



## Deficiency Checklist

### Home Care Category

For complete text, refer to chapter 246-335 WAC

Agency Name \_\_\_\_\_

Surveyor Name \_\_\_\_\_

Survey Date \_\_\_\_\_

- Check if NO Deficiencies     
  - Circle if Deficiencies     
 N/A - Not applicable

Z	HC	WAC 246-335 Language
<b>WAC 246-335-405 Applicability</b>		
0325		The requirements in WAC 246-335-405 through 246-335-455 apply to all in-home services agencies licensed to provide home care services.
<b>WAC 246-335-415 Plan of Operation</b> - The applicant or licensee must develop and implement a plan of operation which includes:		
0330		(1) A description of the organizational structure;
0335		(2) Personnel job descriptions according to WAC 246-335-425(2);
0340		(3) Responsibilities of contractors and volunteers;
0345		(4) Services to be provided;
0350		(5) The days and hours of agency operation; and
0355		(6) Criteria for management and supervision of home care services throughout all approved service areas, which includes: (a) How the initial intake and development of the plan of care will be completed per WAC 246-335-440;
0360		(6)(b) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-445;
0365		(6)(c) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-425 (13) and (14); and
0370		(6)(d) How the quality improvement program required in WAC 246-335-455 will be applied throughout all approved service areas.
0375		(7) A process to inform clients of alternative services prior to ceasing operation or when the licensee is unable to meet the client's needs;
0380		(8) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to WAC 246-335-450 (7) and (8);
0385		(9) Time frames for filing documents in the client records;
0390		(10) Emergency preparedness that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal agency operation. Include, at minimum: Risk assessment and emergency planning, communication plan, coordination of service delivery with emergency personnel to meet emergent needs of clients, and staff training;
0395		(11) The applicant or licensee must identify an administrator. The administrator must be a home care employee and possess education and experience required by the agency's policies. The administrator is responsible to:(a) Oversee the day-to-day operation and fiscal affairs of the agency;
0400		(11)(b) Implement the provisions of this section;
0405		(11)(c) Designate in writing an alternate to act in the administrator's absence;

0410	(11)(d) Provide management and supervision of services throughout all approved service areas according to subsection (6) of this section;
0415	(11)(e) Arrange for necessary services;
0420	(11)(f) Keep contracts current and consistent with WAC 246-335-425(4);
0425	(11)(g) Serve as a liaison between the licensee, personnel, contractors and volunteers;
0430	(11)(h) Ensure personnel, contractors and volunteers are currently credentialed by the state of Washington, when appropriate, according to applicable practice acts and consistent with WAC 246-335-425(5);
0435	(11)(i) Ensure personnel, contractors and volunteers comply with the licensee's policies and procedures;
0440	(11)(j) Implement a quality improvement process consistent with WAC 246-335-455;
0445	(11)(k) Manage recordkeeping according to WAC 246-335-450;
0450	(11)(l) Ensure supplies and equipment necessary to client care are available, maintained, and in working order;
0455	(11)(m) Ensure the accuracy of public information materials; and
0460	(11)(n) Ensure current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.
0465	(12) The licensee must continue to update its plan of operation to reflect current practice, services provided by the agency, and state and local laws.
<b>WAC 246-335-420 Delivery of Services</b> - The applicant or licensee must develop and operationalize delivery of services policies and procedures that describe:	
0470	(1) Admission, transfer, discharge, and referral processes: (a) In order to minimize the possibility of client abandonment, clients must be given at least a forty-eight hour written or verbal notice prior to discharge that will be documented in the client record; (b) Forty-eight hour notice is not required if home care agency worker safety, significant client noncompliance, or client's failure to pay for services rendered are the reason(s) for the discharge; (c) A home care agency discharging a client that is concerned about their ongoing care and safety may submit a self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate safety concerns; (d) Home care agencies under contract with DSHS or the AAA may follow different time frames for notice of discharge as established in the terms of the contract.
0475	(2) Specific nonmedical services available to meet client, or family needs as identified in the plan of care;
0480	(3) Home care services starting within seven calendar days of receiving and accepting a referral for services. Longer time frames are permitted when one or more of the following is documented: (a) Longer time frame for the start of services is requested by the client, designated family member, or legal representative, or referral source; (b) Longer time frame for the start of services is agreed upon by the client, designated family member, or legal representative, or referral source in order for agency to select and hire an appropriate caregiver to meet the needs of the client; (c) Start of services was delayed due to agency having challenges contacting client, designated family member, or legal representative; (d) Home care agencies under contract with DSHS or the AAA may follow different time frames for the start of services as established in the terms of the contract.
0485	(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance;
0490	(5) Coordination of care, including: (a) Coordination among services being provided by a licensee having an additional home health or hospice service category; and (b) Coordination with other agencies when the care being provided impacts client health;
0495	(6) Actions to address client, or family communication needs;
0500	(7) Emergency care of the client;
0505	(8) Providing back-up care to the client when services cannot be provided as scheduled. Back-up care which requires assistance with client ADLs must be provided by staff with minimum credentialing or workers who meet the exemption criteria in chapter 246-980 WAC. Noncredentialed staff may provide backup care only when assisting a client with IADLs or in emergency situations;
0510	(9) Actions to be taken upon death of a client;
0515	(10) Actions to be taken when client has a signed advanced directive;
0520	(11) Actions to be taken if a client has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. At minimum, include: In the event of a client medical emergency and agency staff are present, provide emergency medical personnel with a client's signed POLST form;

