) WAC, or successor laws.:

388-97-3540 Electrical codes and standards in new construction.

The nursing home must ensure that all electrical wiring complies with state and local electrical codes including chapter [296-46B](#) WAC and the National Electric Code of the National Fire Protection Association (NFPA-70) as adopted by the Washington state department of labor and industries.

388-97-3560 Elevator codes in new construction.

The nursing home must ensure that elevators are installed in accordance with chapter [296-96](#) WAC.

388-97-3580 Local codes and ordinances in new construction.

The nursing home must:

- (1) Follow all local ordinances relating to zoning, building, and environmental standards; and
- (2) Obtain all local permits before construction and keep permits on file at the nursing home.

388-97-3600 Entrances and exits in new construction.

The nursing home must have the main entrances and exits sheltered from the weather and barrier free accessible in accordance with chapter [51-50 WAC](#).

388-97-3620 Lobbies in new construction.

The nursing home must have a lobby or area in close proximity to the main entrance that is barrier free accessible and includes:

- (1) Waiting space with seating accommodations;
- (2) A reception and information area;
- (3) Space to accommodate persons in wheelchairs;
- (4) A public restroom;
- (5) A drinking fountain; and
- (6) A public telephone.

388-97-3640 Interview space in new construction.

The nursing home must have interview spaces for private interviews relating to social service and admission.

388-97-3660 Offices in new construction.

The nursing home must provide:

- (1) Office space convenient to the work area for the administrator, the director of nursing services, medical records staff, social services staff, activities director, and other personnel as appropriate;
- (2) Work space for physicians and outside consultants;
- (3) Space for locked storage of health records which provides for fire and water protection; and
- (4) Space for the safe storage and handling of financial and business records.

388-97-3680 Inservice education space in new construction.

The nursing home must provide space for employee inservice education that will not infringe upon resident space.

388-97-3700 Staff areas in new construction.

The nursing home must ensure a lounge, lockers, and toilets are provided convenient to the work areas for employees and volunteers.

388-97-3720 Visiting and private space in new construction.

The nursing home must design a separate room or areas for residents to have family and friends visit and for residents to spend time alone. The nursing home must ensure these areas provide:

- (1) Space which facilitates conversation and privacy; and
- (2) Access to a common-use toilet facility.

388-97-3740 Outdoor recreation space and walkways in new construction.

A nursing home must provide a safe, protected outdoor area for resident use. The nursing home must ensure the outdoor area has:

- (1) Shaded and sheltered areas to meet residents needs;
- (2) Accessible walking surfaces which are firm, stable, and free from cracks and abrupt changes with a maximum of one inch between sidewalk and adjoining landscape areas;
- (3) Sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids;
- (4) Shrubs, natural foliage, and trees; and
- (5) If used as a resident courtyard, the outdoor area must not be used for public or service deliveries.

388-97-3760 Pools in new construction.

The nursing home must ensure swimming pools, spas, and tubs which remain filled between uses meet the requirements in chapter [246-260](#) WAC.

388-97-3780 Pharmacies in new construction.

The nursing home must ensure that an on-site pharmacy meets the requirements of the Washington state board of pharmacy per chapters [18.64](#) RCW and [246-865](#) WAC.

388-97-3800 Elevators in new construction.

The nursing home must:

- (1) Ensure that all buildings having residential use areas or service areas that are not located on the main entrance floor, have an elevator; and
- (2) Have at least one elevator sized to accommodate a resident bed and attendant for each sixty beds on floors other than the main entrance floor.

388-97-3840 Walking surfaces in a new building or addition.

The nursing must ensure that:

- (1) An abrupt change in the walking surface level including at door thresholds which are greater than one quarter inch are beveled to a one vertical in two horizontal; and
- (2) Changes in the walking surface level greater than one half inch are accomplished by means of a ramp with a maximum slope of one vertical in twelve horizontal.

388-97-3860 Doors in new construction.

The nursing home must ensure doors to:

- (1) Resident rooms provide a minimum of forty-four inches clear width;
- (2) Resident bathrooms and toilet rooms are a minimum of thirty-two inches clear width for wheelchair access;
- (3) All resident toilet rooms and bathing facilities open outward except if doors open directly into a resident occupied corridor;
- (4) Toilet rooms and bathrooms have single action locks, and a means of unlocking doors from the outside;

388-97-3880 Floor finishes in new construction.

- (5) Occupied areas do not swing into corridors; and
- (6) All passages are arranged so that doors do not open onto or obstruct other doors while maintaining resident dignity.

388-97-3880 Floor finishes in new construction.

The nursing home must ensure:

- (1) Floors at all outside entrances have slip-resistant finishes both inside and outside the entrance even when wet; and
- (2) All uncarpeted floors are smooth, nonabsorbent and easily cleanable.

388-97-3900 Carpets in new construction.

The nursing home must ensure that department of health, construction review approves of all carpet installation.

- (1) Carpets may be used in all areas except: Toilet rooms, bathrooms, kitchen, laundry, utility rooms, medication rooms, maintenance, isolation rooms if provided, and areas subject to high moisture or flooding. Specifications for acceptable carpeting are:
 - (a) Pile yarn fibers are easily cleanable;
 - (b) Pile is looped texture in all resident use areas. Cut pile may be used in nonresident use areas;
 - (c) Average pile density of five thousand ounces per cubic yard in resident use areas and four thousand ounces per cubic yard in nonresident areas. The formula for calculating the density of the carpet is: Yarn weight in ounces times 36, divided by pile height in inches equals ounces per cubic yard of density; and
 - (d) A maximum pile height of .255 inches in resident use areas and .312 inches in nonresident use areas.
- (2) Carpets must:
 - (a) Be cemented to the floor; and
 - (b) Have the edges covered and top set base with toe at all wall junctures.
- (3) When recarpeting, the safety of residents must be assured during and after recarpeting installation within the room or area. The nursing home must ensure the room or area is:
 - (a) Well ventilated;
 - (b) Unoccupied; and
 - (c) Unavailable for use until room is free of volatile fumes and odors.

388-97-3920 Coving in new construction.

The nursing home must ensure:

- (1) Kitchens, restrooms, laundry, utility rooms, and bathing areas have integral coves of continuous commercial grade sheet vinyl, bullnose ceramic tile or sealed bullnose quarry tile at least six inches in height; and
- (2) All other wall junctions have either integral coving or top set base with toe.

388-97-3940 Walls in new construction.

The nursing home must ensure:

- (1) Wall finishes are easily cleanable;

- (2) A water-resistant finish extends above the splash line in all rooms or areas subject to splash or spray, such as bathing facilities with tubs only, toilet rooms, janitors' closets, and can-wash areas; and
- (3) Bathing facilities with showers have a water-resistant finish extending to the ceiling.

388-97-3960 Accessories in new construction.

The nursing home must provide the following accessories with the necessary backing, if required, for mounting:

- (1) Usable countertop area and mirror at each handwashing sink in toilet rooms and resident rooms;
- (2) Towel or robe hooks at each handwashing sink in resident rooms and at each bathing facility;
- (3) A robe hook at each bathing facility, toilet room and in examination room or therapy area, including outpatient therapy rooms;
- (4) A securely mounted toilet paper holder properly located within easy reach of the user at each toilet fixture;
- (5) Sanitary seat covers at each public and employee use toilet;
- (6) Open front toilet seats on all toilets;
- (7) Dispensers for paper towels and handwashing soap at each handwashing sink, and bathing facility;
- (8) Sanitary napkin dispensers and disposers in public and employee women's toilet rooms; and
- (9) Grab bars that are easily cleanable and resistant to corrosion and securely mounted.

