

CHAPTER 11: Residential Inspection and Quality Assurance Program (RIQAP)

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Overview

The “Field Analysis” portion of the application process includes an on-site pre-occupancy inspection to determine if an applicant meets the licensing requirements for their particular facility. In Residential Care Services (RCS), the Residential Inspection and Quality Assurance Program (RIQAP) is responsible for completing pre-occupancy inspections in adult family homes (AFHs), assisted living facilities (ALFs), and enhanced services facilities (ESFs). In addition, for ESFs, RIQAP conducts an early quality assurance (Early QA) visit after licensure, when the facility has residents.

The pre-occupancy inspection must comply with the following applicable state and federal regulations:

- [TITLE 42 §441.530 HOME AND COMMUNITY-BASED SETTING](#)
- [RCW 19.27.031 - STATE BUILDING CODE](#)
- [CHAPTER 70.129 RCW – LONG-TERM CARE RESIDENT RIGHTS](#)
- [CHAPTER 74.34 RCW ABUSE OF VULNERABLE ADULTS](#)
- [CHAPTER 51-51 WAC – STATE BUILDING CODE](#)
- [CHAPTER 388-76 WAC – ADULT FAMILY HOME MINIMUM LICENSING REQUIREMENTS](#)
- [CHAPTER 388-78A WAC – ASSISTED LIVING FACILITIES](#)
- [CHAPTER 388-110 WAC – CONTRACTED RESIDENTIAL CARE SERVICES](#)
- [CHAPTER 388-113 WAC – DISQUALIFYING CRIMES AND NEGATIVE ACTIONS](#)
- [CHAPTER 388-107 WAC – ENHANCED SERVICES FACILITIES](#)
- [CHAPTER 388-112A WAC – RESIDENTIAL LONG-TERM CARE SERVICES](#)

These procedures are specific to Residential Care Services and are not covered by [DSHS Administrative Policies](#).

Contacts

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Part I: Adult Family Home Pre-Occupancy

A. General Guidelines

Background

An applicant for an AFH license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the AFH licensing process.

RCS Director, or designee, has the authority to:

- Grant an AFH license;
- Deny the application for an adult family home license; or
- Approve the recommendation for voiding an application and closing the application file;

Pre-Occupancy Licensing Inspection “Working Papers” files will be kept in the RCS Records Management Tool (RMT).

Procedure

THE LICENSOR WILL:

1. Review the application file.
2. Assemble supplies that may be needed prior to inspection: such as: thermometer, measuring equipment, and calculator. Copies of RCWs and WACs pertaining to AFHs can be accessed during inspection from the internet or from an electronic folder stored on the laptop desktop.

THE RIQAP MANAGER WILL:

1. Receive the file from the Business Analysis and Applications Unit (BAAU).
2. Complete the application intake process by utilizing the AFH pre-occupancy licensing working papers.
3. Review available data systems which have relevant information about the applicant or entity representative or both, including review of credentials.
4. Recommend licensure if the applicant meets the state minimum licensing requirements; or
5. Recommend denying the license if they do not meet the requirements.
 - a. In general, the UM will recommend offering the applicant the opportunity to withdraw their application before the denial process begins.
6. An applicant must complete the application process and be licensed within 12 months from the date the Department received the application. The UM may recommend voiding the application if the applicant is not licensed within 12 months from the date the Department received the application. The UM may also decide to extend the 12-month deadline in response to a written request from the applicant.

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7. UM will conduct the following activities in relation to this procedure:
 - a. Train new staff and ensure they can demonstrate they understand this procedure.
 - b. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
 - c. Request training or clarification from headquarters as needed.

Quality Improvement Review

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

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B. [AFH Application Intake](#)

Background

The purpose of application intake is to provide direction for the intake of an AFH license application file received from the BAAU and assignment to the RIQAP Licensor for the initial licensing inspection.

Procedure

THE UM (OR DESIGNEE) WILL:

1. Assign application to a licensor.
2. Enter applicant information into RIQAP Initial and Tracking System.
3. Set-up the AFH initial working papers for licensor.
4. Notify the licensor about new file assignment.

NOTE: If the Resident Manager or Co-Provider changes from original application, [notify the BAAU](#). BAAU will gather all the necessary information on the new Resident Manager or Co-Provider. The licensor should not stop the inspection process.

Quality Improvement Review

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C. Pre-Inspection Preparation

Background

The purpose of AFH pre-occupancy inspection preparation is to gather and analyze information regarding the AFH prior to entrance on-site.

Procedure

THE LICENSOR WILL:

1. Create an electronic file folder for the applicant's pre-occupancy licensing inspection.
 - a. Review the file packet for completeness.
 - b. Identify any issues or missing documents or records.
 - c. Review the building inspection checklist.
2. Contact the applicant by email to schedule and confirm initial inspection – record results on AFH pre-occupancy electronic working papers.
 - a. Discuss any issues or concerns with the application file.
 - b. Request copies of any missing information/forms needed to review prior to inspection.
 - c. Offer the AFH applicant/Entity Representative a phone (with video) meeting; during the meeting, the licensor will:
 - i. Explain the inspection process;
 - ii. Inform the applicant that everything must be ready before the onsite visit; and
 - iii. Review the [AFH Initial Inspection Preparation Checklist](#).
 - d. Schedule the onsite visit only if the applicant assures you that the house and all systems are ready.
 - e. Inform applicant to notify you immediately if a problem occurs and the applicant will need to re-schedule the pre-occupancy inspection.
 - f. Follow up the email conversation by:
 - i. Drafting a confirmation letter, which includes the time and date of scheduled inspection and marks any documents that need to be submitted.
 - ii. Send letter by email.
 - iii. Send the AFH Initial Inspection Preparation Checklist with the confirmation letter.
3. If the applicant cannot be reached by email after three attempts, record results on the [AFH Electronic Initial Licensing Working Papers](#) and:
 - a. Draft the “unable to contact” letter;
 - b. Send letter by RCS process for receipt of notice; and
 - c. Save a copy of the “unable to contact” letter for the electronic working file.
4. If the applicant states during the initial email communication they are not ready for the pre-occupancy inspection, record results on AFH Electronic Initial Licensing Working Papers and:
 - a. Notify the UM about the postponement;
 - b. Draft the “agreeing to postpone” letter;
 - c. Send letter by email; and

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- d. Save a copy for the electronic working file.
5. Notify the RIQAP Manager of the need to postpone.
 - a. As contact occurs, enter dates, and contact with applicant on AFH Electronic Initial Licensing Working Papers.
6. Complete preparation for pre-occupancy visit:
 - a. Review all working papers, application documents, and information received from applicant;
 - b. Assemble supplies (paper/pen, etc.) & equipment pack (thermometer, measuring equipment, calculator, etc.).
 - c. Prepare laptop or electronic device for the inspection:
 - i. Ensure battery is fully charged and most recent updates are installed;
 - ii. Electronic inspection documents are named, saved and organized for quick access during the inspection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

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D. Entrance Conference/Document Review

Background

The entrance conference provides the licenser an opportunity to explain the pre-occupancy inspection process, gather initial data regarding operation of the home, review the resident record system, and discuss the applicant's systems and processes for resident care.

