

CHAPTER 18: Across All Settings

AL TSA Residential Care Services, Standard Operating Procedures Manual

Overview

Residential Care Services (RCS) is responsible for the licensing, certification, and oversight of Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), Enhanced Services Facilities (ESF), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH). This chapter contains standard procedures applicable to facilities under RCS' licensing, certification, and oversight. The content is relevant to RCS staff as well as anyone seeking to understand the procedures within this chapter.

For the purposes of this chapter:

- 'Facility/home/provider' in this document will refer to adult family homes (AFH), nursing homes (NH), assisted living facilities (ALF), certified community residential services and supports (CCRSS), enhanced services facilities (ESF), and intermediate care facilities for individuals with intellectual disabilities (ICF/IID). All settings will be referred to as 'provider' in this chapter.
- 'Vulnerable adult' will refer to residents (all settings except CCRSS) or clients (CCRSS setting only). In this chapter, the term 'resident' will be used for all settings.

Authority:

- [CHAPTER 70.128 RCW ADULT FAMILY HOMES \(AFH\)](#)
- [CHAPTER 18.20 RCW ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 71A.12 RCW: STATE SERVICES \(CCRSS\)](#)
- [CHAPTER 70.97 RCW ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 18.51 RCW NURSING HOMES \(NH\)](#)
- [CHAPTER 388-76 WAC ADULT FAMILY HOMES \(AFH\)](#)
- [CHAPTER 388-78A WAC ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 388-101 WAC CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS \(CCRSS\)](#)
- [CHAPTER 388-107 WAC ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 388-97 WAC NURSING HOMES \(NH\)](#)
- [CHAPTER 388-101D WAC: REQUIREMENTS FOR PROVIDERS OF RESIDENTIAL SERVICES AND SUPPORTS](#)
- [42 CHAPTER 483.440-480 INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES \(ICF/IID\)](#)

These procedures are not covered by [DSHS Administrative Policies](#) as they are specific to Residential Care Services. These procedures will be reviewed for accuracy and compliance at least every five years.

Contacts

- RCS Policy Unit General Contact: RCSPolicy@dshs.wa.gov
- RCS Informal Dispute Resolution General Contact: IDRRCS@dshs.wa.gov
- RCS Quality Improvement Unit General Contact: ImproveRCS@dshs.wa.gov

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Part I: [General Guidelines](#)

A. [Field Safety](#)

Background

The purpose of the Field Safety section is to minimize the potential of occupational hazards to RCS staff working in the field.

Procedure

Field Staff Responsibility

1. Prepare for the visit:
 - a. Prior to making a field visit, review the history of the provider using the appropriate database (STARS, FMS, ASPEN, TIVA, TIVA2, etc.) to determine if there have been past concerns.
 - b. If the field visit is for a complaint:
 - i. Review the [Chapter 20 Complaint Investigations](#) procedures for provider type and the nature of the allegation.
 - ii. Note any potential hazards documented in the Intake (e.g., weapons, dogs, aggressive behavior, etc.).
2. Consider other safety factors (if known):
 - a. Is there a history of violence or aggressive behavior in the home?
 - b. Is anyone in the environment likely to be under the influence of drugs or alcohol?
 - c. Are illegal drugs in use at the home, including manufacturing or selling out of the home?
 - d. Are there any health hazards in the environment such as dangerous chemicals, broken floorboards, human, and animal waste?
 - e. Are there restraining orders against anyone associated with the household?
 - f. Is the neighborhood in a high crime area?
 - g. Are there weather warnings that may impact travel conditions?
Note: If safety concerns are identified, consult with the Field Manager (FM) to ensure safety.
3. Take precautions once on site:
 - a. Park your car:
 - i. Where there is a clear view to the home/facility; and
 - ii. In a direction which allows for an immediate departure if necessary.
 - b. While you are still in your car, take a moment to observe the environment and know your surroundings.
 - i. Are there animals present?
 - ii. Is the home isolated?
 - iii. How will you exit the building if you need to leave quickly?
 - iv. Are there more cars parked at the home than expected?
 - v. Is your cell phone charged and do you have coverage?