388-97-3980 Miscellaneous in new construction.

The nursing home must ensure:

- (1) Rooms and service areas are identified by visible and tactile signs, refer to WAC [388-97-2900](#)(2) for possible exceptions; and
- (2) Equipment and casework is designed, manufactured and installed for ease of proper cleaning and maintenance, and suitable for the functions of each area.

388-97-4000 Heating systems in new construction.

The nursing home must ensure:

- (1) The heating system is capable of maintaining a temperature of seventy-five degrees Fahrenheit for areas occupied by residents and seventy degrees Fahrenheit for nonresident areas;
- (2) Resident rooms have individual temperature control, except in a dementia care unit controls may be covered, locked, or placed in an inconspicuous place;
- (3) The following is insulated within the building:
 - (a) Pipes conducting hot water which are exposed to resident contact; and
 - (b) Air ducts and casings with outside surface temperatures below ambient dew point.
- (4) Insulation on cold surfaces includes an exterior vapor barrier; and
- (5) Electric resistant wall heat units are prohibited in new construction.

388-97-4020 Cooling systems in new construction.

The nursing home must have:

- (1) A mechanical cooling system capable of maintaining a temperature of seventy-five degrees Fahrenheit for areas occupied by residents; and
- (2) A cooling system that has mechanical refrigeration equipment to provide summer air conditioning to resident areas, food preparation areas, laundry, medication rooms, and therapy areas by either a central system with distribution ducts or piping, or packaged room or zonal air conditioners.

388-97-4040 Ventilation systems in new construction.

The nursing home must ensure:

- (1) Ventilation of all rooms is designed to prevent objectionable odors, condensation, and direct drafts on the residents;
- (2) All habitable space is mechanically ventilated including:
 - (a) Air supply and air exhaust systems;
 - (b) Installation of air-handling duct systems according to the requirements of the International Mechanical Code and chapter [51-52 WAC](#);
 - (c) Installation of supply registers and return air grilles at least three inches above the floor;
 - (d) Installation of exhaust grilles on or near the ceiling; and
 - (e) Outdoor air intakes located a minimum of twenty-five feet from the exhaust from any ventilating system, combustion equipment, or areas which may collect vehicular exhaust and other noxious fumes, and a minimum of ten feet from plumbing vents. The nursing home must locate the bottom of outdoor air intakes serving central systems a minimum of three feet above adjoining grade level or, if installed through the roof, three feet above the highest adjoining roof level.
- (3) Minimum ventilation requirements meet the pressure relationship and ventilation rates per ASHRAE 2007 HVAC Applications Chapter 7.11 Table 6, Pressure Relationships and Ventilation of Certain Areas of Nursing Homes.

**TABLE 6
PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS OF
NURSING HOMES**

Function Area	Pressure Relationship To Adjacent Areas ^{1,2}	Minimum Air Changes of Outdoor Air Per Hour Supplied To Room	Minimum Total Air Changes Per Hour Supplied To Room	All Air Exhausted Directly To Outdoors	Air Recirculated Within Room Units
RESIDENT CARE					
Resident room (holding room)	±	2	4	Optional	Optional

Resident corridor	±	Optional	2	Optional	Optional
Toilet room	N	Optional	10	Yes	No
Resident gathering (dining, activity)	±	2	4	Optional	Optional
DIAGNOSTIC AND TREATMENT					
Examination room	±	2	6	Optional	Optional
Physical therapy ³	N	2	6	Optional	Optional
Occupational therapy ³	N	2	6	Optional	Optional
Soiled workroom or soiled holding	N	2	10	Yes	No
Clean workroom or clean holding	P	2	4	Optional	Optional
STERILIZING AND SUPPLY					
Sterilizer exhaust room	N	Optional	10	Yes	No
Linen and trash chute room	N	Optional	10	Yes	No
Laundry, general ³	±	2	10	Yes	No
Soiled linen sorting and storage	N	Optional	10	Yes	No
Clean linen storage	P	Optional	2	Yes	No
SERVICE					

Food preparation center ³	±	2	10	Yes	Yes
Warewashing room ³	N	Optional	10	Yes	Yes
Dietary day storage	±	Optional	2	Yes	No
Janitor closet	N	Optional	10	Yes	No
Bathroom	N	Optional	10	Yes	No
Personal services (barber/salon)	N	2	10	Yes	No

^{1/} P=Positive N=Negative ±=Continuous directional control not required.

^{2/} Whether positive or negative, pressure must be a minimum of seventy cubic feet per minute (CFM).

^{3/} The volume of air may be reduced up to fifty percent in these areas during periods of nonuse. The soiled holding area of the general laundry must maintain its full ventilation capacity at all times.

(4) Individual exhaust systems meet the following requirements:

- (a) Where individual mechanical exhaust systems are used to exhaust individual toilet rooms or bathrooms, the individual ventilation fans are interconnected with room lighting to ensure ventilation while room is occupied. The ventilation fan must have a time delay shutoff to ensure that the exhaust continues for a minimum of five minutes after the light switch is turned off; and
- (b) The volume of air removed from the space by exhaust ventilation is replaced directly or indirectly by an equal amount of tempered/conditioned air.

(5) Central exhaust systems meet the following requirements:

- (a) All fans serving central exhaust systems are located to prevent a positive pressure in the duct passing through an occupied area; and
- (b) Fire and smoke dampers are located and installed in accordance with the International Building Code, Standards and amendments in chapter [51-50](#) WAC.

(6) Air filters meet the following requirements:

- (a) All central ventilation or air-conditioning systems are equipped with filters per ASHRAE 2007 HVAC Applications Chapter 7.11 Table 5, Filter Efficiencies for Central Ventilation and Air Conditioning Systems in Nursing Homes and meet the following requirements:

FUNCTION AREA	Minimum Number of Filter Beds	Filter Efficiency of Main Filter Bed, MERV*
Resident care, treatment, diagnostic, and related areas	1	15
Food preparation areas and laundries	1	8
Administrative, bulk storage, and soiled holding areas	1	6

*MERV = Minimum Efficiency Reporting Value

- (b) Central ventilation or air conditioning systems means any system serving more than a single room used by residents or by any group of rooms serving the same utility function (i.e., the laundry);
- (c) Filter efficiency is warranted by the manufacturer and is based on atmospheric dust spot efficiency per ASHRAE Standard 52.2;
- (d) The filter bed is located upstream of the air-conditioning equipment, unless a prefilter is employed. In which case, the prefilter is upstream of the equipment and the main filter bed may be located downstream;
- (e) Filter frames are durable and provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work are gasketed or sealed;
- (f) All central air systems have a manometer installed across each filter bed with an alarm to signal high pressure differential; and
- (g) Humidifiers, if provided, are a steam type.

388-97-4060 Handwashing sinks in new construction.

The nursing home must provide a handwashing sink in each toilet room and exam room.

388-97-4080 Drinking fountains in new construction.

Where drinking fountains are installed, the nursing home must ensure the fountains are of the inclined jet, sanitary type.

388-97-4100 Mixing valves or mixing faucets in new construction.

The nursing home must provide each fixture, except toilet fixtures and special use fixtures, with hot and cold water through a mixing valve or mixing faucet.

388-97-4120 Spouts in new construction.

The nursing home must ensure all lavatories and sinks in resident rooms, resident toilet rooms, and utility and medication areas have gooseneck spouts, without aerators in areas requiring infection control.

388-97-4140 Faucet controls in new construction.

