Washington State Department of Social & Health Services

CHAPTER 14 – CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

Certified Community Residential Services and Supports – Overview

The CCRSS program provides services to individuals who receive services from the Developmental Disabilities Administration (DDA). This service setting is unique because clients live in their own home and receive services from a contracted services provider and as a result, the provider is certified as a service provider rather than licensed as a provider as they are in other residential settings.

Supported living means instruction, supports, and services provided to eligible clients by service providers, enabling clients to remain living in the community. These may include: (1) Supported living services; (2) Group Home services; or (3) Services provided in a Group Training Home.

Certified Supported Living Services: Residential services provided to DDA clients living in their own homes in the community. DDA contracts with individuals and agencies to provide these services. Clients pay for their own rent, food, and other personal expenses. Supported living offers instruction and support, which may vary from a few hours per month to 24 hours of one-on-one support per day. DDA pays for residential services provided to clients under Department contract at the contracted rate.

Certified Group Home: A community-based licensed and certified residential program where the provider, who contracts with the Department of Social & Health Services (DSHS), DDA to provide residential services, owns, or leases the facility. The majority are privately owned businesses. The homes vary in size, serving from 4 to 10 clients.

Residential Care Services (RCS) licenses the home as either an Assisted Living Facility or an Adult Family Home, and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDA contract. Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. DDA contracts with these providers to provide 24-hour supervision.

Group Training Homes (GTH): A facility which provides 24-hour supervision, full-time care, treatment, and training for two or more adults with developmental disabilities. Operated on a non-profit basis by a person, association or corporation. Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. Also known as, “Epton Act Homes”, the Group Training Home model was created by legislation drafted in the early 1970’s.

Community Protection Supported Living Services: Provided to clients who meet the DDA community protection eligibility requirements. The program provides 24-hour supervision in a structured, therapeutic environment for clients with community protection issues, in order for the clients to live safely and successfully in the community without re-offending, while minimizing the risk to public safety.

Crisis Diversion Services: DDA offers these services to clients who show a serious decline in mental functioning which may place them at risk of psychiatric hospitalization.

Residential Care Services performs certification evaluations at least every two years and investigates complaints related to provider practice, and concerns related to abuse, neglect, exploitation, and abandonment as identified in 74.34 RCW. Follow-up visits are typically made to ensure that regulatory violations have been corrected and the provider is back in compliance with Chapter 388-101 WAC and/or Chapter 388-101D WAC. If a provider is not in compliance with certification requirements, DSHS enforcement actions range from civil fines to termination of program certification.

Certified Community Residential Services and Supports (CCRSS) must comply with the following WAC and RCW Chapters:

- Chapter 388-101 WAC CERTIFIED RESIDENTIAL SERVICES AND SUPPORTS
- Chapter 388-101D WAC: REQUIREMENTS FOR PROVIDERS OF RESIDENTIAL SERVICES AND SUPPORTS
- Chapter 388-112A WAC RESIDENTIAL LONG-TERM CARE SERVICES
- Chapter 388-113 WAC: DISQUALIFYING CRIMES AND NEGATIVE ACTIONS
- Chapter 388-829 WAC COMMUNITY RESIDENTIAL SERVICE BUSINESS TRAINING REQUIREMENTS
- Chapter 71A.12 RCW: STATE SERVICES
- Chapter 74.34 RCW: ABUSE OF VULNERABLE ADULTS
- Chapter 74.39A- LONG-TERM CARE SERVICES OPTIONS

RCS partners with the following state agencies and associations to develop CCRSS regulations and policies.

- Developmental Disabilities Administration
- Office of Developmental Disabilities Ombuds
- Department of Health – Food Safety
- Washington State Patrol – Office of State Fire Marshal (OSFM)

This chapter contains information about the certification standards and other topics related to CCRSS. The content is relevant to RCS staff, contracted evaluators, service providers, and anyone seeking to understand how CCRSS providers are regulated.

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Washington State Department of Social & Health Services

CHAPTER 14 – CCRSS INDEX

This section contains the Standard Operating Procedures (SOPs) which RCS staff are required to follow for certification evaluation visits and complaint investigations. Additional sections include resources and links to forms as listed below.

OVERVIEW

A. CCRSS Certification Evaluation Standard Operating Procedures

APPENDIX A: RESOURCES AND FORMS

APPENDIX B: CHANGE LOG

Washington State Department of Social & Health Services

14A – CCRSS Evaluation Standard Operating Procedures

CCRSS Evaluation Standard Operating Procedures

1. General Guidelines
2. Preparation for On-Site Certification Evaluation
3. Sample Selection
4. Entrance Conference
5. Client Observations
6. Client & Collateral Interviews
7. Provider and Staff Interviews
8. Abuse-Neglect-Financial Prevention Review
9. Client Finances Management Review
10. Home Environment and Safety Review
11. Client Record Review
12. Provider & Staff Record Reviews
13. Medication Review
14. Nurse Delegation
15. Instruction and Support Service (ISS) Reimbursement Review
16. Status Meetings & Communication
17. Exit Preparation & Decision Making
18. Exit Conference
19. Statement of Deficiencies
20. Follow-up Evaluations
21. Food Services (Group Training Home)

Washington State Department of Social & Health Services

14A1 – General Guidelines

Background

The purpose of these standard operating procedures (SOPs) is to provide direction and guidance to RCS contracted evaluators in the performance of a certification evaluation.

The purpose of a certification evaluation is to determine if the CCRSS service provider is in compliance with the requirements of Chapter 388-101 WAC and Chapter 388-101D WAC and eligible to provide Certified Community Residential Services and Supports (CCRSS) to clients.

Residential Care Services' (RCS) highest priority is to evaluate a service provider's compliance and practices to promote and protect clients' health, safety, and well-being.

Service providers must:

- Be in compliance with WAC requirements at all times.
- Initiate correction of any deficiency as soon as they are informed of the deficiency.
- Provide instruction and supports to promote clients' highest level of physical, mental, and psycho-social well-being, consistent with the client's preferences and Individual Support Plan (ISP) or Person Centered Service Plan (PCSP).

Procedure

A. Certification Frequency

1. RCS must conduct an on-site certification evaluation of each service provider at least once every 24 months.
2. The on-site certification evaluation of the CCRSS service provider must occur before the provider's certification expiration date.

B. General Information - RCS Contracted Evaluators will:

1. Not disclose the planned date(s) of the on-site certification evaluation including follow-up certification evaluations.
2. Follow the procedures described in these SOPs to ensure that certification evaluations are done in a consistent manner.
3. Establish and maintain ongoing communication with the service provider throughout the certification evaluation process.
4. Interact with the provider, staff, and clients in a courteous and respectful manner.
5. Dress professionally and in an appropriate manner to be in client homes and provider offices as a representative of RCS.

6. Utilize client and staff observations and interviews as the primary means to determine the service provider's compliance with regulatory requirements focusing on client health and safety.
7. Utilize client record reviews as a means to validate and/or clarify information obtained through observations and interviews. (minimize time spent on paperwork and increase time with clients)
8. Immediately report any suspected or actual incident of client abuse, neglect, exploitation, or abandonment to the department's centralized toll free complaint telephone number (800-562-6078) and to the RCS Field Manager. An email to the department's Complaint Resolution Unit (cru@dshs.wa.gov) that includes as a recipient the RCS Field Manager, can also be used for immediate reporting.
9. Immediately notify local law enforcement and the RCS Field Manager if there is reason to suspect a client is in immediate danger and needs further assistance for safety.
10. Consult with the RCS Field Manager if there are questions regarding the application or interpretation of specific regulations.
11. Contact the RCS Field Manager if an evaluator or evaluation team encounter issues, concerns, or questions that should be analyzed and reviewed by a licensed nurse. Examples of such issues are: medication issues, treatments such as nebulizer, skin issues such as pressure sores, rash, any skin treatments, CPAP machines, eye conditions requiring eye drops.

C. Field Manager responsibility

1. Ensure new contracted evaluators are able to demonstrate they understand all procedures outlined in this chapter.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Request training or clarification from department as needed.
4. Schedule service provider certification evaluations and assign RCS contracted evaluators including a team coordinator to conduct/lead the certification evaluation.
5. Ask providers to submit a plan to address the safety concerns and provide safety and protection to the client(s) when imminent risk of harm or actual harm has been identified.
6. Ensure RCS contracted evaluators receive needed information and support in order to prepare and conduct certification evaluations.
7. Immediately inform the Headquarters (HQ) Operations Office Chief of any situation involving RCS contracted evaluator reports of suspected or actual

client abuse, neglect, exploitation or any situations involving the likelihood of life threatening risk to a client.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A2 – PREPARATION FOR ON-SITE CERTIFICATION EVALUATION

Background

Completion of certification evaluation preparation tasks is necessary to ensure an effective and efficient process.

Preparation serves to gather and analyze various sources of information regarding the service provider's history and current issues, in order to:

- Identify potential issues or concerns prior to the evaluation.
- Identify and pre-select potential clients for the sample, then select the sample.
- Determine if special concerns exist which should be discussed with the RCS Field Manager before the certification evaluation entrance. For example, crisis diversion bed services, clients on a Least Restrictive Alternative (LRA), etc.