0525	(12) If the home care agency chooses to offer assistance with taking vital signs, then relevant policies and procedures must comply with the following minimum requirements: (a) Assistance with taking vital signs for informational purposes only, due to client being unable to complete tasks independently. Home care agency workers may only assist clients in the process of taking their own vital signs. Examples of assistance include, but are not limited to, handing client a digital thermometer, sliding blood pressure cuff over client's arm, turning on a device, recording digital readings and communicating those readings back to the client, designated family member, or legal representative. Devices used must be electronically operated with digital readouts; and (b) Assistance with taking vital signs to determine when to take or exclude prescribed medications, or what dosage of medication to take due to client being unable to complete tasks independently. Agencies must contract with a registered nurse to determine if nurse delegation is appropriate and train agency worker(s) on taking specific vital signs and to understand how the readings relate to the medications that the client needs to take;
0530	(13) If a home care agency chooses to offer assistance with passive range of motion exercises for maintenance purposes only, then relevant policies and procedures must comply with the following minimum requirements: (a) Ensure the client provides the agency with a copy of their passive range of motion exercise plan established by a physical therapist licensed under chapter 18.74 RCW, an occupational therapist licensed under chapter 18.59 RCW, or qualified registered nurse licensed under chapter 18.79 RCW. The date of the plan must be within twelve months of requesting assistance with passive range of motion. The plan must clearly state that the passive range of motion is for maintenance purposes only. Passive range of motion for purposes of restoring joint function is outside the scope of a home care agency to provide; (b) If the exercise plan is older than twelve months or does not clearly state for maintenance purposes only, the agency will direct client to get an updated or new passive range of motion plan from their health care provider; (c) Ensure and document passive range of motion skills verification of assigned agency workers, consistent with WAC 246-335-425(9), prior to the provision of these services; and (d) Ensure clients receiving passive range of motion submit to the agency an updated exercise plan from their health care provider at least annually;
0535	(14) Nurse delegation according to the following: (a) Delegation is only permitted for stable and predictable clients requiring specific nursing tasks that do not require clinical judgment; (b) Home care agencies are not required to provide nurse delegation services and do not need a policy if they do not provide these services; (c) A licensee with an approved home care service category only may provide nurse delegation in the following ways: (i) Contract with a registered nurse for any client needing nurse delegation; (ii) DSHS or the AAA that contracts with licensees to provide home care services to Medicaid eligible clients are responsible to establish contracts with registered nurse delegators for any client needing nurse delegation; and (d) Home care agency credentialed workers must complete the core delegation training from DSHS prior to participating in the delegation process. Home care agency workers must also comply with any nurse delegation requirements specific to their department issued credential.
<b>WAC 246-335-425 Personnel Contractor and Volunteer Policies</b> - The applicant or licensee must develop and operationalize personnel, contractor, and volunteer policies and procedures that describe:	
0540	(1) Employment criteria regarding discrimination consistent with chapter 49.60 RCW;
0545	(2) Job descriptions that contain responsibilities and are consistent with health care professional credentialing and scope of practice as defined in relevant practice acts and rules;
0550	(3) References for personnel, contractors and volunteers;
0555	The applicant or licensee must develop and operationalize personnel, contractor, and volunteer policies and procedures that describe: (4) Contracting process when using a contractor. The contract should include, at minimum, a description of the duties the contractor will perform, and a statement indicating that the contractor, not the employer, is responsible for withholding any necessary taxes. As with personnel and volunteers, contractors are subject to all applicable requirements in this chapter;
0560	(5) Credentials of health care professionals that are current and in good standing;
0565	(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable persons according to RCW 43.43.830 through 43.43.842 and the following: (a) Criminal history background checks must be processed through the Washington state patrol (WSP); (b) Disclosure statements must be approved by the department; and (c) All

