

AGING AND LONG TERM CARE SUPPORT ADMINISTRATION  
RESIDENTIAL CARE SERVICES  
*“Transforming Lives”*

## CHAPTER 5 – CONSTRUCTION REVIEW

### CONSTRUCTION REVIEW – OVERVIEW

Residential Care Services (RCS) engages with several state agencies to assist with regulatory oversight of facilities in relation to the **physical plant environment**. The Department of Health-Construction Review Services (CRS) and the Washington State Patrol-State Fire Marshal (SFM) are engaged as subject matter experts for physical environment issues. This includes those specific to licensing requirements in the Washington Administration Code, State Building Code, and Conditions of Participation in certain Federal reimbursement programs. Coordination between the agencies is essential.

- Construction Review Services (CRS) is a division within the Department of Health that provides oversight for the construction of healthcare facilities to verify compliance with minimum building standards, and develop construction standards for state licensing.
- State Fire Marshall (SFM) are responsible for providing fire and life safety inspections in licensed care occupancies, including nursing homes, and boarding homes.
- State Building Code Council (SBCC) is a state agency created by the legislature to provide independent analysis and objective advice to the legislature and the Governor's Office on state building code issues. The Council establishes the minimum building, mechanical, fire, plumbing and energy code requirements necessary to promote the health, safety and welfare of the people of the state of Washington, by reviewing, developing and adopting the state building code.
- Certificate of Need (CoN) program is a division within the Department of Health that facilitates a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities or offering new or expanded services. This is required for Nursing Homes.

The following Revised Code of Washington (RCW) Chapters authorize Residential Care Services to regulate the physical plant requirements for new and licensed facilities based on the building, and require facilities to obtain CRS approval for licensure.

- [CHAPTER 18.20 RCW ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 18.51 RCW NURSING HOMES \(NH\)](#)
- [CHAPTER 70.38 RCW HEALTH PLANNING AND DEVELOPMENT](#)
- [CHAPTER 74.42 RCW NURSING HOMES-RESIDENT CARE, OPEARATING STANDARDS](#)

- [CHAPTER 70.97 RCW ENHANCED SERVICES FACILITIES \(ESF\)](#)
- [CHAPTER 246-314 WAC CONSTRUCTION REVIEW SERVICES \(CRS\)](#)
- [CHAPTER 388-78A WAC ASSISTED LIVING FACILITIES \(ALF\)](#)
- [CHAPTER 388-97 WAC NURSING HOMES \(NH\)](#)
- [CHAPTER 388-107 WAC ENHANCED SERVICES FACILITIES \(ESF\)](#)

### **SUBJECT MATTER EXPERTS**

- Jeanette Childress at (360) 764-9804 or [Jeanette.Childress@dshs.wa.gov](mailto:Jeanette.Childress@dshs.wa.gov) for ALF
- Allen Spaulding at (360) 480-1051 or [AISpaulding@doh.wa.gov](mailto:AISpaulding@doh.wa.gov) for CRS
- Molly McClintock at (360) 742-6966 or [Molly.McClintock@dshs.wa.gov](mailto:Molly.McClintock@dshs.wa.gov) for NH
- Sondra Silverman at (360) 688-0715 or [Sondra.Silverman@dshs.wa.gov](mailto:Sondra.Silverman@dshs.wa.gov) for ESF
- Amena Jones at (360) 995-2243 or [Amena.Jones@dshs.wa.gov](mailto:Amena.Jones@dshs.wa.gov) for ALF/ESF Initial Licensing

## CHAPTER 5 – CONSTRUCTION REVIEW INDEX

This section contains the Standard Operating Procedures (SOPs) that RCS staff are required to follow when regulating to the **physical plant requirements** in programs that require inspections by Construction Review Services (CRS) and the State Fire Marshal (SFM). In addition, there are resources and links listed.