The nursing home must provide wrist blade, single-lever controls or their equivalent at all sinks and lavatories. The nursing home must:

- (1) Provide at least four inch wrist blades and/or single-levers;
- (2) Provide sufficient space for full open and closed operation; and
- (3) Color-code and label faucet controls to indicate "hot" and "cold."

388-97-4160 Initial nursing home license.

- (1) A complete nursing home license application must be:
 - (a) Submitted at least sixty days prior to the proposed effective date of the license on forms designated by the department;
 - (b) Signed by the proposed licensee or the proposed licensee's authorized representative;
 - (c) Notarized; and
 - (d) Reviewed by the department in accordance with this chapter.
- (2) All information requested on the license application must be provided. At minimum, the nursing home license application will require the following information:
 - (a) The name and address of the proposed licensee, and any partner, officer, director, managerial employee, or owner of five percent or more of the proposed licensee;
 - (b) The names of the administrator, director of nursing services, and, if applicable, the management company;
 - (c) The specific location and the mailing address of the facility for which a license is sought;
 - (d) The number of beds to be licensed; and
 - (e) The name and address of all nursing homes that the proposed licensee or any partner, officer, director, managerial employee, or owner of five percent or more of the proposed licensee has been affiliated with in the past ten years.
- (3) The proposed licensee must be:
 - (a) The individual or entity responsible for the daily operation of the nursing home;
 - (b) Denied the license if any individual or entity named in the application is found by the department to be unqualified.

388-97-4166 Liability insurance required.

- (4) For initial licensure of a new nursing home, the proposed licensee must submit the annual license fee with the initial license application. The nonrefundable nursing home license fee is three hundred twenty seven dollars per bed per year.
- (5) If any information submitted in the initial license application changes before the license is issued, the proposed licensee must submit a revised application containing the changed information.
- (6) If a license application is pending for more than six months, the proposed licensee must submit a revised application containing current information about the proposed licensee or any other individuals or entities named in the application.

388-97-4166 Liability insurance required.

The nursing home must:

- (1) Obtain liability insurance upon licensure and maintain the insurance as required in WAC [388-97-4167](#) and [388-97-4168](#); and
- (2) Have evidence of liability insurance coverage available if requested by the department.

388-97-4167 Liability insurance required — Commercial general liability insurance or business liability insurance coverage.

The nursing home must have commercial general liability insurance or business liability insurance that includes:

- (1) Coverage for the acts and omissions of any employee and volunteer;
- (2) Coverage for bodily injury, property damage, and contractual liability;
- (3) Coverage for premises, operations, independent contractors, products-completed operations, personal injury, advertising injury, and liability assumed under an insured contract; and
- (4) Minimum limits of:
 - (a) Each occurrence at one million dollars; and
 - (b) General aggregate at two million dollars.

388-97-4168 Liability insurance required — Professional liability insurance coverage.

The nursing home must have professional liability insurance or errors and omissions insurance. The insurance must include:

- (1) Coverage for losses caused by errors and omissions of the nursing home, its employees, and volunteers; and
- (2) Minimum limits of:
 - (a) Each occurrence at one million dollars; and
 - (b) Aggregate at two million dollars.

388-97-4180 Nursing home license renewal.

- (1) All nursing home licenses must be renewed annually.
- (2) License renewals must be:
 - (a) Submitted at least thirty days prior to the license's expiration date on forms designated by the department;

- (b) Signed by the current licensee; and
 - (c) Reviewed by the department in accordance with this chapter.
- (3) The current licensee must provide all information on the license renewal form or other information requested by the department.
 - (4) The application for a nursing home license renewal must be made by the individual or entity currently licensed and responsible for the daily operation of the nursing home.
 - (5) The nursing home license renewal fee must be submitted at the time of renewal. The nonrefundable nursing home license renewal fee is three hundred twenty seven dollars per bed per year.
 - (6) In unusual circumstances, the department may issue an interim nursing home license for a period not to exceed three months. The current licensee must submit the prorated nursing home license fee for the period covered by the interim license. The annual date of license renewal does not change when an interim license is issued.
 - (7) A change of nursing home ownership does not change the date of license renewal and fee payment.

388-97-4200 Department review of initial nursing home license applications.

- (1) All initial nursing home license applications must be reviewed by the department under this chapter.
- (2) The department will not begin review of an incomplete license application.
- (3) The proposed licensee must respond to any department request for additional information within five working days.
- (4) When the application is determined to be complete, the department will consider the proposed licensee or any partner, officer, director, managerial employee, or owner of five percent or more of the proposed licensee, separately and jointly, in its review. The department will review:
 - (a) The information contained in the application;
 - (b) Survey and complaint investigation citations in every facility each individual and entity named in the application has been affiliated with during the past ten years;
 - (c) Compliance history;
 - (d) Financial assessments;
 - (e) Actions against the proposed licensee (i.e., revocation, suspension, refusal to renew, etc.);
 - (f) All criminal convictions, and relevant civil or administrative actions or findings including, but not limited to, findings, including professional disciplinary actions, and findings of abuse, neglect, exploitation, abandonment, or domestic violence resulting from a civil adjudication proceeding; and
 - (g) Other relevant information.
- (5) The department will notify the proposed licensee of the results of the review.

388-97-4220 Reasons for denial, suspension, modification, revocation of, or refusal to renew a nursing home license.

- (1) The department may deny, suspend, modify, revoke, or refuse to renew a nursing home license when the department finds the proposed or current licensee, or any partner, officer, director, managing employee, owner of five percent or more of the proposed or

current licensee of the nursing home, owner of five percent or more of the assets of the nursing home, proposed or current administrator, or employee or individual providing nursing home care or services has:

- (a) Failed or refused to comply with the:
 - (i) Requirements established by chapters [18.51](#), [74.42](#), or [74.46](#) RCW and regulations adopted under these chapters; or
 - (ii) Medicaid requirements of Title XIX of the Social Security Act and medicaid regulations, including 42 CFR, Part 483.
- (b) A history of significant noncompliance with federal or state regulations in providing nursing home care;
- (c) No credit history or a poor credit history;
- (d) Engaged in the illegal use of drugs or the excessive use of alcohol or been convicted of "crimes relating to drugs" as defined in RCW [43.43.830](#), unless subsection (3)(c) applies;
- (e) Unlawfully operated a nursing home, or long term care facility as defined in RCW [70.129.010](#), without a license or under a revoked or suspended license;
- (f) Previously held a license to operate a hospital or any facility for the care of children or vulnerable adults, and that license has been revoked, or suspended, or the licensee did not seek renewal of the license following written notification of the licensing agency's initiation of revocation or suspension of the license;
- (g) Obtained or attempted to obtain a license by fraudulent means or misrepresentation;
- (h) Permitted, aided, or abetted the commission of any illegal act on the nursing home premises;
- (i) Been convicted of a felony or other crime that would not be automatically disqualifying under RCW [74.39A.050](#)(8) or this chapter, if the conviction reasonably relates to the competency of the individual to own or operate a nursing home;
- (j) Had a sanction, corrective, or remedial action taken by federal, state, county or municipal officials or safety officials related to the care or treatment of children or vulnerable adults;
- (k) Failed to:
 - (i) Provide any authorization, documentation, or information the department requires in order to verify information contained in the application;
 - (ii) Meet financial obligations as the obligations fall due in the normal course of business;
 - (iii) Verify additional information the department determines relevant to the application;
 - (iv) Report abandonment, abuse, neglect or financial exploitation in violation of chapter [74.34](#) RCW; or in the case of a skilled nursing facility or nursing facilities, failure to report as required by 42 C.F.R. 483.13; or
 - (v) Pay a civil fine the department assesses under this chapter within ten days after assessment becomes final.
- (l) Been certified pursuant to RCW [74.20A.320](#) as a person who is not in compliance with a child support order (license suspension only);