Procedure

THE LICENSOR WILL:

1. Turn on the laptop or electronic device and open the electronic working papers.
2. Begin making observations with the exterior of the home on arrival and continue during the entrance conference.
3. Document information and observations on the [AFH Electronic Initial Licensing Working Papers](#).
4. Introduce yourself and provide the applicant with a business card.
5. Explain the purpose of the visit and describe the inspection process.
6. Determine if applicant cannot speak or understand English, contact the UM with any concerns.
7. Determine home's water and sewer system and collect documents verifying systems meet minimum licensing requirements. Document information collected on the AFH Electronic Initial Licensing Working Papers.
8. Verify with the applicant the presence of the Notice of Rights and Service Requirement document, Disaster Plan, Abuse Policy, Contacting Emergency Medical Services Policy, Medication Disposal Policy, and Medicaid Policy.
NOTE: The documents will not be reviewed for content, as the AFH signs and submits a policy attestation form at the time of application.
9. Review the applicant's administrative records such as the medication log, evacuation drill log, accident/injury log and orientation checklist for new staff. Document whether or not the documents meet minimum licensing requirements on the AFH Electronic Initial Licensing Working Papers.
10. Ensure the applicant has the required training and background checks. The licenser will record the completed or expiration date as applicable on the AFH Electronic Initial Licensing Working Papers.
11. Obtain any required training documentation the applicant has not submitted and document on the AFH Electronic Initial Licensing Working Papers. Request documentation be submitted by the provider in an electronic format.
12. Review and discuss with the applicant the sample resident record to ensure the applicant has an organized method of record keeping and the record is kept in a confidential location. Document on the AFH Electronic Initial Licensing Working Papers the record contains at a minimum a place to file the following documents:
 - a. A name and contact phone number for each sample resident's family/representative;
 - b. Healthcare practitioner;

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- c. A contact person name and phone number of any other agency involved in resident care (i.e., home health, mental health, hospice, etc.);
 - d. Resident assessment;
 - e. Preliminary Service Plan;
 - f. Negotiated Care Plan;
 - g. Inventory of resident's belongings;
 - h. Financial recordkeeping if the applicant plans to maintain the resident's finances;
 - i. Legal documents, if applicable; and
 - j. Other recorded resident information as required by rule.
13. Complete the "Applicant Interview" section of the AFH Electronic Initial Licensing Working Papers and document the applicant's responses in this section. Review with applicant areas in which they do not have a clear understanding of the question being asked.
14. Ask the applicant to describe any special features of the home (e.g., pets, resident rooms on multiple levels of the home, who else resides in the home, etc.).
15. If the applicant is not home on the scheduled date and time:
- a. Contact the applicant to determine if the on-site inspection will need to be re-scheduled.
 - b. If the applicant is not home for the first scheduled visit, send an email informing the applicant that:
 - i. You arrived on the scheduled inspection date and time and found no one home; and
 - ii. The applicant must send a written request to schedule a new inspection date.
 - c. If the applicant is not home for the second scheduled visit, notify the UM. The UM will present the case to Department Review for further instruction.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

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E. Physical Environment

Background

During the physical environment inspection, the licensor will inspect the entire home, including the applicant's private areas and any outbuildings to ensure the home meets minimum licensing requirements, determine the home's resident capacity, and identify any potential safety concerns.

Procedure

THE LICENSOR WILL OBSERVE THE PHYSICAL ENVIRONMENT, INCLUDING THE FOLLOWING:

Interior environment:

- a. Record the physical environment observations on Resident Bedroom & Bathroom **and** Interior Physical Environment sections of the [AFH Electronic Initial Licensing Working Papers](#).
- b. Observe the home for:
 - a. Homelike atmosphere;
 - b. Good repair and maintenance; and
 - c. Cleanliness (general).
- c. Observe areas including but are not limited to:
 - a. Resident bedrooms, common area(s), and outside area;
 - b. Applicant/caregiver living space (including other household members living space if applicable);
 - c. Bathing facilities;
 - d. Kitchen and dining areas;
 - e. Storage for medications and resident records;
 - f. Laundry facility;
 - g. Lighting and heating; and
 - h. Emergency safety.
4. Other safety measures:
 - a. Water temperature;
 - b. Exits; and
 - c. Interior steps and stairways.
5. Infection control practices;
 - a. Availability of washing supplies; and
 - b. Laundry area;
6. Presence of pets.
7. Approval of resident bedrooms:
 - a. Measurements:
 - i. Identify the resident bedrooms that were inspected and approved by the building inspector;
 - ii. To establish the capacity and usable square footage of the room, measure the room from baseboard to baseboard excluding:
 - Closets;
 - Lockers;

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- Wardrobes; and
 - Door swing.
- b. Single occupancy resident bedroom must not be less than 80 square feet;
 - c. Double occupancy resident bedroom must not be less than 120 square feet.
 - d. If home has passed the building inspection but fails to meet a regulation, the licensor will contact the UM to discuss next steps.
 - e. Ensure applicant can gain access to any room accessible to residents in which the door locks, by demonstrating their ability to rapidly unlock the door.
8. Common use areas:
- a. Sufficient space, such as a living room and outdoor area for the requested license capacity;
 - b. Accessibility from resident bedrooms; and
 - c. Not used as a sleeping area.
9. Kitchen/Dining Areas:
- a. Cleanliness and sanitation;
 - b. Sufficient dining space to accommodate the requested capacity;
 - c. Resident accessibility; and
 - d. Evaluate potential safety issues.
10. Bathing facilities:
- a. One toilet for every 5 persons in the home; and
 - b. Evaluate potential safety issues.
11. Water temperature must be at least 105° (degrees) and must not exceed 120° Fahrenheit at any faucet with resident access.
12. Resident access to potentially hazardous supplies or equipment;
13. Lighting and Heating:
- a. Sufficient lighting in the home, including lighting in the hallways, bedrooms, bathrooms, and common use area(s);
 - b. Minimum of 68° Fahrenheit in the home; and
 - c. Portable heat sources.
14. Emergency and disaster preparedness:
- a. Smoke detectors functioning and located in the following areas:
 - i. Each resident bedroom;
 - ii. In proximity to the caregiver sleeping area; and
 - iii. One on each level of the home.
 - iv. A “five-pound 2A;10B-C” rated fire extinguisher located on each floor of the home, and either inspected annually or purchased within the last twelve months;
16. Emergency lighting;
17. First aid supplies and manual;
18. The following must be posted in a common use area where they can be easily viewed by residents, resident representatives, the department, and visitors:
- a. The Complaint Resolution Unit (CRU) Hotline/Ombud's phone numbers;
 - b. The emergency evacuation floor plan that is accurate and shows:

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- i. The evacuation route(s) to exit the home; and
- ii. Location of windows, hallways, and rooms.
- c. The Disability Rights of Washington (DRW) poster;
- d. A location to keep the most current inspection report;
- e. A statement that the last three years' inspection reports are available upon request; and
- f. Place to hang the AFH license.

Exterior environment:

1. Observation of areas accessible to residents. Identify and document any potential safety concerns on the AFH pre-occupancy licensing working papers;
2. Home is located on a well-drained site free from hazardous conditions, excessive noise, dust, smoke or odors;
3. Pathways are clear and even;
4. Steps and ramps have sturdy handrails and are safe;
5. Decks, patios, and porches:
 - a. Have no drop offs; and
 - b. Railings and gates are in place where needed;
 - c. Any body of water (pool, pond, or hot tub) over twenty-four inches deep is enclosed with fences and gates at least forty-eight inches high equipped with audible alarm at the entry point(s) to enclosure;
6. Evaluate potential safety issues, such as boards with nails facing outward, tripping hazards, and broken glass;
7. No obvious indication of rodent or other pest/insect problems; and
8. Ensure non-potable water is marked, if applicable.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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F. [Exit](#)

Background

The exit occurs at the end of the preoccupancy inspection. The purpose of the exit conference is for the RIQAP licenser to provide the applicant with information on the results of the inspection, including identifying licensing requirement deficiencies and findings, and to give the applicant an opportunity to present additional information. Because the licensers have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be unexpected by the applicant.