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2. [Construction Review Services Information for NH](#)
3. [Construction Review Services Information for ESF](#)
4. [CRS Project Status Lookup](#)
5. [CRS Contact Information](#)
6. [Certificate of Need](#)
7. [ALF Room List Training, Part I Overview](#)
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## 5A – CONSTRUCTION REVIEW: STANDARD OPERATING PROCEDURES

### A. CR STANDARD OPERATING PROCEDURES

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## 5A1 – COMMUNICATION OF NOTIFICATIONS

### BACKGROUND

- Residential Care Services (RCS) established CRS Project Outlook mailboxes as part of a collaborative agreement with the Department of Health (DOH)-Construction Review Services (CRS), and the Washington State Patrol (WSP)-State Fire Marshal (SFM) to manage the receipt of notifications from CRS for approved projects to RCS and the SFM for completed construction projects that require an inspection by Residential Care Services (RCS).
- The purposes of these boxes is to:
  - Improve accountability of the documents received from CRS and provide simultaneous notification to the SFM.
  - Eliminate the transfer, inaccessibility, and loss of these documents through individual email boxes.
  - Centralize access to this data so Regional Administrators have one location to receive CRS Approval Packets and associated correspondence.
  - Eliminate hand-offs from the BAAU (with exception to initial licensing of new construction) to the field which increases timelines for completing inspections.
  - Reduce workload for CRS and BAAU due to repeated requests for duplicative information via email and phone calls.
  - Establish limited repositories for notifications to minimize complicated workload for CRS.
- This measures have met audit concerns that were identified by the State Auditors Office for improved collaboration, communication, and streamlined timelines relating to licensing a facility in concert with CRS and SFM.
- IT does not have authorization to modify the access or permissions. Access to these boxes can only be provided by the ALF Policy Program Manager with special permissions or designation. Written approval must come from the Regional Administrators as to who has the authority to monitor this inbox in each region.

### PROCEDURE

- A. The security of the *CRS Projects* Outlook mailboxes is managed by the ALF Policy Program Manager for data management and accountability.
- B. CRS Final Approvals are sent via email to one of the following outlook mailboxes:
  1. DSHS AL TSA RCS HQ BAAU CRS Projects [baaucrs@dshs.wa.gov](mailto:baaucrs@dshs.wa.gov)
    - a. For **unlicensed** facilities making application for licensure of an ALF, NH, or ESF, which will be forwarded to the initial licensing inspection staff once the license application is approved.
  2. DSHS AL TSA RCS R1 CRS Projects [r1crs@dshs.wa.gov](mailto:r1crs@dshs.wa.gov)

- a. For a **licensed** facility with completed construction or remodels in the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend, Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.
3. DSHS ALTA RCS R2 CRS Projects [r2crs@dshs.wa.gov](mailto:r2crs@dshs.wa.gov)
  - a. For a **licensed** facility with completed construction or remodels in the following counties: Island, King, San Juan, Skagit, Snohomish, Whatcom.
4. DSHS ALTA RCS R3 CRS Projects [r3crs@dshs.wa.gov](mailto:r3crs@dshs.wa.gov)
  - a. For a **licensed** facility with completed construction or remodels in the following counties: Clallam, Clark, Cowlitz, Grays, harbor, Jefferson, Kitsap, Lewis, Mason, pacific, Pierce, Skamania, Thurston, and Wahkiakum.
- C. The Regional Administrator (RA) and/or the Administrative Assistants 4-Confidential Secretary (AA4) manages the documents in the inbox, and reviews the inbox weekly for new inspection assignments. The AA4 is responsible for forwarding the CRS approval packet to the correct field manager. {Note: Once the Perceptive Content project is completed by the public disclosure unit, step C will no longer be required as the documents received in these inboxes will be directly correlated with the licensed facility in STARS.}
- D. In an effort to reduce duplicative and delayed contacts, the notification to the SFM occurs simultaneously when CRS sends the approval notification to RCS. (Please do not contact the fire marshal with additional notification.) The SFM will notify RCS when the inspection is completed. They generally complete the inspection within 10 business days of receipt of notification from CRS.
- E. The emails sent from CRS to these boxes contain the following information in the subject line:
  1. 'CRS Approved' and the project number;
  2. The name of the facility; and
  3. The primary construction type.
- F. The Regional Administrator (RA) and/or the Administrative Assistants 4-Confidential Secretary (AA4) is responsible for assigning the RCS inspection. {Note: To determine if an inspection has to occur immediately or at the next annual inspection see the "When to Inspect" section.}

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
  1. Train new staff and ensure they are able to demonstrate they understand this procedure.
  2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
  3. Request training or clarification from headquarters as needed.

