

CHAPTER 7: Enforcement

AL TSA Residential Care Services, Standard Operating Procedures Manual

Overview

This Standard Operating Procedure (SOP) contains information about the enforcement processes for long-term care settings regulated by Residential Care Services (RCS).

Authority

- All programs: [Chapter 34.05 RCW](#) , [Chapter 70.129 RCW](#) and [Chapter 74.34 RCW](#)
- Adult Family Homes (AFH): [Chapter 70.128 RCW](#) and [Chapter 388-76 WAC](#)
- Assisted Living Facilities (ALF): [Chapter 18.20 RCW](#) and [Chapter 388-78A WAC](#)
- Certified Community Residential Services and Supports (CCRSS): [Chapter 71A.12 RCW](#) and [Chapter 388-101 WAC](#)
- Enhanced Services Facilities (ESF): [Chapter 70.97 RCW](#) and [Chapter 388-107 WAC](#)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID): [42 CFR § 483.420-460](#)
- Nursing Homes (NH): [Chapter 18.51 RCW](#), [Chapter 74.42 RCW](#) and [Chapter 388-97 WAC](#)

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

Contacts

- RCS Compliance and Enforcement Unit General Contact, RCSCComplianceUnit@dshs.wa.gov
- RCS Policy Unit General Contact, RCSPolicy@dshs.wa.gov
- RCS Quality Improvement Unit General Contact, ImproveRCS@dshs.wa.gov

General Enforcement

Overview

This document explains the general guidelines for enforcement and applies to the Compliance and Enforcement Unit, as well as to all regulatory staff.

The entity must begin correction of any violations as soon as they are informed of a deficiency. If an entity is under one or more enforcement remedy (e.g., suspension, revocation, stop placement or conditions), then the Field Manager (FM) must consult with a Compliance Specialist (CS) when additional citations are issued.

The FM must consult with the CS for any continued out of compliance.

If the field has conducted an inspection of a facility licensed to a multiple facility provider and has determined serious non-compliance leading to enforcement remedy(ies), the field must generate a complaint intake and inspect the other facilities owned by the provider to determine if the same deficient practice or a related deficient practice is present.

When RCS is notified that a licensee has a preliminary finding of abuse or neglect from Adult Protective Services (APS) or the Department of Children, Youth, and Families (DCYF), then:

1. Make a referral to the Complaint Resolution Unit (CRU) to initiate the investigative process.
2. Consider the level of risk to residents in the facility; and
3. Consult with the CS and the Assistant Attorney General's (AAG's) Office to determine enforcement remedies.

Enforcement remedies may be imposed in conjunction with additional remedies depending on the scope and severity of the situation.

Procedure

When regulatory staff and the FM identify noncompliance that requires an enforcement remedy:

1. The FM will:
 - a. Notify the CS within six working days (WD) of the exit date (**NH & ICF/IID**) or last date of data collection (**AFH, ALF, CCRSS, and ESF**) through the Enforcement page in the Secure Tracking and Reporting System (STARS), to:
 - 1) Recommend enforcement remedies based on the appropriate guidelines.
 - 2) Recommend fines according to the facility type grid.
 - b. Consult with the CS to determine whether an immediate safety plan is needed from the provider when issues found are serious and impact the resident's immediate health, safety, and welfare.

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Note: Safety plans are not used in **NH** settings.

- 1) If determined an immediate safety plan is needed, the FM will request a written safety plan from the provider describing how they plan to address the immediate concerns and how to keep residents safe.
 - 2) If the plan does not address the immediate concerns, the FM, in partnership with the CS, will determine if a pending enforcement is necessary or wait for the conclusion of the inspection or investigation.
2. The CS will:
- a. Prioritize the enforcement remedies based on risk to residents.
 - b. Follow procedures under the specific enforcement topic procedure contained within this Standard Operating Procedure (SOP).
 - c. Impose enforcement remedies considering a progressive enforcement path that is congruent with the regulations. Begin with the least amount of enforcement remedies necessary to get the entity to correct the deficient practice.
3. The FM will:
- a. Monitor the entity for compliance. If the entity is not in compliance within 90 calendar days, the FM will notify the CS and additional enforcement remedies may be recommended, through the follow-up, monitoring, or complaint process.

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Part I: [Adult Family Homes \(AFH\) and Assisted Living Facilities \(ALF\)](#)

A. [AFH/ALF Conditions on a License](#)

Purpose

Condition(s) on the license may be recommended to facilitate correction of violations that are:

1. Serious, or are repeated (**AFH**)/recurring (**ALF**), or are uncorrected in the past 36 months; and
2. Necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

Condition(s) may include but are not limited to the following requirements:

1. Correction of violations within a specified time frame.
2. Training related to the deficiencies cited.
3. A limitation on the type of residents the entity can admit.
4. The discharge of a specific resident.
5. A change in license capacity.
6. Removal of a specialty designation.
7. Prohibition of access to residents by a specific person.
8. Demonstration by the entity of its ability to meet financial obligation to continue to operate.

A condition must not be merely a restatement of the regulatory requirement, such as requiring the entity to follow their regulatory statutes. It is imposed as an *additional requirement* and must provide direction on steps the entity is required to take.

The entity will be given an opportunity to:

1. Appeal the Statement of Deficiency (SOD) and/or imposition of the enforcement remedy via the Informal Dispute Resolution (IDR) process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the condition(s) on the license is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Recommendation for Condition(s) on the License

1. The Licensor/Complaint Investigator (CI) will:
 - a. Immediately notify the Field Manager (FM) when an onsite visit has findings which present the risk of imminent harm and/or a serious threat to the health, safety, or welfare of residents.
 - 1) Determine which regulation(s) may be in violation.
 - 2) Follow directives from FM for further action.
 - b. Document serious or repeated/recurring or uncorrected deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#).
2. The FM will:
 - a. Be available to the Licensor/CI for consultation.
 - b. Notify the Regional Administrator (RA) and the Compliance Specialist (CS) immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a safety plan or condition on the license may be immediately recommended.
 - c. Consult with the CS to determine if on-site notification to the resident(s) is needed when the condition could result in discharging that particular resident(s).
 - d. Upon direction of the CS, notify the entity verbally of the condition(s) before the SOD and notice letter is sent out.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition on the license may be immediately recommended.
 - b. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the condition(s) on the license to be imposed must be made within 10 WDs of the last date of data collection (LDDC).
 - c. When an immediate threat of harm exists, in consultation with the Compliance and Enforcement Unit Manager and FM/RA, determine whether a safety plan will suffice to address the immediate threat or whether a condition is needed pending completion of the inspection or investigation. The FM must notify the entity verbally that the enforcement remedy is imposed immediately, pending completion of the inspection or investigation. This may also include a [stop placement](#). Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).

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- b. Verify:
 - 1) The deficiency citation is serious or repeated (**AFH**)/recurring (**ALF**) or uncorrected and necessitates a condition on the license.
 - 2) The recommended condition(s) that will be imposed corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 3) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier list to RCSCComplianceUnit@dshs.wa.gov.
2. The CS will:
 - a. Review the recommended condition to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance Administrative Assistant 3 (AA3) to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF (portable document format) version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
 3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding Compliance Determination (CD) in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier list to RCSCComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as 10 working days (WDs) deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier list to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM with a copy of the final enforcement notice letter.