	criminal history background checks and disclosure statements required under this chapter must be renewed within two years from the date of the previous check;
0570	(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose background check results reveal non-disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to: (a) Whether there is a reasonable, good faith belief that they would be unable to meet the care needs of the client; (b) Level of vulnerability of the client under their care; (c) Behaviors since the convictions, charges, negative actions or other adverse behaviors; (d) Pattern of offenses or other behaviors that may put the client at risk; (e) Number of years since the conviction, negative action, or other issue; (f) Whether they self-disclosed the conviction(s), pending charge(s) or negative action(s); (g) Other health and safety concerns; and (h) Although a licensee may determine, based on their assessment process, that an employee is suitable to work with vulnerable clients, the department has the final authority to deny, revoke, modify, or suspend any professional credential it issues based on application and criminal background check information.
0575	(8) Mandatory reporting: (a) Mandatory reporters shall report failure to comply with the requirements of chapters 246-335 WAC and 70.127 RCW to the department. The report must be submitted on department forms. Reports must be submitted within fourteen calendar days after the reporting person has knowledge of noncompliance that must be reported; (b) Mandatory reporters shall report suspected abandonment, abuse, financial exploitation, or neglect of a person in violation of RCW 74.34.020 or 26.44.030 to the department of social and health services and the proper law enforcement agency. Reports must be submitted immediately when the reporting person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.
0580	(9) In-person orientation to current agency policies and procedures and verification of skills or training prior to independently providing client care. Examples of skills verification include written testing, skills observation, and evidence of previous training and experience such as long-term care worker training as detailed in RCW 74.39A.074 and certified nursing assistant training as detailed in WAC 246-841-400;
0585	(10) Ongoing training pertinent to client care needs;
0590	(11) Safe food storage, preparation and handling practices consistent with the United States Food and Drug Administration's recommendations for "food safety at home" for personnel, contractors, and volunteers involved in food preparation services on behalf of clients. Personnel, contractors, and volunteers may not provide clients with homemade food items or baked goods that they themselves prepared;
0595	(12) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and personal protective equipment; (b) Availability of personal protective equipment and other equipment necessary to implement client plans of care;
0600	(12)(c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new employees. If TB testing is required, follow the department's tuberculosis risk assessment form testing recommendations; (ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine agency's responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested negative and have new risk factors since the last assessment; and (iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's tuberculosis program's online posted educational materials.
0605	(12)(d) Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246-100 and 246-101 WAC;
0610	(12)(e) Exposure to blood borne pathogens such as Hepatitis B and HIV and other potentially infectious materials in compliance with the department of labor and industries, chapter 296-823 WAC. Key elements include, but are not limited to: (i) Conducting an initial risk assessment of the environment in which personnel, volunteers, and contractors perform their assigned duties to determine occupational exposure. The results of the risk assessment will inform policy and procedure development and level of employee training and education. Annually, agencies must determine if significant changes have occurred that would require a new