**QUALITY ASSURANCE REVIEW**

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

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## 5A2 – APPROVAL PACKETS & PHASED PROJECTS

### **Background**

- Construction Review Services will submit approval packets to RCS with a cc to the SFM for projects that require a licensing or life safety code inspection to the designated *CRS Project Outlook* mailboxes.
- Another type of approval packet is for phased construction projects in which the facility may complete construction in incremental phases.

### **Procedure**

- A. An **Approval Packet** is attached to the emails in the *CRS Project Outlook* mailboxes which contains the following:
  1. Notification of Completion
  2. CRS Reviewer Notes
  3. Functional Program
  4. CRS recommendations for inspections:
    - a. RCS Field Office Survey
    - b. RCS Initial Licensing Unit
    - c. Office of the State Fire Marshal
  5. Phased Project Plan (when applicable)
  6. An Approved Sleeping Room List
  7. Notes (when applicable)
- B. The CRS Reviewer Notes provide ongoing communication between CRS and the facility through the planning process to address approved or not approved plant requirements prior to the final approval.
- C. The Functional Program defines the level, type, and scope of care provided in the facility. {Note: For assisted living facilities, WAC 388-78A-2361 has the required information for this document effective January 2020.}

#### **Licensors/investigators will not review this plan on future inspections.**

1. Scope of the Project
2. Types of Residents Admitted to the Facility
3. Services offered
4. Activities provided
5. Transportation
6. Staffing
7. Emergency and Disaster Planning



8. Types of Rooms
  9. Resident Rooms
  10. Outdoor Spaces
  11. Laundry Services
  12. Food Service
  13. Medication Storage and use
  14. Communication Systems
- D. The **letter of transmittal** contains the following information needed to complete an inspection:
1. Project Information (facility name and location, WAC chapter, and project number)
  2. Key People (architects, facility administrator, consultant, local health jurisdiction)
  3. Facility Data Certificate
  4. Project Status
  5. Preliminary Comments
  6. Plan Review Comments
  7. Responses from the facility administrator (if applicable)
  8. Sleeping Room List (DSHS 10-389)
  9. Floor Plan(s), including the various room configurations
- E. An additional type of construction referenced in an approval packet is referred to as a **Phased Project** in which construction will be completed in prescribed increments.

**HERE ARE A FEW EXAMPLES:**

1. An existing licensed facility is proposing an extensive remodel of their five occupied wings. The facility proposes to renovate the building one wing at a time to lessen the impact that construction will have on residents. Residents in the first wing are relocated to other approved areas within the facility. After renovation of the first wing is completed, residents are moved back into that wing. Then the residents for the second wing are relocated, and so on until renovations in all five wings has been completed. Final completion does not occur until the last wing is finished.
2. A new facility develops a campus of small licensed buildings. They request a phased approach so that as soon as buildings are completed they can begin providing services. Construction of the remaining buildings remains ongoing until final completion of all proposed structures.
3. An existing facility is renovating a portion of the facility including a nurse call system. The nurse call must be inactive for a brief period of time and the facility provides an approved alternative method. After the call system is installed and operational, the system needs to back in service as soon as possible - prior to final completion.

- F. The AA4 for the field manager may authorize/approve use of phased construction projects for an Assisted Living Facility (ALF), Nursing Home (NH) or Enhanced Services Facility when:
1. CRS has completed the project review and sent the AA4 for the field manager and the SFM a phased construction approval packet;
  2. When the number of phases and duration of the project has been approved by the AA4 the field manager, CRS, and the SFM; and
  3. Approval for use is contingent upon a successful inspection by RCS, CRS, and the SFM as required.
- G. CRS will contact the field manager to coordinate all requests for phased projects upon initial application to CRS.
- H. CRS and RCS will identify in writing for the applicant the coordinated terms and conditions for phased projects, inspections, and approval for use as applicable.
- I. CRS will provide RCS all approval packets via the CRS Outlook Boxes, with a cc on the email to the State Fire Marshall.

#### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
1. Train new staff and ensure they are able to demonstrate they understand this procedure.
  2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
  3. Request training or clarification from headquarters as needed.

#### **QUALITY ASSURANCE REVIEW**

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

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## 5A3 – WHAT & WHEN TO INSPECT

### BACKGROUND

- A collaborative agreement between the Department of Health-Construction Review Services (CRS), Washington State Patrol-State Fire Marshal (SFM), and Residential Care Services (RCS) was established to determine who will be responsible for the inspection of a facility based on authority, expertise, and resources.
- When an approval packet is received from CRS it will contain a coversheet that identifies which agency will complete the inspection. The notifications from CRS will be sent to RCS, and to the SFM simultaneously, as applicable.
- RCS could be required to inspect a facility upon initial licensing, prior to an annual inspection, or at the next annual inspection.

### PROCEDURE

- A. The only projects that will be reviewed before the next annual inspection are:
1. **New licenses** which includes first-time licensure, re-licensure of expired licenses, or conversions from one license type to another. (The RCS initial licensing unit will inspect.)
  2. **New buildings** which includes add ons to an existing license. (The RCS initial licensing unit will inspect.)
  3. **Additions** which enclose a building area that is added to existing licensing space. These are additions that increase bed count or create an operation such as a new kitchen or secured outdoor area.
  4. **Alterations** which is any physical construction, renovation or modeling that triggers licensing review.
- B. All other physical plant construction does not require an RCS inspection prior to the next annual inspection, refer to appendices:
1. [Appendix 5B1 What & When to Inspect Enhanced Services Facilities](#)
  2. [Appendix 5B2 What & When to Inspect -Nursing Homes](#)
- C. For new buildings, RCS will **not** inspect if the construction does not include resident care spaces (ie. gazeboes, storage, sheds, or other unoccupied structures) and does not house piped medical gas, emergency electrical generator, or other primary critical system that feeds resident care areas, no inspection required by RCS.
- D. For additions, RCS will **not** inspect additions that do not significantly increase the capacity of resident care or do not create a new service. For example: a sunroom, an addition, an extra dining room space, a laundry addition, or a staff office addition.

- E. For alterations, RCS will **not** inspect most alterations, including: modifications to dining areas, reconfiguration of casework, minor moving walls in resident care spaces, major renovations in non-resident care spaces.
- F. Field offices do not need to notify the SFM of an RCS inspection since notification to SFM occurred when CRS sent out the approval packet for construction. If the SFM requires the facility to make corrections, this information will be communicated directly to the field office by the SFM.
- G. Do not measure existing licensing space during annual inspections. CRS and/or the RCS initial licensing unit has already approved the spaces to meet minimum program licensing requirements.
- H. If during an annual inspection the facility reports licensing changes to a room not previously **licensed** or that room alterations have occurred to the physical layout of a **licensed** room, CRS must be notified by the field upon completion of the inspection if the facility is unable to provide proof of CRS project review. The facility must contact CRS and BAAU to make application for the change.
- I. Licensor inspections should focus on how the provider implements policies to maintain the physical environment, as required to safely operate the facility, and impact on the residents.

#### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
  - 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
  - 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
  - 3. Request training or clarification from headquarters as needed.

#### **QUALITY ASSURANCE REVIEW**

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

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## 5A4 – EXEMPTION REQUESTS

### **BACKGROUND**

The department may receive requests from facilities who request a permanent exemption to a physical plant rule under RCS or a temporary exemption for physical plant requirements for a specific resident and room they reside under HCS.

- All requests received in RCS must be forwarded to the RCS Director for response.
- On-site inspections of the facility will not be completed by RCS for exemption requests.
- Facilities cannot eliminate the mandated required physical plant items from a room that is required under chapter 388-78A WAC or chapter 388-110 WAC, and require a resident to request those items.
- This exemption process is not applicable for Nursing Homes 'waiver' process in the Standard Operating Manual (SOM).