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- i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the “cc” (carbon copy) section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- j. Upload the notice letter to the Public Disclosure and Discovery (PDD) folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

Lift or Continue Condition(s) on a License

1. The Licensor/CI will:
 - a. Conduct a monitoring visit (if warranted) or follow-up visit when directed by the FM to make sure condition(s) is being/are worked on or met.
 - b. If the deficiency corresponding to the imposed condition(s) is determined to **not** be in compliance, consult with the FM, and write a SOD corresponding to the STARS follow-up CD following the [Principles of Documentation \(POD\)](#).
2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the condition(s) on the license and the remedy is no longer required and recommend lifting the condition.
 - b. Notify the CS via STARS when the entity **has not** corrected the deficiency(ies) that necessitated the condition(s) on the license and determine next action steps with the CS. Options could include a new SOD or additional enforcement remedies.
 - c. Consult with the CS as needed.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Lift the condition(s) from the license if back in compliance; or
 - 2) Continue or amend the condition(s) if not back in compliance.
 - c. If it’s determined the condition(s) is lifted, notify, and provide details to the Compliance AA3 to draft a lift condition(s) letter.
 - 1) Review draft lift condition(s) letter.
 - 2) Electronically sign the PDF version of the letter.
 - d. If the recommendation is to continue, amend or add an enforcement remedy, then process the recommendation and SOD via STARS enforcement page as a new referral.

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4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift condition(s) enforcement letter identifying the entity has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift condition(s) letter is ready for review.
 - c. Once approved by the CS, post the draft lift condition(s) letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift condition(s) letter to PDF format and prepare it for the CS's signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift condition(s) letter via eFax (preferred method) or certified mail.
 - g. Provide the FM with the final PDF lift enforcement notice.
 - h. Send an electronic copy of the final (signed) lift condition(s) letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- i. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- j. Complete any necessary data entry in STARS.
- k. Enter the relevant information into the enforcement tracking tool.

B. [AFH/ALF Civil Fines](#)

Purpose

Per WAC and [grid guidance](#), civil fines may be imposed for violations that result in minimal or moderate harm, serious harm, or imminent danger and/or immediate threat to residents. Civil fines may be imposed along with any other enforcement remedy such as [conditions](#), [stop placement](#), [revocation](#), and [summary suspension](#), and may be recommended when an entity has failed to comply with already imposed enforcement remedies.

In **ALF** settings, civil fines may be imposed for violations of fire code based on Office of the State Fire Marshal (OSFM) reports.

Note: The OSFM notifies the department that an ALF has failed to comply with state fire code regulations on a follow up. In these instances, the field will write a SOD based on non-compliance with state and local laws using the OSFM report as evidence. The FM will create an enforcement referral through STARS, recommending a civil fine. Refer to Fire Code Safety in [SOP Chapter 13](#) for more information.

Civil fines may be recommended and may be imposed in situations where individuals are found to be operating a long-term care (LTC) setting without a license.

Note: If a licensed provider is operating another home that is not licensed, the SOD and fine is to be written under the current license of that provider.

The timeframes identified within this procedure to complete and process civil fine recommendations may be extended with FM approval, except as otherwise specified in statute or regulation.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

When a civil fine is imposed, the Office of Financial Recovery (OFR) tracks the entity's responsibility in fulfilling the amount of civil fines imposed (RCS does not have the authority to collect monies from civil fines).

Procedure

Recommendation for Civil Fines

1. The Licensor/CI will:
 - a. Document serious or repeated (**AFH**)/recurring (**ALF**) or uncorrected deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#).
 - b. Send the recommendation to the FM within four WDs of the LDDC, listing the specific WAC and/or RCW for which civil fines are being recommended.
 - 1) If the recommended fine is for repeated/recurring or uncorrected violations of the same specific requirement and subsection that has been cited two or more times either in the previous 36 months, or since the last inspection (whichever is longer), include the visit numbers and dates, listing the most recent first.
 - c. Send the recommendation, along with the completed SOD, to the FM within four WDs of the LDDC.
2. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The deficiency citation is serious or repeated/recurring or uncorrected and warrants a civil fine recommendation.
 - 2) The recommended civil fine that will be imposed corresponds with the scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 3) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
3. The CS will:
 - a. Review the recommended civil fine to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - 1) Verify the recommended civil fine amounts fall within the guidelines of the grid.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.

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4. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to RCSComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Send an electronic copy of the final (signed) enforcement letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- i. Provide the FM with a copy of the final PDF enforcement notice letter.
- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.

Note: OFR will need a second civil fine amount notice in cases where a civil fine is rescinded or reduced through settlement.

- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

AFH Civil Fine Grid					
WAC 388-76-10976					
NO HARM	MINIMAL OR MODERATE HARM		SERIOUS HARM		IMMINENT DANGER and/or IMMEDIATE THREAT
Repeated / Uncorrected	Initial	Repeat / Uncorrected	Initial	Repeat / Uncorrected	Any Violation
Civil fine of at least \$100 per violation	Civil fine up to \$500 per violation or a daily civil fine of at least \$250 per day	Civil fine up to \$1,000 per violation or a daily civil fine of at least \$500 per day	Civil fine up to \$2,000 per violation or a daily civil fine of at least \$1,000 per day	Civil fine up to \$3,000 per violation or a daily civil fine of at least \$1,500 per day	Civil fine of \$3,000 or daily civil fine of at least \$1,000 per day

ALF Civil Fine Grid					
WAC 388-78A-3183					
NO HARM	MINIMAL OR MODERATE HARM		SERIOUS HARM		IMMINENT DANGER and/or IMMEDIATE THREAT
Recurring / Uncorrected	Initial	Recurring / Uncorrected	Initial	Recurring / Uncorrected	Any Violation
Civil fine of at least \$100 per violation	Civil fine up to \$500 per violation or a daily civil fine of at least \$250 per day	Civil fine up to \$1,000 per violation or a daily civil fine of at least \$500 per day	Civil fine up to \$2,000 per violation or a daily civil fine of at least \$1,000 per day	Civil fine up to \$3,000 per violation or a daily civil fine of at least \$1,500 per day	Civil fine of \$3,000 or daily civil fine of at least \$1,000 per day

C. [AFH/ALF Stop Placement Order Prohibiting Admissions](#)

Purpose

Stop Placement of resident admissions may be recommended when an entity fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of residents; and/or
2. Seriously limits the entity's ability to provide care and services.

A stop placement order prohibiting admissions includes suspension of admission, readmission (may be allowed on a case-by-case basis) and/or transfer of residents into the care of the home/facility. This remedy may be recommended when:

1. Violations are serious, or are pervasive, or are repeated/recurring, or are uncorrected in the past 36 months; and
2. Suspension of admissions is necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the stop placement order prohibiting admissions is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of a Stop Placement Order Prohibiting Admissions

1. The Licensor/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of residents; or
 - 2) Demonstrated the entity's ability to provide care or services is seriously limited; and
 - 3) A stop placement order prohibiting admissions is necessary to protect residents while the entity is correcting the deficiency(ies).
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a resident; or
 - 2) A serious threat to the life, health or safety of a resident exists including information about pertinent repeated/recurring or uncorrected deficiencies in the past 36 months.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.

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2. The FM will:
 - a. Be available to the Licensor/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a stop placement order prohibiting admissions may be recommended.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a stop placement order prohibiting admissions, pending completion of an inspection or investigation, is warranted.
 - d. Upon consultation with the CS, notify the entity verbally of the stop placement order prohibiting admissions before the SOD and notice letter is sent out.
 - 1) Once the entity has been notified, notify Home and Community Services (HCS), Developmental Disabilities Administration (DDA) and the Ombuds of the stop placement order prohibiting admissions as appropriate.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition on the license may be immediately recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) A stop placement order prohibiting admissions to the home/facility is necessary to protect residents while the entity is correcting the deficiency(ies).
 - c. Obtain the Compliance and Enforcement Unit Manager's approval to impose a stop placement order prohibiting admissions.
 - d. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the stop placement order prohibiting admissions to be imposed must be made within 10 WDs of the LDDC.
 - e. In an emergency or when an immediate threat of harm exists, direct the FM notify the entity verbally to confirm stop placement order prohibiting admissions is imposed pending completion of an inspection or investigation. Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and

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- 3) A stop placement order prohibiting admissions to the home/facility is necessary to protect residents while the entity is correcting the deficiency(ies).
 - 4) The stop placement order prohibiting admissions recommendation corresponds with the scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
2. The CS will:
- a. Review the SOD to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
- a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and resident and staff identifier lists, when applicable, to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as 10 WDs deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

Action After Stop Placement Is In Effect

1. The FM will:
 - a. Approve readmissions of residents on an ‘exception’ basis and document by updating the stop placement log for approvals and disapprovals.
 - b. Notify the Unit AA3 about the stop placement order prohibiting admissions so they can appropriately alert the FM to requests for readmissions.