Procedure

THE LICENSOR WILL:

1. Review information from the working papers to identify any concerns, potential issues, and areas not meeting the minimum licensing requirements.
2. Document on the Exit Summary Worksheet of the [AFH Electronic Initial Licensing Working Papers](#) why the area(s) identified during the inspection as not meeting minimum licensing requirements do not meet these requirements.
3. Document any additional notes or new information on Notes page of the AFH Electronic Initial Licensing Working Papers.
4. Inform the applicant of the areas not meeting minimum licensing requirements per [Chapter 388-76 WAC](#).

IF THE APPLICANT **MEETS** THE LICENSING REQUIREMENTS:

1. Calculate the bedroom measurements and mark the resident capacity for each resident bedroom on the Floor Plan and Floor Plan Key in the AFH Electronic Initial Licensing Working Papers.
2. Determine each bedroom's evacuation level. Notate on the floor plan and floor plan key either "I", or "I/A" for each bedroom.
NOTE: "I" means residents who are "Independent" with evacuation and "I/A" means residents who are "Independent" or need "Assistance" with evacuation.
3. Complete and review the Post Inspection – Meets Requirements of the AFH Electronic Initial Licensing Working Papers with the applicant.
4. Review and have the applicant sign the Floor Plan Key contained in the AFH Electronic Initial Licensing Working Papers. Email a copy of the Floor Plan Key to the applicant and keep a copy in the electronic licensing file folder.

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IF THE APPLICANT **DOES NOT MEET** THE LICENSING REQUIREMENTS:

1. Review the Exit Summary Worksheet(s) of the AFH Electronic Initial Licensing Working Papers with the applicant. Provide the applicant with an electronic copy of the Exit Summary Worksheet(s).
2. Explain that the applicant may not operate as an AFH or admit more than one resident until they are licensed.
3. Encourage questions from the applicant.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Initiate the recommendation for licensure process in the event the RIQAP licensor recommends licensure.
2. Train new staff and ensure they can demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
4. Request training or clarification from leadership as needed.

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G. Post Inspection Actions

Background

Depending on if the AFH has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection. Additionally, there may be circumstances in which the UM will need to present a file to department review for a decision.

Procedure

THE LICENSOR WILL:

1. If the applicant **meets** the licensing requirements:
 - a. Review entire licensing file to ensure applicant has met the minimum licensing requirements.
 - b. Email the UM with the necessary details:
 - i. Name of the home;
 - ii. Date the licensor is recommending licensure;
 - iii. Number of beds the home will be licensed for (*capacity*);
 - iv. If the applicant requested a Medicaid contract (*contract*);
 - v. If the applicant will have any specialty designations in the home;
 - vi. Date of first contact for applicant;
 - vii. Date of all licensing visits; and
 - viii. Any unique issues contained in the application file.
 - c. Finalize the electronic application file. Ensure all documents used for the licensing inspection are together in the electronic file folder.
 - d. Email the assigned Field Manager (FM) with a notation of the home's license number and name in the email subject line. Explain all RIQAP working papers can be accessed via STARS.
 - e. e-Document management steps:
 - i. Prepare email for all licensing working paper documents.
 - 1) Subject Line: 4 data points, with a space between each data point.
Facility Type License # Facility Name RIQAP
Example: AFH #1234 Shady Glen RIQAP
 - 2) Attach to the email all RIQAP electronic documents and working papers relating to the initial inspection.
 - 3) Email body – no message is necessary unless there is a specific message about the attached working papers.
 - 4) Email to RCSPC@dshs.wa.gov
 - ii. Verify that RIQAP Electronic Working Papers are linked in Perceptive Content.
 - iii. Delete copies: Once verified that all initial inspection documents are linked in Perceptive Content – Delete inspection documents from the desktop folders, H: drive, or One Drive.
 - iv. The Outlook Sent folder is the backup document repository for RIQAP inspection documents.
2. If the applicant **does not meet** the licensing requirements:

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- a. Contact the UM with the necessary details if needed;
3. Special Considerations:
 - a. After reviewing the entire licensing application file, or when potential issues are identified during an inspection, the UM may determine the issues are the basis for a Department Review. The UM will prepare and present the application file for special consideration at a Department Review. Issues may include but are not restricted to:
 - i. Continuous failure to meet licensing requirements after second follow-up inspection;
 - ii. Applicant unable to communicate in English in order to correct requirements; and
 - iii. Applicant has more than one resident in the home.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Complete the Field Analysis section in the data system with pertinent data and forward to the BAAU.
2. Train new staff and ensure they can demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
4. Request training or clarification from leadership as needed.

Quality Improvement Review

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H. Follow-up Inspection

Background

A follow-up inspection is conducted to determine if the deficiencies from the pre-occupancy inspection have been corrected to meet minimum licensing requirements.

Procedure

THE LICENSOR WILL:

1. Contact the applicant to discuss correction of the identified areas once the applicant has submitted a written request for a follow-up inspection.
2. Schedule a follow-up inspection with the applicant.
3. Focus on the areas not meeting minimum licensing standards. This is not meant to limit the licensor if another issue is identified prior to the home being recommended for licensure.
4. Document the follow-up inspection findings on the Electronic Initial Licensing Working Papers.
5. Follow the recommend licensure process outlined in the section labelled 'Exit' if the applicant meets minimum licensing requirements during the follow-up inspection process.
6. If the applicant **does not meet** the licensing requirements:
 - a. The licensor will follow the procedures defined in the section labelled 'Exit.'
 - b. The licensor will follow the above process for scheduling and conducting an additional follow-up inspection.

DOCUMENT VERIFICATION:

1. The UM may permit the licensor to verify the applicant has corrected identified areas and now meets the licensing requirements, without an onsite follow-up inspection in cases where:
 - a. Missing paperwork can be e-mailed to the licensor;
 - b. Licensor verifies through video call corrections for items listed on the Video Inspection Item Attestation DSHS form have been corrected and meet minimum licensing requirements. Only items on this list may be verified through video call.
 - c. Other circumstances, as determined by the UM.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Follow processes in the section labelled AFH 'Department Review' if applicable.
2. Train new staff and ensure they can demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
4. Request training or clarification from leadership as needed.

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I. Department Review

Background

Department Review provides a consistent process for a review of application files before the home is licensed when there are concerns identified or where the applicant continually fails to meet the licensing requirements.

Procedure

THE UM WILL:

1. Consult with the licensor when issues are identified which require a decision from Department Review.
2. Determine what the issue(s) are and complete any further data collection, if necessary, before presenting it for review.
3. Organize the information and be ready to present it in a concise manner.
4. Present the information at the review meeting.
5. When asked for additional information:
 - a. Take careful notes, including who will get the additional information and when to present it;
 - b. Make sure that the information is ready; if not, be able to tell why not; and
 - c. Present additional information at the requested time.
6. Inform the licensor of the Department's decision.