- (m) Knowingly or with reason to know makes a false statement of a material fact in the application for a license or license renewal, in attached data, or in matters under department investigation;
- (n) Refused to allow department representatives or agents to inspect required books, records, and files or portions of the nursing home premises;
- (o) Willfully prevented, interfered with, or attempted to impede the work of authorized department representatives in the:
 - (i) Lawful enforcement of provisions under this chapter or chapters 18.51 or 74.42 RCW; or
 - (ii) Preservation of evidence of violations of provisions under this chapter or chapters 18.51 or 74.42 RCW.
- (p) Retaliated against a resident or employee initiating or participating in proceedings specified under RCW 18.51.220; or
- (2) Discriminated against medicaid recipients as prohibited under RCW 74.42.055.
In determining whether there is a history of significant noncompliance with federal or state regulations under subsection (1)(b), the department may, at a minimum, consider:
 - (a) Whether the violation resulted in a significant harm or a serious and immediate threat to the health, safety, or welfare of any resident;
 - (b) Whether the proposed or current licensee promptly investigated the circumstances surrounding any violation and took steps to correct and prevent a recurrence of a violation;
 - (c) The history of surveys and complaint investigation findings and any resulting enforcement actions;
 - (d) Repeated failure to comply with regulations;
 - (e) Inability to attain compliance with cited deficiencies within a reasonable period of time; and
 - (f) The number of violations relative to the number of facilities the proposed or current licensee, or any partner, officer, director, managing employee, employee or individual providing nursing home care or services has been affiliated within the past ten years, or owner of five percent or more of the proposed or current licensee or of the assets of the nursing home.
- (3) The department must deny, suspend, revoke, or refuse to renew a proposed or current licensee's nursing home license if the proposed or current licensee or any partner, officer, director, managing employee, owner of five percent or more of the proposed or current licensee of the nursing home or owner of five percent or more of the assets of the nursing home, proposed or current administrator, or employee or individual providing nursing home care or services has been:
 - (a) Convicted of a "crime against children or other persons" as defined under RCW 43.43.830 unless the individual has been convicted of one of the two crimes listed below and the required number of years has passed between the most recent conviction and the date of the application for employment:
 - (i) Simple assault, assault in the fourth degree, or the same offense as it may hereafter be renamed, and three or more years have passed;
 - (ii) Prostitution, or the same offense as it may hereafter be renamed, and three or more years have passed.

- (b) Convicted of a "crime relating to financial exploitation" as defined under RCW [43.43.830](#) unless the individual has been convicted of one of the three crimes listed below and the required number of years has passed between the most recent conviction and the date of the application for employment:
 - (i) Theft in the second degree, or the same offense as it may hereafter be renamed, and five or more years have passed;
 - (ii) Theft in the third degree, or the same offense as it may hereafter be renamed, and three or more years have passed; or
 - (iii) Forgery, or the same offense as it may hereafter be renamed, and five or more years have passed.
- (c) Convicted of:
 - (i) Violation of the Imitation Controlled Substances Act (VICSA);
 - (ii) Violation of the Uniform Controlled Substances Act (VUCSA);
 - (iii) Violation of the Uniform Legend Drug Act (VULDA); or
 - (iv) Violation of the Uniform Precursor Drug Act (VUPDA).
- (d) Convicted of sending or bringing into the state depictions of a minor engaged in sexually explicit conduct;
- (e) Convicted of criminal mistreatment;
- (f) Found by a court in a criminal proceeding or a protection proceeding under chapter [74.34](#) RCW, or any comparable state or federal law, to have abandoned, abused, neglected or financially exploited a vulnerable adult;
- (g) Found in any final decision issued by a disciplinary board to have sexually or physically abused or exploited any minor or an individual with a developmental disability or to have abused, neglected, abandoned, or financially exploited any vulnerable adult;
- (h) Found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor;
- (i) Found by a court in a domestic relations proceeding under Title [26](#) RCW, or any comparable state or federal law, to have sexually abused or exploited any minor or to have physically abused any minor;
- (j) Found to have abused or neglected a child, and the finding is:
 - (i) Listed on the department's background check central unit (BCCU) report; or
 - (ii) Disclosed by the individual, except for findings made before December, 1998.
- (k) Found to have abandoned, abused, neglected, or financially exploited a vulnerable adult, and the finding is:
 - (i) Listed on any registry, including the department registry;
 - (ii) Listed on the department's background check central unit (BCCU) report; or
 - (iii) Disclosed by the individual, except for adult protective services findings made before October, 2003.

388-97-4240 Appeal of the department's licensing decision.

A proposed or current licensee contesting a department licensing decision must file a written request for an administrative hearing within twenty days of receipt of the decision.

The appeals process and requirements are set forth in WAC [388-97-4440](#).

388-97-4260 Management agreements.

- (1) The licensee is responsible for the daily operations of the nursing home.
- (2) As used in this section:
 - (a) **"Management agreement,"** means a written, executed, agreement between the licensee and another individual or entity regarding the provision of certain services in a nursing home; and
 - (b) **"Manager"** refers to the individual or entity providing services under a management agreement.
- (3) The licensee may not give the manager responsibilities that are so extensive that the licensee is relieved of responsibility for the daily operations and provisions of services of the facility. If the licensee does so, then the department must determine that a change of ownership has occurred.
- (4) The proposed licensee or the current licensee must notify the residents and their representatives sixty days before entering into a management agreement.
- (5) The department must receive a written management agreement, including an organizational chart showing the relationship between the proposed or current licensee, management company, and all related organizations:
 - (a) Sixty days before:
 - (i) The proposed change of ownership date;
 - (ii) The initial licensure date; or
 - (iii) The effective date of the management agreement; or
 - (b) Thirty days before the effective date of any amendment to an existing management agreement.
- (6) Management agreements, at minimum must:
 - (a) Create a principal/agent relationship between the licensee and the manager;
 - (b) Describe the responsibilities of the licensee and manager, including items, services, and activities to be provided;
 - (c) Require the licensee's governing body, board of directors, or similar authority to appoint the facility administrator;
 - (d) Provide for maintenance and retention of all records as applicable according to rules and regulations;
 - (e) Allow unlimited access by the department to documentation and records according to applicable laws or regulations;
 - (f) Require the licensee to participate in monthly oversight meetings and quarterly on-site visits to the facility;
 - (g) Require the manager to immediately send copies of surveys and notices of noncompliance to the licensee;
 - (h) State that the licensee is responsible for ensuring all licenses, certifications, and accreditations are obtained and maintained;

- (i) State that the manager and licensee will review the management agreement annually and notify the department of changes according to applicable regulations;
 - (j) Acknowledge that the licensee is the party responsible for meeting state and federal licensing and certification requirements;
 - (k) Require the licensee to maintain ultimate responsibility over personnel issues relating to the operation of the nursing home and care of the residents, including but not limited to, staffing plans, orientation, and training;
 - (l) Require that, even if day-to-day management of the trust funds are delegated, the licensee:
 - (i) Retains all fiduciary and custodial responsibility for funds that have been deposited with the nursing home by the resident; and
 - (ii) Is directly accountable to the residents for such funds.
 - (m) Provide that if any responsibilities for the day-to-day management of the resident trust fund are delegated to the manager, then the manager must:
 - (i) Provide the licensee with a monthly accounting of the resident funds; and
 - (ii) Meet all legal requirements related to holding, and accounting for, resident trust funds; and
 - (n) State that the manager will not represent itself or give the appearance it is the licensee.
- (7) Upon receipt of a proposed management agreement, the department may require:
- (a) The licensee or manager to provide additional information or clarification;
 - (b) Any changes necessary to:
 - (i) Bring the management agreement into compliance with this section; and
 - (ii) Ensure that the licensee has not been relieved of the responsibility for the daily operations of the facility; and
 - (c) More frequent contact between the licensee and manager under subsection (6)(f).
- (8) The licensee and manager must act in accordance with the terms of the management agreements. If the department determines that they are not, then the department may take action deemed appropriate.

