Overview

Chapter 74.34 RCW requires the Department of Social and Health Services (DSHS) to receive and investigate reports of allegations of abuse, neglect, or financial exploitation of vulnerable adults and to initiate a response to those reports within 24 hours of knowledge.

The Complaint Resolution Unit (CRU) receives reported allegations of provider non-compliance, including suspected allegations of abuse, neglect, and exploitation of vulnerable adults living in licensed and certified setting via a toll-free statewide complaint hotline, online, email, fax, regular mail, and live phone calls.

CRU staff analyze and triage information from each report to assess the severity and scope of the reported issues. This process begins when there is "knowledge" of the report. CRU then processes and initiates an electronic recording of all received reports. This process is defined as "initiating a response."

The following Revised Code of Washington (RCW) Chapters authorize RCS to investigate reports of abandonment, abuse, financial exploitation, and neglect of vulnerable adults living in settings licensed and/or certified by RCS as well as allegations of failure to comply with State and Federal regulatory requirements.

A. Chapter 18.51 RCW Nursing Homes (NH)
B. Chapter 18.20 RCW Assisted Living Facilities (ALF)
C. Chapter 70.97 RCW Enhanced Services Facilities (ESF)
D. Chapter 70.128 RCW Adult Family Homes (AFH)
E. Chapter 71A.10 RCW Developmental Disabilities (Community Residential Services and Supports (CRSS)
F. Chapter 71A.20 RCW Developmental Disabilities (Residential Habilitation Centers)
G. Chapter 74.34 RCW Abuse of Vulnerable Adults

These procedures are in addition to DSHS Administrative Policies, as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- Complaint Resolution Unit General Contact
- RCS Policy Unit General Contact (**internal** RCS use)
- RCSPolicy@dshs.wa.gov (**external** RCS use)
- RCS Quality Improvement Unit General Contact

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Part I: Complaint Resolution Unit (CRU) Guidance

A. Transcription and Processing Hotline Messages

Purpose

The Complaint Resolution Unit (CRU) is responsible for the electronic processing and recording of all reports received via the hotline. CRU staff analyze, research and triage information from the report to determine if an intake is required.

Procedure

1. Hotline voice messages are stored in Perceptive Content (PC) and assigned to staff for completion. The assigned staff must transcribe each message to include all relevant, pertinent information into a STARS (Secure Tracking and Reporting System) intake.
   a. Any relevant name listed in the Narrative must be included in the ***Participants*** tab following the procedures included in the section 'Searching and Creating Participants.'
   b. Do not list names of COVID positive staff in ***Participants***.
2. Record the confirmation numbers of all calls transcribed in the STARS intake on the Narrative Screen.
3. Other instructions: After the phone message is completely copied and transcription verified as accurate, from the PC inbox, into a STARS intake, use the key in PC to link the transcription and hotline message to the STARS intake ID in STARS, and ***Route Forward*** the phone message and transcription into processed records.
4. Take directions regarding the process from the supervisors or manager ***only***.
5. Do not deviate from the approved SOP unless authorized by a supervisor or manager.
6. CRU Hotline Script – Revised August 2015

B. Processing Reports Received Electronically

Purpose

The CRU receives reported allegations of provider non-compliance, including suspected allegations of abuse, neglect, and exploitation of vulnerable adults living in licensed and certified setting via a toll-free statewide complaint hotline, online, email, fax, regular mail, and live phone calls. Received reports are processed following the State and Federal requirements. Received reports are retained following standard DSHS retention schedules.

Procedure

1. Social Services Specialists 4 (SSS4s) review the electronic documents received in the CRU Lead box in PC and in Stars Incident Reports throughout each working day**.** The SSS4s perform a cursory review of the document, analyzing and triaging the information in the reports.
2. If the report contains an allegation of abuse, neglect, financial exploitation or concerns regarding care and services, the SSS4 assigns the report to a Social Services Specialist 3 (SSS3) or a Registered Nurse (RN) to do additional research and review for creation of an intake in STARS.
3. After cursory review, reports may be moved to the mail agent box in PC for further review and processing.
4. The SSS3 reviews the information in the electronic report and either:
   a. Creates a complaint intake in STARS following the authorized process noted above and links the electronic document to the STARS intake in PC; or
   b. Returns to the SSS4 with a note why an intake was not created.
5. Stars Incident Reports are completed in STARS and automatically linked to PC.

C. Processing Hard Copy Reports

Purpose

All reports with allegations of abuse, neglect or exploitation of vulnerable adults or failed provider practice received by mail must be processed in a timely manner. Retain hard copies per record retention policy whether or not an intake is generated.

Procedure

1. Assigned CRU staff:
   a. Processes as appropriate by reviewing CRU mail and scanning to CRU email.
   b. Before creating a new intake, search STARS to see if there is an existing intake or corresponding call regarding the same issue. If one is located, CRU staff will follow the process outlined in the section labelled 'Creating and Prioritizing Intakes, Including the Same Incident from Multiple Reporters' and/or section labelled 'Processing Follow-up Reports.'
   c. If no reports or intakes are located regarding the same allegation from the same reporter, CRU staff will follow the process for creating an intake defined in the section labelled 'Processing Reports Received Electronically.'
   d. In the STARS *Incident Description* box on the *Narrative* page, document the following: "CRU NOTE: ORIGINAL HARDCOPY RETAINED BY CRU."

D. Processing Live Calls

Purpose

CRU SSS3s take live calls from the public Monday through Friday from 8:30 am to 4:30 pm. There are instances when CRU may receive a report that includes information outside of RCS jurisdiction. All DSHS staff are mandated reporters and must ensure calls regarding allegations of abandonment, abuse, neglect and exploitation of vulnerable adults or failed provider practice are reported to the appropriate agency.

Procedure

1. Log in to the live call system at the beginning of the live call shift.
2. CRU staff designate availability and should remain available during the shift unless they are at authorized meetings or on lunch break. Other exceptions must be approved by a supervisor.
3. Answer all live calls in a professional manner by stating your name, identifying where you work and offer assistance. Allow the caller to provide information that will assist you in determining how to process the report.
4. If the report involves allegations of abuse, neglect, financial exploitation or failed provider practice regarding a vulnerable adult living in a licensed or certified setting, follow the process defined in the section labeled 'Creating and Prioritizing Intakes, Including the Same Incident from Multiple Reporters'.
5. If the report involves an issue outside RCS jurisdiction, but within the jurisdiction of Adult Protective Services (APS), Department of Children, Youth, and Families (DCYF), State Mental Health Institutions or Department of Health (DOH), inform the caller and offer to make a referral for them. If the caller does not want a referral made, offer to provide the appropriate contact number.

   Note: All DSHS/CRU staff are mandated reporters and required to report allegations of abandonment, abuse, neglect, and exploitation of vulnerable adults per RCW 74.34.035.

6. Consult with a supervisor if unsure how to proceed with the report.

E. Processing Referrals from Adult Protective Services (APS)

Purpose

APS sends referrals to the CRU when the allegations relate to a resident/client living in a facility/agency licensed and/or certified by RCS. Provider types include Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS) [also known as Supported Living (SL) providers], Enhanced Services Facilities (ESF), Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Nursing Homes (NH). CRU staff must review and triage to determine whether to create an intake or not to prioritize the intake for investigation.

Procedure

1. *CRU receives APS referrals as electronic Incident Reports or via email in Perceptive Content.
2. APS referrals that contain allegations of abuse, neglect, and/or provider practice noncompliance received electronically can be automatically entered as STARS intakes.
3. CRU staff will assess all referrals from APS. If there are identified allegations of abuse, neglect, financial exploitation, or failed provider practice, create an intake following the process defined in the section labelled 'Creating and Prioritizing Intakes, Including the Same Incident from Multiple Reporters.'
4. If the referral requires an RCS intake, CRU will use the person who made the initial call to APS as the reporter. If the APS referral is from an APS investigator with information obtained during the investigation, the APS investigator will be the reporter.
5. Only relevant information will be copied from the APS report. You do not need to copy the APS working questions or other unnecessary verbiage, symbols, page numbers, etc.
6. If the reporter is public, CRU staff will follow the procedure defined in the section labeled 'Call Back/Email Contact.'