DEPARTMENT REVIEW DECISION:

THE LICENSOR WILL:

1. Notify the applicant with the Department's decision and schedule an additional follow-up inspection if applicable.
2. Document the Department Review decision in the AFH Electronic Initial Licensing Working Papers.
3. Conduct final follow-up inspection according to process in the section labelled AFH '[Follow-Up Inspection](#).'
4. Notify UM with the results and follow process in the section labelled AFH '[Post-Inspection Actions](#).'

GRANTING LICENSE WITH A LIMIT:

THE UM WILL:

1. Follow the procedure defined in the section labelled AFH '[Post-Inspection Actions](#).'
2. Complete the Field Analysis section in the data system with the limit(s) and associated WAC to support limit(s) and forward to BAAU and RCS Compliance.
3. Defer to RCS Compliance to notify the applicant by letter.

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3. Request training or clarification from leadership as needed.

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J. Application Void, Withdraw, or Deny

Background

There may be situations in which it is necessary for the department to void an application, such as the home is not licensed within twelve months of the department receiving the application, or the applicant does not supply additional information as requested by the department for the completion of an application.

There may also be instances in which the department may deny an application, such as the spouse of the applicant has a disqualifying crime and will reside in the home, or the applicant has not demonstrated financial solvency.

The RCS Director, or designee, has the authority to:

1. Deny an adult family home license;
2. Impose enforcement actions; and
3. Void an application.

General Procedure

1. The department will recommend voiding the application when the applicant:
 - a. Has not obtained an AFH license within twelve months of first submitting the application to the department; or
 - b. Does not return information to the department within sixty (60) calendar days of the department's first request for additional information for an incomplete application.
2. Department Review will review any application file when there are possible exceptions to this policy.
3. The UM will track applicant inactivity and lack of applicant contact with the department.
4. The department will send all letters related to inspections that find the applicant does not meet the licensing requirements by email.
5. When the department sends the applicant the notice that the 12-month application deadline to complete licensure is approaching, this notice will be sent by certified mail and regular US mail.
6. The department will not return original paperwork in the application.

Procedures for Voluntary Withdrawal of Application by Applicant

THE UM WILL:

1. Ask applicant for written request to voluntarily withdraw their application for an AFH license prior to recommending the application be denied.
 2. Send a follow-up letter to applicant stating the department received the written request to withdraw application and will close the file.
 3. Notify assigned licenser, if necessary.
-

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4. Complete the Field Analysis section in the data system with appropriate notes and forward case to the BAAU.
5. Send the application file and AFH Electronic Initial Licensing Papers to central files.
6. In the RIQAP Tracking System, enter “application withdrawn” information including date.

THE LICENSOR WILL:

1. Document in the [AFH Electronic Initial Licensing Working Papers](#) the applicant has voluntarily withdrawn their application and other relevant information.
2. Close the file.

Procedures for Application Void Time Frame – Not Licensed Within 12 months

THE UM WILL:

1. Ensure the case has been presented to department management for review.
2. Send letter to applicant letting them know their application for AFH license is void and the file will be closed.
3. Complete the Field Analysis section in the data system with appropriate notes and forward case to the BAAU.
4. Send the application file and AFH Electronic Initial Licensing Working Papers to central files.
5. In the RIQAP Tracking System, enter “application void” information to include the date of the void.

THE LICENSOR WILL:

1. Document in the AFH Electronic Initial Licensing Working Papers the application has been voided and why it was voided.
2. Close the file.

Procedures for Denial of a License

THE UM WILL:

1. Notify licensor about decision.
2. Complete the Field Analysis section in the data system with appropriate notes and forward case to the BAAU.
3. Send the application file and AFH Electronic Initial Licensing Working Papers to central files.
4. Enter denial information including date In the RIQAP Tracking System.
5. Defer to compliance to notify the applicant by letter.

THE LICENSOR WILL:

1. Document in the AFH Electronic Initial Licensing Working Papers the application has been denied and why it was denied.
2. Close the file.

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RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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Part II: Assisted Living Facility Pre-Occupancy

A. General Guidelines

Background

An applicant for an ALF license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the ALF licensing process.

Procedure

THE LICENSOR WILL:

1. Schedule an on-site initial licensing inspection after receipt of the approved ALF application and construction review documents.
2. Verify that the Fire Marshall has approved the facility for initial licensing.
3. Upon entry of the facility, begin inspection with an entrance meeting with the Facility Administrator where the licensor describes the Preoccupancy Initial Licensing Inspection process.
4. Reference [Chapter 18.20 RCW](#), [Chapter 388-78A WAC](#), and [Chapter 388-110 WAC](#) requirements as relates to the initial licensing inspection.
5. Conduct an exit conference to review areas not meeting the requirements.
6. Conduct a follow-up to the initial inspection as required.
7. Licensors will attempt to minimize the disruption of the tenants and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.
8. Dress and behavior:
 - a. Dress professionally; and
 - b. Communicate with the Facility Administrator in a courteous and respectful manner.
9. Data collection:
 - a. Data collection during the initial inspection consists of observations, meeting with the applicant or designee, document review and is:
 - i. Collected in a factual and objective manner; and
 - ii. Not affected by assumptions and personal opinions
 - b. Timeliness of data collection:
 - i. Collect data based on reviews and observations as quickly as possible;
 - ii. Collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license; and
 - iii. Delay in data collection may negatively impact the department's ability to license a facility.
10. Observations:
 - a. Are an important part of data collection;
 - b. Are critical to either substantiate or rule out information obtained through document review and/or interview;

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- c. Generally requires the gathering of additional information from additional observations, and/or document review to clarify or verify; and
 - d. Observations alone do not always support a failure to meet minimum requirements for licensure.
11. Contact the UM for guidance when situations occur during the preoccupancy initial licensing inspection process, such as:
- a. When something occurs that will likely extend the length of the onsite licensing visit;
 - b. When something comes up and you are not sure how to proceed; or
 - c. If someone is impeding the preoccupancy initial licensing inspection process.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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B. [ALF Application Intake](#)

Background

The purpose of application intake is to provide direction for the intake of an ALF license application file received from BAAU and assignment to a RIQAP Licensor for the initial licensing inspection.

Procedure

THE UM (OR DESIGNEE) WILL:

1. Assign application to a licensor.
2. Enter applicant information into RIQAP Initial Tracking System.
3. Set-up the ALF Electronic Initial Licensing Working Papers for the licensor and notify the licensor about new file assignment.

NOTE: If the Facility Administrator changes from original application, [notify the BAAU](#). BAAU will gather all the necessary information on this new Facility Administrator. The licensor should not stop the inspection process.

Quality Improvement Review

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

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C. Pre-Inspection Preparation

Background

The preoccupancy initial licensing inspection is scheduled with the Facility Administrator once all requested documentation has been received for the pre-inspection preparation review, and the State Fire Marshal (SFM) has completed and approved their on-site visit. Pre-inspection preparation is done to gather and analyze information regarding the ALF. This preparation is done offsite prior to the onsite visit.

Procedure

THE LICENSOR WILL:

1. Review the information obtained during the pre-inspection preparation including:
2. Review of the approved Construction Review Services (CRS) Report provided by the Department of Health (DOH).
3. Always leave the official ALF licensing file at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.
4. Assemble supplies that may be needed prior to inspection (i.e., thermometer, measuring equipment, calculator, paper/pen, RCWs and WACs pertaining to ALFs).
5. Do not request a copy of the policy and procedures content from the Facility Administrator applicant or designee. The policy content is not reviewed as the facility signs and submits a policy attestation form at time of application.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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D. [Entrance](#)

Background

The entrance introduces the Licensor to the Facility Administrator and establishes the tone of the inspection.