388-97-4280 Change of ownership.

- (1) A change of ownership occurs when there is a substitution, elimination, or withdrawal of the licensee or a substitution of control of the licensee. "**Control,**" as used in this section, means the possession, directly or indirectly, of the power to direct the management, operation, and policies of the licensee, whether through ownership, voting control, by agreement, by contract or otherwise. Events which constitute a change of ownership include, but are not limited to, the following:
- (a) The form of legal organization of the licensee is changed (e.g., a sole proprietor forms a partnership or corporation);
 - (b) The licensee transfers ownership of the nursing home business enterprise to another party regardless of whether ownership of some or all of the real property and/or personal property assets of the facility is also transferred;
 - (c) Dissolution or consolidation of the entity;
 - (d) Merger unless the licensee survives the merger and there is not a change in control of the licensee;

- (e) If, during any continuous twenty-four month period, fifty percent or more of the entity is transferred, whether by a single transaction or multiple transactions, to:
 - (i) A different party (e.g., new or former shareholders); or
 - (ii) An individual or entity that had less than a five percent ownership interest in the nursing home at the time of the first transaction; or
 - (f) Any other event or combination of events that the department determines results in a:
 - (i) Substitution, elimination, or withdrawal of the licensee; or
 - (ii) Substitution of control of the licensee responsible for the daily operational decisions of the nursing home.
- (2) Ownership does not change when the following, without more, occur:
- (a) A party contracts with the licensee to manage the nursing home enterprise in accordance with the requirements of WAC [388-97-4260](#); or
 - (b) The real property or personal property assets of the nursing home are sold or leased, or a lease of the real property or personal property assets is terminated, as long as there is not a substitution or substitution of control of the licensee.
- (3) When a change of ownership is contemplated, the current licensee must notify the department and all residents and their representatives at least sixty days prior to the proposed date of transfer. The notice must be in writing and contain the following information as specified in RCW [18.51.530](#):
- (a) Name of the proposed licensee;
 - (b) Name of the managing entity;
 - (c) Names, addresses, and telephone numbers of department personnel to whom comments regarding the change may be directed;
 - (d) Names of all officers and the registered agent in the state of Washington if proposed licensee is a corporation; and
 - (e) Names of all general partners if proposed licensee is a partnership.
- (4) The proposed licensee must comply with license application requirements. The operation or ownership of a nursing home must not be transferred until the proposed licensee has been issued a license to operate the nursing home.

388-97-4300 Licensed bed capacity.

A nursing home must not be licensed for a capacity that exceeds the number of beds permitted under:

- (1) This chapter;
- (2) Chapter [70.38](#) RCW and regulations thereunder; or
- (3) Applicable local zoning, building or other such regulations.

388-97-4320 Relocation of residents.

- (1) In the event of license revocation or suspension, decertification, or other emergency closures the department will:
 - (a) Notify residents and, when appropriate, resident representatives of the action;
 - (b) Assist with residents' relocation and identify possible alternative living choices and locations; and

- (c) The nursing home will assist the residents to the extent it is directed to do so by the department.
- (2) When a resident's relocation occurs due to an emergency closure from a natural disaster, the nursing home may not be required to cease its business operations unless directed to do so by the department.
- (3) When a resident's relocation occurs due to a nursing home's voluntary closure, or voluntary termination of its medicare or medicaid contract or both, the nursing home must:
 - (a) Notify the department and all residents and resident representatives in accordance with WAC [388-97-1640](#);
 - (b) Notify the Centers for Medicare and Medicaid Services and the public as required by 42 C.F.R. 489.52, or a successor regulation, if the closure or termination affects the provision of medicare services; and
 - (c) Provide appropriate discharge planning and coordination for all residents including a plan to the department for safe and orderly transfer or discharge of residents from the nursing home.
- (4) The department may provide residents assistance with relocation.

388-97-4340 License relinquishment.

- (1) A nursing home licensee must voluntarily relinquish its license when:
 - (a) The nursing home ceases to do business as a nursing home; and
 - (b) Within twenty-four hours after the last resident is discharged from the facility.
- (2) The nursing home may not be required to relinquish its license when residents must be relocated due to emergency closures from natural disasters.
- (3) The relinquished license must be returned to the department.
- (4) If a nursing home licensee fails to voluntarily relinquish its license when required, the department will revoke the license.

388-97-4360 Inspections and deficiency citation report.

- (1) The department may inspect nursing homes at any time in order to determine compliance with the requirements of chapters [18.51](#) or [74.42](#) RCW and this chapter. Types of state inspections in nursing homes include preoccupancy, licensing, revisit, and complaint investigation. In the case of a medicaid or medicare contractor, or both, the department may also inspect medicare and medicaid certified nursing homes to determine compliance with the requirements of Title XVIII and/or XIX of the Social Security Act and federal medicare and medicaid regulations.
- (2) The department will provide to the nursing home written documentation (notice) of the nursing home's deficiency(ies), the requirement that the deficiency(ies) violates, and the reasons for the determination of noncompliance with the requirements (RCW [18.51.091](#)).
- (3) The department may revisit the nursing home to confirm that corrections of deficiencies has been made. Revisits will be made:
 - (a) In accordance with RCW [74.39A.060](#) (5)(e);
 - (b) In the case of a medicare or medicaid contractor, or both, in accordance with the requirements of Title XVIII or XIX, or both of the Social Security Act and federal medicare and medicaid regulations; and

- (c) At the department's discretion.
- (4) The licensee or nursing home must:
 - (a) Ensure that department staff have access to the nursing home residents, staff and all resident records; and
 - (b) Not willfully interfere or fail to cooperate with department staff in the performance of official duties. Examples of willful interference or failure to cooperate include, but are not limited to, not allowing department staff to talk to residents or staff in private or not allowing department staff access to resident records.

388-97-4380 Plan of correction.

- (1) The licensee or nursing home must, within ten calendar days of notification of the cited deficiencies prepare, sign, date and provide to the department a detailed written plan of correction. Such plan of correction will provide notification to the department of the date by which the nursing home will complete the correction of cited deficiencies. The plan of correction must be completed regardless of whether the licensee requests an informal department review in accordance in [WAC 388-97-4420](#).
- (2) A plan of correction is not required for deficiencies at a severity level 1/isolated scope as described in [WAC 388-97-4500](#), unless specifically requested by the department.
- (3) In the case of actual or imminent threat to resident health or safety/immediate jeopardy (severity level 4 as described in [WAC 388-97-4500](#)), the department may require the licensee or nursing home to submit a document alleging that the imminent threat has been removed within a time frame specified by the department. The document must specify the steps the nursing home has taken or will take to correct the imminent harm. An allegation that the imminent harm has been removed does not substitute for the plan of correction as required by subsection (1) of this section but it will become a part of the completed plan of correction.

388-97-4400 Acceptable and unacceptable plans of correction.