F. Reports Not Created/Non-Intakes

Purpose

CRU staff research, analyze and triage information from the report to determine if an intake is required.

Procedure

1. If the report does not include either a report needing to be referred to another investigative agency or an allegation of abuse, neglect, financial exploitation, or other types of provider practice non-compliance involving vulnerable adults living in RCS licensed or certified settings, CRU staff will make a note in the ***Custom Properties*** box in PC and route the report to the SSS4. For STARS Incident Reports, make a note in the ***Comments*** section and return the intake.
2. If the report is an additional facility report of an incident and there are no new allegations or participants, do not create an intake. Follow the process defined in the section labeled 'Processing Follow-Up Reports' with no new allegation.
3. If the report is an additional public report, from the exact same public reporter, for the exact same incident and there are no new allegations or participants, do not create an intake. Follow the process defined in the section labeled 'Processing Follow-Up Reports' with no new allegation.
4. If the report is an additional report from the Developmental Disabilities Administration (DDA) or Home and Community Services (HCS) of an incident and there are no new allegations or participants, do not create an intake. Follow the process defined in the section labeled 'Processing Follow-Up Reports' with no new allegation.
5. The SSS4 reviews the report and either agrees with the decision for no intake or disagrees with the decision and instructs staff to create an intake.

G. Documenting Knowledge and Response

Purpose

Per Chapter RCW 74.34 Abuse of Vulnerable Adults "The department shall initiate a response to a report, no later than twenty-four hours after knowledge of the report, of suspected abandonment, abuse, financial exploitation, neglect, or self-neglect of a vulnerable adult."

Procedure

1. CRU staff will document the date and time the report is received into the appropriate field on the *Narrative* tab of the STARS intake.
2. STARS will calculate the knowledge date based on the date the report is received and the definition of knowledge (See Glossary of Terms for more information).
3. CRU staff will choose the type of response to initiate, based on the information included in the report, from the drop-down list on the Narrative tab of the STARS intake.
4. If the *Intake Created* is the type of response initiated, STARS will auto-populate the date and time the intake was created into the *Response Initiated* field.
5. If *Research* is the type of response initiated, CRU staff will enter the earliest date and time of the research into the *Response Initiated* field in STARS. Document the date and type of research in the *Follow-up* box on the *Narrative* Tab of the STARS intake.

   EXAMPLE: 04.05.2016 Researched CARE to find SL Provider.

6. If initiating a response or linking an intake results in a greater than the 24-hour/2 working-day (WD) response requirement, a supervisor must put an explanation on the *Decision* tab in STARS before linking the intake.
7. For reports that do not involve RCS providers, process under "Other Agency" in the *Narrative* tab (See STARS Manual for CRU for more information).

H. Creating and Prioritizing Intakes, Including the Same Incident from Multiple Reporters

Purpose

CRU often receives reports regarding the same incident from multiple reporters. The potential types of reporters include facility, anonymous, law enforcement, state worker and/or public/whistleblowers. CRU make decisions to determine if an intake needs to be created per the CRU guidelines defined in this SOP.

Procedure

1. Before creating a new intake, search STARS to see if there is an existing intake regarding the same incident. If one is found, proceed with the following steps.
2. Review the additional report to determine if there is a new allegation of abuse, neglect, financial exploitation, or other types of provider practice non-compliance involving vulnerable adults, new alleged victims (AVs), or new alleged perpetrators (APs). If a new allegation, new AV, or new AP exists, create a new intake, and prioritize following approved processes.
3. Multiple reports from a facility or another distinct organization (such as DDA) require only one intake if that intake contains all allegations and participants. If possible, combine multiple reports from the facility or distinct organization into one intake.
4. If the additional report is not going to be included in an intake, follow the process defined in section labeled 'Processing Follow-Up Reports' with no new allegation and/or the process defined in section labeled 'Reports Not Created/Non-Intakes.'
5. Reports from public reporters, Ombuds, or whistleblowers require an individual intake. At the request of a Public Outcome Letter (POL), the intake must be screened in for investigation.
6. Unless additional intakes regarding the same incident contain new or different allegations, or request POLs, do not screen in for investigation.

I. Creating Intakes from the Long-Term Care Ombuds

Purpose

CRU receives reports from the Long-Term Care Ombuds Program (LTCOP) with requests to generate complaint intakes. LTCOP's staff can request an investigation, and they can request an investigation on behalf of their clients.

Procedure

1. Identify the Regional Long-Term Care Ombuds (LTCO) as the reporter.
2. For reporter type, list the LTCO reporter as a "Public" reporter.
3. Ensure the box "Follow Up Requested" is checked.
4. For more information, call the LTCO reporter.
5. Send the CRU letter with the intake ID number to the LTCO reporter. It is permissible to email the number upon request.

J. Call Back / Email Contact

Procedure

When there is insufficient information in the report, CRU staff will attempt to contact the reporter to gather additional information.

1. CRU staff will attempt two callbacks (or one email) if possible, within the two (2) WD processing timeframe. Exceptions are:
   a. non-functioning call back number or no call back permission given;
   b. the person answering the call denies making any report to CRU;
   c. if the report is regarding potential Immediate Jeopardy, make one attempt to call the Reporter, then process as a 2WD;
   d. the facility report contains sufficient information to create a complete intake; or
   e. the report is from a DSHS/State employee calling as a mandated reporter.
2. Document attempted contacts in the *Follow up* portion of the STARS intake.
3. Once CRU staff leaves a message/sends email, if there is no response from the reporter **by the end of the second working day**, assess and process the report following the authorized process detailed above using the information provided in the original report.
4. Do not call the facility for information if the reporter is anything other than a facility reporter.
5. Public reporters who supply contact information must be contacted, and the following rules apply:
   a. CRU will ask to speak with the reporter by name prior to stating where the call is coming from.
      1) If the reporter identifies themselves, CRU staff will introduce themselves and where they are calling from and gather any additional information that is needed and place it in the follow up portion in the STARS intake.
      2) If CRU reaches a person who is not the reporter, CRU will inform the person that they are returning the reporter's call. If asked who is calling, you may respond by saying it is a confidential call and you are returning a call from the reporter. CRU may leave their direct call back number.
      3) If the reporter left explicit permission to speak with someone other than themselves, and they are available, CRU can continue with gathering the needed information.
   b. If the voicemail message does not identify the reporter, leave a general message along with CRU staff's name and direct call back number.

      EXAMPLE: This is Matt returning a call to Jack. To reach me directly, please call 360-555-121

   c. If the voicemail identifies the reporter, leave a detailed message, including the reason for the call, CRU staff's name and direct call back number.

6. If the caller states they wish to be anonymous and the reporter leaves a call back number, CRU will return their call, and ensure they are speaking with the original anonymous reporter.
7. If the reporter is an employee of DSHS or another State agency and calling in their official capacity as a mandated reporter, there is no requirement for CRU staff make contact unless there is a request for additional information for the intake. Do not offer follow up to DSHS/State employees calling in this capacity.
8. Do not offer follow up if the reporter is an RCS licensed facility/agency reporting on another RCS licensed facility/agency.

K. Writing Intake Narratives

Procedure

The Narrative is the Reporter's words.

1.
2. Do not change the reporter's words; just copy and paste from original report in a sequential order. Clean up incorrect spelling and grammar.
3. Leave in names. Do not change to initials or AV/AP. If a nickname is used, put the proper name in brackets after the first time it is used.

   EXAMPLE: Jim [James Frost]

4. Mrs./Mr. needs to be clarified by using the full name in brackets [James Frost]
5. Accuracy is the key. Do not interpret, do not make assumptions, and do not omit pertinent information.
6. If there are two participants with the same first name, be sure to distinguish between the two by using last names, titles, etc.
7. Information in brackets [ ] is in the voice of the CRU worker.
8. If the report is incomprehensible, use your best judgement around clean up. Use ellipses when removing information.
9. Reference any previous related intakes, if applicable.
10. Use CRU NOTES in the ***Follow-Up*** to communicate pertinent information in the voice of the CRU worker creating the intake. CRU notes are written objectively and concisely. CRU notes should contain the location of other information used in determining the priority or any clarifying information.