Procedure

THE LICENSOR WILL:

1. Begin observations immediately upon arrival at the facility. Note any obvious exterior environmental issues, physical plant, or potential hazards.
2. Entering the assisted living facility:
 - a. Enter the front/main entrance and go to the reception desk or lobby area to locate staff.
 - b. Do not tour the ALF without staff or Facility Administrator present.
3. Once introduced to the Facility Administrator:
 - a. Make introductions to the Facility Administrator and provide a business card;
 - b. Have department-issued identification to present to the Facility Administrator;
 - c. Give the Facility Administrator a reasonable amount of time to complete whatever task they were involved with before beginning or continuing the entrance conference; and
 - d. If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.
4. Provide an overview of the inspection process with the Facility Administrator.
5. At all times during the inspection, remain aware of minimizing disruption of facility routines as much as possible.
6. Adjust procedures of the inspection accordingly. However, do not delay the process. If unable to do a certain inspection task, use this time to do another task of the inspection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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E. Initial Applicant Meeting/Document Review

Background

The RIQAP Licensor reviews information about the ALF gathered from document review and the initial tour. Document reviews will be conducted on site to verify compliance with licensing regulations and respond to questions and/or discrepancies. Discussions will include the Facility Administrator and other contacts if necessary to validate minimum licensing requirements.

Procedure

THE LICENSOR WILL:

1. Discuss with the Facility Administrator information collected prior to the on-site inspection, check for changes in the information provided.
2. The CRS project packet identifies other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (i.e., SFM, CRS, Food Safety Code Officer, etc.).
3. Verify if the applicant or designee has indicated that they want to have a Medicaid contract in their initial application. Review the physical plant requirements related to the contract for which they are applying.
4. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components. Whether hardcopy or electronic it must contain items listed in [WAC 388-78A-2390](#) through 2410.
5. Use the pre-preparation information, observations and informal interviews conducted during the tour, and a brief review of the sample resident record to supply information and points of discussion.
6. At the conclusion of the meeting:
 - a. Allow the Facility Administrator to ask questions or provide any additional information.
 - b. If you expect a follow-up discussion will be needed, inform the Facility Administrator that you may need to contact them again and ask for their availability.
 - c. Complete documentation of the discussion and review.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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F. Tour

Background

To provide the licensing unit with an initial introduction to and observation of the physical environment to determine if the facility meets minimum licensing requirements. The tour is focused on the facilities environment, systems, and safety issues.

Procedure

THE LICENSOR WILL:

1. Tour the facility as a team with the Facility Administrator.
2. Conduct general observations of interior and exterior environments and document the tour information.
3. Observe the physical environment for maintenance and safety early in the initial licensing inspection. If environmental issues are identified during the tour, licensors will have more time to conduct in-depth observations throughout the inspection.
4. Communicate with the Facility Administrator throughout the tour regarding the features of the facility, clarification, and enhancement of observation and/or concerns.
5. Provide an explanation of the onsite visits and provide the Facility Administrator a business card for each onsite licensor.
6. The following areas must be observed by the end of the tour:
 - a. Identify and conduct general observations of all areas designated for resident use.
 - b. Observe if common areas are homelike.
 - c. Resident furnishings, beddings, walls, and floors are maintained and clean.
 - d. Note any areas with restricted egress and determine if consistent with WAC requirements.
 - e. Ask the applicant or designee to explain how the 'resident to facility' communication system operates.
 - f. Observe for adequate lighting necessary for safety and needs of residents; is there adequate lighting for residents to do what they want to do and for staff to do what they need to do.
 - g. Measure for room temperature – maintained at comfortable temperature for resident living (at least 60° (degrees) F during sleeping hours; at least 68° F during waking hours).
 - h. Conduct initial kitchen tour and observe for general cleanliness and sanitation practices.
 - i. Walk outside and around the property of the ALF.
 - j. Note the area utilized for storage of garbage and refuse.
 - k. Observe for rodent/pest presence.
 - l. Observe exterior exit.
 - m. Observe for resident access to outside without staff assistance and note uneven walking areas or unsafe areas.
 - n. Determine that there is an outside area accessible and protected from the elements for residents to walk.
 - o. Observe for unsafe stairs, ramps, and handrails requiring maintenance.

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- p. In secure units, including EARC-SDCS, access to outdoors, observe for wall or fence surrounding outside area at least 72 inches high.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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G. Physical Plant Requirements

Background

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems. CRS completes a construction plan review prior to the preoccupancy inspection. The primary purpose of this inspection is verifying that the building was actually constructed in accordance with the approved design.

Procedure

THE LICENSOR WILL:

1. Measure only one of each configuration type of the resident rooms. Document each room configuration's square footage, capacity, and room type on a blank page or a notes page of the ALF working papers.
2. Review the room list training: <https://intra.alsa.dshs.wa.gov/rcs/bhinfo.htm>
3. Review information provided by the DOH's CRS program.
4. Verify the capacity of the existing facility by reviewing one of each room configurations and contract type.
5. Verify that key furnishings and equipment are installed and ready to be used by residents:
 - a. Laundry equipment;
 - b. Furnishings; and
 - c. Communication system (if provided).
6. Verify that key building systems are installed, functioning and ready for use:
 - a. Heating system;
 - b. Cooling system (if provided);
 - c. Telecommunications;
 - d. Hot water; and
 - e. Food service preliminary inspection (including food service equipment).
7. Identify that each sleeping room or apartment configuration that has an ALF contract that requires a separate or private bathroom with a sink, toilet, and bathtub or shower.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.
4. Enter the room list data into the data system, and email a finalized copy of the room list to the Facility Administrator

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H. Exit Preparation

Background

The exit preparation occurs at the end of the inspection prior to the exit. The intent is to prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection. This allows the licensor to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes and determine whether the facility will be recommended for licensure.

Procedure

THE LICENSOR WILL:

1. Review and analyze the data collected and determine if there are unmet licensing requirements.
2. Communicate with the Facility Administrator throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.
3. Conduct the exit preparation in a setting that is on-site and confidential.
4. Notify the Facility Administrator when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.
5. Review information and deficiencies.
6. Document and prioritize the information about unmet licensing requirements.
7. Schedule the exit conference with the Facility Administrator to attend.
8. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the Facility Administrator.

INFORMATION AND ASSISTANCE

1. Exit preparation may not be the final determination of met or unmet licensing requirements.
2. Further analysis and data collection may continue after the on-site visit.
3. Note if further information will be required after the exit and establish the licensor responsible for that data collection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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I. Exit

Background

The exit conference occurs at the end of the initial inspection. The exit conference is conducted with the Facility Administrator. It provides the Facility Administrator with information on the results of the inspection, including identifying licensing requirement deficiencies and findings and gives the Facility Administrator an opportunity to present additional information. Because the licensor has communicated with the Facility Administrator throughout the inspection, the identified unmet licensing requirements should not be a surprise.