Procedure

A. General Information - RCS Contracted Evaluator Team Coordinator or Designated Evaluator will:

1. Obtain the following from RCS Field Manager:
   a. The service provider's most recent client characteristics data with addresses of all client residences;
   b. An electronic copy of the face sheet from the last certification evaluation;
   c. The most recent full and follow-up certification evaluation and complaint investigation Statement of Deficiencies or letters from the last two (2) years and the pertinent Staff/Client Identification Lists; and
   d. Schedule B of the service provider's most recent cost report.
2. Review the most recent full certification evaluation, any follow-up evaluations, complaint investigations, and any Statement of Deficiencies within the last 24 months noting deficient practices cited and client identification.
   a. Draw a stratified random client sample using procedures specified in the "Client Sample Selection" section 14A3. Choose several additional clients due to the possibility of clients changing providers or moving out of the area.
   b. Review client characteristics data to identify any client behavioral issues or other issues that could interfere with or negatively affect the client observation process. If issues, concerns, or questions arise, consult with the RCS Field Manager.

c. Assign sample clients and evaluation tasks to team members. Provide client addresses to team members.

3. Inform team members if review of client characteristics data reveals any circumstances that could impact planning and conducting client observations and interviews.
4. Coordinate arrival and on-site entrance with other evaluation team members. Note: Evaluation team members are not required to be at the entrance meeting at the provider office and must not begin on-site client home visits prior to the provider being notified by the evaluation team leader.
5. Complete the **Certification Evaluation Facesheet (Attachment A)**. The certification evaluation team lead has the primary responsibility to ensure that required preparation tasks are completed prior to the initial on-site visit and may assign preparation tasks to other team members. Document preparation on **Pre-Certification Preparation Worksheet (Attachment B)**.

B. Field Manager Responsibility

1. Ensure RCS contracted evaluators receive the most recent client characteristics data, most recent full and follow-up certification evaluation and complaint investigation Statement of Deficiencies or letters, and Schedule B of the service provider's most recent cost report.
2. Consult with contracted evaluators and provide guidance if issues, concerns, or questions arise that could interfere with or negatively affect the client observation process.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A3 – CLIENT SAMPLE SELECTION

Background

A proportional representative sample is necessary to obtain the most accurate, valid picture of the service provider's overall performance and compliance.

Client characteristics data from the provider may not be current.

Clients selected for the certification evaluation sample should be a proportionate representation of:

- The various levels and types of instruction and supports received by clients; and
- The needs of clients support by the agency.

Procedure

A. General Information - RCS contracted evaluators will:

1. Review the client characteristics information submitted to RCS by the service provider to select the representative client sample. Select alternate sample clients in the event the client charactertics information is not updated by the providers and/or if the initially chosen sample client is no longer being served by the provider.
2. Ensure the service provider does not select clients for inclusion in the sample.
3. Choose the number of clients for the representative sample based on the grid provided below.
4. Select a representative sample of clients that is diverse in its instruction and support need based on the following criteria:
    a. Participates in a vocational program and/or day program.
    b. Lives in a group home or group training home.
    c. Uses adaptive equipment.
    d. The client needs/uses communication aides.
    e. Provider helps manage the client's finances.
    f. Client receives support and assistance delegated by a nurse.
    g. The client has a positive behavior support plan and/or challenging behaviors.
    h. Restrictive procedures or restraints are used.
    i. There are exceptions to policy (ETPs) for restrictive procedures.
    j. Receives community protection program supports and services.
    k. Uses or has used a crisis diversion bed.

l. The client has a cross system crisis plan.

m. The client is prescribed psychoactive medications.

n. The client has window/door alarms in their home.

5. If the provider operates one or more group homes or group training homes, contracted evaluators must select at least one client from each group home or group training home.

6. Always select one client from the community protection program if the provider supports clients receiving community protection services.

Client Sample Selection Grid

Total # of clients in program:	# of clients in sample:
1	1
2-3	2
4-8	4
9-16	5
17-30	6
31-50	7
51-75	8
76+	At least 15% of total clients

7. Contracted evaluators will randomly select, from the staff list provided by the service provider, the same number of staff as there are clients in the sample, up to maximum of nine. The same staff person must be selected for both record review and interview.

8. Staff selected for interviews will be persons who:

   a. Provide direct instruction and supports to clients; or
   b. Supervise direction instruction and support staff.

9. An administrator must always be included as an additional interview, unless unavailable. If the administrator is not available, the administrator's designee must be included as an additional interview.

10. Only after consultation with the RCS Field Manager, the staff sample may be expanded only to the extent necessary to make compliance decisions regarding very specific, focused issues. Document in the working papers when expanding the sample and the reason for the expansion.

B. Field Manager Responsibility

1. Providing the most current client characteristics list to the contracted evaluators.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.
5. Be available to the evaluation team for consultation when the representative client sample or staff sample must be expanded or if special circumstances arise with the service provider.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A4 – ENTRANCE CONFERENCE

BACKGROUND

The entrance conference establishes the tone for the certification evaluation and is used to exchange information with the service provider, to answer questions, and to explain the evaluation process including observations, interviews, record reviews, and needed documentation.

During the entrance conference it is important to emphasize there will be ongoing communication with the provider and the certification evaluation process is intended to create minimal disruption to client routines or to the provider's core work.

PROCEDURE

A. General Information - RCS contracted evaluation team coordinator will:

1. Inform the service provider of the team's arrival and request arrangements be made to have an entrance conference.
2. Ensure that the RCS Field Manager is informed of the evaluation team's entrance through email or phone.
3. At the entrance conference, explain the purpose of the evaluation, and describe the evaluation process including client, family/representative, and staff interviews.
4. Verify the validity of and any changes to the client characteristics data that was used to select the client sample and to plan for interviews and observations. If necessary, amend the sample of clients based upon more current and accurate client characteristics data.
5. If circumstances exist that could negatively impact the client interview and observation process, the team coordinator will work with the provider to develop a plan for conducting interviews and observations in those situations.
6. Inform the service provider of what records and documentation will be needed. This may include the provider's staff list, client list and address, provider insurance, organization chart, list of clients no longer served by the provider, PCSP/ISP of sample clients, Medication Administration Records (MAR) and other documents.
7. Request and address any questions attendees may have and discuss any issues or circumstances that should be considered when conducting observations and interviews.
8. Ask for a workspace that is as private and non-intrusive as possible.

9. Generally, contracted evaluators (other than the evaluation team leader) will begin the evaluation by visiting client homes after the entrance has been announced to the provider and will not attend the entrance conference. Onsite client home visits will not begin prior to the entrance notification to the provider by the evaluation team leader.

10. The evaluation team leader will notify contracted evaluators immediately if there are any changes in sample clients, addresses, or pertinent information needed before a contracted evaluator's onsite visit to client homes.

B. Field Manager Responsibility

1. Be available to the evaluation team for consultation when the representative client sample or staff sample must be expanded or if special circumstances arise with the service provider.

2. Train contracted evaluators and ensure they are able to demonstrate they understand this procedure.

3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A5 – CLIENT OBSERVATIONS

BACKGROUND

Client observations serve to assist in the determination if the service provider is meeting the client's needs as identified in the Individual Support Plan/Person Centered Support Plan (ISP/PCSP) and the Individual Instruction and Support Plan (IISP).

Observations also ensure staff-client interactions, instruction, and supports uphold the client's right to quality of life, dignity, privacy, choice and self-determination, maximum independence, and personal growth and development.

Client observation along with further data collection will help contracted evaluators decide if the needs of clients are being met appropriately and adequately.

Client observations provide the evaluator with objective information regarding the provision of instruction and supports; staff to client interaction; staff training; and possible complications related to a client's special needs.

PROCEDURE

A. RCS contracted evaluators will:

1. Initiate the evaluation process by going directly to client homes to conduct observations. (Exception: The evaluation team leader begins the evaluation by conducting the entrance conference).
2. Always show identification and explain reason for visiting the client's home.
3. Do not enter a client's home without the client's approval.
4. Informal observations, including the interactions between clients and staff, should occur throughout the evaluation process.
5. Observe all clients in the sample during the evaluation. Observations will be as discreet and unobtrusive as possible. Respect the client's dignity, choice, quality of life, and right to privacy at all times.
6. Do a brief review of the sample client's IISP to help focus observations of staff providing instruction and support to clients.
7. Document any issues or circumstances that may affect client observations including client work and activity schedules, client behaviors and client anxiety, fear, or discomfort with strangers or with being observed.
8. Document sample client observations on the **Client Observation Worksheet (Attachment C).** Documentation of client observations will include a description of the observation, the client's name (or identifier), and provider staff name(s) (or identifiers), and the date, time, and location of the observation.