### **Exemptions under WAC 388-78A-2852 Assisted Living Facility licensing rules:**

Exemptions or alternative methods, are considered to be permanent exemptions for the duration of the current license. A written request must be submitted with the required information in WAC to the Residential Care Services and forwarded to the RCS Director.

(1) The department may exempt an assisted living facility from meeting a specific requirement related to the physical environment or may approve an alternative method for meeting the requirement, if the department determines the exemptions or alternative method will:

- (a) Not jeopardize the health or safety of residents;
- (b) Not adversely affect the residents' quality of life;
- (c) Not change the fundamental nature of the assisted living facility operation into something other than an assisted living facility;
- (d) Demonstrate that the proposed alterations will serve to correct deficiencies or upgrade the facility in order to better serve residents; and
- (e) Demonstrate to the director of residential care services, that substitution of procedures, materials, or equipment for requirements specified in this chapter would better serve residents.

(2) To request an exemption, or to request an approval of an alternative method, an assisted living facility must submit a written request to the department that includes:

- (a) A description of the requested exemption or alternative method; and
- (b) The specific rule for which the exemption is sought.

- (3) The assisted living facility may not appeal the department's denial of a request for an exemption or alternative method.
- (4) A permanent exemption does not transfer to a new owner when there is a change of ownership.
  - (a) If a permanent exemption was issued to a past owner, it is not applicable for a room when there is a change of ownership.
  - (b) If the new owner wishes to have an exemption to a sleeping room/unit, they may submit an exemption request during or after the change of ownership application process.
- (5) Exemptions to local building code, zoning code, and/or Office of the State Fire Marshall regulations are not within Residential Care Services (RCS) authority or influence to review.
- (6) All requests are to be completed within 30 days of receipt, unless extenuating circumstances require additional review considerations. Then notification must be sent to the Director's office if an extension is required, prior to the assigned due date of the response.
- (7) All exemptions must be documented in the Facilities Management System (FMS) under the exemptions tab.
- (8) All letters must have a statement of limitations in the closing paragraph of the letter that identifies any parameters in which the exemption was given. For example, if the exemption only applied to 'studio apartments' and 'non-resident rooms' OR a specific time frame such as 'not to exceed 90 days'.
- (9) There are no permanent exemptions permitted for Medicaid contracted services under chapter 388-110 WAC by RCS. Only HCS can approve temporary exemptions.

### **Exemptions under WAC 388-78A-140 for Contracted Residential Care Services**

Exemptions are considered to be *temporary exemptions* for the duration of the current license and a written request must be submitted with the following information to the Home and Community Services (HCS) field manager in which the facility resides. The HCS field office also refers to these exemptions as 'waivers':

- (1)-If a room is occupied by a resident that is being served under the assisted living services Medicaid contract, and the resident wants to remain in the room after the change of ownership is completed, the resident may request an exception under WAC 388-110-140,
  - (a) Contracted Residential Care Services. Exceptions under this rule are considered *temporary exceptions* for the current resident residing in the designated sleeping room/unit.
  - (b) Home and Community Services staff must conduct a resident interview that notifies the resident of their right to be located in a room that meets minimum requirements, and complete the *Resident Choice Regarding ALF Room Requirements* form (DSHS 15-447) if the resident agrees to the unmet requirements and signs the form.

(c) The request for exception must be submitted by the resident who occupies the room to the case manager. Exemptions for portable items such as fridge, counter/table, microwave, storage/container, etc) are not permitted.

(d) If the temporary exception requested by the resident is approved, the exception does not permit other Medicaid residents to occupy the room/unit, nor does it permit the resident listed on the form to be relocated to another 'non-qualified' room.

(e) If another Medicaid resident wants to occupy a room/unit with an exemption for physical plant requirements, Home and Community Services must be contacted to facilitate the interview with the new resident. This also applies for residents who are private-pay switching to Medicaid room/unit.