Removal of a Stop Placement Order Prohibiting Admissions

1. The Licensor/CI will:
 - a. Conduct a follow-up visit within 15 WDs of the entity’s alleged compliance date to verify correction of violations that warranted the enforcement remedies.
 - b. Determine if the findings that jeopardized the health, safety and welfare of residents or seriously limited the entity’s ability to provide care and services have been removed and systems are in place to support continued compliance.
 - c. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to have been corrected, meet with the FM to recommend lifting the stop placement order prohibiting admissions.
 - d. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to **not** be in compliance, consult with the FM to determine if another SOD should be written, or some other action taken.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

- e. Complete any necessary data entry in STARS.
2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the stop placement order prohibiting admissions and exhibits the ability to maintain continued compliance.
 - b. Following approval from the CS, notify the entity the stop placement order has been lifted.
 - c. Consult with the CS as needed.

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3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Modify or lift the stop placement order prohibiting admissions.
 - 2) Discuss the reason for modification or lift with the FM who will review the modifications with the Licensor/CI.
 - c. If needed, obtain the Compliance and Enforcement Unit Manager's final approval to lift the stop placement order prohibiting admissions.
 - d. If it's determined the stop placement order prohibiting admissions is lifted, notify, and provide details to the Compliance AA3 to draft a lift stop placement order letter.
 - 1) Review draft lift stop placement letter.
 - 2) Electronically sign the PDF version of the letter.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift stop placement order letter identifying the entity has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift stop placement order letter is ready for review.
 - c. Once approved by the CS, post the draft lift stop placement order letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift stop placement order letter to PDF format and prepare it for the CS's signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift stop placement order letter via eFax (preferred method) or certified mail.
 - g. Provide the FM with a copy of the lift stop placement order letter.
 - h. Send an electronic copy of the final (signed) lift stop placement order letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized lift enforcement letter within 24 hours of the entity receiving these documents from RCS.

- i. Upload the notice letter to the PDD folder in the Q: drive and to the RCS locator within one WD after SOD issuance.
- j. Complete any necessary data entry in STARS.
- k. Enter the relevant information into the enforcement tracking tool.

D. [AFH/ALF License Revocation](#)

Purpose

To provide RCS staff with consistent direction for revoking an AFH/ALF license when the entity has:

1. Demonstrated an inability to comply with the regulations, or
2. Shown limited ability to safely operate the home/facility and residents are at risk.

Procedure

1. Revocation of a license may be recommended as authorized by law including but not limited to the entity's:
 - a. Failure or refusal to comply with statutes and regulations that result in jeopardizing the health and safety of residents and the AFH/ALF's ability to provide care and services is seriously limited.
 - b. Operation of an AFH/ALF without a license or under a revoked or suspended license.
 - c. Knowingly, or with reason to know, making a false statement of a material fact on an application for license or in any matter under investigation by the department; or
 - d. Willful prevention, interference with, or attempt to impede in anyway, any inspection or investigation conducted by the department.
2. The department will consider the AFH/ALF's history of repeated/recurring and/or uncorrected violations of statutes and regulations that are similar to current violations when recommending the revocation of the license and to impose a stop placement.
3. The FM and RA will consult with the Compliance and Enforcement Unit Manager and CS on possible revocations.
4. The department will notify the AFH/ALF as soon as possible about the intention to revoke a license via personal service if possible or phone if not possible, and approved delivery including SOD and enforcement letter within 10 WDs of the LDDC.
5. The licensee will have an opportunity to appeal a SOD and/or imposition of remedies through the department's IDR process.
6. The licensee will have an opportunity to appeal the revocation of a license and a stop placement order prohibiting admissions through the state administrative hearing process.
7. The license revocation is effective 28 calendar days after the AFH/ALF receives written notice about the revocation with a Final Revocation notice unless the entity files an appeal before the effective date. If an appeal is filed within the allowed time, the revocation of a license will not take effect until the appeal is dismissed or a final order has been entered in the administrative hearing process.
8. A POC attestation is NOT requested when a decision has been made to do a License Revocation.

On-site Data Analysis Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The Licensor/CI will:
 - a. Complete the inspection/investigation.
 - b. Notify the FM immediately if findings jeopardize the health and safety of residents or seriously limit the AFH/ALF's ability to provide care and/or services.
 - c. Critically analyze documented findings to verify completion of thorough data collection.
 - d. Confirm that the documentation answers pertinent questions (i.e., who, what, when, where, how, and why) regarding possible deficient practices and related findings.
 - e. Determine the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficient practice(s).
 - f. Obtain a list of residents, family/legal representative names, addresses and telephone numbers to facilitate timely notification of possible departmental action.

Off-site Data Analysis / Process Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The Licensor/CI will:
 - a. Consult with the FM immediately if there are findings that demonstrate the residents' health and safety are jeopardized.
 - b. Document deficiencies on the SOD that:
 - 1) Jeopardize the health and safety of residents; or
 - 2) Seriously limit the AFH/ALF's ability to provide care including pertinent repeated/recurring or uncorrected violations since the date of initial licensure.
 - c. Enter the SOD into STARS and forward the confidential identifier list (when warranted) to the FM within four WDs of the LDDC.
 - d. Meet with the FM and review the completed SOD.
 - e. Make sure information is accurately, completely, and appropriately entered in STARS.

Action Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The FM will:
 - a. Consult with the Licensor/CI immediately if there are findings that demonstrate the health and safety of the residents is jeopardized.
 - b. Notify the RA and the CS immediately when there is any situation involving serious risk of harm, citations are repeated/recurring or uncorrected and/or when revocation of the license and stop placement order may be recommended.
 - c. When an immediate stop placement or condition is recommended pending a revocation decision and upon approval of the CS and Compliance and Enforcement Unit Manager, notify the AFH/ALF of the imposition of the action effective immediately.

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- d. Verify that the enforcement letter has the correct licensee's name, address, license number, dates, and that the RCW and WAC violations coordinate with the SOD.
2. The CS will:
 - a. Consult with the Compliance and Enforcement Unit Manager immediately if there are findings that demonstrate:
 - 1) A serious threat to the life, health or safety of residents exists; and
 - 2) The AFH/ALF's ability to provide care or services is seriously jeopardized, and
 - 3) Revocation of a license and stop placement order are necessary to protect residents.
 - 4) If the situation is imminent and immediate action is necessary, consult with the RA and FM for the facility to develop a written safety plan for residents.
 - b. Consult with the Compliance and Enforcement Unit Manager and the Assistant Attorney General (AAG) to review the SOD and agree upon the decision to revoke a license and impose a stop placement within 10 WDs of the LDDC.
 - c. Notify the FM and RA of the final decision and request that the FM confirm by telephone, the initiation of the revocation of a license and stop placement order prohibiting admissions with the AFH/ALF (and HCS, DDA, and others as appropriate).