		risk assessment to be performed; (ii) If the risk assessment concludes that workers have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials, agencies must offer workers the Hepatitis B vaccine series at the agency's expense. Workers have the right to decline the Hepatitis B vaccine series; and
0615		(12)(f) Agencies must document an annual review of applicable state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.
0620		(13) Annual performance evaluations of all personnel and volunteers providing direct client care, including on-site observation of care and skills specific to the care needs of clients; and
0625		(14) Annual evaluations of services provided by contractors providing direct client care.
<b>WAC 246-335-430 Personnel, Contractor and Volunteer Records</b> - The licensee must maintain records on all personnel and volunteers and have access to records on all contractors to include:		
0630		(1) Current practice certification, credential, licensure, or documentation that noncredentialed long-term care workers meet the exemption criteria in chapter 246-980 WAC, as applicable;
0635		(2) Documentation of references;
0640		(3) Evidence of orientation to current agency policies and procedures;
0645		(4) Contracts when using contractors;
0650		(5) Verification of personnel, contractor, and volunteer skills or training specific to meeting the care needs of clients;
0655		(6) Evidence of initial and subsequent criminal history background checks and disclosure statements according to RCW 43.43.830 through 43.43.842 and this chapter;
0660		(7) Training on current and revised agency policies and procedures, including client care issues;
0665		(8) Documentation for personnel, contractors, and volunteers who prepare food for the client independent of the client's assistance, including: (a) A current food worker card per chapter 246-215 WAC; or (b) Training equivalent to United States Food and Drug Administration; or (c) Home care aide certification for personnel, contractors, and volunteers involved in food preparation services on behalf of clients.
0670		(9) Communicable disease testing and vaccination according to current state and federal health authority recommendations; and
0675		(10) Documentation of performance evaluations of personnel and volunteers providing direct client care and evaluations of services provided by contractors providing direct client care as required in WAC 246-335-425 (13) and (14).
<b>WAC 246-335-435 Bill of Rights</b> - A home care agency at the time of admission must provide each client, designated family member, or legal representative with a written bill of rights affirming each client's right to:		
0680		(1) Receive quality services from the home care agency for services identified in the plan of care;
0685		(2) Be cared for by appropriately trained or credentialed personnel, contractors and volunteers with coordination of services;
0690		(3) A statement advising of the right to ongoing participation in the development of the plan of care;
0695		(4) A statement advising of the right to have access to the department's listing of licensed home care agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
0700		(5) A listing of the total services offered by the home care agency and those being provided to the client;
0705		(6) Refuse specific services;
0710		(7) The name of the individual within the home care agency responsible for supervising the client's care and the manner in which that individual may be contacted;
0715		(8) Be treated with courtesy, respect, and privacy;
0720		(9) Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;
0725		(10) Have property treated with respect;
0730		(11) Privacy and confidentiality of personal information and health care related records;
0735		(12) Be informed of what the home care agency charges for services, to what extent payment may be expected from care insurance, public programs, or other sources, and what charges the client may be responsible for paying;

0740	(13) A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;
0745	(14) Be informed about advanced directives and POLST, and the agency's scope of responsibility;
0750	(15) Be informed of the agency's policies and procedures regarding the circumstances that may cause the agency to discharge a client;
0755	(16) Be informed of the agency's policies and procedures for providing back-up care when services cannot be provided as scheduled;
0760	(17) A description of the agency's process for clients and family to submit complaints to the home care agency about the services and care they are receiving and to have those complaints addressed without retaliation;
0765	(18) Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and
0770	(19) Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.
0775	(20) The home care agency must ensure that the client rights under this section are implemented and updated as appropriate.
<b>WAC 246-335-440 Home Care Plan of Care - Except as provided in subsections (5) and (6) of this section, the licensee must:</b>	
0780	(1) Develop and implement a written home care plan of care for each client with input and written approval by the client, designated family member, or legal representative;
0785	(2) Ensure each plan of care is developed by appropriately trained or credentialed agency personnel, lists services requested or recommended to meet client needs, and is based on an on-site visit and according to agency policies and procedures;
0790	(3) Ensure the home care plan of care includes: (a) The client's functional limitations;
0795	(3)(b) Nutritional needs and food allergies for meal preparation;
0800	(3)(c) Home medical equipment and supplies relevant to the plan of care;
0805	(3)(d) Indication that the client has a signed advanced directive or POLST, if applicable;
0810	(3)(e) Nurse delegation tasks, if applicable; and
0820	(3)(f) Specific nonmedical services to be provided and their frequency.
0825	(4) Develop and implement a system to: (a) Ensure the plan of care is reviewed on-site, updated, approved and signed by appropriate agency personnel and the client, designated family member, or legal representative every twelve months and whenever significant changes to client care needs are identified; and
0830	(4)(b) Inform the supervisor of direct care services regarding changes in the client's condition that indicate a need to update the plan of care.
0835	(5) Home care agencies providing a one-time visit for a client may provide the following written documentation in lieu of the home care plan of care requirements in subsection (3) of this section: (a) Client name, age, current address, and phone number; (b) Confirmation that the client was provided a written bill of rights under WAC 246-335-435; (c) Client consent for services to be provided; and (d) Documentation of services provided
0840	(6) Home care agencies that have a contract with the AAA to provide home care services to Medicaid eligible clients may use the DSHS CARE assessment details and service summary, or successor assessment tool, as the plan of care if it covers all items in sub-section (3) of this section.
<b>WAC 246-335-445 Supervision of Home Care Services</b>	
0845	(1) The licensee must employ a supervisor of direct care services;
0850	(2) The supervisor of direct care services must designate in writing a similarly qualified alternate to act in the supervisor's absence;
0855	(3) The licensee shall ensure the supervisor of direct care services and the designated alternate completes a minimum of ten hours of training annually. Training must be documented and maintained in the personnel files. Training may include a combination of topics related to supervisory duties and the delivery of home care services. Examples of appropriate training include, but are not limited to: (a) Agency sponsored in-services; (b) Community venues; (c) Community classes; (d) Conferences; (e) Seminars; (f) Continuing education related to the supervisor's professional credential, if applicable; and (g) Supervisory responsibilities in the event of a natural disaster, manmade incident, or public health emergency.
0860	(4) The supervisor or designee must be available during all hours of client care;