## **PROCEDURE**

### **A. The Director's Administrative Assistant (AA) will:**

1. Assign exemption requests as follows:
  - a. New facilities not yet licensed requesting exemption will be assigned to the designated Policy Program Manager (PPM) in the policy unit.
  - b. Currently licensed facilities requesting exemption will be assigned to the designated Regional Administrator (RA) in which the facility resides, who will forward it on to the Field Manager (FM) as needed.
2. Forward a copy of the exemption request to Construction Review Services (CRS).
3. Forward a copy of the exemption request to the designated Policy Program Manager.
4. Forward a copy of the request to HCS, if it includes a reference to the contract WAC 388-110-140.
5. Forward via a cc for all final reponse letters to the applicable Regional Administrator, Policy Program Manager, and Construction Review Services. For new construction the cc will include the Residential Inspection Quality Assurance Manager.

### **B. The Regional Administrator/Designee (RA/Designee) will:**

1. Review the affected program regulations specific to physical plant requirements, resident rights, and contracts.
2. In the event an exception is related to regulations associated with chapter 388-110 WAC Contracted services the complaint must be given to HCS for response.
3. Collaborate with the policy program manager as needed on the collated considerations to review applicable regulations and other considerations that may be needed to make the final determination.

4. Draft the response letter, under the signature of the Director, providing justification in writing for either approval or denial of the exemption that includes the associated WAC chapter that supports the decision
5. Each response letter must contain the following closing sentence, “As required in WAC 388-78A-2852(4), the assisted living facility must retain in the assisted living facility a copy of each approved exemption, exception, and alternative method. This includes any supporting information, such as the room list included in the original request.” As well as any limitations such as exemptions that only apply as long as living room is not used as a resident room, per DOH.
6. Forward the draft response letter to the Director’s office for final review, approval or denial, and signature.
7. Once the signed approval letter is received from the Directors AA, record the exemption in FMS under ‘Exemptions’ tab within the ‘License’ folder with each of the data fields completed, including exemptions ‘details’ that identify the basis for an approved or denied request. {Note: If you do not see the policy unit in the cc, please forward to policy. The policy unit can enter the exemption into FMS and maintain the original exemption letter for future reference.}

#### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
  1. Train new staff and ensure they are able to demonstrate they understand this procedure.
  2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
  3. Request training or clarification from headquarters as needed.

#### **QUALITY ASSURANCE REVIEW**

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

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## 5A5 – INTERAGENCY COLLABORATION

### **BACKGROUND**

The Quarterly Cross Agency Coordination (QCAC) meeting convenes with the Department of Health-Construction Review Services (CRS) and the Washington State Patrol-State Fire Marshal (SFM) to discuss issues regarding the physical environment. It serves as a central forum for three main topic areas to address systemic issues:

- **Workload updates** The workload portion of the work is intended to update all agencies on the volume and scope of work being processed. This will make other agencies aware of the amount of work that is moving through the system and allow affected units to plan accordingly. This also serves as an accountability check-in for the overall licensure process.
- **Process and coordination** As process and coordination issues are discovered, this group has the responsibility to investigate the root cause, then prepare options of process changes. This includes a rigorous and regular review of information sharing. This group has the depth and authority to select and enact process changes.
- **Rule Interpretation/Development** With three different agencies interacting with regulated facilities at different points in time, there is significant risk of real or perceived inconsistency. When issues are discovered that require rule interpretation or rule change, this group may prepare a rule interpretation for executive review. Rule changes may also be recommended to the Policy Unit.

This workgroup is comprised of designated decision makers representing each of the agencies, each branch of RCS, and the east/west regions of the state for major cities.

The members of this group are in the position to recommend and enact process changes in each of their respective divisions/units/agencies. Additionally, this workgroup may assign tasks to individual members or sub groups for report back.

The Residential Care Service (RCS) Director provides oversight of the meeting as the sponsor.