    Example: CRU NOTE – See SER CARE note dated 2-3-19 *OR*
    CRU NOTE – REPORTER REFERS TO JAMES FROST AS JIM THROUGHOUT REPORT.

11. For Comprehensive Assessment and Reporting Evaluation System (CARE) Service Episode Records (SERs), the CRU note should include "SEE CARE SER note dated…". Do not quote the CARE SER note.

L. Choosing the Appropriate Facility

Purpose

It is critical CRU assign intakes to the correct facility/agency based on the information included in the report and available databases. Choosing the correct facility allows investigators to initiate an investigation on time, and resident/clients to receive prompt assistance.

Procedure

1. When choosing the provider, always check the address of the provider in STARS to ensure it matches the address of the provider in the report.
2. When choosing a provider that has both a Nursing Home (NH) and Assisted Living Facility (ALF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) by the same name, confirm the whereabouts of the resident by checking the Automated Survey Processing Environment System (ASPEN), or through a call back.
3. When choosing a provider that has a Supported Living (SL) certification as well as another license (ALF, Adult Family Home [AFH] or ICF/IID), make every effort to determine where the resident/client resides. To do this, check the address of the resident/client in CARE or the Aging and Disability Services Administration (ADSA) Web Access (AWA), checking other intakes associated with the resident/client, checking intakes for the provider, or by call back.
4. Always choose an open provider as shown in STARS on the Provider page.

M. Searching and Creating Participants

Purpose

Sometimes an individual is listed in the STARS system multiple times due to lack of a comprehensive search, resulting in the creation of a duplicative person record. A thorough search is necessary to ensure all intakes are associated with the correct person's record. This results in an accurate, factual assessment and analysis linking all prior intakes and assists in determining the most appropriate priority for the current intake. Although you may have the correct spelling, keep in mind while searching that names entered in STARS with the wrong spelling may occur.

This search must be completed before creation of a new person record in STARS. Doing so provides the investigator with a complete picture of all incidents, resulting in a more comprehensive investigation.

Procedure

1. The following search techniques, if applicable, should be attempted prior to creating a person's record in STARS:
   a. Use as few letters as possible.
   b. Always have the Also Known As (AKA) box checked.
   c. Consider nicknames, and alternative ways of spelling.
   d. Search by date of birth (DOB) only.
   e. Search using middle name as the first name.
   f. With unique names, use the first name only and the city name.
   g. For hyphenated names try switching the order around.
   h. First name only and DOB.
   i. First initial, last name.
   j. Search by address.
   k. Search by Provider address.
   l. Search in other programs (CARE, AWA, ASPEN, HSQA, etc.).
   m. Look at prior intakes under the provider.
   n. Use the DOH data base, Health Systems Quality Assurance (HSQA), to search for a participant that works at a facility.
2. If the person is a NH resident, check ASPEN prior to creating a person. Obtain the correct spelling, and DOB from ASPEN.
3. If the person is a CCRSS client, perform a search in CARE and/or AWA. The CARE and STARS systems should contain all CCRSS clients.
4. If the person is a resident of an AFH, perform a search in CARE.
5. If the person is a resident of an ICF/IID, perform a search in CARE. The CARE and STARS systems should contain all ICF/IID clients.

6. If the person is a Provider of an AFH, check the Facility Management System (FMS). STARS should contain all AFH Providers.
7. If the person is a staff member, perform a search in HSQA to check for credentials. To perform an accurate credential search both name and DOB are required. If credentials are found, add the license info to the Demographics screen in Person Management. Enter the DOB into the person record in STARS.
8. After a complete and thorough search, create a person in STARS. Enter all available information into the person record (DOB, phone numbers, address). Attempt to confirm the correct spelling of a name.
9. After choosing or creating a person, the primary address must be updated as needed.
10. Clear the search after each new entry.

N. Assigning Initial Intake Priorities

Procedure

All intakes must be assigned an initial priority as described below:

1. **Emergent** – Intake constitutes Immediate Jeopardy, (IJ). The intake presents a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary. Harm does not have to occur before considering IJ designation. Both potential and actual harm need to be considered.
2. **RCS High** – The alleged noncompliance may have caused harm that negatively impacts the individual's mental, physical, and/or psychosocial status and is of such consequence to the person's well-being that a rapid response by the State Agency (SA) is indicated. Usually, specific rather than general information factors into the assignment of this level of priority.
    a. Intake contains specific information such as descriptive identifiers, individual names, date/time/location of occurrence, and description of harm.
3. **Routine Intake** –
    a. The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical, and/or psychosocial status or function.
    OR
    b. The alleged noncompliance may have caused physical, mental, and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.
4. **Quality Review** – Assign intakes this priority if an onsite investigation is not necessary.

Additional information can be found in the resource labelled 'Maximum Time Frames for Onsite Investigation (CMS Standards).'

O. Determining Immediate Jeopardy Complaints

Purpose

If a facility's noncompliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident, designate it as an "Immediate Jeopardy" (IJ) or 2WD intake.

Procedure

1. The CRU intake staff processes the intake per the approved CRU intake process.
2. During the final prioritization process, the intake staff determines the intake may be an immediate jeopardy (2WD).
3. The intake staff consults with the supervisor or designee to make a collaborative decision regarding determination of immediate jeopardy.
4. If a NH or ICF/IID intake, the intake staff and/or supervisor notify a CRU RN for clinical review per the process outlined in the section labelled 'RN Review of CRU Intakes in Nursing Home and ICF/IID Settings.'
5. The CRU RN reviews the intake and provides consultation to the supervisor and intake staff regarding the determination of immediate jeopardy. Refer to the list in section labelled 'Immediate Jeopardy and High-Profile Indicators.'
6. After confirming the intake as an immediate jeopardy situation, the CRU RN or intake staff completes the process defined in the section labelled 'Assigning Initial Intake Priorities.'
7. Notify the appropriate Field Manager (FM) to alert the field of the pending immediate jeopardy. A supervisor or delegated CRU staff completes this task.
8. Supervisor or intake staff emails the STARS intake number to the required staff.

P. Choosing Alleged Violation Categories

Procedure

1. Review the intake narrative and any callback information and identify the allegations from the reporter.
2. CRU chooses the alleged violation category based on RCS scope of authority.
3. Choose the most appropriate allegation(s) from the 'Alleged Violations' listed in the STARS manual and per the attached list found in Resource B: Allegation Categories.
4. The intake must have at least one allegation to process the intake UNLESS the intake is processed as "Other Agency" in the *Processing Level* tab on the *Narrative Screen*.

Q. RN Review of CRU Intakes in Nursing Home and ICF/IID Settings

Procedure

1. **The CRU intake staff:**
   a. Processes the intake per the approved CRU intake process.
   b. Completes all required information, except Referrals and the Aspen Complaints/Incident Tracking System (ACTS) ID.
   c. Prioritizes the intake following approved prioritization processes.
   d. Places the completed intake in the *Intake Review* box.
2. **The CRU RN will:**
   a. Review each nursing home and ICF/IID intake completed by CRU intake staff for prioritization using the processes defined in sections labelled 'Assigning Initial Intake Priorities' and 'Prioritizing Intakes', State Operations Manual (SOM) 'Chapter 5: Complaint Procedures' and 'Appendix Q: Determining Immediate Jeopardy', as well as the list of 'Immediate Jeopardy and High-Profile Indicators.'
   b. Confirms and/or changes the priority.
   c. Complete the ACTS ID for the NH and ICF/IID intakes and creates referrals.
   d. Add Medicaid Fraud referrals based on criteria provided by Medicaid Fraud Control Division (MFCD).
   e. Notify the supervisor regarding any issues with the intake that would impact the investigation.
   f. Finish processing the intake and assign in accordance with the process defined in section labelled 'Assigning Initial Intake Priorities.'

R. Processing Follow-up Reports

Purpose

Follow-up reports should be integrated with the original report and any associated intakes created to reduce redundancy and make efficient use of staff time. Document any additional information received on an intake as "follow-up" information and communicate to appropriate staff or administration.