Procedure

THE LICENSOR WILL:

1. Request a private setting in the facility for the exit conference to observe confidentiality and encourage dialogue.
2. Be required to discuss specific issues throughout the exit if needed, however the RCS team leader/coordinator will facilitate the exit.
3. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.
4. Indicate to the Facility Administrator either:
 - a. Licensing requirements have been met and recommendation for licensing will be processed; or
 - b. Licensing requirements have not been met and corrections need to be made.
5. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit.
6. Provide the information in an organized manner.
7. Provide the Facility Administrator an opportunity to discuss, ask questions and present related additional information.
8. Clarify that if further information is obtained after the exit, the applicant will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit.
9. Notify the applicant of any delays in their receipt of the approval or denial letter.
10. Ensure the Facility Administrator has a business card and contact phone number for the assigned licensor that completed the inspection.
11. Thank the applicant or designee for their cooperation with the inspection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

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Quality Improvement Review

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

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J. Post Inspection Actions

Background

Depending on if the ALF has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection.

Procedure

THE LICENSOR WILL:

1. If the assisted living facility **meets** the licensing requirements:
 - a. Notify the UM that an applicant meets minimum licensing requirements and licensure is recommended.
 - b. Forward file to the UM as part of the license recommendation.
2. If the facility **does not meet** the licensing requirements:
 - a. After a first or second inspection, prepare and send a notice letter by email, within 10 working days after exit.
 - i. If the facility contacts the licensor within ten working days of exit to request a follow-up inspection, the licensor must not send the letter.
 - ii. Identify areas that do not meet the licensing requirements.
 - iii. Let the Facility Administrator know the second visit will be scheduled after receiving a written request, according to next available date/time on licensor's schedule. Instruct the applicant to request a follow up inspection in writing to the licensor when they have corrected the identified areas.
 - iv. Follow-up inspections will be brief, focused, and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.
 - b. If the facility still does not meet all of the licensing requirements after the third follow-up visit:
 - i. Prepare and send a notice letter by certified mail, within 10 working days after exit.
 - Identify areas that do not meet the licensing requirements.
 - Let the applicant or designee know that any additional visits must be approved before it can be scheduled.
 - ii. The UM will make a referral to the Office Chief for the Department Review committee.
 - iii. The Department Review committee may permit a fourth follow-up inspection, or deny the license application, or give the applicant or designee an opportunity to withdraw their application.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.
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Quality Improvement Review

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

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Part III: Enhanced Services Facility Pre-Occupancy

A. General Guidelines

Background

An applicant for an ESF license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the ESF licensing process.

Procedure

THE LICENSOR WILL:

1. Schedule an on-site preoccupancy inspection after receipt of the approved ESF application and construction review documents.
2. Verify that the SFM has approved the facility for licensing.
3. Begin with an entrance meeting with the applicant or designee where the licensor describes the Preoccupancy Inspection process.
4. Reference RCW and WAC requirements as they relate to the preoccupancy licensing inspection findings.
5. Conduct an exit conference to review areas not meeting the requirements.
6. Conduct a follow-up inspection as required.
 - a. Licensing staff may conduct follow up visits until licensing requirements are met.
7. Document findings from the preoccupancy licensing inspection as follows:
 - a. If approved, send license recommendation to the UM for processing.; or
 - b. If not approved, send a findings letter to the applicant with a request for a timeline for the follow-up inspections.
8. The licensing staff will contact the UM when concerns arise during the initial licensing that involve interpretation of licensing laws and regulations.
9. Licensing staff will communicate with the applicant and staff throughout the process, providing updates and information as needed and appropriate.
10. Upon completion of a preoccupancy inspection, licensing staff will forward documentation of a completed preoccupancy inspection to the UM for final review.
11. Upon licensor completion, an email will be sent to the assigned FM for the facility. The licensing file will be sent to headquarters to be filed in RCS Central Files.

INFORMATION AND ASSISTANCE:

1. Licensors will attempt to minimize the disruption of the tenants, if applicable, and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.
 2. Dress and behavior:
 - a. Dress professionally; and
 - b. Communicate with the applicant/designee in a courteous and respectful manner.
-

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3. Data collection:
 - a. Data collection during the preoccupancy inspection consists of observations, meeting with the applicant or designee, and document review that is:
 - i. Collected in a factual and objective manner; and
 - ii. Not affected by assumptions and personal opinions.
 - b. Timeliness of data collection:
 - i. Licensors will collect data based on reviews and observations as quickly as possible.
 - ii. Licensors will collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license.
 - iii. Delay in data collection may negatively impact the department's ability to license a facility.
4. Observations:
 - a. Are an important part of data collection;
 - b. Are critical to either substantiate or rule out information obtained through document review and/or interview;
 - c. Generally require the gathering of additional information from additional observations, and/or document review to clarify or verify; and
 - d. Observations alone do not always support a failure to meet minimum requirements for licensure.
5. Licensors will contact the UM for guidance when situations occur during the preoccupancy inspection process such as:
 - a. When something occurs that will likely extend the length of the onsite visit;
 - b. If something has come up and next steps are unclear; or
 - c. If someone is impeding the preoccupancy inspection process.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.
4. Consult with the DOH's CRS and/or SFM's office to clarify approved architectural and construction plans as needed.

Quality Improvement Review

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

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B. [ESF Application Intake](#)

Background

The purpose of application intake is to provide direction for the intake of an ESF license application file received from the BAAU and assignment to a RIQAP Licensor for the initial licensing inspection.

Procedure

THE UM (OR DESIGNEE) WILL:

1. Assign application to a licensor.
2. Enter applicant information into RIQAP Initial and Tracking System.
3. Set-up the ESF initial working papers for licensor and notify the licensor about new file assignment.

NOTE: If the Facility Administrator changes from original application, notify the BAAU. BAAU will gather all the necessary information on this new Facility Administrator. The licensor should not stop the inspection process.

Quality Improvement Review

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

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C. Pre-Inspection Preparation

Background

The Initial Licensing preoccupancy inspection is scheduled with the applicant once all requested documentation has been received for the pre-inspection preparation review, and the SFM has completed and approved their on-site visit. Pre-inspection preparation is done to gather and analyze information regarding the enhanced service facility prior to entrance on-site. This preparation occurs offsite.

Procedure

THE LICENSOR WILL:

1. Review the information obtained during the pre-inspection preparation including:
 - a. The approved CRS Report; and
 - b. The Facility Administrator credentials included in the application packet.
2. Always leave the official ESF licensing file at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.
3. Assemble supplies that may be needed prior to inspection (i.e., thermometer, measuring equipment, calculator, paper/pen, and copies of RCWs and WACs pertaining to ESFs).
4. Do not request a copy of the policy and procedures content from the facility Administrator applicant or designee. The policy content is not reviewed as the facility signs and submits a policy attestation form at time of application.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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D. [Entrance](#)

Background

The entrance introduces the licensor to the applicant or designee and establishes the tone of the inspection.