Action on SOD

1. The FM will:
 - a. Review, edit, and approve the SOD to determine accuracy, adequacy, clarity, thoroughness, and timeliness of the submission of the revocation of a license and stop placement order recommendations.
 - b. Review the SOD to ensure the documents do NOT contain a request for a POC.
 - c. Verify the following:
 - 1) The deficiency citation(s) demonstrate findings that show:
 - a) A serious threat to the life, health or safety of residents exists; and
 - b) The AFH/ALF's capacity to provide care or services is seriously jeopardized; and
 - c) Revocation of a license and stop placement order are necessary to protect residents.
 - 2) The recommendations to impose a stop placement order prohibiting admissions and revoke a license corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s) and correlate with statute(s) or regulation(s) cited.
 - 3) The correct legal requirement (WAC/RCW) is identified for the recommended enforcement remedies.
 - d. Accept the SOD as submitted or modify or delete any portion. FMs will review changes in the license revocation and stop placement order recommendation with the Licensor/CI.
 - e. Notify the CS through STARS that the SOD is ready for review within six WDs of the LDDC.

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- f. Send the signed page of the SOD and confidential identifier list (when warranted) to RCSCComplianceUnit@dshs.wa.gov.
 - g. Following the decision to revoke a license and impose a stop placement order, coordinate with the CS on approved delivery service and personal delivery (when there are residents in the home/facility) of the SOD, confidential identifier list (when warranted) and enforcement letter to the AFH/ALF.
2. The CS will:
- a. Review the SOD to determine if a sufficient basis exists to approve the enforcement remedy recommendation.
 - b. Accept the recommendation to revoke a license and impose a stop placement order or modify or delete any portion. Discuss the reason for the modification or deletion with the FM who will review changes with the Licensor/CI.
 - c. Ensure coordination of the personal service delivery or approved delivery of the SOD, confidential identifier list (when warranted) and enforcement letter to the AFH/ALF within 10 WDs of the LDDC. The letter should include:
 - 1) The initiation of the license revocation and imposition of a stop placement order prohibiting admissions.
 - 2) The effective date of both actions; and
 - 3) Information regarding IDR and hearing rights.
 - d. Direct the Compliance AA3 to send copies of the final SOD with applicable enforcement letter(s) to the FM, RA and AAG.
 - e. Ensure Compliance AA3 notifies applicable parties (i.e., AAG, HCS, DDA, Ombudsman, etc.) about enforcement remedies initiated, via mail or e-mail distribution of applicable enforcement letter(s) and the SOD.
 - f. The Final Revocation notice will notify the Business Analysis and Applications Unit (BAAU) and Business Operations and Analysis Unit (BOAU) to process closures in systems and Management Services Division (MSD) to terminate the AFH/ALF's Medicaid contract unless a hearing is requested within 28 calendar days.

Action For On-Site Related to License Revocation

1. The FM will prepare two packets of information:
 - a. Packet A will be distributed to the provider, including an extra copy for the department to have a record of what was given to the provider. The extra copy will include a signature line for the provider to acknowledge receipt.
 - 1) Packet A includes the SOD, copies of the formal notice letter, confidential identifier list and business cards.
 - 2) The FM will bring enough business cards to give to the entity representatives and to residents or their representatives.

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- b. Packet B includes a resident notice of the revocation letter, a copy of the enforcement letter, and a copy of the Statement of Deficiency.

Note: Do **NOT** include a confidential identifier list with the copy of the SOD provided to residents and/or their representatives.

- 1) Distribute a copy of Packet B to residents and their family/representatives. Inform them of the closure and relocation.
- 2) If the family or resident representatives are not present on site, a copy should be sent to them.
- c. Assess the risk and determine if law enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and CS as needed.
- d. If possible, present the packets in person to the provider with the Licensor/CI who conducted the inspection/investigation.
- e. Advise the AFH/ALF about the findings that demonstrate that:
 - 1) The health and safety of residents is jeopardized; and/or
 - 2) Represent pervasive noncompliance with statutes or regulations.
- f. Discuss the enforcement notice and inform the entity of their hearing and IDR rights including when the revocation is final. Discuss stop placement. Assess the risk and determine if Law Enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and the Compliance and Enforcement Unit Manager as needed.
- g. Inform the AFH/ALF to contact the department when last resident is out of the home/facility and that this must be done by the 29th calendar day if not appealing the enforcement remedies.
- h. Instruct the AFH/ALF to provide the license to the department when the revocation is final.
- i. If the Licensee refuses to **sign receipt of documents** (not signature of agreement with SOD or enforcement remedies), note on the formal notice and SOD the documents were left with the provider and they chose not to sign.

Note: This must also be documented on the copy brought back to the office.

- j. Coordinate with HCS, DDA, mental health providers, as appropriate, and the Long-term Care Ombuds Program's (LTCOP's) office to notify residents, and family members/legal representatives about the initiation of the enforcement remedies.
2. The Licensor/CI will:
- a. Assist the FM when presenting findings to the provider.
 - b. Talk to residents and let them know about the closure and relocation. Give all residents the letter, a copy of the SOD and a copy of the enforcement letter.
 - c. Compile the enforcement letter, a copy of the SOD and a copy of the enforcement letter for the unit AA3 to deliver to all legal representatives of the residents.

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Follow-Up Action

1. The FM will:
 - a. Follow-up to ensure all responsible parties were notified, for those the FM was unable to contact during the on-site facility notification or within the one-hour timeline.
 - b. Follow-up to ensure the resident notice of revocation letters are provided to the families and/or representatives within one working day of the initiation of the revocation.
 - c. Ensure the mandatory monitoring visit(s) are conducted up until the revocation becomes final.
 - d. Ensure all closure documents are sent to the BOAU once the revocation is final.
2. The BOAU will:
 - a. Request Management Services Division (MSD) terminate the entity's Medicaid contract within 20 calendar days once the revocation is final.

E. [AFH/ALF Summary Suspension](#)

Purpose

Summary Suspension of a license may be recommended when an entity fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of residents; and/or
2. Seriously limits the entity's ability to provide care and services.

A summary suspension **includes** a [stop placement order prohibiting admissions](#) and/or [revocation of a license](#). This remedy may be recommended when:

1. Violations are serious, or are pervasive, or are repeated/recurring, or are uncorrected in the past 36 months; and
2. Summary suspension is necessary to protect the safety, health, and well-being of the residents.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the summary suspension is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of a Summary Suspension on a License

1. The Licensor/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of residents, including but not limited to, serious physical harm to or death of a resident; or
 - 2) Demonstrated the entity's ability to provide care or services is seriously limited; and
 - 3) A summary suspension of a license is necessary to protect residents.
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a resident; or
 - 2) A serious threat to the life, health or safety of a resident exists including information about pertinent repeated/recurring or uncorrected deficiencies in the past 36 months.

Note: The SOD must be submitted to the FM within **two WDs** of the LDDC. SOD submission timeline can be extended with FM approval.

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- c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.
 - d. Obtain a list of residents, family/legal representatives' names, addresses and telephone numbers to facilitate timely notification of possible departmental action.
 - e. If the licensee is a multiple home/facility provider, make a referral to the Complaint Resolution Unit (CRU) for each of the licensee's other facilities in order to initiate the investigative process.
2. The FM will:
- a. Be available to the Licensor/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a summary suspension of a license may be recommended.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a summary suspension and stop placement, pending completion of an inspection or investigation, is warranted.
 - d. Upon consultation with the CS, direct the Licensor/CI to notify the entity via personal service of the **NOTICE OF SUMMARY SUSPENSION** letter before the SOD and notice letter is sent out to enable immediate removal of residents.
 - 1) Once the entity has been notified, notify the resident(s) and legal representative(s) that the department has initiated a summary suspension.

Note: Unless there are extenuating circumstances, notification to residents and their legal representatives must occur **within one hour** once the enforcement decision is made.