- (1) A plan of correction must:
 - (a) Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
 - (b) Address how the nursing home will identify other residents having the potential to be affected by the same deficient practice;
 - (c) Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
 - (d) Indicate how the nursing home plans to monitor its performance to make sure that solutions are sustained, including how the plan of correction will be integrated into the nursing home's quality assurance system;
 - (e) Give the title of the person who is responsible for assuring lasting correction; and
 - (f) Give the date by which the correction will be made.
- (2) The department will review the nursing home's plan of correction to determine whether it is acceptable.
- (3) When deficiencies involve nursing home alterations, physical plant plan development, construction review, or other circumstances where extended time to complete correction

may be required, the department's designated local aging and disability services administration field office or other department designee may accept a plan of correction as evidence of substantial compliance under the following circumstances:

- (a) The plan of correction must include the steps that the nursing home needs to take, the time schedule for completion of the steps, and concrete evidence that the plan will be carried out as scheduled; and
- (b) The nursing home must submit progress reports and/or updated plans to the department in accordance with a schedule specified by department.
- (c) The department's acceptance of a plan of correction is solely at the department's discretion and does not rule out the imposition of optional remedies.

388-97-4420 Informal department review.

- (1) For medicare or medicaid certified nursing homes, the informal department review process described in this section is the only opportunity for the nursing home to dispute the federal deficiency citation report, unless a federal sanction is imposed.
- (2) The nursing home licensee has the right to an informal department review of disputed state or federal citations, or both.
- (3) A licensee must make a written request for an informal department review within ten calendar days of receipt of the department's written deficiency citation(s) report. The request must be directed to the department's designated local aging and disability services administration office and must identify the deficiencies that are being disputed.
- (4) At the informal department review, the licensee or nursing home may provide documentation and verbal explanations related to the disputed federal or state deficiencies, or both.
- (5) When modifications or deletions are made to the disputed federal or state deficiency citations, or both, the licensee or nursing home must modify or delete the relevant portions of the plan of correction within five days of receipt of the modified or deleted deficiency(ies). The licensee or nursing home may request from the department a clean copy of the revised deficiency citation report.
- (6) If the licensee or nursing home is unwilling to provide the modified plan of correction, the department may impose a per day civil fine for failure to return the modified deficiency citation report to the department in accordance with this subsection.

388-97-4425 Notice — Service complete.

Service of the department notices is complete when:

- (1) Personal service is made;
- (2) The notice is addressed to the facility or to the individual at his or her last known address, and deposited in the United States mail;
- (3) The notice is faxed and the department receives evidence of transmission;
- (4) Notice is delivered to a commercial delivery service with charges prepaid; or
- (5) Notice is delivered to a legal messenger service with charges prepaid.

388-97-4430 Notice — Proof of service.

- (1) The department may establish proof of service by any of the following:

- (2) An affidavit or certificate of mailing to the nursing home or to the individual to whom the notice is directed;
- (3) A signed receipt from the person who accepted the certified mail, the commercial delivery service, or the legal messenger service package; or
- (4) Proof of fax transmission.

388-97-4440 Appeal rights.

- (1) The appeal rights in this section apply to any appealable action taken by the department under chapters [18.51](#), [74.42](#) and [74.39A](#) RCW. Notice and appeal requirements for resident protection program findings are described in WAC [388-97-0720](#) and [388-97-0740](#).
- (2) The following actions may be appealed:
 - (a) Imposition of a penalty under RCW [18.51.060](#) or [74.42.580](#);
 - (b) A denial of a license under RCW [18.51.054](#), a license suspension under RCW [18.51.067](#) or a condition on a license under RCW [74.39A.050](#); or
 - (c) Deficiencies cited on the state survey report.
- (3) The appeal process will be governed by the Administrative Procedure Act (chapter [34.05](#) RCW), RCW [18.51.065](#) and [74.42.580](#), chapter [388-02](#) WAC and this chapter. If there is a conflict between chapter [388-02](#) WAC and this chapter, this chapter will govern.
- (4) The purpose of an administrative hearing will be to review actions taken by the department under chapters [18.51](#), [74.42](#) or [74.39A](#) RCW, and under this chapter.
- (5) The office of administrative hearings must receive an administrative hearing request from the applicant, licensee or nursing home within twenty days of receipt of written notification of the department's action listed in subsection (2) of this section. Further information about administrative hearings is available in chapter [388-02](#) WAC and at the office of administrative hearing (OAH) web site: www.oah.wa.gov.
- (6) Orders of the department imposing a stop placement, license suspension, emergency closure emergency transfer of residents, temporary management or conditions on a license are effective immediately upon verbal or written notice and must remain in effect until they are rescinded by the department or through the state administrative appeals process.
- (7) Deficiencies cited on the federal survey report may not be appealed through the state administrative appeals process. If a federal remedy is imposed, the Centers for Medicare and Medicaid Services will notify the nursing facility of appeal rights under the federal administrative appeals process.

388-97-4460 Remedies.

Mandatory Remedies

- (1) In accordance with RCW [18.51.060](#) (5)(a), the department must impose a stop placement order when the department determines that the nursing home is not in substantial compliance with applicable laws or regulations and the cited deficiency(ies):
 - (a) Jeopardize the health and safety of the residents; or
 - (b) Seriously limit the nursing home's capacity to provide adequate care.

- (2) When required by RCW [18.51.060\(3\)](#), the department must deny payment to a nursing home that is certified to provide medicaid services for any medicaid-eligible individual admitted to the nursing home. Nursing homes that are certified to provide medicare services or both medicare and medicaid services may be subject to a federal denial of payment for new admissions, in accordance with federal law.
- (3) The department must deny, suspend, revoke or refuse to renew a proposed or current licensee's nursing home license in accordance with WAC [388-97-4220\(3\)](#).

Optional Remedies

- (4) When the department determines that a licensee has failed or refused to comply with the requirements under chapter [18.51](#), [74.39A](#) or [74.42](#) RCW, or this chapter; or a medicaid contractor has failed or refused to comply with medicaid requirements of Title XIX of the Social Security Act or medicaid regulations, the department may impose any or all of the following optional remedies:
 - (a) Stop placement;
 - (b) Immediate closure of a nursing home, emergency transfer of residents or both;
 - (c) Civil fines;
 - (d) Appoint temporary management;
 - (e) Petition the court for appointment of a receiver in accordance with RCW [18.51.410](#);
 - (f) License denial, revocation, suspension or nonrenewal;
 - (g) Denial of payment for new medicaid admissions;
 - (h) Termination of the medicaid provider agreement (contract);
 - (i) Department on-site monitoring as defined under WAC [388-97-0001](#); and
 - (j) Reasonable conditions on a license as authorized by chapter [74.39A](#) RCW.
Examples of conditions on a license include but are not limited to training related to the deficiency(ies); consultation in order to write an acceptable plan of correction; demonstration of ability to meet financial obligations necessary to continue operation.

388-97-4480 Criteria for imposing optional remedies.