Procedure

THE LICENSOR WILL:

1. Begin observations upon arrival at the facility and note any obvious exterior environmental issues, physical plant, or potential hazards.
2. Entering the ESF:
 - a. Enter the front/main entrance and go to the reception desk or lobby area to locate staff;
 - b. Ask for the Facility Administrator; the Facility Administrator must be present during the inspection; and
 - c. Do not tour the ESF without the Facility Administrator present.
3. Upon entrance:
 - a. Make introductions to the Facility Administrator and provide a business card;
 - b. Have department-issued identification to present to the Facility Administrator;
 - c. Give the Facility Administrator a reasonable amount of time to complete whatever task they were involved with before beginning or continuing the entrance conference; and
 - d. If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.
4. Provide an overview of the inspection process with the Facility Administrator: and
5. Ask the Facility Administrator to describe any special features of the facility pertaining to resident care and services.
6. Minimize disruption of facility routines as much as possible at all times during the inspection.
7. Adjust procedures of the inspection accordingly; however, do not delay the process. If unable to do a certain inspection task, use that time to do another task related the inspection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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

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E. Initial Applicant Meeting/Document Review

Background

The RIQAP Licensor reviews information about the facility gathered from document review and pre-inspection preparation. Document reviews will be conducted on site to verify compliance with licensing regulations, respond to questions and/or discrepancies. Discussions will include Facility Administrator to validate minimum licensing requirements.

Procedure

THE LICENSOR WILL:

1. Discuss and review with the applicant or Facility Administrator information collected prior to the on-site inspection and check for changes in the information provided:
 - a. On the application form,
 - b. In the CRS project packet:
 - i. Project comment form;
 - ii. Overall Floor Plan;
 - iii. Functional Program Plan (FPP); and
 - iv. Certificate of Occupancy or other form of approval from local jurisdiction.
2. Identify other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (for example, SFM or CRS).
3. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components; whether hardcopy or electronic it must contain items listed in [WAC 388-107-0040](#) through 0190.
4. During the meeting,
 - a. Use pre-preparation information, observations and informal interviews conducted during the tour and a brief review of the sample resident record to supply information and points of discussion.
 - b. Review the structural components of the record.
 - c. RCS Staff do not provide best practice information; they may provide contact information for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.
5. At the conclusion of the meeting:
 - a. Allow the applicant or Facility Administrator to ask questions or provide any additional information;
 - b. If a follow up discussion is anticipated, inform the applicant or Facility Administrator that they will be contacted to inquire as to their availability; and
 - c. Complete documentation of discussion and review.

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RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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F. Tour

Background

To provide the licensing unit with an initial introduction to and observation of the physical environment to determine if the facility meets minimum licensing requirements. The tour is focused on the facilities environment, systems, and safety issues. RCS staff does not provide best practice information. They may provide contact information for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.

Procedure

THE LICENSOR WILL:

1. Tour the facility with the Facility Administrator.
2. Conduct general observations of interior and exterior environments and document the tour information.
3. Observe the physical environment for maintenance and safety early in the initial licensing inspection. If environmental issues are identified during the tour, licensors will have more time to conduct in-depth observations throughout the inspection.
4. Communicate with the applicant or designee throughout the tour regarding the features of the facility, clarification, and enhancement of observation and/or concerns.
5. Observation of the following areas will occur:

INTERIOR ENVIRONMENT:

- a. Identify and conduct general observations of all areas designated for resident use;
- b. Observe if common areas are homelike;
- c. Observe resident furnishings, beddings, walls, and floors to ensure they are maintained and clean;
- d. Ask the applicant or designee to explain how the 'resident to facility' communication system operates;
- e. Observe for adequate lighting necessary for safety and needs of residents;
- f. Measure for room temperature – capable of 75° (degrees) F for areas occupied by residents and 70° F for non-resident areas; and
- g. Conduct initial kitchen tour and observe for compliance with (a) through (h) of [388-107-0920 WAC](#), as well as for general cleanliness and sanitation practices.

EXTERIOR ENVIRONMENT:

- a. Walk outside and around the property of the ESF;
- b. Note the area utilized for storage of garbage and refuse;
- c. Observe for rodent/pest presence;
- d. Observe exterior exit;
- e. Observe for resident access to outside without staff assistance and note uneven walking areas or unsafe areas;
- f. Note any areas with restricted egress and determine if consistent with WAC requirements;

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- g. Determine that there is an outside area accessible and protected from the elements for residents to walk;
- h. Observe for unsafe stairs, ramps, and handrails requiring maintenance.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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G. Physical Plant Requirements

Background

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems. CRS completes a construction plan review prior to the preoccupancy inspection. The primary purpose of this inspection is verifying that the building was actually constructed in accordance with the approved design.

Procedure

THE LICENSOR WILL:

1. Review information provided by CRS. The approval packet includes the following:
 - a. Project comment form;
 - b. Overall floor plan;
 - c. FPP; and
 - d. Certificate of Occupancy or other form of approval from the local jurisdiction.
 - e. Following the inspection, reconcile the information provided by CRS with the UM.
2. Verify room sizes by measuring each bedroom.
3. Verify that key furnishings and equipment are installed and ready to be used by residents:
 - a. Laundry equipment;
 - b. Furnishings; and
 - c. Communication system (if provided).
4. Verify that key building systems are installed, functioning and ready for use:
 - a. Heating system;
 - b. Cooling system (if provided);
 - c. Telecommunications;
 - d. Hot water; and
 - e. Food service preliminary inspection (including food service equipment).

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Report significant discrepancies to CRS.
2. Train new staff and ensure they can demonstrate they understand this procedure.
3. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
4. Request training or clarification from leadership as needed.

Quality Improvement Review

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

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H. Exit Preparation

Background

The exit preparation occurs at the end of the inspection prior to the exit. To prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes, and determine whether the facility will be recommended for licensure.

Procedure

THE LICENSOR WILL:

1. Communicate with the applicant or Facility Administrator throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.
2. Notify the applicant or Facility Administrator when the on-site inspection has been completed and the RCS is meeting for the exit preparation.
3. Review all information collected during inspection process.
4. Schedule the exit conference with the applicant or Facility Administrator
5. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the applicant or Facility Administrator.
6. Not provide best practice information, though contact information may be provided for resources such as provider associations/organizations or facilities that have agreed to provide further consultative compliance guidance and/or assistance.
7. If more than one RCS staff is present for the inspection, conduct a team meeting in order to collaborate and identify concerns based on observations and record reviews that may lead to unmet licensing requirements.
8. Document and prioritize the information about unmet licensing requirements.
9. Conduct the exit preparation in a setting that is on-site and allows for privacy.
10. Review exit preparation as it may not be the final determination of met or unmet licensing requirements.
11. Continue further analysis and data collection if needed after the on-site visit.
12. Document if further information will be required after the exit and establish the licensor responsible for that data collection.

RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

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Quality Improvement Review

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I. Exit

Background

The exit conference occurs at the end of the preoccupancy inspection. The exit conference is conducted by the RIQAP staff with the applicant or Facility Administrator. It provides the applicant or Facility Administrator with information on the results of the inspection, including identifying licensing requirement deficiencies and findings, and gives the applicant or Facility Administrator an opportunity to present additional information. Because the licensors have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be unexpected by the applicant/Facility Administrator.

Procedure

THE LICENSOR WILL:

1. Ask for a private setting in the facility to hold the exit conference to observe confidentiality and encourage dialogue.
2. Discuss specific issues throughout the exit conference if needed; however, the licensor will facilitate the exit conference.
3. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.
4. Indicate to applicant or Facility Administrator recommendation for license will be processed if requirements are met.
5. If, after the exit, licensors make changes or additions to the information presented at the exit, a licensor will contact the Facility Administrator with information about the changes prior to sending the approval or denial letter for licensing.
6. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit conference.
7. Provide the information in an organized manner.
8. Provide the applicant or Facility Administrator an opportunity to discuss, ask questions and present related additional information.
9. Inform the applicant or Facility Administrator of the process following the exit conference and what to expect, including further data collection, approval, or denial letter.
10. Notify the applicant of any delays in their receipt of the approval or denial letter.
11. Ensure the Facility Administrator has a business card and contact phone number for the assigned licensor that completed the inspection.
12. Thank the Facility Administrator for cooperating with the inspection.