9. Observe staff providing instruction and support to the sample clients. Document the following when observing staff instruction and supports being provided to clients:
    - The client's behavior and response;
    - The technique, knowledge, and skill of the staff providing instruction and support; and
    - The inclusion of the client to the degree possible.
10. Observe and document the occurrence of any challenging client behaviors and staff response to those behaviors.
11. Observe and document each client in the sample at least once during a meal.
    - Observe whether the meals appear to be balanced or nutritious.
    - If observations, interviews, or complaints indicate possible problems with meals/food, look at the client's food supply. Ask clients and staff questions about shopping for food and the availability of transportation to obtain food.
    - For clients residing in a Group Training Home, observe if meals include breakfast, lunch, and dinner each day; and if clients have twenty-four hour access to snacks and beverages that address each client's needs.
    - If a client has a feeding tube, review instructions in client records for tube feeding and ensure staff follow the necessary recommendations for safe positioning and are able to demonstrate how to the assist the client with tube feedings (i.e. correct positioning, adequate instructions)
11. Observe and document bedrooms for clients in the sample and analyze whether or not those bedrooms reflect client personal choice, preferences, values, and background.
12. Observe the client's living and home environment (bathroom, living room, kitchen, and exterior of the home) to ensure no safety concerns or hazards are present which may place the client (or other clients) at risk of harm. If there is an immediate safety concern or hazard which poses danger to the client(s), immediately notify the RCS Field Manager and the Administrator (or designee) to obtain plan on how the safety concern or hazard will be remedied.
13. Observe and document medication assistance and nurse delegation.
14. Observe and document evidence of the use of physical, mechanical restraints, medical devices, alarms, monitoring devices, and restrictive procedures.
15. After observing a client and the instruction and supports provided, determine if the observations are consistent with information contained in the client's PCSP/ISP and IISP.
16. If observations result in issues/concerns related to client instruction and supports, conduct focused record reviews, and focused client and staff interviews to rule out, validate, or clarify deficient practice.

17. Some client observations may be prompted by information obtained during client or staff interviews or because of information, issues, or concerns identified during the evaluation preparation.
18. If approached by clients not in the sample, document comments or concerns they share with you.
19. Do not conduct any observations involving private parts of a client's body. If this type of personal care is provided and issues, questions, or concerns are identified, immediately contact and consult with the RCS Field Manager.
20. One observation alone does not confirm deficient practice. Obtain further information and data through additional observations, interviews, and record review to support or invalidate an issue or concern.

B. Field Manager Responsibility

1. Train contracted evaluators and ensure they demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Be available to consult with contracted evaluators when concerns arise during the certification evaluation regarding observations of poor meal quality, abuse, neglect, or if there are issues/concerns related to client instruction and supports.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A6 – CLIENT AND COLLATERAL INTERVIEWS

BACKGROUND

Client and collateral interviews are conducted to determine if clients are satisfied with the instruction and supports the clients receive, if their needs are being met, and their rights are being protected. The client interview focuses on safety, quality of life, protection from abuse, neglect and exploitation, protection of the client's rights, and the provider's provision of instruction and supports to meet client needs.

Collateral interviews serve to provide additional or verifying client specific information from the sample client's family, representative, case manager, or other identified contact person; and/or to obtain information about instruction and supports provided to the client when the client cannot be interviewed or is not a reliable informant. The collateral contact interview can also be used to clarify issues or concerns identified by the client, the client's family, or observed during the on-site evaluation.

The interview process includes both formal and informal interviews:

- Formal interviews are structured interviews with sample clients, the service provider, staff, client family members or representatives, or other collateral contacts.
- Informal interviews are general conversations or information gathering which may occur during any part of the evaluation process.

PROCEDURE

A. General Information - RCS contracted evaluators will:

1. Before initiating client interviews, determine if any sample clients cannot be interviewed or have issues or circumstances that could adversely affect the interview process, including the need for an interpreter. Issues that could affect conducting client interviews include things such as client work or activity schedules, or client behaviors.
2. Conduct a brief review of the sample client's PCSP/ISP, IISP, medical information, positive behavior support plan (if applicable) and individual financial plan (if applicable) before interviewing the client.
3. Contact Field Manager, if an interpreter is needed to conduct a client interview.
4. Unless otherwise requested by the client or circumstances exist that cannot be mitigated, conduct the interview in private. Client interviews should not be done in private in some circumstances and contracted evaluators should talk with the provider and staff to determine if such circumstances exist. Contracted evaluators should not attempt to conduct a private interview if doing so would pose a safety risk or it would have an adverse effect on the client.

5. Obtain the client's permission and explain the purpose of the interview before initiating the interview. Clients have the right to refuse to be interviewed. Anyone present during a client interview must be approved by the client.
6. Conduct a formal interview with each sample client and a family member/representative or collateral contact, with permission from the client.
7. Use the required **Client Interview Worksheet (Attachment D)** and **Collateral Interview Worksheet (Attachment E)** to document the interviews and document if an interview did not occur. Add any necessary follow-up questions as needed.
8. Obtain permission from the client or interviewee before sharing any information from the interview with the service provider.
9. Document issues and concerns requiring further clarification or evaluation.
10. Collect further data through observations, interviews, and/or record reviews when concerns or issues are identified during the client interview process.
11. Follow-up interviews to clarify issues raised during observations should occur as soon as possible after the actual observation.
12. Use information from the evaluation preparation, client and home observations, informal discussions or interviews, and record reviews to help formulate additional interview questions and discussion topics with clients and collateral contacts.

B. Field Manager Responsibility

1. Provide assistance to obtain an interpreter when one is needed to conduct a client interview.
2. Train contracted evaluators and ensure they are able to demonstrate they understand this procedures.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A7 – Provider and Staff Interviews

Background

The certification evaluation process includes a review of specified sample staff. The service provider is responsible to ensure that staff are competent, qualified, and have received training and orientation required to perform their assigned tasks.

Provider and staff interviews serve to verify that the service provider meets requirements related to staff qualifications, credentials and training.

Procedure

A. General information - RCS contracted evaluators will:

1. Conduct interviews with direct support staff members who know the client as a first priority for staff interviews. However, if no direct support staff are available, then the interview should be with a manager/supervisor who knows the client. The administrator, if available, must always be included as an additional interview.
2. Interview at least one sample staff for each sample client.
3. Use information from the following to help formulate necessary additional interview questions and discussion topics with the provider and staff:
    a. The evaluation preparation;
    b. Client, staff, and home observations;
    c. Formal and informal discussions or interviews; and
    d. Record reviews
4. Document the interview on **Staff Interview Worksheet (Attachment F)**.
5. Utilize informal conversations and interviews with the provider and staff throughout the evaluation process.
6. Conduct interviews and/or discussions with the provider/staff about clients in private out of earshot of clients, if possible.
7. Explain or clarify regulatory requirements as needed but contracted evaluators should not offer advice, recommendations, or personal opinions during provider and staff interviews.
8. Ensure all responses to provider and staff questions which come up during interviews are regulatory-based.
9. Contact the RCS Field Manager before responding to questions from the provider or staff if uncertain about the application or meaning of a specific regulation.

10. Contact the RCS Field Manager immediately if any staff member refuses to be interviewed and notify the Administrator (or designee) of staff not cooperating with the department's evaluation process.

B. Field Manager Responsibility

1. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Request training and clarification from department as needed.
4. Be available to the evaluation team for consultation as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A8 – ABUSE-NEGLECT-FINANCIAL EXPLOITATION PREVENTION REVIEW

Background

Protection of client health and safety is the provider's most important responsibility. The certification evaluation process focuses on the provider's practices to prevent and protect clients from abuse, neglect, and financial exploitation.

The review serves to determine if service provider practices are compliant with regulatory and statutory requirements for mandated reporting and preventing client abuse, neglect, financial exploitation, and abandonment.

Procedure

A. General information - RCS contracted evaluators will:

1. Remain alert for indicators of possible abandonment, abuse, financial exploitation or neglect throughout the evaluation. Potential indicators may be found:
    a. During client, staff, and home environment observations; and
    b. While conducting formal or informal interviews.
2. Ensure observations include client interactions with each other and staff, including their reactions to staff presence and behaviors for critical clues regarding possible abandonment, abuse, financial exploitation or neglect.
3. Immediately call the Complaint Resolution Unit (1-800-562-6078) or email (cru@dshs.wa.gov) and notify the RCS Field Manager if there is a reasonable cause to believe that abuse, neglect, abandonment, or financial exploitation of a client (or other vulnerable adult) is identified during the certification evaluation.
4. Immediately notify law enforcement if there is reason to suspect sexual assault has occurred.
5. Immediately notify law enforcement if there is reason to suspect physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm. Law enforcement does not need to be notified for an incident of physical assault between two clients that causes minor bodily injury and does not require more than basic first aid:
    a. Unless requested by the injured client/legal representative or family member
    b. The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital or anal area
    c. There is a fracture
    d. There is a pattern of physical assault between the same clients or
    e. There is an attempt to choke a client

6. Immediately inform the provider of any instance or evidence of potential client abandonment, abuse, neglect, or financial exploitation if the situation or alleged perpetrator is posing a current risk to the client(s).
7. Be sure the client(s) in question are safe;
8. Obtain and document as much detailed information as possible from the individual;
9. When any client or client family/representative approaches an evaluator with concerns that include an allegation or indicators of possible abandonment, abuse, financial exploitation or neglect, inform the client and client's family/representative of the evaluator's requirement under the law to report as a mandated reporter. Provide information to the client or client family/representative how they may directly contact the Complaint Resolution Unit. As much as possible, protect the confidentiality of clients, and persons who report potential instances of abandonment, abuse, financial exploitation or neglect.
10. Review incident reports and accident logs for identified concerns regarding probable or actual negative outcome to a client that requires further data collection to determine if:
    a. Mandated reports have been submitted as required by state abuse reporting law and;
    b. The provider has taken appropriate action to protect clients' safety.
11. If there is doubt about whether or not something should be reported, consult with the RCS Field Manager. If the RCS Field Manager is not available, submit a report to the Complaint Resolution Unit.
12. Contacted evaluators will inform and discuss with the RCS Field Manager any issues or concerns regarding possible abandonment, abuse, financial exploitation or neglect that are identified during evaluation preparation.