- (1) The criteria set forth in this section implement the requirements under RCW [18.51.060\(8\)](#). The criteria do not replace the standards for imposition of mandatory remedies under RCW [18.51.060](#) (3) and (5), or for the imposition of mandatory remedies in accordance with WAC [388-97-4460](#) (1), (2) and (3).
- (2) The department must consider the imposition of one or more optional remedy(ies) when the nursing home has:
 - (a) A history of being unable to sustain compliance;
 - (b) One or more deficiencies on one inspection at severity level 2 or higher as described in WAC [388-97-4500](#);
 - (c) Been unable to provide an acceptable plan of correction after receiving assistance from the department about necessary revisions;
 - (d) One or more deficiencies cited under general administration and/or nursing services;

- (e) One or more deficiencies related to retaliation against a resident or an employee for whistle blower activity under RCW [18.51.220](#), [74.34.180](#) or [74.39A.060](#) and WAC [388-97-1820](#);
 - (f) One or more deficiencies related to discrimination against a medicare or medicaid client under RCW [74.42.055](#), and Titles XVIII and XIX of the Social Security Act and medicare and medicaid regulations; or
 - (g) Willfully interfered with the performance of official duties by a long-term care ombudsman.
- (3) The department, in its sole discretion, may consider other relevant factors when determining what optional remedy or remedies to impose in particular circumstances.
- (4) When the department imposes an optional remedy or remedies, the department will select more severe penalties for nursing homes that have deficiency(ies) that are:
- (a) Uncorrected upon revisit;
 - (b) Recurring (repeated);
 - (c) Pervasive; or
 - (d) Present a threat to the health, safety, or welfare of the residents.
- (5) The department will consider the severity and scope of cited deficiencies in accordance with WAC [388-97-4500](#) when selecting optional remedy(ies). Such consideration will not limit the department's discretion to impose a remedy for a deficiency at a low level severity and scope.

388-97-4500 Severity and scope of deficiencies.

- (1) "**Severity of a deficiency**" means the seriousness of the deficiency. Factors the department will consider when determining the severity of a deficiency may include, but are not limited to:
- (a) Whether harm to the resident has occurred, or could occur, including but not limited to a violation of resident's rights;
 - (b) The Impact of the actual or potential harm on the resident; and
 - (c) The degree to which the nursing home failed to meet the resident's highest practicable physical, mental, and psychosocial well-being as defined in WAC [388-97-0001](#).

(2) **Severity levels**

(a) Severity level 4 -- Imminent harm or immediate jeopardy

Level 4 means that a resident(s)' health or safety is imminently threatened or immediately jeopardized as a result of deficient nursing home practice. This level includes actual harm or potential harm, or both, to resident(s)' health or safety that has had or could have a severe negative outcome or critical impact on resident's well-being, including death or severe injury. Severity Level 4 requires immediate corrective action to protect the health and safety of resident(s).

(b) Severity level 3 -- Actual harm

Level 3 means that actual harm has occurred to resident(s) as the result of deficient nursing home practice.

(i) "**Serious harm**" is harm that results in a negative outcome that significantly compromises the resident(s)' ability to maintain and/or reach the highest practicable physical, mental and psychosocial well-being. Serious harm does not constitute imminent danger/immediate jeopardy (Severity Level 4).

(ii) "**Moderate harm**" is harm that results in a negative outcome that more than slightly but less than significantly compromises the resident(s)' ability to maintain and/or reach the highest practicable physical, mental and psychosocial well-being.

(iii) "**Minimal harm**" is harm that results in a negative outcome that to a small degree compromises the resident(s)' ability to maintain and/or reach the highest practicable physical, mental well-being.

(c) Severity level 2 -- Potential for harm

Level 2, "**potential for harm**" means that if the deficient nursing home practice is not corrected, resident(s) may suffer actual harm.

(d) Severity level 1 -- No harm or minimal impact

Level 1 means a deficient nursing home practice that does not compromise the resident(s)' ability to maintain or reach, or both, the highest practicable physical, mental and psychosocial well-being. Deficiencies at level 1 are those that have no direct or potential for no more than minimal impact on the resident. Examples include certain structure deficiencies, certain physical environment deficiencies and process deficiencies.

(3) "**Scope of a deficiency**" means the frequency, incidence, or extent of the occurrence of the deficiency.

(4) **Scope categories**

- (a) **"Isolated or limited scope"** means a relatively few number of residents have been affected or have the potential to be affected, by the deficient nursing home practice.
 - (b) **"Moderate or pattern scope"** scope means more than an isolated and less than a widespread number of residents have been affected, or have the potential to be affected by the deficient nursing home practice.
 - (c) **"Widespread"** or **"systemic scope"** means most or all of the residents are affected or have the potential to be affected, by the deficient nursing home practice.
- (5) Determination of scope will be made by the department in its sole discretion. Factors the department will consider may include:
- (a) Size of the nursing home;
 - (b) Size of the sample;
 - (c) Number and location of affected residents;
 - (d) Whether the deficiency applies to all or a subset of the residents;
 - (e) Other factors relevant to the particular circumstances.

388-97-4520 Separate deficiencies — Separate remedies.

- (1) Each deficiency cited by the department for noncompliance with a statute or regulation is a separate deficiency subject to the assessment of a separate remedy.
- (2) Each day upon which the same deficiency occurs is a separate deficiency subject to the assessment of a separate remedy.

388-97-4540 Stop placement.

- (1) The department must impose a stop placement order when required by RCW [18.51.060\(5\)](#) and WAC [388-97-4460\(1\)](#) and may impose a stop placement order as an optional remedy in accordance with WAC [388-97-4480](#). The department's stop placement order becomes effective upon verbal or written notice.
- (2) The nursing home has the right to an informal department review to refute the federal or state deficiencies, or both, cited as the basis for the stop placement and must request such review in accordance with WAC [388-97-4420\(3\)](#).
- (3) The department will not delay or suspend a stop placement order because the nursing home requests an administrative hearing or informal department review.
- (4) The stop placement order must remain in effect until:
 - (a) The department terminates the stop placement order; or
 - (b) The stop placement order is terminated by a final agency order following appeal conducted in accordance with chapter [34.05](#) RCW.
- (5) The department must terminate the stop placement when:
 - (a) The nursing home states in writing that the deficiencies necessitating the stop placement action have been corrected; and
 - (b) Within fifteen working days of the nursing home's notification, department staff confirm by on-site revisit of the nursing home that:
 - (i) The deficiencies that necessitated the stop placement action have been corrected; and

- (ii) The nursing home exhibits the capacity to maintain adequate care and services and correction of deficiencies.
- (6) After lifting the stop placement, the department may continue to perform on site monitoring to verify that the nursing home has maintained correction of deficiencies.
- (7) While a stop placement order is in effect, the department may approve a readmission to the nursing home from the hospital in accordance with RCW [18.51.060](#) (5)(b) and department guidelines for readmission decisions.

388-97-4560 Amount of civil fine.

- (1) Except as otherwise provided in statute, the range for a:
 - (a) Per day civil fine is fifty dollars to three thousand dollars; and
 - (b) Per instance civil fine is one thousand to three thousand dollars.
- (2) In the event of continued noncompliance, nothing in this section must prevent the department from increasing a civil fine up to the maximum amount allowed by law.

388-97-4580 Civil fine accrual and due dates and interest.

- (1) Accrual of a per day civil fine begins on the first date the department verifies that the nursing home has or had a specific deficiency. Accrual of the per day civil fine will end on the date the department determines the nursing home corrected the deficiency.
- (2) A per instance fine may be assessed for a deficiency, regardless of whether or not the deficiency had been corrected by the time the department first identified it.
- (3) Civil fine(s) are due twenty days after the nursing home is notified of the civil fine(s) if the nursing home does not request a hearing.
- (4) If the nursing home requests a hearing, the civil fine(s) including interest, if any, is due twenty days after:
 - (a) A hearing decision ordering payment of the fine(s) becomes final in accordance with chapter [388-02](#) WAC;
 - (b) The appeal is withdrawn;
 - (c) A settlement agreement and order of dismissal is entered, unless otherwise specified in the agreement; or
 - (d) An order of dismissal is entered.
- (5) Interest on the civil fine(s) begins to accrue at a rate of one percent per month, thirty days after the nursing home is notified of the fine, unless a settlement agreement includes other provisions for payment of interest. If the amount of the civil fine is reduced following an appeal, interest on the reduced civil fine(s) accrues from thirty days after the nursing home was notified of the original civil fine(s).
- (6) When a nursing home fails to pay a civil fine when due under this chapter, the department may:
 - (a) Withhold an amount equal to the fine plus interest, if any, from the nursing home's medicaid payment;
 - (b) Impose an additional fine; or
 - (c) Suspend the nursing home license under WAC 388-97-570(1). Such license suspension must continue until the fine is paid.