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RIQAP Manager Responsibility

RIQAP Manager will conduct the following activities in relation to this procedure:

1. Train new staff and ensure they can 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 leadership as needed.

Quality Improvement Review

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J. Post Inspection Actions

Background

Depending on if the ESF has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection.

Procedure

THE LICENSOR WILL:

1. If the applicant or Facility Administrator **meets** the licensing requirements:
 - a. Notify the UM that an applicant meets minimum licensing requirements and licensure is recommended.
 - b. Prepare the licensing file for closure and forward the facility file to the UM who will return it to the BAAU.
2. If the applicant or designee **does not meet** the licensing requirements
 - a. After a first or second inspection, prepare and send a notice letter by email, within ten (10) working days after exit.
 - i. If the facility contacts the licensor within ten working days of exit to request a follow-up inspection, the licensor must not send the letter.
 - ii. Identify areas that do not meet the licensing requirements.
 - iii. Let the applicant know that subsequent visits will be scheduled after receiving a written request, according to next available date/time on the licensor's schedule. Instruct the applicant to request a follow up inspection in writing to the licensor when they have corrected the identified areas.
 - iv. Follow-up inspections will be brief, focused, and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.
 - b. If the applicant still does not meet all of the licensing requirements after the third follow-up visit:
 - i. Prepare and send a notice letter by certified mail, within 10 working days after exit.
 - Identify areas that do not meet the licensing requirements.
 - Let the applicant or designee know that any additional visits must be approved before they can be scheduled.
 - ii. The UM will make a referral to the Office Chief for Department Review.
 - iii. The Department Review may permit a fourth follow-up inspection, or deny the license application, or give the applicant or designee an opportunity to withdraw their application.

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Part IV: [Appendices](#)

A. [Glossary of Terms](#)

Administrator or designee – Includes the various titles of the responsible person(s) for the provider. This list includes but is not limited to superintendent, director, provider, program manager, individual or entity representative, resident manager, administrator, or executive director.

Agency – State agency

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

Facility/home/provider – Refers to the following statutes: [RCW 74.34.020\(5\)](#), these terms refer to a residence licensed or certified under [Chapter 18.20 RCW](#) (Assisted Living Facilities); [Chapter 70.97 RCW](#) (Enhanced Services Facilities); [Chapter 18.51 RCW](#) (Nursing Homes); [Chapter 70.128 RCW](#) (Adult Family Homes); [Chapter 72.36 RCW](#) (Soldiers' Homes); or [Chapter 71A.20 RCW](#) (Residential Habilitation Centers); or any other facility licensed or certified by the Department.

Home – A generic term used to describe an adult family home in the State of Washington.

Initial inspection – A generic term use to describe a process conducted by RCS staff in evaluating a prospective licensee for compliance with the statutes and regulations required for an Adult Family Home license or Boarding Home license.

Licensee or designee – A generic term to describe individuals/entities/providers licensed or certified to provide adult family home, assisted living facility and/or nursing home care in the state of Washington.

Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.

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B. [Acronym List](#)

AFH	Adult Family Homes
ALF	Assisted Living Facilities
ALTSA	Aging and Long-Term Support Administration
BAAU	Business Analysis and Applications Unit
CFR	Code of Federal Regulations
CRS	Construction Review Services
CRU	Complaint Resolution Unit
DOH	Department of Health
DRW	Disability Rights Washington
DSHS	Department of Social and Health Services
EARC-SCDS	Enhanced Adult Residential Care-Specialized Dementia Care Services
e-CFR	Electronic Code of Federal Regulation
ESF	Enhanced Services Facilities
FM	Field Manager
FPP	Functional Program Plan
HQ	Headquarters
I	Independent
I/A	Independent or need assistance
QA	Quality Assurance
QI	Quality Improvement
RCS	Residential Care Services
RCW	Revised Code of Washington
RIQAP	Residential Inspection and Quality Assurance Program
SFM	State Fire Marshal
SOP	Standard Operating Procedures
UM	Unit Manager
WAC	Washington Administrative Code
WD	Working Day

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C. [Change Log](#)

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
06/09/2023	Entire Chapter	<ul style="list-style-type: none"> Chapter updated to new format 	Provide for easier chapter navigation	MB R23-055
06/09/2023	Part I: AFH Initial Licensing	<ul style="list-style-type: none"> Chapter updated to reflect paperless process 	To inform staff of process changes related to conversion to paperless process	MB R23-055
08/01/2022	Entire chapter	<ul style="list-style-type: none"> Removes references to physical plant inspection that are no longer conducted; Updates processes to match new technology; Removes subsection D: Early Quality Assurance Visit, as these are no longer conducted; General editing and formatting. 	The chapter had not been reviewed for updates since 2017. The update reflects changes to the program due to noted inefficiencies and new technology.	MB R22-057
06/17/2019	Appendix	<ul style="list-style-type: none"> Added chart showing the review of complaints and enforcement as part of application process 	RIQAP and BAAU required direction how to handle these situations	BAAU and RIQAP worked on development of the chart
02/19/2019		Minor Edits	Corrected outdated language	Document Review 30 days
01/2018		<ul style="list-style-type: none"> Added 11C10 General formatting 		Document Review
06/2017		New Format	Converted SOP to Chapter format	MB Review
09/2016	Full Chapter	<ul style="list-style-type: none"> Began reformatting all existing sections into SOP format; 	Established Chapter 11 for RIQA Program	Created Staff Manuals to include separated

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Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
		<ul style="list-style-type: none"> Updated AFH Pre-Occupancy SOPs 11C1 – 11C10 		components of this chapter
11/2014	11A1 ESF Receiving Applications			
11/2014	11A2 ESF General Guidelines			
11/2014	11A3 ESF Pre-Inspection Prep			
11/2014	11A4 ESF Entrance			
11/2014	11A5 ESF Applicant Meeting			
11/2014	11A6 ESF Tour			
11/2014	11A7 ESF Staff Record Review			
11/2014	11A8 ESF Physical Plant Requirements			
11/2014	11A9 ESF Exit Prep			
11/2014	11A10 ESF Exit			
11/2014	11A11 ESF Post Inspection			
04/2014	11B1 ALF General			
04/2014	11B2 ALF Pre-Inspection Prep			
04/2014	11B3 ALF Entrance			

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Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
04/2014	11B4 ALF tour			
04/2014	11B5 ALF Applicant Meeting/Doc Review			
04/2014	11B6 ALF Physical Plant Requirements			
04/2014	11B7 ALF Exit Prep			
04/2014	11B8 ALF Exit			
04/2014	11B9 ALF Post Inspection Actions			
8/2016	11C1 AFH General Guidelines			
8/2016	11C2 AFH Application Intake			
8/2016	11C3 AFH Pre Inspection Preparation			
8/2016	11C4 AFH Entrance Conference			
8/2016	11C5 AFH Physical Environment			
8/2016	11C6 AFH Exit			
8/2016	11C7 AFH Post Inspection Actions			
8/2016	11C8			

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Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
	AFH Follow-up Inspection			
8/2016	11C9 AFH Department Review			
8/2016	11C10 AFH App Void / File Closed			

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