Procedure

Follow-ups:

1. No new allegation:
   a. If the intake has been completed, contact the supervisor and/or lead and request the intake be amended.
      1) If the intake was assigned for investigation, in all caps, add to the follow-up section: DATE: ADDITIONAL INFORMATION FROM REPORTER or DATE, FOLLOW UP ADDED AT TIME [09/30/22 FOLLOW UP ADDED AT 1655]: copy the information into the intake.
      2) Complete the intake, relink it in PC, and email the FM to let them know new information has been added to the intake. The subject line of the email should include Facility Name, Intake ID, and priority. Email should say, "Additional information added to above referenced intake."
   b. If the intake is attached to a Compliance Determination (CD), **it cannot be amended**. Email the FM the follow up information and cc the CRU inbox.
      1) The subject line of the email should include ADDITIONAL INFORMATION, Facility name, the intake ID, and the priority.
      2) The body of the intake should contain the information in the follow-up. If the follow-up is a STARS Incident Report, return it; if it is a phone message, fax, or email, link to the intake in PC and route to processed records.
   c. If the intake is a Quality Review (QR), contact the supervisor and/or lead and request the intake be amended.
      1) In all caps, add: DATE: ADDITIONAL INFORMATION FROM REPORTER or DATE, FOLLOW UP ADDED AT TIME [09/30/22 FOLLOW UP ADDED AT 1655]: copy the information into the intake.
      2) Complete the intake and link it in PC. There is no need to contact the FM. If the follow-up is a phone message, fax, or email, link to the intake in PC and route to processed records.
2. New allegation:
   a. If the follow-up contains a new allegation, new AV, or AP, or changes the priority of the initial intake, create a new intake.
3. Pending Intake:
   a. If the follow up pertains to an intake that is still pending in STARS, communicate with the CRU staff who is working the intake. Give the follow up information to the CRU staff to incorporate into the intake, or the follow up staff may add the follow up to the intake.

S. Prioritizing Intakes

Purpose

The CRU prioritizes intakes following established priorities determined by RCS. The CRU staff will complete the prioritization in a timely manner following all established guidelines and link or assign intakes. If there are clinical components in the narrative, SSS3's may consult with a CRU RN regarding prioritization.

Procedure

CRU staff will prioritize complaint intakes using the following guidelines:

1. **2 working days (Immediate Jeopardy)** - A situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident. Immediate corrective action is necessary.
2. **10 working days (Non-Immediate Jeopardy-High**) - The alleged noncompliance may have caused harm that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being, the SA conducts a rapid response. Usually, specific rather than general information (such as, descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of this level of priority. Complaint and incident investigations must be initiated within 10 working days of linking the intake to the RCS Field Unit
3. **20 working days (Non-Immediate Jeopardy-Medium)** - The alleged noncompliance caused or may cause harm that is of limited consequence and does not significantly impair the individual's mental, physical and/or psychosocial status or function. Complaint and incident investigations must be initiated within 20 working days of linking the intake to the RCS Field Unit.
4. **45 working days (Non-Immediate Jeopardy-Low**) - The alleged noncompliance may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey. Complaint and incident investigations must be initiated within 45 working days of linking the intake to the RCS Field Unit.
5. **90 working days - Complaint investigation** delay may occur if the allegation is general in nature, anonymous, and a scheduled survey is within 90 working days. In general, this is a priority assignment made by the FM, not the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20 or 45 working day assignment.
6. **Quality Review** – Assign intakes this priority if an onsite investigation is not necessary. The field conducts an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next onsite survey. Allegations may also receive a "Quality Review" designation if any other report of a more urgent nature has already prompted an investigation of the situation by the Department.
7. Prioritization of reports should take into consideration the list of 'Immediate Jeopardy and High-Profile Indicators'.
8. Priorities are for RCS use only and not divulged to reporters.

T. Processing Law Enforcement Referrals

Purpose

CRU staff must report to LE all incidents outlined in RCW 74.34, specifically all reports of abuse, neglect, and exploitation of Vulnerable Adults (VAs) or reports containing allegations of a crime against a VA.

Procedure

1. In an emergency, call 911 or the local emergency number immediately. An emergency is any situation that requires immediate assistance from the police, fire department or ambulance.
2. When you call 911, be prepared to answer the call-taker's questions, which may include:
   a. The location of the emergency, including the street address;
   b. The nature of the emergency with details pertinent to first responder's actions;
   c. Your name, role and contact information;
   d. Collect and document the 911 generated call reference number, the date and time of the 911 call on the CRU intake.
   e. Do not hang up until the call-taker instructs you to.
3. If the situation is such that the VA's health and safety may be at risk, CRU staff may request LE conduct a welfare check.
   a. Call the non-emergency phone for the appropriate LE jurisdiction and request a welfare check of the resident/client.
4. For non-emergent situations, when there is no immediate need for law enforcement, proceed with notifying LE when:
   a. the allegation(s) in the report include possible crimes against a VA;
   b. a VA may be in danger due to an elopement; or
   c. CRU must, by statute, report to LE.
      1) Per RCW 74.34, incidents of physical assault between vulnerable adults, which do not require more than basic first aid, are not required to be reported to a law enforcement agency, unless requested by the VA or his /her legal representative or family member unless:
         a) Resulting in an injury to the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital or anal area;
         b) Resulting in a fracture;
         c) There is a pattern of physical assault between the same vulnerable adults; or
         d) The incident involved an attempt to choke a vulnerable adult.
5. Refer intakes to the LE where the incident occurred. Determine the LE by using the website 'Police Jurisdiction Lookup.'
6. Create the LE referral on the referral tab following instructions in the STARS manual for CRU.

7. Report any incident that fits the criteria defined in the section labelled 'Processing Law Enforcement (LE) Referrals,' even if the facility/agency reports informing LE and/or provides a case number.
8. No referral to LE is required if:
   a. The report is from a LE agency.
   b. APS, DDA or HCS has already sent a LE referral for the same incident. CRU does not need to send a duplicate LE referral.

U. Processing Referrals to APS

Purpose

The CRU sends referrals to APS when there is a possibility or an allegation of physical abuse or sexual abuse concerning a resident or client of a facility or agency licensed and/or certified by RCS including Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS) or Supported Living (SL) providers, Enhanced Services Facilities (ESF), Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).

The CRU also sends referrals to APS when the Alleged Victim (AV) lives in their own home, or when the Alleged Perpetrator (AP) is NOT a provider in a licensed and/or certified setting.

Procedure

1. Send a referral to APS for ANY staff-to-resident allegation of sexual or physical abuse. The name of the AP is not required when referring to APS.
2. Send a referral to APS for ANY resident-to-resident allegation of sexual abuse.
3. Send a referral to APS for resident-to-resident allegations of physical abuse with substantial injury, which means:
   a. A substantial impairment of a person's physical condition requiring professional medical treatment.
   b. Loss of consciousness, concussion, bone fracture, muscle tears, disfiguring lacerations, or wounds requiring multiple sutures.
   c. Injury requiring corrective or cosmetic surgery.
   d. Substantial bodily injury involves temporary but substantial disfigurement or loss/impairment of bodily function.
   e. Injury that creates a substantial risk of death, serious permanent disfigurement, or prolonged loss/impairment of body function.
4. Send a referral to APS for all other allegations when the AP is **not** a resident or facility staff (i.e., family member is alleged to have stolen money from resident).
5. Send a referral to APS for any resident leaving a facility Against Medical Advice (AMA).
6. DO NOT Refer: allegations of provider neglect of a resident; allegations of mental abuse with no physical or sexual abuse component; elopement; allegations that a resident has assaulted a staff; allegations of self-neglect within a facility; allegations of financial exploitation when the AP is a provider.
7. CRU staff will process the intake per current processes, following the approved prioritization process and add a referral to APS regardless of harm to the resident or client or un-substantiation/recanting of the allegation.
8. An APS referral is not needed if:
   a. The report comes from APS.
   b. The DDA/HCS Incident Reports (IR's) were sent to both RCS and APS.
   c. The STARS Incident Reports were sent to both RCS and APS.