- 2) Notify HCS, DDA and the Ombuds of the summary suspension and possible revocation of the license as soon as possible, as appropriate. If the licensee is a multiple home/facility provider, that information will be shared with HCS and/or DDA. (Refer to '[Facility Closure](#)' when coordinating with other administrations that provide case management services.)

Note: Unless there are extenuating circumstances, notification to HCS and/or DDA must occur within eight hours once the enforcement decision is made.

- 3) Follow up with an amended notice of summary suspension, license revocation and stop placement within three WDs.
- 4) Ensure any additional notifications to other investigative entities have been made as applicable.

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3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when summary suspension recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:
 - 1) The health, safety and welfare of residents is jeopardized, including but not limited to, serious harm to or death of a resident has occurred; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) A summary suspension of a license is necessary to protect residents.
 - c. Consult with the Compliance and Enforcement Unit Manager:
 - 1) To determine if the situation is imminent and, if necessary, develop a safety plan for residents.
 - 2) The summary suspension occurs on a Friday afternoon or after hours.
 - d. Consult with the AAG's Office to ensure the decision is not in conflict with state or federal rules or laws and identify timeframes to close the facility based on the situation.
 - e. Obtain the Compliance and Enforcement Unit Manager's final approval and decision to proceed with the summary suspension within three WDs or sooner of the LDDC.
 - f. In an emergency or when an immediate threat of harm exists, direct the FM notify the entity of the initiation of the suspension and revocation of a license and immediate stop placement order prohibiting admissions. Follow up written communication will follow within three WDs.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) The summary suspension is necessary to protect residents.
 - 4) The summary suspension recommendation corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - 6) The document does not contain a request for a POC.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov within **two WDs** of the LDDC.

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- f. Following the Compliance and Enforcement Unit Manager's, the FM's, and RA's decision to summarily suspend the license, coordinate with the CS and Licensor/CI before directing the Licensor/CI personally serve the SOD, confidential identifier list (when warranted), and enforcement letter to the entity.
2. The CS will:
 - a. Review the SOD with the AAGs Office to determine if sufficient evidence exists upon which to initiate enforcement remedies.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Coordinate with the field office, or FM, personal service delivery or other approved delivery system of the SOD, confidential identifier list (when warranted), and enforcement letter (if completed) to the entity within **three WDs** of the LDDC.
 - d. Request the Compliance AA3 draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - e. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - f. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
 3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier list, when applicable, to RCSComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM, RA, and AAG with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

 - j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
 - k. Complete any necessary data entry in STARS.
 - l. Enter the relevant information into the enforcement tracking tool.

Action For On-Site Related to Summary Suspension

1. The FM will prepare two packets of information:
 - a. Packet A will be distributed to the provider, including an extra copy for the department to have a record of what was given to the provider. The extra copy will include a signature line for the provider to acknowledge receipt.
 - 1) Packet A includes the SOD, copies of the formal notice letter, confidential identifier list and business cards.
 - 2) The FM will bring enough business cards to give to the entity representatives and to residents or their representatives.
 - b. Packet B includes a resident notice of the summary suspension letter, a copy of the enforcement letter, and a copy of the Statement of Deficiency.

Note: Do **NOT** include a confidential identifier list with the copy of the SOD provided to residents and/or their representatives.

- 1) Distribute a copy of Packet B to residents and their family/representatives. Inform them of the closure and relocation.
- 2) If the family or resident representatives are not present on site, a copy should be sent to them.
- c. Discuss the enforcement notice and inform the entity of their hearing and IDR rights including when the revocation is final. Discuss stop placement. Assess the risk and determine if Law Enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and the Compliance and Enforcement Unit Manager as needed.
- d. With Medicaid funded residents, the HCS and/or DDA staff will notify the FM when the last resident is moved out of the home/facility and the new locations for each resident.
- e. With private pay residents, the FM will remain in the facility and coordinate with other department resources (HCS, DDA) to assist with placement until the last private pay resident is moved out of the home/facility.
- f. If residents cannot be relocated from the home/facility in a timely manner, residents should be admitted to the hospital.
- g. The FM or designee will remove the license from the entity after the last resident is moved from the site and take the license to the field office for filing.
- h. If the Licensee refuses to sign receipt of documents, document on the formal notice and the SOD that the documents were left with the entity and the Licensee chose not to sign it.

Note: This must also be documented on the copy brought back to the office.

- i. Notify the Long-term Care Ombuds' (LTCO's) office of the summary suspension as appropriate.

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2. The Licensor/CI will:
 - a. Talk to residents who are cognitively aware and let them know about the closure and relocation. Offer all residents and/or their representatives a copy of the Summary Suspension letter.

Follow-Up Action

1. The FM will:
 - a. Follow-up to ensure all responsible parties were notified, for those the FM was unable to contact during the on-site facility notification or within the one-hour timeline.
 - b. Follow-up to ensure the resident notice of summary suspension letters are provided to the families and/or representatives within one working day of the initiation of the summary suspension and revocation.
 - c. Ensure the mandatory monitoring visit(s) are conducted up until the summary suspension becomes final.
 - d. Ensure all closure documents are send to the BOAU once the summary suspension is final.
2. The BOAU will:
 - a. Request Management Services Division (MSD) terminate the entity's Medicaid contract within 20 calendar days once the summary suspension is final.

F. [AFH/ALF Temporary Manager](#)

Purpose

A temporary manager is an individual or entity the Department has discretionary authority to appoint to oversee the operation of the entity to ensure the health and safety of its residents, pending correction of deficiencies or closure of the facility. The department must [summarily suspend](#) the entity's license for a temporary management action to be utilized.

Note: for **AFH** the department does not impose this remedy, but the licensee may be allowed to voluntarily participate in the temporary management program per [RCW 70.128.160](#).

ALF providers may also elect to voluntarily participate in this remedy per [RCW 18.20.420](#).

The purposes of the temporary management program are to complete one or more of the following:

1. Mitigate dislocation and transfer trauma of residents while the department and licensee may pursue IDR or appeal of a summary suspension of license.
2. Facilitate the continuity of safe and appropriate resident care and services.
3. Protect the health, safety, and welfare of residents, by providing time for an orderly closure of the home/facility, or for the deficiency(ies) that necessitated temporary management to be corrected; and
4. Preserve a residential option that meets a specialized service need or is in a geographical area that has a lack of available providers.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the remedy is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Determining Need for Temporary Manager

1. The CS will:
 - a. Obtain compliance history of the home/facility and review the current SOD report that supports the entity's inability to ensure resident health and safety.
 - b. Consult with the Compliance and Enforcement Unit Manager or designee regarding significant non-compliance necessitating significant enforcement such as [Stop Placement](#), [License Revocation](#) and/or [Summary Suspension](#).

- c. Provide the Compliance and Enforcement Unit Manager the list of approved temporary managers and initiate calling names on the approved list to determine their availability to serve as a temporary manager for the Department.

Note: For **AFH**, it is the licensee's responsibility to locate the temporary manager and complete the contract.

- d. Prepare the summary suspension letter to include the options that they may request to volunteer to participate in the temporary management option while they appeal the summary suspension. The Compliance and Enforcement Unit Manager has discretion to allow that option based on the provider's performance and the nature of the current non-compliance.
- e. If the entity indicates via timely letter to the Department that they would like to use the voluntary temporary management option, prepare a letter for the provider outlining all the RCW and WAC licensing requirements that must be met before the department can consider approving the temporary manager that the provider has selected.
- f. Arrange a meeting (face-to-face is preferred) with the Temporary Manager and at a minimum the RCS Director, AAG, RA, FM, Compliance and Enforcement Unit Manager and the CS to discuss expectations and arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the closure process or during the time the entity is implementing their POC.
- g. Serve as the Temporary Manager's point of contact during the duration of the Temporary Manager's contract.
- h. Ensure, at a minimum, the following documents are received and placed in the files:
 - 1) Contract/agreement between the entity and the temporary manager which addresses the following:
 - a) Provision of liability insurance to protect residents and their property.
 - b) Preservation of resident trust funds.
 - c) The timely payment of past due or current accounts, operating expenses, including but not limited to, staff compensation, and all debt that comes due during the period of the temporary management.
 - d) The responsibilities for addressing all other financial obligations that would interfere with the ability of the temporary manager to provide adequate care and services to residents; and
 - e) The authority of the temporary manager to manage the home/facility, including the hiring, managing, and firing of employees for good cause, and to provide adequate care and services to residents.
 - 2) Notification letter to the residents and families that a temporary manager has been placed, including notice that residents may move from the home/facility without notifying the licensee in advance, and without incurring any charges, fees, or costs otherwise associated with insufficient advance notice.