388-97-4600 Civil penalty fund.

- (1) The department must deposit civil penalties collected under chapter [18.51](#) or [74.42](#) RCW into a special fund administered by the department to be applied to the protection of the health or property of residents of nursing homes found to be deficient.
- (2) The funds must be administered by the department according to department procedures. Uses of the fund include, but are not limited to:
 - (a) Payment for the costs of relocation of residents to other facilities;
 - (b) Payment to maintain operation of a nursing home pending correction of deficiencies or closure; and
 - (c) Reimbursement of residents for personal funds or property lost when the resident's personal funds or property cannot be recovered from the nursing home or third party insurer.

388-97-4620 Temporary management.

- (1) When the department appoints a temporary manager, the department must order the licensee to:
 - (a) Cease operating the nursing home; and
 - (b) Immediately turn over to the temporary manager possession and control of the nursing home including, but not limited to, all patient care records, financial records, and other records necessary for continued operation of the nursing home while temporary management is in effect.
- (2) The temporary manager will have authority to temporarily relocate some or all residents if the:
 - (a) Temporary manager determines the resident's health, security, or welfare is jeopardized; and
 - (b) Department concurs with the temporary manager's determination that relocation is necessary.
- (3) The department's authority to order temporary management is discretionary in all cases.

388-97-4640 Receivership.

- (1) Receivership is authorized under RCW [18.51.400](#) through [18.51.520](#) and the following regulations.
- (2) After receivership is established, the department may recommend to the court that all residents be relocated and the nursing home closed when:
 - (a) Problems exist in the physical condition of the premises which cannot be corrected in an economically prudent manner; or
 - (b) The department determines the former licensee or owner:
 - (i) Is unwilling or unable to manage the nursing home in a manner ensuring residents' health, safety, and welfare; and
 - (ii) Has not entered into an enforceable agreement to sell the nursing home within three months of the court's decision to grant receivership.

388-97-4660 Temporary managers and receivers — Application.

- (1) The department may recruit individuals, partnerships, corporations and other entities interested in serving as a temporary manager or receiver of a nursing home.
- (2) Individuals, partnerships, corporations, or other entities interested in being appointed as a temporary manager or receiver must complete and submit to the department the required application on department forms.
- (3) Individuals, partnerships, corporations, or other entities with experience in providing long-term health care and a history of satisfactory nursing home operation may submit an application to the department at any time. Applicants will be subject to the criteria established for licensees found in WAC [388-97-4220](#), except the department may waive the requirement that it have at least sixty days to review the application.
- (4) The department must not appoint or recommend the appointment of a person (including partnership, corporation or other entity) to be a temporary manager or receiver if that person:
 - (a) Is the licensee, administrator, or partner, officer, director, managing employee, or owner of five percent or more of the licensee of the nursing home subject to temporary management or receivership;
 - (b) Is affiliated with the nursing home subject to temporary management or receivership; or
 - (c) Has owned or operated a nursing home ordered into temporary management or receivership in any state.

388-97-4680 Temporary managers and receivers — Considerations before appointment.

- (1) The department's authority to appoint a temporary manager or to recommend appointment of a specific individual or entity to act as receiver is discretionary in all cases.
- (2) The department, in appointing a temporary manager or recommending appointment of a receiver, may consider one or more of the following factors:
 - (a) Potential temporary manager's or receiver's willingness to serve as a temporary manager or receiver for the nursing home in question;
 - (b) Amount and quality of the potential temporary manager's or receiver's experience in long-term care;
 - (c) Quality of care, as determined by prior survey reports, provided under the potential temporary manager's or the potential receiver's supervision, management or operation;
 - (d) Potential temporary manager's or receiver's prior performance as a temporary manager or receiver;
 - (e) How soon the potential temporary manager or receiver is available to act as a temporary manager or receiver;
 - (f) Potential temporary manager's or receiver's familiarity and past compliance with Washington state and federal regulations applicable to nursing homes.

388-97-4700 Duties and powers of temporary manager and receiver.

- (1) The temporary manager or receiver must protect the health, security and welfare of the residents for the duration of the temporary management or receivership. The temporary manager or receiver must perform all acts reasonably necessary to ensure residents' needs are met. Such acts may include, but are not limited to:
 - (a) For receivers, the powers in RCW [18.51.490](#);
 - (b) Correcting cited deficiencies;
 - (c) Hiring, directing, and managing all consultants and employees and discharging them for just cause, discharging the administrator of the nursing home, recognizing collective bargaining agreement, and settling labor disputes;
 - (d) Receiving and expending in a prudent and business-like manner all current revenues of the home provided priority will be given to debts and expenditures directly related to providing care and meeting residents' needs;
 - (e) Making necessary purchases, repairs, and replacements, provided such expenditures in excess of five thousand dollars are approved by the department, or in the case of a receiver, approved by court;
 - (f) Entering into contracts necessary for the operation of the nursing home, provided that, the court must approve contracts extending beyond the period of receivership;
 - (g) Preparing all department-required reports;
 - (h) Overseeing facility closure, when appropriate;
 - (i) Planning required relocation with residents and residents' legal representative, family, or significant others in conjunction with home and community services division field staff;
 - (j) Meeting regularly with and informing staff, residents, and residents' families or significant others of:
 - (i) Plans for correcting the cited deficiencies;
 - (ii) Progress achieved in correction of deficiencies;
 - (iii) Plans for facility closure and relocation; and
 - (iv) Plans for continued operation of the nursing home, including training of staff.
- (2) The temporary manager or receiver must make a detailed monthly accounting of all expenditures and liabilities to the department and to the owner of the nursing home, and to the court when required.
- (3) The receiver must consult the court in cases of extraordinary or questionable debts incurred prior to the receiver's appointment and will not have the power to close the home or sell any of the nursing home's assets without prior court approval.
- (4) The temporary manager or receiver must comply with all applicable state and federal laws and regulations. If the nursing home is certified and is providing care to medicaid clients, the temporary manager or receiver must become the medicaid contractor for the duration of the temporary management or receivership period.

388-97-4720 Termination of temporary management and receivership.

- (1) The department will terminate temporary management:
 - (a) After three months unless good cause is shown to continue the temporary management. Good cause for continuing the temporary management exists when

- returning the nursing home to its former licensee would subject residents to a threat to health, safety, or welfare;
- (b) When all residents are transferred and the nursing home is closed;
 - (c) When deficiencies threatening residents' health, safety, or welfare are eliminated and the former licensee agrees to department-specified conditions regarding the continued facility operation; or
 - (d) When a new licensee assumes control of the nursing home.
- (2) The department may appoint an alternate temporary manager:
- (a) When the temporary manager is no longer willing to serve as a temporary manager;
 - (b) If a temporary manager is not making acceptable progress in correcting the nursing home deficiencies or in closing the nursing home; or
 - (c) If the department determines the temporary manager is not operating the nursing home in a financially responsible manner.
- (3) The receivership will terminate in accordance with RCW [18.51.450](#) and [18.51.460](#).
- (4) The department may recommend to the court an alternate receiver be appointed:
- (a) When the receiver is no longer willing to serve as a receiver; or
 - (b) If a receiver is not making acceptable progress in correcting the deficiencies in the nursing home.