V. Processing Referrals to Agencies Other Than Law Enforcement and APS

Purpose

When the CRU receives reports that may include information outside RCS jurisdiction, the report may require a referral to other state agencies or facilities utilizing the automatic referral system in STARS, by telephone or by eFax.

Procedure

Determine if the information provided in the intake warrants a referral to any of the referral types listed below.

Create STARS referrals on the *Referral* tab following instructions in the STARS manual.

STARS referrals include:

1. **Medicaid Fraud Control Division (MFCD):** Follow current directive from MFCD. MFCD has STARS access.
2. **Construction Review Services (CRS):** Send a referral regarding any physical/construction related changes to a NH or ALF. Examples include installing new carpet, building ramps, the addition of a new roof, and/or concerns about the facility having the right permits to do the construction changes.
3. **Department of Children, Youth, and Families (DCYF):** Send a referral when someone reports that a child 17 years old and under may be abused or neglected.
4. **Department of Health (DOH) – Hospitals:** Send a referral for any complaint about treatment at a hospital.
5. **Department of Health (DOH) – Non-Hospital Facilities:** Send a referral for any complaint about treatment at a facility regulated by DOH such as mental health facilities (non-state hospitals), home health clinics, hospice centers, dialysis centers, or any other similar facility.
6. **Labor and Industries (L&I):** Send a referral if there are issues regarding reports of wages, working conditions, child labor, and worker compensation issues.
7. **Labor and Industries (L&I) Division of Safety and Health (DOSH):** Send a referral if there are issues regarding reports of unsafe working conditions (e.g., (e.g., inadequate respiratory protection program, no ventilation in the kitchen, fridge-leaking Freon, etc.), the need for inspection of electrical work, boilers, elevators, and manufactured homes.
8. **Professional (Prof'l) Licensing Board:** Send a referral when there is an allegation of abuse, neglect, or substandard care by a licensed staff member (i.e., RN, LPN, NAC, NAR, MD, etc.). For Home Care Aides select NAC in the STARS dropdown menu.
9. **State Fire Marshall (SFM):** Send a referral when there are issues regarding fire and life safety at a NH, ALF, ESF and ICF/IID facility. For example, overloading of the electrical system and outlets, issues with the sprinklers, fires, blocked exit doors, and extinguishers out of reach.

10. **Office of Fraud and Accountability (OFA):** Send a referral when there is an allegation of Electronic Benefits Transfer (EBT) fraud.
11. **RCS Behavioral Health Support Team (BHST):** Send a referral when a facility reporter requests a consultation with the RCS BHST to assist with resident behavioral issues. The facility/agency must agree to the referral and that agreement clearly documented in the body of the referral in STARS (See SOP Chapter 29 – BHST for more information).

Telephone or manual fax referrals include:

1. **County Health Department:** Send a referral when there are issues regarding well or sewer issues at a facility or when directed in cases of an outbreak of illness at a facility where the facility has not notified the County DOH.
2. **Local Building Code Enforcement Agency:** Send a referral regarding any physical/construction related changes to an AFH or other concerns regarding housing.
   a. When making these referrals, document in a CRU NOTE in the *Narrative*.

W. Processing Complaint Referrals and Priority Changes

Purpose

CRU is responsible for processing and electronic recording of all RCS field staff requests for referrals, mandated reports, intake information changes and priority changes. This centralized process ensures all complaints/incidents are screened, triaged, and prioritized in a uniform manner and in accordance with CRU policy and Federal/State requirements. RCS field staff primarily communicate requests and changes to CRU using email transmittal sent to cru@dshs.wa.gov. CRU will accept other methods as needed.

Procedure

Referrals

1. Email the following information to the CRU:
   a. Intake number, facility/agency name, referral type, brief rationale for referral.
   b. If the referral is for an individual instead of a facility/agency, also include the alleged perpetrator's name, DOB, and DOH license number, if applicable.
   c. In an emergency to protect residents, the field can immediately refer the complaint/incident to the appropriate referral agency (i.e., LE), but will need to email the CRU with the information in **a** and **b** above and include documentation that the referral has been done.

Mandated Reporting

1. Email the following information to the CRU:
   a. Reporter first/last name, telephone number (inform CRU if reporter wants to remain anonymous), details regarding "who, what, where and when" of the mandatory report.
2. For mandated reports of immediate jeopardy or high-profile situations during CRU live call hours (Monday through Friday, 8:30 am to 4:30 pm), the RCS staff may choose to speak to a CRU representative personally to file their report.
   a. CRU staff will accept the report via live call from the RCS staff in these situations.

Intake Information Changes

1. Email the following information to the CRU **prior to linking to a CD in STARS:**
   a. Intake number, facility/agency name, changes/corrections to be made (i.e., address, telephone number, reporter, facility, AP, AV).
2. Do not change the following types of reports to a QR priority (including but not limited to):
   a. The suicide of a resident or client.
   b. The report includes the death of a resident or client and there is suspected abuse or neglect.
   c. Any incident in which there is actual physical or mental harm. Examples include but are not limited to fractures, head trauma, bruises, loss or impairment of function, pressure ulcers, or other significant injury.

d. When the only rationale is that the resident/client is no longer in the facility or receiving care from the provider because of hospitalization, transfer, or discharge.
e. Any incident in which the reporter is a public reporter and requests follow-up.

Priority change requests:

1. The FM will email any priority change requests to the CRU inbox. All priority requests will include the intake number, the new priority, and a rationale for the change.

> Example: Please change the priority on the above referenced intake from 10-WD to 20-WD. Rationale: The facility report provides information to conclude there was no actual harm, the potential harm would not significantly impair the resident, and this is a situation that is not likely to recur to the resident or other residents.

2. Each change requested requires a separate email per intake number. Intakes from public reporters who request a POL cannot be assigned a QR priority.

X. Creating Confidential Intakes

Purpose

1. CRU receives reports that include complaints regarding DSHS employees.
2. Reports involving complaints regarding DSHS employees must remain confidential.

Procedure

1. When reviewing received reports and it is identified there are allegations against a DSHS employee:
   a. Do not include the confidential information in the STARS intake.
   b. Identify any related STARS intake numbers.
   c. Identify the reporter, date of the complaint, and contact information for the reporter.
   d. Copy the allegation regarding the employee and paste into a CRU Confidential Report form.
2. Determine the appropriate Division/Agency using an Outlook search and place a check in the box on the form.
3. Email the completed CRU Confidential Report form to the CRU Manager and Supervisor per assignment.
4. The CRU Manager validates the appropriate Division/Agency and emails the report to the appropriate appointing authority.

Y. Extenuating Circumstances

Purpose

Per State Operations Manual (SOM) - Chapter 5 - Complaint Procedures Section 5070 - Priority Assignment for Nursing Homes, Deemed and Non-Deemed Non-Long Term Care Providers/Suppliers:

1. An assessment of each complaint or incident intake must be made by an individual who is professionally qualified to evaluate the nature of the problem based upon their knowledge of Federal requirements and their knowledge of current clinical standards of practice. In situations where a determination that immediate jeopardy may be present and ongoing, the department is required to start the on-site investigation within two working days of receipt of the complaint or incident report. In a complaint or a survey related to a report of a patient death associated with use of restraint or seclusion, the department requires a completed five working day investigation, for the Regional Office (RO) authorization for investigation. Prioritize all non-immediate jeopardy situations, the complaint/incident within two working days of its receipt, unless there are extenuating circumstances that impede the collection of relevant information.

Procedure

1. Extenuating Circumstances will be defined as:
   a. No facility or residence noted in the report; or
   b. No name of AV and AP for a report where the participants information would be critical to proceed with the investigation and no allegation; or
   c. CRU computer systems essential for intake completion inaccessible for more than one hour; or
   d. Suspension of operations per DSHS administrative policy.
2. If the report contains information, which would necessitate an investigation, critical information is missing (see above) and the 2-day timeline has expired, consult a supervisor, and develop a plan on how to proceed.
3. If determined by the Supervisor/Manager it is necessary to continue attempts to gather information, they can only approve an additional 24 hours. If attempts are unsuccessful to gather and clarify the necessary information to prioritize an intake, follow the process defined in the section labelled 'Reports Not Created/Non-Intakes.'