- 3) Copy of the report submitted to the DSHS Secretary via the ALTSA incident reporting system.
2. The RA will:
 - a. Complete and coordinate the incident report for the DSHS Secretary.
 - b. Notify the State and/or local Ombudsman of the action the entity is taking to place the temporary manager and offer the Ombudsman the opportunity to be present at the resident meeting announcing the temporary management action to residents and families that may be present, as well as staff.
 - c. Ensure that HCS is aware of the temporary manager action and offer the opportunity to be present at the resident meeting announcing the temporary management action.
 - d. Personally deliver the notice letter placing the temporary manager at the given home/facility.

Note: The FM should accompany the RA when delivering the notice.

- e. Attempt to coordinate the delivery of the notice letter appointing the temporary manager with the selected temporary manager present so they can be introduced.
- f. Create a letter to give to the residents and families notifying them of the placement of a temporary manager.
- g. Together with the temporary manager (when possible), hold a meeting with residents and their representatives about the enforcement remedy and deliver the Resident and Family notice letters to the residents and families present.

Note: It will be the responsibility of the temporary manager to ensure that each resident and family member are mailed a copy of the notice letter appointing the temporary manager.

- h. Following the meeting with residents and their representatives, together with the temporary manager (when possible) hold a meeting with staff about the enforcement remedy.
- i. Answer questions from residents, families and staff about the process and the next steps.

Recruiting a Temporary Manager

The Department has authority to recruit individuals, partnerships, corporations, and other entities interested in serving as a temporary manager or receiver.

1. The Department will:
 - a. Maintain an approved list of temporary managers within the RCS Director's office.
 - b. Require the interested applicants to be subject to the criteria for licensees found in RCW and WAC as applicable.
 - c. Not appoint or approve a person or corporation that has been the licensee, administrator, or partner, officer, director, managing employee or owner of five percent or more of the license subject to the temporary management or has been affiliated with the entity subject to temporary management or has owned or operated a facility ordered into temporary management in any state.

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- d. Approve the voluntary temporary managers for entities that opt to voluntarily participate in the program when their license has been suspended.
- e. Limit the voluntary temporary management period to 28 calendar days after issuance of the formal notification of the enforcement remedy or conclusion of administrative proceedings, whichever date is later.

Note: Nothing in this section precludes the department from revoking its approval of the temporary management and/or exercising its enforcement authority under this chapter.

Appointing and Contracting a Temporary Manager

1. The RCS Business Operations and Analysis Unit (BOAU) will:
 - a. Prepare a contract between the department and the temporary manager, in coordination with the Aging and Long-Term Services Administration (AL TSA) contracts unit.
 - b. Ensure at a minimum the following documents are prepared for signature (as applicable)
 - 1) AL TSA Contract Request and Approval Form (CRA).
 - 2) Performance Based Contract Check List.
 - 3) [Program Services Risk Assessment Worksheet](#).
 - 4) DSHS Client Service Contract with Exhibit A Special Terms and Conditions Statement of Work complete.
- Note: The contract is generated by the DSHS MSD. The Statement of Work is negotiated with the temporary manager and the RCS Director but filled out by the CS.
- 5) Notice letter for the entity appointing the Temporary Manager and notifying them of all enforcement remedies if no previous notice has been sent to the facility with the SOD report.
 - 6) Letter to the Temporary Manager giving them authority over facility operations.
 - 7) Letter to Vendors to request continued service under the temporary manager.
 - 8) Blank A-19-1A form for department or temporary manager to fill out regarding being paid or reimbursed for resident services and facility staff services such as payroll, as well as other legitimate needs for the continued safe care of residents in the facility.
- c. Funding:
 - 1) When the department appoints a temporary manager, the costs associated with the temporary management are paid by the department. The associated costs may be paid for through the ALF temporary management account established by [RCW 18.20.430](#), or from other departmental funds, or a combination thereof. All funds must be administered according to department procedures.
 - a) The department may enter into an agreement with the licensee allowing the licensee to pay for some of the costs associated with a temporary manager appointed by the department.

Note: If the department has not appointed a temporary manager and the licensee elects to participate in the temporary management program, the licensee is responsible for all costs related to contracting with the temporary manager and administering the temporary management program.

Monitoring Temporary Manager Placement

1. The FM will:
 - a. Ensure that the Licensor/CI is monitoring the entity by conducting monitoring visits.
 - b. Ensure that any reports of significant new or on-going health and safety concerns under the temporary manager are immediately brought to the attention of the Compliance Unit and the RA and reported to CRU as required by mandatory reporting laws.
 - c. Move forward with the closure process once notified by the temporary manager the last resident has been discharged from the entity's care.
2. The Licensor/CI will:
 - a. Monitor the entity and give a written report to the FM about the health and welfare of residents, noting any safety concerns.
 - b. Report any critical health and safety concerns immediately to the FM, and report to CRU as required.
 - c. Report to the FM the progress that the entity is making to correct the cited deficiencies if this is situation where the licensee has the possibility of regaining operations of the facility.
 - d. Report to the FM the number of residents who still remain under the entity's care as the entity transfers the residents during closure process. See section titled '[Facility Closure](#)' for more information.
 - e. Gather information from the temporary manager regarding where the residents were transferred and the date of the transfers.
 - f. Request the temporary manager notifies the department when the last resident is discharged.
 - g. Following this action, the Director, Compliance and Enforcement Unit Manager, the CS, RA, FM, and AAG as appropriate will meet and debrief.

G. [AFH/ALF Facility Closure](#)

Purpose

There is likelihood of a need for quick turnaround when closure of an entity is required. It is important that RCS, HCS, and DDA prepare and maintain a protocol that expedites efficient and effective communication between compliance staff, RAs, supervisors, and field staff. Before any action is taken, preliminary communication should begin by RCS contacting HCS and/or DDA depending on the resident case mix currently residing in the home/facility.

Preliminary communication should begin as soon as possible between the FM and HCS and/or DDA supervisors or their designee in the respective region when there is any potential [summary suspension](#) and/or [revocation of a license](#). In high profile cases, the RA will notify the HCS/DDA RA.

Note: In instances of [Summary Suspension](#) being imposed, unless there are extenuating circumstances, notification to HCS and/or DDA must occur within eight hours once the enforcement decision is made.

Procedure

1. The FM will:
 - a. Report to HCS and/or DDA staff the possible enforcement remedies likely to be taken.
 - 1) If the ALF facility is also certified as a DDA Group Home (GH), the DDA Community Services Program Manager and the RCS Certified Community Residential Services and Supports (CCRSS) FM must also be notified if the GH is also a certified CCRSS provider.
 - b. Communication will include:
 - 1) The need for confidentiality to prevent disclosure of any information by any DSHS staff to providers, residents, and resident representatives until the entity has been formally notified of the summary suspension and/or revocation of license.
 - 2) Issues that led to the enforcement remedy, including but not limited to:
 - a) The specific situation that led to the potential action.
 - b) HCS/DDA staff will present any alternatives (e.g., if moving one resident changes the situation from a summary suspension to a revocation).
 - c) Sharing of weekend/after hour contacts when there is a need for RCS to conduct weekend or after business hours monitoring.
 - 3) When discussing the likelihood of relocation of residents, address the following:
 - a) Case management activities that need to occur prior to RCS's formal notification of enforcement to the provider and residents.