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- c. Be alert to people or animals before leaving the car.
- d. Knock on the door (if an AFH or CCRSS) or enter the facility and be prepared to present your state Identification (ID), business card and explain who you are and the purpose of your visit.
- e. Do not enter the home until invited to do so.
- f. Do not enter the home if you feel unsafe.
 - i. Exit the premises immediately and go to a safe place.
 - ii. Once safe, call your field manager and report the incident.
 - iii. Call 911 if you or anyone is in danger.
- g. Once safe, document the activity in your working papers.

Note: It is important to document safety concerns for future visits/staff.

Field Manager Responsibility

1. For threats directed toward department staff prior to the visit, ensure all staff are aware and provide a picture of the person making the threat, if possible.
2. Help staff develop a safety plan if a hazard is anticipated by:
 - a. Determining the need for two staff to conduct the visit.
 - b. Assessing necessity for law enforcement to accompany staff during the visit.
 - c. Reviewing the safety guidelines with staff.
3. Discuss with staff what to do if they encounter a safety concern while on-site:
 - a. Park your car so it is accessible and easy to leave the property;
 - b. Exit the building immediately; and
 - c. Call 911.
4. Report concerns to law enforcement as appropriate.
5. Develop a system to always know where staff are located. This should include:
 - a. The time they expect to leave and return;
 - b. The address of the destination; and
 - c. Any known safety concerns regarding the visit.
6. Become familiar with the following:
 - a. [DSHS Administrative Policy 9.01](#) – Major Incident Reporting
 - b. [DSHS Administrative Policy 9.12](#) - DSHS Workplace Physical Security Program
 - c. [RCW 9A.76.180](#) - Intimidating a Public Servant
 - d. [RCW 49.17.060](#) - General Safety Standard
 - e. [WAC 296-800-110](#) - Employer Responsibilities: Safe Workplace

Note: [DSHS Administrative Policy Chapter 9](#) includes additional information for employees who have been involved in an incident.
7. Train new staff and ensure they can demonstrate they understand this procedure.
8. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
9. Request training or clarification from headquarters as needed.

B. [Data Entry Timelines](#)

Background

Inspections, certifications, investigations, and survey activities assigned to RCS staff are tracked by using data entered into the STARS, FMS, and ASPEN tracking systems. Each tracking system has a unique set of data requirements. RCS must meet the deadlines for entering data into the system to meet state and federal performance measures. Responsibility for timely data entry is a shared responsibility for field, administrative, and headquarters (HQ) staff.

Procedure

1. Enter data into the appropriate system at the conclusion of each step. Do not wait until the end of the process.
2. Enter the required data on the first day back upon return from any extended time away from their workstation.
 - a. Notify the FM if unable to enter the data on the first day back to their workstation to remedy the situation.
3. Enter data into the data systems within 15 working (business) days (WD) of:
 - a. The initiation of the first onsite visit
 - b. The last onsite visit
 - c. The last day of data collection
4. Notify the FM if unable to enter the data within 15 WD.
5. For federal programs (ICF/IID, NH), follow Centers for Medicare and Medicaid Services (CMS) data entry timelines if applicable unless RCS data entry timelines are more stringent.

Field Manager Responsibility

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 headquarters as needed.

C. [Nursing Tasks](#)

Background

The inspection, certification evaluation, survey, certification, and investigation activity RCS staff conduct while on-site do not always include a Registered Nurse (RN) as part of the team. Some assessment tasks require an RN to complete (i.e., skin, or wound assessments). The purpose of this SOP is to inform staff which tasks the RN must conduct during on-site visits, when staff can consult with an RN to ensure regulatory work is completed, and alternatives for staff while on-site when no RN is available.

Procedure

1. Registered Nurses will:
 - a. Conduct any needed assessments related to observation of skin or anatomical structures of the resident's breasts, genitalia, and buttocks.
 - b. Observe tasks completed by licensed nursing staff if concerns arise.
2. If allied health staff identify an issue not within their scope of knowledge or duty in areas such as administration of health treatments, tube feeding, non-routine ostomy or catheter care, they will consult with an assigned nurse or the FM for direction.
3. Clearly document in the working papers if/when consultation occurs and by what method.
4. During NH surveys and NH complaint investigations, an RN will observe several modes of medication administration such as oral, intravenous, subcutaneous, etc.