Z. Processing Returned CRU Letters

Purpose

1. At a request for follow-up, CRU staff are responsible for sending the CRU letter to the public reporter.
2. The letters return to CRU when the letters are undeliverable by the US Postal Service (USPS).

Procedure

1. Open the letter to find the assigned intake identification number, listed on the bottom of the CRU letter under: "The Intake number assigned to your concern is _____."
2. Open the intake in STARS and click on the ***Participants*** tab to identify the reporter.
3. Call the reporter back at their listed phone number.
   a. Ask to speak with the reporter by name. If the reporter identifies himself or herself, introduce yourself and state where you are calling from.
   b. Inform the reporter of their returned letter to CRU.
   c. Verify the reporter's mailing address. If the address in STARS was incorrect, update the reporter's mailing address in STARS.

   Note: Sometimes mail sent to an anonymous reporter is undeliverable. In this case, offer to send the letter via e-mail so the reporter can stay anonymous.

4. Print a new letter for the reporter with their updated mailing address or e-mail the reporter a new letter at their provided e-mail address.
5. E-mail the Field Manager (FM) and provide the FM with the reporter's updated mailing address or e-mail address.

   Example: In the subject line of the e-mail, write "Additional information for intake ID [XXXXX], [facility name], [priority], linked on [linked date]" and provide the reporter's mailing or e-mail address in the body of the e-mail.

Part II: Resources and Forms

A. Maximum Time Frames for Onsite Investigation (CMS Standards)

Onsite within 2 working days of receipt	**Onsite within 10 working days of prioritization**	**Onsite within 20 working days of prioritization**	**Onsite within 45 working days of prioritization**	**Onsite within 90 working days of prioritization**	**Administrative Review** **(Quality Review)**
Immediate Jeopardy (IJ)	**Non-IJ (High)**	**Non-IJ (Medium)**	**Non-IJ (Low)**		
A situation in which the provider's noncompliance with one or more requirements of participation **has caused, or is likely to cause, serious injury, harm, impairment, or death** to a resident. ANY unexpected death in a facility. Immediate corrective action is necessary.	The alleged noncompliance **may have caused harm** that negatively impacts the individual's mental, physical and/or psychosocial status and are of such consequence to the person's well-being that a rapid response by the SA is indicated. Usually, specific rather than general information (such as descriptive identifiers, individual names, date/time/location of occurrence, description of harm, etc.) factors into the assignment of	The alleged noncompliance **caused or may cause harm that is of limited consequence** and does not significantly impair the individual's mental, physical and/or psychosocial status or function.	The alleged noncompliance **may have caused physical, mental and/or psychosocial discomfort** that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.	Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey is scheduled within 90 working days. In general, this is a priority assignment made by the field manager (FM), not the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20 or 45	Intakes are assigned this priority if an onsite investigation is not necessary. The field conducts an offsite administrative review (e.g., written/verbal communication or documentation) to determine if further action is necessary. The field may review the information at the next onsite survey. Allegations may also receive a "Quality Review" designation if

	this level of priority.			working day assignment.	any other report of a more urgent nature has already prompted an investigation of the situation by the Department.

B. Allegation Categories

STARS Allegations		
	Allegation Categories	**Allegation Description**
1	Resident/Patient/Client abuse	Per RCW 74.34-physical, mental, sexual, resident to resident, staff to resident
2	Resident/Patient/Client neglect	Per RCW 74.34-serious disregard of the consequences to the resident that presented a clear and present danger (failure to prevent/treat pressure sores, not giving medication, failure to follow care plan resulting in harm to the resident)
3	Misappropriation of property (Financial Exploitation)	Per RCW 74.34-stealing/borrowing money/possessions, asking for or taking loans, using a resident's services, and not paying for them
4	Injury of unknown origin	Suspicious Injuries of unknown source
5	Restraints/Seclusion - Death	Death associated with chemical, physical restraints, or seclusion
6	Restraints/Seclusion - General	Use of chemical, physical restraints, or seclusion/isolation
7	Resident/Patient/Client Rights	Violation of civil, legal, or resident rights
8	Admission, transfer, and Discharge Rights	Admission/Transfer/Discharge issues
9	Death - General	Deaths required to be reported-sudden unanticipated death of an otherwise healthy individual, after an accident or a severe illness
10	Quality of Life	Care and environmental issues related to dignity
11	Quality of care/treatment	Care and services in accordance with care plans
12	Accidents	Accidents through no fault of provider or staff
13	Dental Services	Routine and emergency dental care

14	Dietary Services	Food safe, nourishing, palatable & well balanced, sufficient supply
15	Nursing Services	Nursing services provided per regulation and care plan
16	Pharmaceutical services	Resident/client medication services
17	Physician services	Care and services from health care provider
18	Rehab services	Physical, occupational, speech therapy
19	Educational services	School, training, active treatment (ICF only)
20	Other Services	Services not identified in 13 - 19
22	Physical environment	Safe, functional, and sanitary living conditions
23	Infection control	Prevent development and transmission of disease
24	Resident/Patient/Client Assessment	Required assessments are completed
25	Administration/Personnel	Facility Operation in regulatory compliance
26	Fraud/False Billing	Billing irregularities
29	Falsification of Records/Reports	Documentation omissions and/or inaccuracies
30	Unqualified personnel	Employee background or training issues
31	State monitoring	Violations discovered during monitoring visits
34	Fatality/transfusion fatality	Unanticipated/unexplained death
35	State licensure	No valid license
36	Other	Any issue not otherwise described
37	Life safety code	Compliance with Fire Marshal regulations, city/county building codes
99	No alleged violation	No violation given

C. CRU Confidential Report

Report prepared by:	Alleged Employee(s):
Date & Time Report Received:	Division: ☐ RCS ☐ HCS ☐ DDA
STARS Intake ID (s):	
Reporter Name:	Contact Information:
Allegation/Complaint	
Route to:	
RCS	**HCS**
☐ Director	☐
☐ Office Chief of Field Operations	Date:
☐ Region (__) Regional Administrator	**DDA**
☐ Other:	☐
Date:	Date:

D. Immediate Jeopardy and High-Profile Indicators

1. IMMEDIATE JEOPARDY INDICATORS:

- No one at the AFH answering door, residents observed inside alone.
- AFH residents alone without qualified caregivers.
- Caregiver under influence of alcohol/drugs.
- AFH residents without food, water, and shelter.
- AFH residents residing in basements with no fire escape or windows.
- Unlicensed AFH.
- Any type of sexual allegation.
- Any facilities' utilities shut off.
- AFH in foreclosure without notification to state agency.
- Any facility with life-threatening electrical hazards.
- Residents with multiple unexplained bruises of varying sizes, color, and location.
- Residents with multiple untreated stage 3 – 4 pressure ulcers and/or deep tissue injury.
- Any report of resident burns.
- Residents missing and not found, in danger or found dead.
- Unexpected resident death.
- Residents in grave danger because they have no medication or necessary treatments, such as oxygen with resultant bad outcomes (diabetic reactions, aspiration, choking, turning purple, or air hunger).
- Residents whose code status is not followed with a negative outcome (no code with resulting death (no CPR/911)).
- Residents restrained with side rails, wrist, and body restraints, with outcome such as death, serious injury, and/or strangulation.
- Fires resulting in remarkable facility damage, resident injury, and resident evacuation.
- Any type of facility evacuations.
- Any resident accidents that cause a resident death.
- Any resident deaths where coroner was contacted.
- Residents verbally and physically abused with remarkable physical and psychological injury and no facility protection.
- Children and/or non-trained workers providing care and services.
- Abused family members in AFHs.
- Visitors abusing residents and no facility protection.
- Suicide.
- Any type of illness outbreak that affects multiple residents (staph, e-coli, MRSA, hepatitis A, foodborne illnesses).
- Staff walking out of the facility/strikes.
- Lack of staffing that leaves multiple residents without care/meds/treatments.
- Residents starting fires and no facility resident protection.
- Residents smoking with oxygen.
- Residents falling down stairwells with no facility protection.

- Residents locked in their room, doors tied shut.
- AFH with meth lab or other illegal substance use.