Field Manager Responsibility

1. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Request training and clarification from department as needed.
4. Be available to consult with contracted evaluators when concerns arise during the abuse, neglect, financial exploitation review.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A9 – CLIENT FINANCES MANAGEMENT REVIEW

BACKGROUND

Client finance review is to determine if the service provider has assisted clients to manage their finances as described in their individual support plans (ISP/PCSP), protected each client from financial exploitation, prevented mismanagement of the client's funds and developed and implemented an individual financial plan (IFP) with the client when required.

PROCEDURE

A. General information - RCS contracted evaluators will:

1. Through client finance observations; interviews and financial record reviews determine if and to what extent the provider is responsible for managing each sample client's finances. The results of client/family/staff financial management interviews can influence the depth and scope of financial record reviews and documentation.
2. If the provider assists the client in managing finances, review the sample client's Individual Financial Plan (IFP) and Individual Support Plan (ISP/PCSP).
3. Observations:
    - During observations in the home, inquire about ownership and use of large, expensive items in common use areas (furniture, televisions, music/stereo systems, etc.). Inquire regarding items purchased with the client's money, which then are regularly or frequently used by other clients and/or staff.
    - Observe sample client homes to determine if the provider or staff use space and/or items belonging to clients. If so, does the provider pay the client for the use of space and/or items?
    - Observe and interview if potential problems are detected to determine if the client's personal belongings can be accounted for and are only for the client's use.
4. Interviews:
    - Ask if common household expenses (per WAC 388-101D-0235) are equitably shared among clients in the home. Include home repairs, cleaning supplies, purchase of home appliances used for cooking, cleaning, lawn care and/or lawn care equipment.
    - Ask how recreational, transportation, and out of the home costs for food and entertainment are handled and shared. Ask when and how often do clients pay or help pay for staff or other clients' food, entertainment, or transportation.

- Ask how the client's money is separately tracked, even when several clients live together.

5. Record Review:

   - Review checking account reconciliations for each client in the sample. If problems are found, randomly select a second client for checking account reconciliation and check with other team members to determine if the problems reflect a system failure.
   - Verify the provider has prevented the client's account from being overdrawn.
   - Verify all receipts for purchases over $25 have been retained.
   - Review sample clients for those receiving Basic Food benefits (aka food stamps). If each client receives their own benefits, food must be for the specific client and clients cannot reimburse one another for food purchased on another's behalf.
   - Per WAC 388-408-0035, each client must purchase, prepare, and consume their own food. Combining food for family style meals is not allowed. If staff use the client's EBT card to purchase food when the client is not present, the staff must be an alternate user and must sign an authorization form. Consult with the Field Manager when there are concerns regarding the use of clients' food benefits.
   - Reconcile the client's home cash account statement to the actual amount of cash he/she has. If problems are found, randomly select a second client for cash account reconciliation and check with other team members to determine if the problems reflect a system failure.

6. Single or isolated instances of minor shared expenses errors, small discrepancies, and inequities do not necessarily constitute deficient provider practice. If issues and concerns are identified, determine scope and severity of the problem, actual or potential negative outcome to clients, and whether or not the instance(s) reflect a systems problem.
7. Immediately call the Complaint Resolution Unit (1-800-562-6078) or email (cru@dshs.wa.gov) **and** notify the RCS Field Manager if potential financial exploitation of a client is identified during the evaluation.
8. If approached by a client or client family/representative with an allegation of financial exploitation:

   - Document information about the allegation;
   - Immediately report the incident to the Complaint Resolution Unit; and
   - Immediately notify the RCS Field Manager.

9. Contracted evaluators need to consult with the RCS Field Manager immediately if they are unsure about whether or not an incident constitutes financial exploitation.

Field Manager Responsibility

1. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Request training and clarification from department as needed.
4. Be available to consult with contracted evaluators when concerns arise during the client finances review.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A10 – Home Environment and Safety Review

Background

The home environment and safety review is to determine if the client's residence is:

- Free of safety hazards;
- Includes adaptive features necessary to meet client's needs;
- Reflects client preferences and values;
- Meets home safety requirements as specified in rule and client's ISP/PCSP; and
- Has a positive impact on the client's quality of life, health and safety, dignity, and self-determination.

The provider's responsibility is to ensure home safety requirements are continuously met for each client living in the home unless otherwise stated in the client's ISP/PCSP.

Procedure

A. General information-RCS contracted evaluators will:

1. Conduct home environment and safety observations for each residence occupied by clients in the sample.
2. Document results of the review using the **Home Environment and Safety Worksheet (Attachment G).**
3. With clients' permission, observe each room in the home.
4. Observe the general maintenance and upkeep of the home.
5. Conduct a brief exterior review of the home and grounds to observe for safety issues or hazards, and possible restrictive devices.
6. Do the following at each sample client's residence:
   a. Test smoke detectors;
   b. Check water temperatures;
   c. Confirm through observation that all flammable and combustible materials are stored in a safe manner; and
   d. Verify by observation and interview that required emergency exits are continuously unblocked.
7. Observe for evidence of devices or equipment, including bed rails and other medical devices that could be considered restraints and/or pose a safety hazard to clients.

8. Conduct follow-up observations and ask interview questions as needed to determine the extent to which medical devices that pose safety risks to clients, including bed rails, are used and the reasons for their use. If they are used, determine the following:
    a. Is there an identified need on the client's current assessment that led to the use of the medical device?
    b. Were less restrictive alternatives tried?
    c. Does the client/family/representative know about the risks associated with use of the device(s)?
    d. Did the client/family/representative approve use of the devices?
    e. Has use of the devices resulted in any harm to the client?
9. Observe if monitoring devices are used to enable staff to cover/observe more than one residence at a time or to observe more than one client at a time. Are those devices taking the place of direct support staff?
10. Observe to see if clients have places and opportunities for privacy.
11. Observe to determine if the home:
    a. Is arranged and set-up to accommodate clients' special needs; and
    b. Reflects clients' personal choices and preferences.
12. Note the extent to which service provider staff uses space in the home for their own purpose to the exclusion of clients or without client approval.
13. Check and note each client's food supply if interviews and/or meal observations or complaints indicate potential problems with meeting clients' nutritional needs or respecting client food preferences.
    a. Is any food discolored/moldy or past its expiration date?
    b. Are food containers rusty or not intact?
14. Do focused follow-up inquiries if observations or interviews indicate any client living in the home cannot be safely evacuated. May review the provider's emergency evacuation plans, including records of evacuation drills if interviews and observations reveal potential emergency evacuation deficiencies.
15. If interviews or observations indicate potential concerns, verify that there are adequate first aid supplies in the home.
16. Observe for potential issues or concerns regarding home maintenance and upkeep, cleanliness and/or sanitation, or infection control.

17. For Group Training Homes (GTH), observe and document results of review on Home Environment and Safety Worksheet (Attachment G) the following:

Client Bedroom

- Does the client have a private room unless the client requested to share?
- Does the client's bedroom window or door provide natural light, covered with a screen, and allows for an emergency exit?
- Does the client have a locking bedroom door unless PCSP/ISP indicated this is unsafe?
- Is the client's bedroom size at least 80 square feet for single room, or 140 square feet for a double room? If licensed before 01/01/2019, 120 square feet for double room;
- Does the client have a bedroom closet or wardrobe that is not part of the usable square footage?
- Does the client have a clean, comfortable bed, waterproof mattress cover if needed or as requested by client?
- Is the client's bedroom safe, sanitary, and well-maintained?
- Is there adequate space for mobility devices (wheel chair, walker, lifting devices)?
- Does the client have direct, unrestricted access to common areas?

Bathroom

- Does the GTH have handwashing sinks with hot and cold running water in the ratio of one for every five clients?
- Does the GTH provide toilets in the ratio of one for every five clients?
- Does the client have access to toilet and shower without going through another client's room?

Kitchen

Refer to Food Service requirements (14A21) if GTH supports more than six clients.

Group Training Home

- Are the fixtures, furnishings, and exterior sanitary,safe, and well maintained?
- Is housekeeping instruction and support to a client in accordance with ISP/PSCP?
- Does a fence at least 48 inches high enclose every body of water over 24 inches deep? Is there a door or gate that leads to the body of water with an audible alarm?
- Do space heaters meet underwriters laboratories (UL rating)?
- Do hot surfaces, such as fireplaces, wood-burning or pellet stoves have a stable barrier that prevents accidental client contact?

- If the GTH was a licensed assisted living facility before January 1, 2019:
    - Did the GTH annually demonstrate they have passed inspection by the state fire marshal?

    OR

    - Are smoke detectors in every client's bedroom, on every floor of the home, interconnected so when an alarm is triggered the whole system reacts, in working condition and do they meet the needs of specific clients?
- Are fire extinguishers 5 pound 2A: 10B-C or is a different type of fire extinguisher required by the local authority?
- Are fire extinguishers on each floor of GTH?
- Are fire extinguishers installed to manufactures recommendations?
- Are fire extinguishers annually replaced or annually inspected and serviced?
- Are fire extinguishers in proper working order and readily available for use at all times?
- Is the GTH located in area with public fire protection?
- If the GTH was a licensed assisted living facility before January 1, 2019, did the GTH:
    - Show they could evacuate all clients to a safe location outside the home in five minutes or less?