Field Manager Responsibility

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 headquarters as needed.

D. Other Regulatory Requirements

Background

Licensed settings are required to meet all rules and laws of the state in addition to RCS licensing statutes and rules. For example, in some settings, RCS has rules for sewage systems and reporting notifiable conditions. The Department of Health (DOH) also has rules for sewage systems and notifiable conditions. Although staff are generally not required to verify the facility is in compliance with rules and laws regulated by other agencies during an inspection, staff may observe conditions that require reporting to other regulatory authorities. These situations include but are not limited to:

1. Observable or reportable:
 - a. Crime (law enforcement [LE])
 - b. Abuse or neglect (Adult Protective Services [APS], Department of Child, Youth and Families [DCYF])
 - c. Unsafe working conditions (Labor and Industries [L&I])
 - d. Fire safety or evacuation risks (State Fire Marshal [SFM])
 - e. Well failure (DOH)
 - f. On-site sewage system (septic) failure (DOH)
 - g. Fraud (Office of the Attorney General Medicaid Fraud Control Division [MFCD]; DSHS Office of Fraud and Accountability [OFA])
 - h. New, unpermitted construction (Construction Review Services [CRS]; local building official)
2. Absence of:
 - a. Industrial Insurance/Labor and Industries registration (L&I)
 - b. Medical test site license (DOH)
 - c. Other professional license (Department of Licensing [DOL], DOH)
 - d. Reporting “notifiable conditions” (DOH)

Procedure

1. Regulate according to WACs when applicable.
2. Notify your FM to determine if a referral to another regulatory authority is needed.
3. Report findings to the CRU, following requirements of [SOP Chapter 4](#). CRU will make a referral to other authority.
4. Report emergent situations directly to the appropriate authorities.

Field Manager Responsibility

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 headquarters as needed.

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E. [Record Retention](#)

Background

Chapters [42.56 RCW](#) Public Records Act and [40.14 RCW](#) Preservation and Destruction of Public Records requires state agencies to maintain and protect public records. This includes phone records, emails, working papers, photographs and videos, and calendars. DSHS several administrative policies related to record retention.

Procedure

Staff will:

1. Maintain records according to the statute, administrative policies, and record retention schedules set by Washington State and DSHS.
 - a. [State Government General Records Retention Schedule](#)
 - b. [DSHS Retention Schedule](#)
2. Notify the public records officer of any accidental destruction of records outside of the required retention schedule.
3. Complete the DSHS Records Management training in the Learning Center annually.

Field Manager Responsibility

Field Managers are to 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.

F. [Request Observation of RCS Activity](#)

Background

There are instances when a request is made to observe a survey, inspection, evaluation, or complaint investigation by staff or an individual external to RCS. If approved, RCS must maintain each resident's privacy information. Information related to them is confidential. Some entities have a "right to access" RCS settings under their own authority, such as MCFD, LE, Washington State Ombuds, and Disability Rights of Washington (DRW). Those entities can use their own authority to access the setting and do not need RCS staff for assistance with access.

Procedure

1. The Regional Administrator (RA) or designee considers on a case-by-case basis each request to observe a survey, inspection, evaluation, or complaint investigation.
2. The receiver of the request obtains the following information:
 - a. The name of the requestor requesting to go on the inspection; and
 - b. Why the requestor wants to observe the department process.
3. If the requester asks for information, inform the FM who will make the decision on the request. If the information the requestor is seeking can be provided through another avenue, such as an explanation of a process, tour the facility or home, or public disclosure request for the results of an inspection, be sure the FM is aware of these options.
4. If the FM determines the information cannot be provided through another avenue, the FM will forward the request to the RA with the following information:
 - a. Information from section labeled '[Data Entry Timelines](#)';
 - b. The part(s) of the process determined appropriate to be observed and those that are not; and
 - c. A plan of how confidentiality of residents and clients and their rights will be protected during the observation. This includes RCS staff requesting permission from the resident or client before including the requestor in the process.
5. The RA or designee will:
 - a. Review the request to observe an inspection;
 - b. Determine if the request will be approved or forwarded for review by the senior management team; and
 - c. Provide the decision to the FM.
6. If the request is approved, the FM or designee will:
 - a. Review the [Confidentiality Oath Form \(DSHS 02-650\)](#) with the requestor;
 - b. Discuss the applicable confidentiality laws with the requestor;
 - c. Have the requestor complete the confidentiality oath prior to going on the inspection; and
 - d. Sign and date the Confidentiality Oath Form.
7. Field office retains the Confidentiality Oath Form in the facility file.