- b) Identify any barriers, variables or circumstances that may change the direction of the actions taken.
- c) Identify any concerns related to the provider, residents and/or families. Plan accordingly when there may be a need for LE back up.
- 4) Identify department staff to be included in the process (RCS, HCS, and DDA), including who will need to be onsite on the day of closure/notification:
 - a) RCS will identify the staff who will issue the formal notice of summary suspension and revocation of licensure.
 - b) HCS/DDA will identify staff who will assist residents with relocation, based on the number of residents, location of home/facility, and any safety concerns.
 - c) All staff will exchange cellular telephone numbers in case they need to contact each other.
- 5) Discuss the timelines for:
 - a) RCS timeline for personal delivery of the formal notice of the summary suspension and revocation of licensure to the licensee, followed by resident and family notifications.
 - b) HCS/DDA timeline for lining up new/potential providers for resident transfers.
2. In coordination with RCS, HCS/DDA may start the internal relocation process prior to the actual enforcement remedy (e.g., identify potential homes/facilities that have beds available in case residents need to relocate due to enforcement).
3. FM will inform Behavioral Health Organizations (BHOs) when any enforcement remedy impacts their clients.

Official Provider Notification – See [Summary Suspension](#) for process steps

Official provider notification should occur as early in the day as possible, understanding that the process of moving residents and coordination of the move is likely to take more than eight hours. Whenever possible, the notification should occur in the morning hours. RCS will coordinate with HCS/DDA and provide as much advanced notice for prep time for relocation of residents unless the enforcement remedy requires immediate summary suspension of operations to protect residents during an investigation (e.g., meth lab, rape). When possible, enforcement remedies or notice will not occur late in the afternoon or on a holiday.

RCS/HCS/DDA staff will coordinate arrival to the facility together at the same time. HCS/DDA staff will not enter the facility prior to arrival of RCS staff. Should this not be feasible, RCS staff will not leave until HCS/DDA staff arrive at the facility and get the relocation process communicated to residents and the provider.

After The Action

Debriefing will be scheduled by regional RCS/HCS/DDA staff as needed to discuss what went well and what could have gone better.

Part II: [Certified Community Residential Services & Supports \(CCRSS\)](#)

A. [CCRSS Conditions on a Certification](#)

Purpose

Condition(s) on the certification may be recommended and imposed for violations that are:

1. Serious, or repeated, or are uncorrected in the past 24 months; and
2. Necessary to protect the safety, health, and well-being of the clients while the service provider is correcting the deficiency(ies).

Condition(s) may include but are not limited to the following requirements:

1. Correction of violations within a specified time frame.
2. Training related to the deficiencies cited.
3. Require the expertise of a consultant to develop policies and/or system(s).
4. Prohibition of access to clients by a specific person.

A condition must not be merely a restatement of the regulatory requirement, such as requiring the service provider to follow their regulatory statutes. It is imposed as an *additional requirement* and must provide direction on steps the service provider is required to take.

The service provider will be given an opportunity to:

1. Appeal the Statement of Deficiency (SOD) and/or imposition of the enforcement remedy via the Informal Dispute Resolution (IDR) process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Request an administrative review of a certification action; and/or
3. Contest imposition of one or more enforcement remedies via the administrative hearing process.

Imposition of the condition(s) on the certification is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Recommendation for Condition(s) on the Certification

1. The Evaluator/Complaint Investigator (CI) will:
 - a. Immediately notify the Field Manager (FM) when an onsite visit has findings which present the risk of imminent harm and/or a serious threat to the health, safety, or welfare of clients.
 - 1) Determine which regulation(s) may be in violation.
 - 2) Follow directives from FM for further action.
 - b. Document serious or repeated or uncorrected deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#).
2. The FM will:
 - a. Be available to the Evaluator/CI for consultation.
 - b. Notify the Regional Administrator (RA) and the Compliance Specialist (CS) immediately when there is any situation involving the likelihood of life-threatening risk to a client (imminent risk, imminent harm) and/or when a condition on the certification may be immediately recommended.
 - c. Consult with the CS to determine if on-site notification to the client(s) is needed when the condition could result in discharging that particular client(s).
 - d. Upon direction of the CS, notify the service provider verbally of the condition(s) before the SOD and notice letter is sent out.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a client (imminent risk, imminent harm) and/or when a condition on the certification may be immediately recommended.
 - b. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the condition(s) on the certification to be imposed must be made within 10 WDs of the last date of data collection (LDDC).
 - c. In an emergency or when an immediate threat of harm exists, direct the FM to notify the service provider verbally that the certification has one or more condition(s) imposed pending completion of an evaluation or investigation. This may also include a [suspension of department referrals](#). Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The deficiency citation is serious *or* repeated *or* uncorrected and necessitates a condition on the certification.

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- 2) The recommended condition(s) that will be imposed corresponds with the **scope** (number of clients impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on clients) of the deficiency citation(s).
- 3) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Evaluator/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier list to RCSCComplianceUnit@dshs.wa.gov.
2. The CS will:
 - a. Review the recommended condition to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance Administrative Assistant 3 (AA3) to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF (portable document format) version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding Compliance Determination (CD) in the Secure Tracking and Reporting System (STARS) for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 working days (WDs) deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the service provider via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

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- j. Provide DDA with an unredacted copy of the enforcement notice letter.
- k. Upload the notice letter to the Public Discovery and Disclosure (PDD) folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- l. Complete any necessary data entry in STARS.
- m. Enter the relevant information into the enforcement tracking tool.

Lift or Continue Condition(s) on a Certification

1. The Evaluator/CI will:
 - a. Conduct a monitoring visit (if warranted) or follow-up visit when directed by the FM to make sure condition(s) is being/are worked on or met.
 - b. If the deficiency corresponding to the imposed condition(s) is determined to **not** be in compliance, consult with the FM, and write a SOD corresponding to the STARS follow-up CD following the [Principles of Documentation \(POD\)](#).
2. The FM will:
 - a. Notify the CS via STARS when the service provider **has** corrected the deficiency(ies) that necessitated the condition(s) on the certification and the remedy is no longer required and recommend lifting the condition.
 - b. Notify the CS via STARS when the service provider **has not** corrected the deficiency(ies) that necessitated the condition(s) on the certification and determine next action steps with the CS. Options could include a new SOD or additional enforcement remedies.
 - c. Consult with the CS as needed.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Lift the condition(s) from the certification if back in compliance; or
 - 2) Continue or amend the condition(s) if not back in compliance.
 - c. If it's determined the condition(s) is lifted, notify, and provide details to the Compliance AA3 to draft a lift condition(s) letter.
 - 1) Review draft lift condition(s) letter.
 - 2) Electronically sign the PDF version of the letter.
 - d. If the recommendation is to continue, amend or add an enforcement remedy, then process the recommendation and SOD via STARS enforcement page as a new referral.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift condition(s) enforcement letter identifying the service provider has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift condition(s) letter is ready for review.

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- c. Once approved by the CS, post the draft lift condition(s) letter in the corresponding follow-up visit CD in STARS for the FM to review.
- d. When notified the draft is approved, convert the draft lift condition(s) letter to PDF format and prepare it for the CS's signature.
- e. Notify the CS when the document is ready for their electronic signature.
- f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift condition(s) letter via eFax (preferred method) or certified mail.
- g. Provide the FM with a copy of the lift enforcement notice letter.
- h. Send an electronic copy of the final (signed) lift condition(s) letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

- i. Provide DDA with an unredacted copy of the enforcement notice letter.
- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

B. [CCRSS Civil Fines](#)

Purpose

Per [WAC 388-101-4225](#) and [grid guidance](#), the department may impose civil penalties (fines) if the service provider:

- Fails to implement the plan(s) of correction (POC);
- Fails to make a correction when conditions have been placed on a service provider's certification; or
- Fails to cooperate with the department's subsequent monitoring.