    OR

    - Annually demonstrate they have passed inspection by the state fire marshal?
- Are emergency evacuation plans posted in a common area on every floor? Does the emergency evacuation plan include a floor plan of the home with clearly marked exits, emergency evacuation routes, and location for clients to meet outside the home?
- Is there an emergency food and drinking water supply to meet the needs of clients and staff for 72 hours and meet the dietary needs of each client?
- Has the GTH made any construction changes or significant changes to the home? Did construction meet state and local building codes? Were clients moved during the planned construction, and was a 30 day written notice provided to client, client's guardian, DDA and RCS?
- As client needs change, did the GTH make a reasonable attempt to adapt the home as identified in ISP/PSCP?

Infection Control Practices

- What occupational safety and health administration (OSHA) universal precautions were implemented to limit the spread of infections?

- Did GTH provide staff with supplies, equipment, and protective clothing necessary for limiting the spread of infections?
- Did the GTH report communicable diseases as required under Chapter 246-100?
- If a client had a positive TB test, did the GTH ensure the client had a chest X-ray no more than seven days after the positive result and followed the recommendations of their healthcare provider?

Pets

- Are pets clean and healthy and have proof of current vaccinations?
- Do pets compromise any client rights, preferences, or medical needs and pose no significant health or safety risk to any client residing in GTH?

Quality of life/client rights are not restricted

- Does the client have a locking bedroom door, unless unsafe for the client?
- Does the client share their bedroom (did they consent)?
- Is the client's bedroom furnished and decorated within the term of their written agreement with GTH?
- Is the client able to retain and use personal possessions, including furniture and clothing, as space permits?
- Does the client control their own schedule as indicated in PCSP, and can they meet privately at any time with visitors of their choosing?
- Does the client have access to review GTH's certification results, corrective action plans, and receive written notice from the GTH of any enforcement action that places a hold on referrals for new clients?
- Is the client able to view copies of the GTH policies and procedures at any time?
- If the client was evicted did the GTH follow requirements of WAC 388-101D-0020 before terminating services?

Field Manager Responsibility

1. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Be available to consult with contracted evaluators when concerns arise during the home environment and safety review.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A11 – CLIENT RECORD REVIEW

Background

The client record review serves to obtain, clarify, and verify information regarding services provided to the sample clients in the areas of client safety, quality of life, protection from abuse, neglect, and exploitation, and meeting client needs through the provision of instruction and supports. Record reviews can also validate and/or clarify information obtained through observations and interviews.

This information is necessary to make decisions about the service provider's compliance. The review should be a **focused review** for each sample client and should **only consist of the sections needed to determine compliance**.

Procedure

A. General information - RCS contracted evaluators will:

1. Determine the scope and depth of each sample client record review by information obtained through:
    a. Evaluation preparation;
    b. Client, staff, and home observations;
    c. Interviews and discussions with clients, client family members, and provider staff; and
    d. The client's needs and abilities.
2. Do a brief review (generally about 30 minutes) of the sample client's record, including the PCSP/ISP, IISP, medical information, and if applicable, the positive behavior support plan (PBSP), cross systems crisis plan, and individual financial plan (IFP) and any exceptional medical and behavioral needs.
3. When reviewing the client's PCSP/ISP, determine if the service provider is responsible to:
    a. Provide medication assistance to the client and/or;
    b. Assist with the management of the client's finances.
4. Focus on the period of time since the last evaluation when reviewing client records.
5. Conduct a more in-depth review of the client's record only if necessary to clarify issues related to probable or actual negative client outcomes identified during observation and interviews.

6. Only conduct a focused review of the following: progress notes, health and dental care records, and documentation of IISP implementation and status (if observations and/or interviews indicate potential deficient practice.)
7. Review documents/records concerning guardianships and decision making if issues and concerns are identified regarding legal issues and decision making.
8. For sample clients with restrictive procedure programs, verify through record review and interview that required approval processes have been followed and consents obtained.
9. When reviewing client records, note and follow up on events or situations that should be reported to the RCS Field Manager or CRU, or both.
10. Give the provider the opportunity to submit or clarify the needed information if it cannot be found or is unclear.

Field Manager Responsibility

1. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
3. Request training and clarification from department as needed.
4. Be available to consult with contracted evaluators when concerns arise during the client record review.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A12 – Service Provider and Staff Record Review

Background

Staff and provider record reviews provide supplemental, clarifying, and substantiating evidence regarding the provider's compliance with regulatory requirements.

The service provider is responsible to ensure:

- Staff are competent and qualified via screening/testing and review of qualifications and credentials;
- Have received training and orientation required to perform their assigned tasks;
- Staff records are maintained, current, and confidential.

Procedure

A. General information - RCS contracted evaluators will:

1. Review staff and provider records only to the extent necessary to make provider compliance and deficient practice decisions.
2. Review one sample staff record for each sample client. Staff selected for record reviews should be staff currently providing instruction and support to sample clients.
3. Using the **Staff Sample/Record Review (Attachment H)** **and** **Background Check Review (Attachment I)** note whether or not the following documentation is current when applicable and found in the sample staff record:
    - Criminal history background checks.
    - Training regarding mandatory reporting of suspected abuse, neglect, abandonment, and financial exploitation.
    - Orientation.
    - Blood borne pathogen and HIV/AIDS training.
    - First aid and CPR training.
    - Client services.
    - Residential guidelines.
    - Positive Behavior Support.
    - Continuing education hours.
    - Tuberculin test (TB) for GTH employees.
4. When records and documentation deficiencies are found note:

    a. If those deficiencies have resulted in negative client outcomes; and/or

    b. The potential risk posed to clients by those deficiencies.

5. Conduct a focused review of staff training and qualifications, records incident reports if applicable, and record findings when observations and/or interviews indicate potential deficient practice in the following areas:
    a. Mandated reporting and protection of clients when there is an alleged/suspected incident of client abuse, neglect, abandonment, or financial exploitation;
    b. Provision of instruction and supports to meet the client's needs and as specified in the PCSP/ISP and IISP;
    c. Implementation of positive behavior support plans and/or restrictive procedures and interventions;
    d. Medication assistance and the performance of delegated nursing tasks; and
    e. Protection of the client's rights.
6. When observations and interviews indicate a deficient practice could be the result of a systems problem or failure:
    a. Interview staff regarding their knowledge of provider policies and procedures; and
    b. Do a focused review of applicable provider policies and procedures.
7. Verify through record review and interviews that the provider meets vehicle and liability insurance requirements and effective dates are current. Document on Evaluation Face Sheet (Attachment A).
8. Give the provider the opportunity to submit or clarify information if needed information cannot be found or is unclear.

Field Manager Responsibility

1. Be available to consult with contracted evaluators when concerns arise during the provider and staff record review.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.

Washington State Department of Social & Health Services

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A13 – MEDICATION REVIEW

Each client's medications are a critical element to ensuring the client's physical and/or mental health, and quality of life. For a client's medication to achieve its maximum positive benefit, the correct medication must be received at the right time, in the correct dosage, and by the prescribed route. To protect each client's health and safety, medications must be labeled, stored, and disposed of as required.

The medication review is conducted to provide contracted evaluators with an overview of the service provider's system to:

- Provide medication support to clients;
- Store and dispose of client medications when the provider is responsible for that support; and
- Document when the client takes or refuses his/her medication.

Help determine if the provider:

- Meets regulatory requirements for providing medication support to clients; and
- Provides medication support to each client as specified in the client's PCSP/ISP.

Procedure

A. General information - RCS contracted evaluators will:

1. Review the sample client's PCSP/ISP to identify the level of medication support the agency is responsible to provide.
2. Observe and interview clients and staff about medication:
   a. Administration and assistance; and
   b. Storage and disposal procedures and practices
   c. Re-ordering procedures and practices
3. If the service provider does not provide medication support/assistance, verify the client is able to independently take medications as ordered through observation and interview.
4. Determine if there will be opportunities to observe sample clients taking their medication or having them administered. Ask staff to demonstrate the assistance they provide.
5. Ask staff the process they follow when a client refuses to take a medication.
6. Ask staff if any clients have refused and if;
   a. The provider contacted the prescriber
   b. The provider contacted the DDA case manager

   c. The provider discussed the consequences of medication refusal with the client.

7. Identify if the type of medication assistance provided is consistent with the PCSP/ISP. If not, determine if the provider contacted DDA case management when there has been a change in the client's ability to take their own medication.
8. Observe the storage of medications to determine:
   a. Client access to the medications
   b. Expired medications
9. Review medications and medication administration records for each client in the sample. Focus on:
   a. If clients receive the medications they are supposed to receive;
   b. If staff sign for medications that are assisted or administered when given.
   c. Any client refusals and staff actions.
10. Confirm through interviews and record review that the client or client's legal representative has given informed consent for the use of psychoactive medications.
11. Ask the staff if they are aware of medication adverse effects to observe for each client they serve.
12. Confirm the following through interview and record review if the client takes psychoactive medications:
    a. A psychoactive medication treatment plan is in place;
    b. The provider has developed and is implementing a positive behavior support plan if required; and
    c. The provider is monitoring the effects of the medication as required.
13. Document using **Client Observation Worksheet - Attachment C**.