2. HIGH PROFILE INDICATORS:

- Firearms in facility.
- Any allegations about state employees, investigator, surveyors, and managers.
- Allegations that newspapers have been contacted about the care and services of any facility.
- Allegations that the Governor has been contacted about the care and services of any facility.

Part III: Appendices

A. Glossary of Terms

Abandonment – as defined in RCW 74.34.020.
Abuse – as defined in RCW 74.34.020.
Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.
Agency – State agency.
Allegation – A statement (claim, assertion, witnessing) or an indication made by someone (regardless of capacity or decision-making ability) indicating abuse, neglect, exploitation, or misappropriation of a vulnerable adult's property may have occurred and as such requires a thorough investigation.
Alleged perpetrator (AP) – means the individual(s) perpetrating the alleged abuse, neglect, financial exploitation, or other non-compliance with regulatory requirements.
Alleged victim (AV) – means the vulnerable adult(s) identified in the report as allegedly being abused, neglected, financially exploited or the subject of non-compliance with regulatory requirements.
Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.
Basic necessities of life – This means food, water, shelter, clothing, and medically necessary health care, including but not limited to health-related treatment or activities, hygiene, oxygen, and medication. WAC 388-103-0001(5).
Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.
Chemical restraint – as defined in RCW 74.34.020.
Complaint – A report communicated to Residential Care Services' (RCS) Complaint Resolution Unit (CRU) by anyone NOT acting as an administrator or designee for a provider licensed or certified by RCS. The report alleges abuse, neglect, exploitation, or misappropriation of property for one or more vulnerable adult. The complainant could be a vulnerable adult, a family member, a health care provider, a concerned citizen, other public agencies, or a mandated or permissive reporter. Report sources may be verbal or written.

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 unavailable to the public without legal authority.

Consent – means express written consent granted after the vulnerable adult or his or her legal representative has been fully informed of the nature of the services to be offered and that the receipt of services is voluntary.

Date assigned to field – is the date the CRU staff 'linked' the intake to the appropriate regional office via the administrative assistant, completing CRU's responsibility for the development of the intake.

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

Duty of care – This includes:

1) A guardian or conservator appointed under Chapter 11.130 RCW;
2) An agent granted authority under a power of attorney as described under Chapter 11.125 RCW; or
3) A person providing the basic necessities of life to a vulnerable adult where:
   a) The person is employed by or on behalf of the vulnerable adult; or
   b) The person voluntarily agrees to provide, or has been providing, the basic necessities of life to the vulnerable adult on a continuing basis.

Enhanced Services Facilities (ESF) – means a facility that provides support and services to persons for whom acute inpatient treatment is not medically necessary. RCW 70.97.010.

Entity – A standard term used throughout this document to depict the long-term care program homes, facilities, and licensees participating in transforming lives of the vulnerable adults living in residential settings.

Facility – as defined in RCW 74.34.020.

Failed provider practice – Describes the action(s), error(s), or inaction(s) on the part of the licensee relative to statute(s) or regulation(s) and, to the extent possible, the resulting negative outcome(s) to vulnerable adult(s). Term includes deficient practice, which is defined as "lacking an essential quality or element, and inadequate in amount or degree."

Financial exploitation – as defined in RCW 74.34.020.

Gender neutral language – Use of terms to increase the confidentially and be inclusive of the vulnerable adult(s) in the specific setting. This includes pronouns, which do not associate a gender with the vulnerable adult in order to protect the identity, such as, they, them, or theirs. Emphasize attempts to avoid using gender specific pronouns such as he, him, his or she, her, hers.

Health care – The care, services or supplies related to the health of a vulnerable adult, including, but not limited to, preventative, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, counseling for a physical or mental condition, a prescribed drug, device, or equipment.

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

Hospital – means a facility licensed under Chapters 70.41, 71.12, or 72.23 RCW and any employee, agent, officer, director, or independent contractor thereof.

Household member – means a person who uses the address of the adult family home as their primary address and who is not a resident.

Immediate jeopardy (IJ) – means a situation in which immediate corrective action is necessary because the non-compliance has caused, or is likely to cause, serious injury, harm, impairment, or death to a vulnerable adult receiving care in a facility.

Imminent danger or **Immediate threat** – means serious physical harm to or death of a resident has occurred, or there is a serious threat to the resident's life, health, or safety.

Improper use of restraint – as defined in RCW 74.34.020.

Incident – An official notification communicated to RCS's CRU from a self-reporting provider/provider representative that RCS licenses or regulates. Owners, operators, and managers of facilities must self-report incidents and/or allegations of vulnerable adult abuse, abandonment, financial exploitation, sexual abuse, physical abuse, mistreatment, neglect, and/or misappropriation of a vulnerable adult's property. Nursing homes must also report vulnerable adult injuries of unknown origin, and any other requirements outlined in WAC 388-97 (Nursing Homes).

Individual provider – means a person under contract with the department to provide services in the home under Chapter 74.39A RCW.

Initiate a response – are various activities taken by the CRU staff after 'knowledge' of a report such as conducting research, calling the reporter, discussing the report with the supervisor, and creating an intake in STARS.

Initiation – means the first date of the investigation.

Interested person – means a person who demonstrates to the court's satisfaction that the person is interested in the welfare of the vulnerable adult, that the person has a good faith belief that the court's intervention is necessary, and that the vulnerable adult is unable, due to incapacity, undue influence, or duress at the time the petition is filed, to protect his or her own interests.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – The Social Security Act created this optional Medicaid benefit to fund "institutions" (four or more beds) for individuals with intellectual disabilities. The Secretary defines this as providing "active treatment."

Knowledge – is defined as the date the complaint is received Monday-Friday, 8:00am to 5:00pm, or the first working day after a holiday weekend.

Legal representative—A generic term which includes the resident representatives who act on behalf of the resident concerning care and services provided by the facility, home, or entity. This would include power of attorney, surrogate decision-maker, guardian, or any other person authorized by law to act for another person.

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

Linked – is the date the CRU assigned the complaint intake to the regional field office. Only de-linking can modify the intake.

Long-term care facility – As defined in RCW 70.129.010(3).

Long-term care workers – includes all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care workers employed by home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, adult family homes, respite care providers, community residential service providers, and any other

direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

Mandated reporter –this is an employee of the Department or the Department of Children, Youth and Families (DCYF); law enforcement officer; social worker; professional school personnel; individual provider; an operator of a facility or a certified residential services and supports agency under Chapter 71A.12 RCW; an employee of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, hospice or certified residential services and supports agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to Chapter 18.130 RCW.

Mechanical restraint – as defined in RCW 74.34.020.

Medicaid Fraud Control Division (MFCD) – means the statewide division that is responsible for both criminal and civil investigations and prosecution of healthcare provider fraud committed against the State's Medicaid program. The division also investigates and prosecutes complaints of resident abuse or neglect in healthcare facilities and residential settings.

Mental abuse – as defined in RCW 74.34.020.

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

Neglect – as defined in RCW 74.34.020.

Nursing facility (NF) – a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under section 1919(a) of the federal Social Security Act. All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.

Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.

Participant – means any or all individuals who are participants in an intake.

Permissive reporter – means any person, including but not limited to, employee of a financial institution, attorney, or volunteer in a facility or program providing services for vulnerable adults.

Personal exploitation – as defined in RCW 74.34.020.

Physical abuse – as defined in RCW 74.34.020.

Physical restraint – as defined in RCW 74.34.020.

Practitioner – The term includes a licensed physician, osteopathic physician, podiatric physician, pharmacist, licensed practical nurse, registered nurse, advanced registered nurse practitioner, dentist, and physician assistant. Refer to Chapter 69.41 RCW for a complete listing of practitioners.

Priority definitions – For both complaints and incidents, the period of actual time by when those investigations shall be initiated on-site within a specified number of days from receipt in the RCS's Regional units (See Ch. 4 for more information):

- **2-working days** – This is an allegation of a life-threatening situation that has caused, or is at risk of causing, substantial harm of such consequence urgent intervention is necessary.
- **10-working days** – This is an allegation of a situation that has caused harm, injury, or impairment to the vulnerable adult. A timely response is indicated because the situation is present and ongoing, or there is high potential for reoccurrence of the incident.