## **PROCEDURE**

- A. When a systemic issue related to physical plant requirements is identified, notify the QCAC chair person, the Assisted Living Facility (ALF) Policy Program Manager (PPM).
- B. The chair person will contact the representative agencies, and effected divisions to begin further investigation into the matter. Once confirmed to be a systemic issue, the topic will be added to the next quarterly meeting agenda for full review. This could include AAG advise/opinion and consult with other program managers.
- C. The QCAC members will review the agenda items and supporting information which could lead to assigned deliverables to the members. Those deliverables could include business process mapping, coordinating additional workgroups, data gathering, resource allocation, audits, draft standard operating procedures, training implementation planning, contract review, IT system changes, rule interpretation, record reviews, consultation with other RCS divisions, and others as deemed necessary.
- D. Each representative is responsible for meeting the deliverables and bringing forward issues from their particular agency/branch/region, as well as reporting back to their agency/branch/region for collaborative information gathering.
- E. Decisions by the group will be memorialized in rule, standard operating procedures, management bulletins, training plans, and/or (when applicable) provider letters by the ALF PPM.

## **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
  - 1. Train new staff and ensure they are able to demonstrate they understand this procedure.
  - 2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
  - 3. Request training or clarification from headquarters as needed.

## **QUALITY ASSURANCE REVIEW**

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

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## 5A6 – RULE INTERPRETATION

### **BACKGROUND**

When rule is identified to be unclear, a pattern of facility concern or deficiency, a rule interpretation is requested by CRS, SFM, or RCS. The Policy Program Manager (PPM) will collaborate with CRS, SFM, and the Regional Administrators to review the regulation.

- Decisions are based on a prevalence of concerns, not on individual facilities.
- Decisions will be memorialized in this SOP for state-wide reference; and a Dear Provider letter sent, when applicable.
- Future rule development will incorporate any necessary changes to the regulations.

### **PROCEDURE**

- A. The PPM will determine if the rule is outdated, unclear, does not address specific concerns, or does not meet program dynamics.
- B. Review considerations will include: authority, intent of the rule, policy, facility type, public safety, prevalence of the issue, and impacts to residents.
- C. The PPM will prepare a draft decision after the collaboration between the agencies occurs, then submit the draft to the ATG for additional input before going to the RCS director for approval.

### **RULE INTERPRETATIONS FOR PHYSICAL PLANT UNTIL DOCUMENTED IN RULE OR INTERAGENCY AGREEMENT WITH DOH:**

For assisted living facilities WAC 388-78A-3040(3) of the physical plant rules that went into effect January 2020, a word was inadvertently left out between 'machine intake' and 'that automatically dispenses' causing increased requirements for washing machine use.

The correct wording should be, ““(3) The assisted living facility must use washing machines that have a continuous supply of hot water with a temperature of 140°F measured at the washing machine intake, or that automatically dispenses a chemical sanitizer as specified by the manufacturer, **or** that employs alternate sanitization methods recommended by the manufacturer.” Rule-making will need to occur to correct this error.

### **FIELD MANAGER RESPONSIBILITY**

- A. Field Managers are to conduct the following activities in relation to this procedure:
  1. Train new staff and ensure they are able to demonstrate they understand this procedure.



2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from headquarters as needed.

#### **QUALITY ASSURANCE REVIEW**

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

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## 5B – CONSTRUCTION REVIEW APPENDICES

### B. APPENDICES

1. [What & When to Inspect- Enhanced Services Facilities](#)
2. [What & When to Inspect-Nursing Homes](#)

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## APPENDIX A1 – APPENDIX: WHAT & WHEN TO INSPECT ENHANCED SERVICES FACILITIES

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
<b>General</b>			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes-only if it affects the original license
Conversions of existing facilities	Yes	Yes	Yes-only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes-only if may adversely affect resident	No
Change of use in spaces not accessed by residents	* See Chapter	No	Yes-depends on space type (ie. storage-sprinklers required)
Alterations	* See Chapter	Yes-only if significant	Yes-only if significant
<b>Physical</b>			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes-only if there is an ansul system installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes-only for changes to ducting / manifold etc, redesign
<b>Electrical</b>			
Generator replacement/addition	Yes	No	Yes
<b>Fire Alarm/Fire Sprinkler</b>			
Fire Sprinkler Head replacement	Yes	No	Yes-only if it affects the original license