Field Manager Responsibility

1. Be available to consult with contracted evaluators when concerns arise.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.

Washington State Department of Social & Health Services

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A14 – NURSE DELEGATION

Background

Nurse delegation is required when clients require administration of all or some medications by provider staff. Registered Nurse Delegators (RND) may be a provider's employee or a contracted Registered Nurse.

When the RND is an employee and delegates nursing tasks to a nursing assistant or home care aide, the service provider is responsible for all aspects of nurse delegation.

When the RND is contracted, the service provider is responsible to:

- Ensure the client gets the delegated medications and/or treatments as delegated;
- Monitor the delegated employee to ensure they are doing the tasks as delegated;
- Monitor that the RND provides the training and supervision per WAC 246-840-910 through WAC 246-840-970 Delegation of Nursing Care Tasks in Community-Based and In-Home Care Settings.
- Intervene immediately when problems are identified.

The RND and nursing assistant or home care aide are accountable for their own individual actions in the delegation process. While the delegated task becomes the responsibility of the nursing assistant or home care aide, the RN delegator retains overall accountability for the client's nursing care.

The service provider also is responsible to ensure that the client receives the care and services as delegated.

Tasks that may not be delegated include:

1. Administration of medications by injection with the exception of insulin injections.
2. Sterile procedures.
3. Central line maintenance (intravenous line).
4. Acts that require nursing judgment.

Procedure

A. General information - RCS contracted evaluators will:

1. Select at least one client receiving nurse delegated medications and/or treatments for the sample and determine if:
    a. The service provider has a system for ensuring the RND and nursing assistants/home care aides are qualified and that the applicable statute besides rule are followed.

b. There is written consent for delegation by the client or authorized representative.

c. There are specific, written delegation instructions to the nursing assistant/home care aide with a copy maintained in the client's record in the client's home, including how to contact the nurse delegator; and

d. The client is receiving treatment and services as delegated.

2. Determine when there will be opportunities to observe clients receiving nurse delegated treatments or services.

3. Confirm through interviews and record review, and document on **Staff Interview Worksheet (Attachment F)** that nurse delegation requirements have been met for each delegated nursing task including:

   a. The nursing assistant or home care aide is registered or certified.

   b. The nursing assistant or home care aide has a certificate of completion for the required core nurse delegation training.

   c. The nursing assistant or home care aide is trained in diabetes care and insulin when insulin is delegated.

   d. The RND conducted an assessment to determine the client was in a stable and predictable condition and that the task(s) in question was delegable.

   e. The client or their representative gave written consent for the delegated task(s).

   f. The RND trained the delegated staff.

   g. RND supervision occurs at least every ninety days unless;

   h. With delegation of insulin injections, the supervision occurs at least weekly for the first four weeks and may be more frequent.

4. Consult with the Field Manager to determine if a referral to the Department of Health is appropriate if the registered nurse, nursing assistant and/or home care aide have not complied with WAC 246-840-910 through WAC 246-840-970 Delegation of Nursing Care Tasks in Community-Based and In-Home Care Settings.

Field Manager Responsibility

1. Be available to consult with contracted evaluators when concerns arise.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.

4. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State
Department of Social
& Health Services

14A15 – INSTRUCTION AND SUPPORT SERVICES (ISS) REIMBURSEMENT REVIEW

Background

The Instruction and Support Services (ISS) Reimbursement Review is a comparision of a provider's internal payroll summary records to the gross payroll reported on the cost report to determine if there are anomalies requiring a more detailed review by the Developmental Disabilities Administration (DDA) and/or the Office of Rates Management.

- Funds allocated for ISS services may only be used to pay for qualifying client Instruction Service and Support payroll expenses.
- ISS funds may not be used to pay for administrative/non-staff costs or any other costs not qualifying as ISS.

Procedure

A. General information - RCS contracted evaluators will:

1. Obtain the most recent cost report Schedule B submitted by the provider from the RCS Field Manager or designee.

STATE OF WASHINGTON
DEVELOPMENTAL DISABILITIES
RESIDENTIAL SUPPORT PROGRAMS
ISS PAYROLL BY MONTH OR QUARTER

MONTHLY OR QUARTERLY PAYROLL REP

Reporting Period (Select from drop down list)

PROVIDER MUST MAINTAIN SUPPORTING PAYROLL RECORDS FOR AMOUNTS REPORTED EACH MONTH/QUARTER (BY EMP

	COL A	COL B	COL C	COL D	COL E	COL F	COL G	COL H	COL I	COL J	COL K	COL L	COL M	COL N
	MONTH / QUARTER	EMPLOYEE TYPE	ISS FTE'S	ISS GROSS PAYROLL FOR STAFF (REGUALAR TIME)	ISS GROSS PAYROLL FOR STAFF (OVERTIME)	ISS % OF TOTAL GROSS PAYROLL	ADMINISTRATIVE/ NON-ISS GROSS PAYROLL FOR STAFF (REGUALAR TIME)	ADMINISTRATIVE/ NON-ISS GROSS PAYROLL FOR STAFF (OVERTIME)	ADMINISTRATIVE/ NON-ISS % OF TOTAL GROSS PARYOLL	GROSS PAYROLL FOR NON-CONTRACTED BUSINESS (REGULAR & OT)	NON-CONTRACTED % OF TOTAL GROSS PAYROLL	GROSS PAYROLL FOR PAID TIME OFF (HOLIDAYS, VACATION &/OR SICK LEAVE)	GROSS PAYROLL OTHER COMPENSATION	TOTAL MONTHLY GROSS PAYROLL
61	ANNUAL TOTALS	ISS & PROFESSIONAL SERVICES STAFF (CONTRACTED ISS JOB DUTIES ONLY)	#N/A	$0.00	$0.00	0.00%	$0.00	$0.00	0.00%	$0.00	0.00%	$0.00	$0.00	$0.00
62	ANNUAL TOTALS	ISS & ADMINISTRATIVE OR NON-CONTRACTED STAFF (STAFF PERFORMS CONTRACTED & NON-CONTRACTED AND/OR ADMINSTRATIVE WORK)		$0.00	$0.00	0.00%	$0.00	$0.00	0.00%	$0.00	0.00%	$0.00	$0.00	$0.00
63	ANNUAL TOTALS	GH ONLY - ADMINISTRATOR PAYROLL		$0.00	$0.00	0.00%	$0.00	$0.00	0.00%	$0.00	0.00%	$0.00	$0.00	$0.00
64	ANNUAL TOTALS	ADMINISTRATOR ISS PAYROLL FOR SL & COMBINED SL/GH AGENCIES WITH 20 OR FEWER ISS FTE'S	#N/A	$0.00	$0.00	0.00%	$0.00	$0.00	0.00%	$0.00	0.00%	$0.00	$0.00	$0.00
65	ANNUAL TOTALS			$0.00	$0.00	0.00%	$0.00	$0.00	0.00%	$0.00	0.00%	$0.00	$0.00	$0.00

Posts to Sch G, Line 29

2. Ask the provider to reconcile the Gross payroll reported on Schedule B, cell N65 (highlighted in red above) with the provider's internal source payroll Summary records.
3. If the Gross payroll on Schedule B matches the provider's payroll record(s) supplied (or the variance is less than 2%), complete the heading on the ISS Review/Questionnaire form and write "Gross payroll amounts match within guidelines" in the comment section of the form.
4. If the Schedule B reported amount does not match the provider's Payroll Summary, forward the information to the RCS Field Manager (or designee), so it can be sent with copies of the working papers to the Rates Department for further ISS payroll review.
5. Return Review/Questionnaire form with working papers as part of the completed evaluation packet.

Field Manager responsibility

1. Report any material discrepancies to:
   a. Office of Office of Rates Management, Management Services Division and
   b. Developmental Disabilities Administration
2. Be available to consult with contracted evaluators when concerns arise.
3. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
4. Conduct periodic reviews of this procedure to ensure evaluators are following it correctly.
5. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A16 – STATUS MEETINGS & COMMUNICATION

Background

Communication with the provider throughout the certification evaluation process via status meetings and open dialogue serves to keep the provider informed regarding the certification evaluation's progress including specific regulatory compliance issues and concerns that have been identified. This gives the provider the opportunity to ask questions and present additional or clarifying information and documentation regarding identified issues, concerns, and evaluator questions. Also serves to assure the provider is aware of and understands deficient practice findings that will be included in the Statement of Deficiencies (SOD) and discussed at the exit conference.

Procedure

A. General information - RCS contracted evaluators will:

1. At the beginning of the evaluation, discuss with the provider how communication and status meetings will occur throughout the on-site evaluation. Work with the provider to agree on a communication and status meetings process that will both accommodate the provider's needs/circumstances and the evaluation process and timelines.
2. Keep the provider informed of the evaluation's progress and what tasks have been completed.
3. Give the provider the opportunity and time to submit additional and/or clarifying information regarding identified issues and concerns. Identify the specific type of information or evidence that would be helpful to clarify unresolved issues, concerns, and questions.
4. Ensure the provider knows who the team coordinator will be and their role to:
    a. Communicate with the provider though other team members will participate as needed.
    b. Tell the provider how evaluation team members may be reached during the on-site evaluation.
    c. Ensure that team members are made aware of issues and concerns being shared with the provider.
5. Ensure discussion of points of disagreement or contention will be objective, regulatory-based, and focus on information obtained through observation, interviews, and record reviews.
6. Immediately inform the provider of any instance or evidence of potential client abuse, neglect, or exploitation if the situation or alleged perpetrator is posing a current risk to the client(s).