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Field Manager Responsibility

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 headquarters as needed.

G. Constituent Referral and Complaint Process

Background

RCS may receive questions and complaints from DSHS Constituent Services via email. These questions and complaints must be responded to as defined in the procedure below. The Administrative Assistant 5 (AA5) to the RCS Director is responsible for monitoring messages from DSHS Constituent Services, assigning messages as appropriate, and tracking the response.

Procedure

The AA5 will:

1. Monitor the inbox RCSCR@dshs.wa.gov.
 - a. Administrative Assistant (AA) to the Residential Inspection and Quality Assurance Program (RIQAP) Unit provides back-up when the AA5 is out of the office.
2. Review emails to identify the appropriate person to assign the email. This person will be called the responder in this section.
3. Forward to the responder, including the responder's supervisor on the email by adding their name to the 'cc' field in the email. This is done as soon as possible after receipt, but no later than two business days after receipt.
4. Note any relevant due dates in the email to the responder.
5. Consult with RCS leadership (Office Chiefs or RCS Director) if assistance is needed to determine to whom to assign the email.
6. Send the email back to DSHS Constituent Services if the email has been sent to RCS in error and should be reassigned to another division.
7. Tag the email in the RCSCR@dshs.wa.gov inbox with the name of the responder.
8. Follow up with the responder if no response has been received by:
 - a. If there is a due date, one day prior to the due date.
 - b. If there is no due date, two weeks from assignment.
 - c. No follow up is needed if the email is assigned to the Complaint Resolution Unit (CRU).
9. Once the responder responds saying they have contacted the originator of the question or complaint, tag the email "completed."
10. Once the email has been tagged "completed," respond to DSHS Constituent Services that the assignment is complete and can be closed.

The Responder will:

1. Review the email and determine how to respond.
2. Note the due date if there is one and respond by the due date.
3. Send a response directly to the constituent following the requirements in [Administrative Policy No. 8-11, Complaint Resolution and Response Standards](#).
4. Notify Constituent Services that the response has been sent by sending a response to RCSCR@dshs.wa.gov with the date of response.

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5. Notify the AA5 with a cc to their supervisor if they believe the email was assigned to them incorrectly and should be reassigned.
6. Coordinate with other parts of RCS, ALTSA, or DSHS as needed on the response.
7. Consult with their supervisor if assistance is needed on response.

Field Manager Responsibility

Field Managers are to 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.

Part II: [Appendices](#)

A. [Glossary of Terms](#)

Certification – The process used by the department to determine if an applicant or service provider complies with federal health, safety, and program standards and is eligible to provide certified community residential services and support to clients.

Confidential information – A type of information that is protected by state or federal laws, including information about vulnerable adults, DSHS clients, employees, vendors or contractors, and agency systems that is unavailable to the public without legal authority.

Confidentiality oath form – A form developed by RCS and used by department staff to inform and educate individuals requesting to go on survey, inspection, evaluation, or complaint investigation regarding confidentiality issues.

Department – means 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.

Inspection – means the process by which RCS staff evaluates a licensee's compliance with statutes and regulations. Complaint/incident investigations are only one type of on-site inspection/survey done to determine the health and safety of vulnerable adults in licensed or certified long-term care residential settings.

Medicaid Fraud Control Division (MFCD) – This statewide division is based in Olympia and includes a branch of four staff in Spokane to focus on Eastern Washington. MFCD investigates and prosecutes the criminal abuse and neglect of vulnerable adults in Medicaid-funded facilities and fraud perpetrated by health care providers against the Medicaid system.