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
Fire Sprinkler modifications	Yes	No	Yes-only if it affects the original license
FA/FS change in system capacity	Yes	No	Yes
Fire Alarm modifications	Yes	No	Yes-only if it affects the original license
Landscaping	Yes	No	No
Plumbing			
	Yes	No	No
Repair/Maint. Of furn, fixt, or equip.			
Hot water heater repair	No	No	No
Hot water heater replacement	Yes	No	No
Toilet repair	No	No	No
Toilet replacement	Yes	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No
Painting	No	No	No
Replacement w/ equivalent furn, fixt, or equip	No	No	No
Repair/replace damaged const. to previous appv'd condition	No	No	No
Painting	No	No	No
Cosmectic Changes	No	No	No

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## APPENDIX A2 – APPENDIX: WHAT AND WHEN TO INSPECT-NURSING HOMES

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
<b>General</b>			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes
Conversions of existing facilities	Yes	Yes	Yes-only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes-only if may adversely affect resident	No
Change of use in spaces w/no access by residents	*See Chapter	*	Yes-depends on space type (ie. storage-sprinklers required)
Alterations	*See Chapter	Yes-only if it is significant	Yes-only if it is significant
<b>Physical</b>			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes-only if there is an ansul system installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes-only for changes to ducting / manifold etc, redesign
Carpets	Yes	No	No
<b>Electrical</b>			
Generator replacement/addition	Yes	No	Yes
<b>Fire Alarm/Fire Sprinkler</b>			
Fire Sprinkler Head replacement	Yes	No	Yes
Fire Sprinkler modifications	Yes	No	Yes




Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
FA/FS change in system capacity	Yes	No	Yes
Fire Alarm modifications	Yes	No	YES-if does not impact license areas; upgrades to different system
Smoke Detectors	No	No	Yes-only if change is significant
Plumbing			
	Yes	No	No
Routine Maintenance and Repair			
Hot water heater repair	No	No	No
Hot water heater replacement	No	No	No
Toilet repair	No	No	No
Toilet replacement	No	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No

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## APPENDIX B – CONSTRUCTION REVIEW CHANGE LOG

EFFECTIVE DATE	CHPT SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION & TRAINING PLAN
03/2022	Updated Full Chapter	Approved Sleeping Room List moved to Chapter 13; Exemption section updated, rule interpretation memorialized to WAC-388-78A-2381; Capacity increase section updated to current process;	New Director sponsor, agency reorg, memorialized info into ALF WAC or ALF SOP.	SOP Only. No MB/DP issued as this is an SOP for a sponsored group from leadership which impacts RA's, AA4s, policy unit, business unit, and licensing units.
5/2019	5A1 Communication of Notifications	Responsibility change from RQIC to AAs	Change of Assigned Staff	SOP Only
8/2016	Full Chapter	Final Review and edits		Issued: MB R16-064  R16-064 - Construction Review
6/2016	Full Chapter	Chapter number issued (5) Misc SOPs reformatted & organized.	Created New Chapter	Posted for on-line review
5/2016	<a href="#">5A5 Room Lists</a>	Rescind MB: #R06-055 and OPP for Determining and Documenting BH Building Characteristics	Created New Chapter SOP	SOP/MB
5/2016	<a href="#">5A7 Rule Interpretation</a>	Rescind MB: #R15-029 Limiting Access to Secure Outdoor Spaces	Created New Chapter SOP	SOP/MB



5/2016	<a href="#"><u>5A4 Exemptions</u></a>	Rescind MB: #R10-004 OPP on Exemptions	Created New Chapter SOP	SOP/MB
5/2016	<a href="#"><u>5A4 Exemptions</u></a>	Rescind MB: #R15-059 -ALF Building Requirement Exemptions SOP, and #R16-034 Physical Plant Exemptions	Created New Chapter SOP	SOP/MB
5/2016	<a href="#"><u>5A3 When &amp; What to Inspect</u></a>	Rescind MB: #R015-042 Inspection of Construction Review Projects for ALF's	Created New Chapter SOP	SOP/MB

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