7. Ensure team and other conversations regarding the service provider, staff, or clients are private and confidential.
8. Not offer personal opinions or advice when communicating with the provider and staff.

Field Manager responsibility

1. Be available to consult with contracted evaluators when concerns arise.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A17 – EXIT PREPARATION AND DECISION MAKING

BACKGROUND

The exit preparation and decision making procedure is intended to give contracted evaluators the opportunity to analyze information and findings regarding clients in the sample. This in turn leads contracted evaluators to reach conclusions about the provider, how the provider supports clients, and whether or not provider practices meet regulatory requirements.

In addition to determining ifproviders have protected clients' health and safety, determining compliant or deficient provider practice is one of the most important decisions made during certification evaluations. Contracted evaluators have a responsibility to take multiple opportunities to look at issues or concerns to determine if they are single events or reflect a pattern of events and/or problems with provider systems. Compliance decisions made on the basis of observations are strongest when validated through formal and informal interviews. Conclusions and decisions regarding provider compliance must be made on the basis of objective data and facts that can be validated.

PROCEDURE

A. RCS contracted evaluators will:

1. Analyze information and data to determine if the provider has met regulatory requirements by gathering information from as many relevant sources as possible.
2. Deficient practice decisions should rarely be made on the basis of record review(s) alone. Observations and interviews are the primary sources upon which to base decisions regarding provider practice. Ensure decisions and conclusions are based upon credible and accurate information/evidence.
3. Determine and clearly identify each deficient practice to be cited and the specific regulation each deficient practice violates.
4. Be certain that the department has regulatory authority over all issues being considered for citation as a deficient practice finding.
5. Identify the scope and severity of a deficient practice in terms of actual or potential harm to clients.
6. Determine if the deficient practice affects or has the potential to affect all clients, some clients, or a specific subset of clients.
7. Determine if there is sufficient evidence via observations, interviews or supporting documentation to make a compliance decision. If not, determine what, if any further information is needed.
8. Determine how to resolve conflicting information and data. If unable to resolve, conclude whether there is sufficient data to identify a deficient practice.

9. Not hold providers to “best practice” standards. The provider is required to satisfy the minimum certification requirements defined in rule.
10. Be able to explain and if needed clarify to the service provider and the RCS Field Manager how and why specific decisions were reached.
11. Organize, prepare, and prioritize the information to be covered during the exit conference.
12. If during the decision making process contracted evaluators conclude that a previously unidentified serious risk to any client exists, they should immediately inform the RCS Field Manager.
13. Consult with the RCS Field Manager regarding uncertainties or unresolved questions.

Field Manager Responsibility

1. Be available to consult with contracted evaluators when concerns arise.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A18 – EXIT CONFERENCE

Background

The exit conference is conducted to identify and summarize for the provider the deficient practices and regulations that will be cited in the Statement of Deficiencies (SOD) report and to identify compliance issues that are still being considered for possible citation. The process RCS uses to review and approve the SOD is explained and the provider's required response is identified and clarified.

Those present at the exit conference are typically the service provider and representatives from DDA. The exit conference is open to any staff or individual invited by the provider as well as to clients and their families, representatives, and advocates.

Because of ongoing communication during the evaluation process, the provider should be aware of all areas of probable deficient practice findings before the exit conference.

PROCEDURE

A. RCS contracted evaluators will:

1. Provide information that is specific and clear enough for the provider to understand the probable deficient practice findings and to initiate corrective action.
2. Inform attendees that any issues that arise during the exit conference for which they cannot respond will be forwarded to the RCS Field Manager for review and response.
3. Summarize each deficient practice finding that will or may be in the SOD; explain the basis for each finding; and the specific regulation that is or may be determined out of compliance.
4. Provide exit conference attendees the opportunity to ask questions and share comments or concerns regarding deficient practice findings or the evaluation process.
5. Offer to share feedback obtained during client representative and family interviews if the interviewee has given permission to share that feedback.
6. Ensure evaluator responses to questions, concerns, and comments are regulatory-based. Responses will not include advice, recommendations, or personal opinions.
7. Note questions, comments, and concerns brought up during the exit conference and forward those to the RCS Field Manager.

8. Tell the provider how they may submit any additional or clarifying information for consideration by RCS management.
9. Indicate that the draft Statement of Deficiencies (SOD) being submitted to RCS is not a final report and that it is subject to change during the review and approval process.
10. Explain the RCS management review and approval process including timeframes.
11. Explain the process including required timeframes for submitting a plan of correction to the RCS Field Manager even if the provider is planning on asking for an Informal Dispute Resolution (IDR).
12. Remind the provider of the responsibility to immediately initiate corrective action of identified deficient practices.
13. Explain the process for requesting IDR following the provider's receipt of the final report and the importance meeting the timeframe for the request.
14. Explain the follow-up evaluation process to the provider.
15. Document all notes, discussions, and other pertinent information, including who was present at the exit interview, on **Notes Worksheet (Attachment K)** and include in the working papers for each deficient practice finding and potential deficient practice finding discussed during the exit conference.
16. Discuss with the RCS Field Manager the team's response to issues that come up during the exit conference.

Field Manager Responsibility

1. Be available to consult with contracted evaluators when concerns arise.
2. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
4. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A19 – STATEMENT OF DEFICIENCIES

Background

The Statement of Deficiencies (SOD) is a legal document that provides the reason(s), basis, or rationale for findings of noncompliance with the regulatory requirement(s). The statements of deficient provider practice are regulatory-based and clearly written so the provider will understand the deficient practice and be able to take appropriate corrective action. The SOD will only include deficient practice findings based on objective and verifiable evidence, facts, and data.

PROCEDURE

A. General information - RCS contracted evaluators will:

1. Write the SOD after conducting the exit conference.
2. Discuss the citations with the team coordinator and decide which sections of the SOD each contracted evaluator will write. When appropriate, the evaluation team lead may choose to write the SOD themselves or may assign sections of the SOD to contracted evaluators.
3. The SOD must be written according to Principles Of Documentation for Community Programs and DSHS administrative policy 2.11 on state-mandated "Plain Talk".
4. Only cite to the strongest, most pertinent rule if a deficient practice violates more than one rule.
5. Ensure written statements of deficient practice are based on objective facts/data and are defensible.
6. Not include technical jargon or abbreviations not readily understood by a layperson. Abbreviations and acronymns must be identified so the reader is aware of what the abbreviations/acronymns mean.
7. Focus deficient practice findings only on the provider's performance during the last 24 months. If the provider has been cited within the last 24 months, ensure repeat deficiencies of the same WAC is noted in the written statements of deficient practice summaries with the dates of the previous SOD(s).
8. Review and edit written statements of deficient practice to ensure correct spelling, grammar, and punctuation prior to RCS Field Manager Review.
9. Forward the final draft SOD to the RCS Field Manager for review, approval, and distribution via email immediately after completion. The last date of data collection is the final day of which observations, interviews, and record review

has been completed. The final SOD must be mailed to the provider within 10 working days after the last day of data collection.

10. When the final draft SOD is forwarded to the RCS Field Manager for review, the provider name, certification number, and due date in the email subject line. The due date is the date RCS will need to send the SOD to the provider, which is 10 working days after the last day of data collection (see #9).

11. Consult with the RCS Field Manager for any question about where a specific finding should be cited.

Field Manager responsibility

1. Ensure SOD are sent to the provider within 10 working days after the last day of data collection.
2. Be available to consult with contracted evaluators when concerns arise.
3. Train new contracted evaluators and ensure they are able to demonstrate they understand this procedure.
4. Conduct periodic reviews of this procedure to ensure evaluators are following it correctly.
4. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A20 – FOLLOW-UP EVALUATIONS

Background

A follow-up visit may be conducted to determine if the provider has achieved correction of the regulatory violations and deficient practices cited in the Statement of Deficiencies (SOD) report. The follow-up visit may be on-site visit, by telephone verification, or review of documentation at the discretion of the RCS Field Manager. It only focuses on the regulatory violations and deficient practices cited in the certification evaluation. Whenever possible, the follow-up will be done by a person who was part of the original certification evaluation team.

Procedure

A. General information - RCS contracted evaluators will:

1. Before initiating the on-site follow-up evaluation:

   a. Obtain and review the full evaluation SOD, Plan of Correction (POC) (including the original list of clients in the sample) from the RCS Field Manager ;

   b. Identify tasks that need to be done and information/data that will be reviewed to determine if the provider has corrected deficient practices cited in the SOD; and

   c. Consult with the RCS Field Manager as needed.

2. Upon arrival, conduct a brief entrance conference with the service provider.
3. Select a sample of clients that is 60% of the full evaluation sample size. The focus of the sample selection should be on clients who are most likely at risk of negative outcomes from the deficient practices cited in the original SOD. Select at least one client who was in the full evaluation sample.
4. Conduct observations, interviews, and record reviews as needed to determine if the provider has corrected cited deficient practices.
5. Use the applicable procedures provided in the full evaluation SOPs to conduct the follow-up evaluation but only do those tasks necessary to determine if the provider has achieved compliance.
6. Only review evidence obtained between the provider's date of correction as approved by RCS on the plan of correction and the date of the follow-up evaluation.
7. Conduct a brief exit conference with the provider to review findings.