- **20-working days** – This is an allegation of a situation that is not likely to reoccur, but if it did, would pose a risk of potential harm to a vulnerable adult. The entity/facility may have investigated the situation and initiated corrective action. Investigation by RCS is required because of the need to determine whether the entity's systems are intact.
- **45-working days** – This is an allegation of a situation that commonly involves the failure to provide general care and services. The vulnerable adult has experienced no more than discomfort, and no significant impairment to physical, mental, or safety status.
- **90-working days** – Complaint investigation may be delayed if the allegation is general in nature, anonymous, and a survey/inspection is scheduled within 90 working days. In general, this is a priority assignment made by the Field Manager, not by the CRU. Complaint issues in this category do not meet the criteria for a 2, 10, 20, or 45 working days assignment.
- **Quality review** – This is a reported allegation where the entity appears to have taken appropriate action in response to the situation, and measures have been instituted by the entity to prevent reoccurrences. All appropriate parties have been notified, including professional licensing boards (if appropriate). Allegations may also receive a "Quality Review" designation if another report of a more urgent nature has already prompted an investigation of the situation by the Department. (On-site investigation is not indicated by this intake).

Protective services – means any services provided by the department to a vulnerable adult with the consent of the vulnerable adult, or the legal representative of the vulnerable adult, who has been abandoned, abused, financially exploited, neglected, or in a state of self-neglect. These services may include, but are not limited to case management, social casework, home care, placement, arranging for medical evaluations, psychological evaluations, day care, or referral for legal assistance.

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

Received date – is the date the report was received by the hotline, the date the email or fax was received in Perceptive Content Inbox, the date the CRU staff spoke to a live caller or the date the CRU received a letter from the US Postal Service.

Referral – when a report includes other jurisdictions outside of RCS, including but not limited to Adult Protective Services (APS), Department of Children, Youth and Families (DCYF), Department of Health (DOH), Department of Licensing (DOL), Medicaid Fraud Control Division (MFCD), or Law Enforcement (LE). Send the intake to the other agency as a referral.

Relationship – means the participant's connection to the alleged victim.

Reporter [also referred to as Complainant] – means the individual making the report of alleged abuse, neglect, financial exploitation, or other non-compliance with regulatory requirements to the CRU. Reporter types are *Public, Facility, State Employees, Law Enforcement or Anonymous*.

- **Public** – are generally residents or clients, family of residents or clients, Long Term Care Ombudsman staff, facility staff when it is clear they are not making an official facility report or are reporting as whistle blowers, hospital staff, and teachers.
- **Facility** – are generally facility or agency Administrators or other management staff making a report as the official "facility" or provider report, staff who leave the facility/agency phone

number and give permission to call them back, staff who state they reported their call to the hotline to their management.

- **State Employees** – are generally DSHS staff who are making a report in the natural course of their job duties.

Requirement – Any structure, process, or outcome that is required by law or regulation.

Research – means research conducted in any available database or ancillary program to determine vital information needed in order to determine the appropriate avenue to process report and/or to create an intake in STARS.

Revised Code of Washington (RCW) – The compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriation acts.

Self-neglect – as defined in RCW 74.34.020.

Sexual abuse – as defined in RCW 74.34.020.

Skilled nursing facility (SNF) – a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under section 1819(a) of the federal Social Security Act.

Social worker – means (a) A social worker as defined in RCW 18.320.010(2); or (b) anyone engaged in a professional capacity during the regular course of employment in encouraging or promoting the health, welfare, support, or education of vulnerable adults, or providing social services to vulnerable adults, whether in an individual capacity or as an employee or agent of any public or private organization or institution.

State agency (SA) – A permanent or semi-permanent organization in government that is responsible for the oversight and administration of specific functions.

Supported living – Certified service providers offer instructions and supports in client homes which may vary from a few hours per month to 24 hours of one-on-one support per day. Clients pay for their own rent, food, and other personal expenses. DDA pays for residential services provided to clients under the Department contract at the contracted rate. DDA may also contract with providers for crisis diversion and community protection services.

Supported living services – Residential services provided to clients living in their own homes in the community, which are owned, rented, or leased by the clients or their legal representatives.

Vulnerable adult – as defined in RCW 74.34.020.

Washington Administrative Code (WAC) – Regulations of executive branch agencies issued by authority of statutes. Similar to legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations arranging them by subject or agency.

Willful – as defined in RCW 74.34.020 (related to abuse, neglect, or exploitation).

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

B. Acronym List

AA	Administrative Assistant
ACES	Automated Client Eligibility System
ACTS	ASPEN Complaints/Incidents Tracking System
ADSA	Aging and Disability Services Administration
AFH	Adult Family Home
AKA	Also known as
ALF	Assisted Living Facility
ALTSA	Aging and Long-Term Support Administration
AMA	Against Medical Advice
AP	Alleged Perpetrator
APS	Adult Protective Services
ASPEN	Automated Survey Processing Environment System
AV	Alleged Victim
AWA	ADSA Web Access
BHST	Behavioral Health Support Team
CARE	Comprehensive Assessment and Reporting Evaluation System
CC	Carbon Copy (in emails)
CCRSS	Certified Community Residential Services and Supports
CD	Compliance Determination
CMS	Centers for Medicare and Medicaid Services
COVID	Coronavirus Disease
CPR	Cardiopulmonary Resuscitation
CRU	Complaint Resolution Unit
DCYF	Department of Children, Youth, and Families (formerly Child Protective Services or CPS)
DDA	Developmental Disabilities Administration
DOB	Date of Birth
DOH	Department of Health
DOSH	Division of Safety and Health (Labor and Industries)
DSHS	Department of Social and Health Services
EBT	Electronic Benefits Transfer
eCFR	Electronic Code of Federal Regulation
ESF	Enhanced Services Facilities
FM	Field Manager
FMS	Facility Management System
FSA	Field Services Administrator
GH	Group Home
GTH	Group Training Home
HCS	Home and Community Services
HSQA	Health Systems Quality Assurance
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities

ID	Identification
IJ	Immediate Jeopardy
IR	Incident Report
LE	Law Enforcement
L&I	Labor and Industries
LHJ	Local Health Jurisdiction
LPN	Licensed Practical Nurse
LTC	Long-Term Care
LTCO	Long-Term Care Ombuds
LTCOP	Long-Term Care Ombuds Program
MB	Management Bulletin
MD	Medical Doctor
MFCD	Medicaid Fraud Control Division
MRSA	Methicillin-resistant Staphylococcus Aureus
NA-C	Nursing Assistant Certified
NA-R	Nursing Assistant Registered
NF	Nursing Facility
NH	Nursing Homes
OFA	Office of Fraud and Accountability
OPP	Operating Principles and Procedures (now SOPs)
PC	Perceptive Content
POL	Public Outcome Letter
QR	Quality Review
QSEP	Quality, Safety, and Education Portal
RCS	Residential Care Services
RCW	Revised Code of Washington
RN	Registered Nurse
RO	Regional Office
SA	State Agency
SER	Service Episode Record
SL	Supported Living
SOM	State Operations Manual
SOP	Standard Operating Procedures
SSS	Social Services Specialist
STARS	Secure Tracking and Reporting System
VA	Vulnerable Adult
WAC	Washington Administrative Code
WD	Working Day

C. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
01/17/2025	Part I.U. Processing Referrals to APS	Procedure updated to match current APS practices	Updates to APS screen out criteria	MB R24-097
01/17/2025	Entire Chapter	Formatting updates	Comply with new DSHS branding	N/A
05/2023	Full Chapter	Updated to new format	Provide for easier navigation	MB R23-045
07/2022	Full Chapter	Updated with new systems; pandemic response, deleted obsolete chapters	Conversion to STARS and Perceptive Content	MB R22-056
03/2021	4A22	Conversion from SOP to chapter format Chapter # issued (3)	RCS transition to chapter format: all SOPs and staff manuals	SOPs reviewed with CRU staff
03/2019	Full Chapter	All Sections	Updated to reflect current CRU practice	MB R19-046 SOPs reviewed with CRU staff

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