0865		(5) The supervisor of direct care services must ensure:(a) Supervision of all client care provided by personnel and volunteers; (b) Evaluation of services provided by contractors; (c) Coordination, development, and revision of written client care policies; (d) Participation in coordination of services when more than one licensee is providing care to the client; (e) Compliance with the plan of care; (f) All direct care personnel, contractors, and volunteers observe and recognize changes in the client's condition and needs, and report any changes to the supervisor of direct care services or the designee; (g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy; (h) Each home care agency worker reviews the plan of care and any additional written instructions for the care of each client prior to providing home care services and whenever there is a change in the plan of care; and (i) Each home care agency worker assists with medications according to agency policy and this chapter.
0870		(6) The supervisor of direct care services must conduct and document client contact by phone or visit every six months to evaluate compliance with the plan of care and to assess client satisfaction with care.
<b>WAC 246-335-450 Client Records - The licensee must</b>		
0875		(1) Maintain a current record for each client consistent with chapter 70.02 RCW;
0880		(2) Ensure that client records are: (a) Accessible in the licensee's office location for review by appropriate direct care personnel, volunteers, contractors, and the department;
0885		(2)(b) Written legibly in permanent ink or retrievable by electronic means;
0890		(2)(c) On the licensee's standardized forms or electronic templates;
0895		(2)(d) In a legally acceptable manner;
0900		(2)(e) Kept confidential;
0905		(2)(f) Chronological in its entirety or by the service provided;
0910		(2)(g) Fastened together to avoid loss of record contents (paper documents); and
0915		(2)(h) Kept current with all documents filed according to agency time frames per agency policies and procedures.
0920		(3) Except as provided in subsection (4) of this section, include documentation of the following in each record: (a) Client's name, age, current address, and phone number;
0925		(3)(b) Client's consent for services and care;
0930		(3)(c) Payment source and client responsibility for payment;
0935		(3)(d) Plan of care according to WAC 246-335-440, depending upon the services provided;
0940		(3)(e) Signed or electronically authenticated and dated notes documenting and describing services provided during each client contact;
0945		(3)(f) Supervision of home care services according to WAC 246-335-445; and
0950		(3)(g) Other documentation as required by this chapter.
0955		(4) For clients receiving a one-time visit, provide the documentation required in WAC 246-335-440(5) in lieu of the requirements in subsection (3) of this section;
0960		(5) Consider the records as property of the licensee and allow the client access to his or her own record; and (6) Upon request and according to agency policy and procedure, provide client information or a summary of care when the client is transferred or discharged to another agency or facility.
0965		(7) The licensee must keep client records for: (a) Adults - Three years following the date of termination of services; (b) Minors - Three years after attaining age eighteen, or five years following discharge, whichever is longer; and (c) Client death - Three years following the last date of termination of services if client was on services when death occurred. (d) Home care agencies under contract with DSHS or the AAA may keep client records for a longer period of time as established in the terms of the contract.
0970		(8) The licensee must: (a) Store client records in a safe and secure manner to prevent loss of information, to maintain the integrity of the record, and to protect against unauthorized use; (b) Maintain or release records in accordance with chapter 70.02 RCW; and (c) After ceasing operation, retain or dispose of client records in a confidential manner according to the time frames in sub-section (7) of this section.
<b>WAC 246-335-455 Quality Improvement Program - Every home care licensee must develop and operationalize a quality improvement program to ensure the quality of care and services provided throughout all approved service areas including, at a minimum:</b>		
0975		(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services provided;

0980		(2) A method to identify, monitor, evaluate, and correct problems identified by clients, families, personnel, contractors, or volunteers; and
0985		(3) A system to assess client satisfaction with the overall services provided by the agency.