Provider – a) any individual or entity that provides services to DSHS, OR b) a person, group, or facility that provides services. RCS providers include Adult Family Homes, Assisted Living Facilities, Certified Community Services and Supports (CCRSS) providers, Enhanced Services Facilities (ESFs), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) facilities and Nursing Homes (NH).

Referral – when a report includes other jurisdictions outside of RCS, including but not limited to APS, DOH, DOL, MFCD, law enforcement. Send the intake to the other agency as a referral.

Vulnerable adult – Comprehensively defined in [RCW 74.34.020, includes a person:](#)

- a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or
 - b) Subject to a guardianship under [RCW 11.130.265](#) or adult subject to conservatorship under [RCW 11.130.360](#); or
 - c) Who has a developmental disability as defined under [RCW 71A.10.020](#); or
 - d) Admitted to any facility; or
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- e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under [Chapter 70.127 RCW](#); or
 - f) Receiving services from an individual provider; or
Who self-directs his or her own care and receives services from a personal aide under [Chapter 74.39 RCW](#).
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Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.

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B. Acronym List

AA/AA5	Administrative Assistant/ Administrative Assistant 5
ACO	Aspen Central Office
ACTS	ASPEN Complaints/Incidents Tracking System
AFH	Adult Family Homes
ALF	Assisted Living Facilities
ALTSA	Aging and Long-Term Support Administration
APS	Adult Protective Services
ASPEN	Automated Survey Processing Environment System
CC	Carbon Copy (in emails)
CCRSS	Certified Community Residential Services and Supports
CMS	Center for Medicare and Medicaid Services
CRS	Construction Review Services
CRU	Complaint Resolution Unit
DCYF	Department of Children, Youth, and Families (formerly Child Protective Services or CPS)
DOH	Department of Health
DOL	Department of Licensing
DRW	Disability Rights Washington
DSHS	Department of Social and Health Services
ESF	Enhanced Services Facilities
FM	Field Manager
FMS	Facility Management System
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
LE/LLE	Law Enforcement/Local Law Enforcement
L&I	Labor and Industries
MB	Management Bulletin
MFCD	Medicaid Fraud Control Division
NH	Nursing Homes
OFA	Office of Fraud and Accountability
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
RIQAP	Residential Inspection and Quality Assurance Program
RN	Registered Nurse
SFM	State Fire Marshal
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System

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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
07/14/2023	Full Chapter	Updated formatting	To provide easier chapter navigation	MB R23-063
07/14/2023	<ul style="list-style-type: none"> Section D Other Regulatory Requirements 	Subchapter developed	To provide staff guidance	MB R23-063
07/14/2023	<ul style="list-style-type: none"> Section E Record Retention 	Subchapter developed	To provide staff guidance	MB R23-063
07/14/2023	<ul style="list-style-type: none"> Section G Constituent Referral and Complaint Process 	Subchapter developed	To provide staff guidance	MB R23-063
08/13/2019	Full Chapter	Removed the word "Protocol." Deleted blank pages.	Revision to Ch. 20	Ch. 20 MB will encompass all revisions
09/30/2016 and 01/15/2019	Full Chapter See below	Revised Nursing expectations for supported living. Revised QA expectations on all chapters. TIVA data timelines updated.	Added comments from Document Review.	MB review
	<ul style="list-style-type: none"> Section A Nursing Tasks 	Incorporated matrix into SOP instead of a separate document. Added ESFs.	Converted SOPs to chapter format	MB review
	<ul style="list-style-type: none"> Section B Field Safety 	No changes	SOP was linked to MB R15-062. Converted SOPs to chapter format.	MB review
	<ul style="list-style-type: none"> Section C Data Entry Timelines 	No changes	SOP was linked to MB R16-009. Converted SOPs to chapter format.	MB review
	<ul style="list-style-type: none"> Section D Request Observation 	Title changed. RCS Confidentiality Oath form updated.	SOP was linked to MB R09-010.	MB review

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Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
	of RCS Activity	Added definitions.	Converted SOPs to chapter format.	
	<ul style="list-style-type: none">Section E Record Preservation		SOP was linked to MB R10-030. Converted SOPs to chapter format.	MB review

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