8. Complete a follow-up evaluation and document on the **Notes Worksheet (Attachment K)** and submit it to the RCS Field Manager for review/approval/action.
9. Write findings of deficient practice in a SOD if required.
9. Consult with the RCS Field Manager before expanding the focus of the follow-up evaluation or citing additional deficient practices not included in the certification evaluation SOD.
10. Contact the RCS Field Manager immediately if instances of serious harm or potential serious harm to any client is identified and notify the Adminitrator immediately to ensure the safety and protection of the client.

FIELD MANAGER RESPONSIBILITY

1. Review the full evaluation Statement of Deficiencies and determine if the follow-up evaluation will be done by:

   a. **Telephone verification**. Follow-up evaluations may be done by telephone when:

      i. The deficiencies do not have a direct, adverse impact on client support, health, and safety (i.e., cited deficient practices are not associated with an actual or potential negative client outcome);

      ii. The deficient practice issue is such that there are clear, objective criteria for determining compliance; and

      iii. The provider has a good history of compliance with providing instruction and support to clients.

   a. **Documentation/letter verification**. Follow-up evaluations may be done by documentation/letter when:

      i. The deficiencies do not have a direct, adverse impact on client support, health, and safety;

      ii. The agency sends a letter that fully describes the corrective actions taken, including when correction was achieved; and

      iii. The agency submits pertinent documentation as verification (e.g., criminal background check results, first aid/CPR cards).

   c. **On-site verification.** Follow-up evaluations must be done by on-site visit:

      i. For deficiencies with an actual or potentially negative client outcome;

      ii. When documentation submitted by the provider does not adequately support the conclusion that correction has been achieved; and

      iii. At the discretion of the RCS Field Manager.

2. If an on-site visit is required, schedule the follow-up evaluation to be done at a time following the provider's correction date as required by the plan of correction.
3. Be available to consult with contracted evaluators when concerns arise during the visit.
4. Train new evaluators and ensure they are able to demonstrate understanding of this procedure.
5. Conduct periodic reviews of this procedure to ensure contracted evaluators are following it correctly.
6. Request training and clarification from department as needed.

Quality Assurance Review

This procedure will be reviewed for accuracy and compliance at least every two years.

Change Log

Back to Top

Washington State Department of Social & Health Services

14A21 – Food Services For Group Training Homes (GTH)

Background

To provide the contracted evaluator with an overview of the Group Training Home (GTH) food service operations to include risk-based inspection criteria consisting of: staff knowledge of Food Borne Illnesses (FBI), how food is prepared, handled, stored; how equipment and food contact surfaces/utensils are sanitized; and an overview of dining services and meal planning to meet clients' dietary needs.

Chapter 246-215 WAC Food Service provides the safety standards for food served or sold to the public in Washington State. Washington adopted the 2009 FDA Food Code, with some modifications. The Food Code serves as the basis for food service inspections providing rules that are more consistent with the national food safety standards incorporating the latest knowledge of food science and technology.

General observations and data collection regarding food services occurs throughout the full evaluation and are focused on the client. Meal observation is a part of the food service task and will be conducted at one or more meals.

Procedure

The Contracted Evaluator will:

A. Use the tour as the first opportunity to observe the food service environment and general food service practices including proper food handling skills and hand washing.

   For all clients in the sample where concerns led you to look at them closer:

   1. Interview and observe the clients regarding meals/food services, individual nutritional needs, preferences, and reasonable accommodations including, but not limited to, modified or therapeutic diets or feeding tubes.
   2. Review client records for prescribed or non-prescribed nutrient supplements and/or modified or therapeutic diets.

B. Conduct informal interviews/conversations and observations regarding food services with clients in the sample. Conduct record reviews specific to food services for these clients only if an issue has been identified.

C. Document on the **Food Service Worksheet (Attachment L)** the staff record of food handler cards and review for sample staff. If a client is routinely or regularly involved in the preparation of food to be served to other clients, or as part of an employment-training program, request a food handler card.

D. Conduct formal observation of food services for high risk factors, to ensure a risk-based inspection is conducted and proper control measures are in place. Use the **Food Service Worksheet (Attachment L)** in accordance with WAC 246-215-08430;

and wear a hair restraint throughout the kitchen inspection in accordance with WAC 246-215-02410.

E. Observe food safety to include: personal hygiene employee health, temperature control and potential cross contamination during food preparation and service.

F. Conduct further observations and review if potential or actual outcomes and deficiencies regarding food services have been identified. Consider requesting a food sample to evaluate temperature or palatability if concerns have been identified.

G. Identify the contracted evaluator team member responsible for conducting the food service task at the pre-inspection preparation team meeting.

1. The evaluation team leader or the evaluator responsible for the food service task will make introductions to food service staff, conduct informal interviews, establish which staff is the contact, and briefly explain the food service task.
2. Other members of the team will share general observations with the evaluator responsible for conducting the food service task.

H. Food services will include the considerations of individual client needs such as:

1. Preferences;
2. Alternate choices;
3. A system for residents to express their comments on food services;
4. Prescribed diets;
5. Prescribed nutrient supplements and concentrates;
6. A variety of daily food choices:
7. Temperature of food; and
8. Assistance with eating, if needed.

I. Interviews with clients, Administrator (or designee), caregiver staff, collateral contacts, and food service staff are important sources of information regarding food services.

J. Observation of a meal may require an adjustment in the evaluation to allow time for the observation. For example:

1. If a meal is occurring at time of entrance and/or onsite visit, the contracted evaluator will conduct general observations if more opportunities will occur during the inspection to observe dining.
2. If no other meal observations will occur or many clients will be out of the GTH during other meals, the evaluation team leader will inform the Administrator (or designee) that the entrance conference and/or onsite visit will be postponed to conduct a meal observation at that time.

K. Dining Observation:

1. Conduct meal observation while sitting if possible to avoid standing over the clients. Documentation of observations should be minimized during the observation.

2. Observe dining area for adequate seating capacity (50% or more clients per meal setting).
3. Observe for timeliness of meal service.
4. Observe to see if staff is providing support to meet client needs. Observe whether meals are nourishing and palatable and are served in a manner that promote the dignity of the client.
5. Observe sample client if eating assistance is needed as required by the ISP/PCSP.
6. Identify sample clients that are currently receiving meals in their room, noting the reason, and if the meals are assisted as required by the client's ISP/PCSP.
7. There is no need to routinely check the temperature of food. However, if a client complains about food temperature or if you see prepared food sitting for an extended amount of time to impact the appropriate temperature of the food being served, check the temperature just before it is served to clients.

FIELD MANAGER RESPONSIBILITY

A. Field Managers are to conduct the following activities in relation to this procedure:

1. Train new staff and ensure they are able to demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from department as needed.

QUALITY ASSURANCE REVIEW

This procedure will be reviewed for accuracy and compliance at least every two years

Washington State Department of Social & Health Services

APPENDIX A – FORMS AND RESOURCES

Resources

Information for Certified Community Residential Services and Supports Providers

Forms (RCS - CCRSS FORMS)

Attachment A. Certification Evaluation Facesheet DSHS 10-611

Attachment B. Pre-Certification and Evaluation Preparation Worksheet DSHS 10-612

Attachment C. Client Observation Worksheet DSHS 10-613

Attachment D. Client Interview Worksheet DSHS 10-614

Attachment E. Collateral Interview Worksheet DSHS 10-615

Attachment F. Staff Interview Worksheet DSHS 10-616

Attachment G. Home Environment and Safety Worksheet DSHS 10-617

Attachment H. Staff Sample Record Review DSHS 10-618

Attachment I. Background Check Review DSHS 10-619

Attachment J. ISS Reimbursement Review Schedule B
(Select 2021 Cost Report-Template then Select Tab B – ISS Payroll Expenses)

Attachment K Notes Worksheet DSHS 10-621

Attachment L Group Training Home Food Services Observations and Interviews DSHS 10-622

Change Log

Back to Top

Washington State Department of Social & Health Services

APPENDIX B – CCRSS CHANGE LOG

Note to the public – Management Bulletins (MBs) are stored on the ALTSA intranet and cannot be accessed by the public

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION &TRAINING PLAN
04.26.2021	**Chapter 14 A10, 14A15 and Appendix A**	ISS reimbursement review and clarification of fire safety rules	Change in process and form	Training MB issued R21-059
03.01.2019	**Chapter 14 All Sections**	CCRSS program specific forms	Standardize process	All CCRSS forms located on CCRSS Forms
03.01.2019	**Chapter 14** 14A21	Added Food Services for GTH	Change to Chapter 388-101D WAC	Training
03.01.2019	**Chapter 14 All Sections**	Former OPPs converted to SOP format and standardized forms.	Comply with RCS Director mandate	Training MB issued: R19-017
03.01.2019	**Chapter 14**	Rescind MB-R10-019	OPPs converted to SOP format	
6/2016	**Chapter 14 All Sections**	All OPPs, forms & resources are captured in a formal RCS Chapter format	• To ensure all staff are familiar with all processes; To comply with RCS Director mandate.	• Posted for employee review • **MB issued:** R16-025
4/16/2010	14A General Guidelines	Last version of OPP	SOP being moved to CCRSS chapter	

Back to Top