Civil fines may be imposed along with any other enforcement remedy such as [conditions](#), [suspension of department referrals](#), and [provisional certification](#), and may be recommended when a service provider has failed to comply with already imposed enforcement remedies.

The timeframes identified within this procedure to complete and process civil fine recommendations may be extended with documented FM approval, except as otherwise specified in statute or regulation.

The service provider will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Request an administrative review of a certification action; and/or
3. Contest imposition of one or more enforcement remedies via the administrative hearing process.

When a civil fine is imposed, the Office of Financial Recover (OFR) tracks the service provider's responsibility in fulfilling the amount of civil fines imposed (RCS does not have the authority to collect monies from civil fines).

Procedure

Recommendation for Civil Fines

1. The Evaluator/CI will:
 - a. Document serious or repeated or uncorrected deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#).
 - b. Send the recommendation to the FM within four WDs of the LDDC, listing the specific WAC and/or RCW for which civil fines are being recommended.

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- 1) If the recommended fine is for repeated or uncorrected violations of the same specific requirement or subsection that has been cited two or more times either in the previous 24 months, or since the last evaluation (whichever is longer), include the visit numbers and dates, listing the most recent first.
- c. Send the recommendation, along with the completed SOD, to the FM within four WDs of the LDDC.
2. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The deficiency citation is serious *or* repeated *or* uncorrected and warrants a civil fine recommendation.
 - 2) The recommended civil fine that will be imposed corresponds with the **scope** (number of clients impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on clients) of the deficiency citation(s).
 - 3) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Evaluator/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
3. The CS will:
 - a. Review the recommended civil fine to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - 1) Verify the recommended civil fine amounts fall within the guidelines of the grid.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
4. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.

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- e. Notify the CS when the document is ready for their electronic signature.
- f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to RCSCComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.
- g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the service provider via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
- h. Send an electronic copy of the final (signed) enforcement letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

- i. Provide the FM with a copy of the final PDF enforcement notice letter.
- j. Provide DDA with an unredacted copy of the enforcement notice letter.
- k. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.

Note: OFR will need a second civil fine amount notice in cases where a civil fine is rescinded or reduced through settlement.

- l. Complete any necessary data entry in STARS.
- m. Enter the relevant information into the enforcement tracking tool.

<u>CCRSS Civil Fine Grid</u>					
WAC 388-101-4235					
NO HARM	MINIMAL OR MODERATE HARM		SERIOUS HARM		IMMINENT DANGER and/or IMMEDIATE THREAT
Repeat / Uncorrected	Initial	Repeat / Uncorrected	Initial	Repeat / Uncorrected	Any Violation
Civil fine of at least \$100 per violation	Civil fine up to \$100 per day per violation not to exceed \$500 per violation	Civil fine up to \$100 per day per violation not to exceed \$1,000 per violation	Civil fine up to \$100 per day per violation not to exceed \$2,000 per violation	Civil fine up to \$100 per day per violation not to exceed \$3,000 per violation	Civil fine up to \$100 per day per violation not to exceed \$3,000 per violation

C. [CCRSS Suspend Department Referrals](#)

Purpose

Suspend department referrals (stop placement) of client program admissions may be recommended when a service provider fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of client; and/or
2. Seriously limits the service provider's ability to provide care and services.

There are two types of suspend department referrals:

1. Specific—Suspend department referrals (stop placement) for all new client referrals (program admissions) from DDA to service providers.
2. Specific—Limited suspension of department referrals (stop placement) for clients with specified needs for clients *with specific needs* (e.g., clients requiring diabetic care support or clients who are on a ventilator).

The service provider will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Request an administrative review of a certification action; and/or
3. Contest imposition of one or more enforcement remedies via the administrative hearing process.

Imposition of the suspension of program admissions is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of Suspension of Program Admissions

1. The Evaluator/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of clients; or
 - 2) Demonstrated the service provider's ability to provide care or services is seriously limited; and
 - 3) A suspension of program admissions is necessary to protect clients while the service provider is correcting the deficiency(ies).

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- b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a client; or
 - 2) A serious threat to the life, health or safety of a client exists including information about pertinent repeated or uncorrected deficiencies in the past 24 months.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.
2. The FM will:
- a. Be available to the Evaluator/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a client (imminent risk, imminent harm) and/or when a suspension of program admissions may be recommended.
 - 1) The suspension of program admissions recommendation must specify if the suspension applies to all referrals or a specific type of referral.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a suspension of program admissions, pending completion of an evaluation or investigation, is warranted.
 - d. Upon direction of the CS, notify the service provider verbally of the suspension of program admissions before the SOD and notice letter is sent out.
 - 1) Once the service provider has been notified, notify Home and Community Services (HCS), Developmental Disabilities Administration (DDA) and the Ombuds of the suspension of program admissions as appropriate.
3. The CS will:
- a. Be available to consult with the FM and RA when there is any situation involving the likelihood of life-threatening risk to a client (imminent risk, imminent harm) and/or when a suspension of program admissions may be immediately recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:
 - 1) The health, safety and welfare of clients is jeopardized; or
 - 2) The service provider's ability to provide care and services is seriously limited; and
 - 3) A suspension of program admissions is necessary to protect clients while the service provider is correcting the deficiency(ies).
 - c. Obtain the Compliance and Enforcement Unit Manager's approval to impose a suspension of program admissions.
 - d. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the suspension of program admissions to be imposed must be made within 10 WDs of the LDDC.
 - e. In an emergency or when an immediate threat of harm exists, direct the FM notify the service provider verbally to confirm the suspension of program admissions is imposed pending completion of an evaluation or investigation. Follow up written communication may be sent for pending actions and must be sent with the final SOD.

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Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of clients is jeopardized; or
 - 2) The service provider’s ability to provide care and services is seriously limited; and
 - 3) A suspension of program admissions to the service provider’s program is necessary to protect clients while the service provider is correcting the deficiency(ies).
 - 4) The suspension of program admissions recommendation corresponds with the **scope** (number of clients impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on clients) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Evaluator/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
 - f. Ensure an unredacted copy of the SOD is provided to DDA.
2. The CS will:
 - a. Review the SOD to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS’s electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.

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- g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the service provider via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
- h. Provide the FM with a copy of the final enforcement notice letter.
- i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

Action After Suspension of Program Admissions Is In Effect

1. The FM will:
 - a. Approve readmissions of clients on an ‘exception’ basis and document by updating the stop placement log for approvals and disapprovals.
 - b. Notify the Unit AA3 about the stop placement order prohibiting program admissions so they can appropriately alert the FM to requests for readmissions.

Removal of a Suspension of Program Admissions

1. The Evaluator/CI will:
 - a. Conduct a follow-up visit within 15 WDs of the service provider’s alleged compliance date to verify correction of violations that warranted the enforcement remedy.
 - b. Determine if the findings that jeopardized the health, safety and welfare of clients or seriously limited the service provider’s ability to provide care and services have been removed and systems are in place to support continued compliance.
 - c. If the deficiency corresponding to a suspension of program admissions is determined to have been corrected, meet with the FM to recommend lifting the suspension of program admissions.
 - d. If the deficiency corresponding to a suspension of program admissions is determined to **not** be in compliance, consult with the FM to determine if another SOD should be written, or some other action taken.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

- e. Complete any necessary data entry in STARS.

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2. The FM will:
 - a. Notify the CS via STARS when the service provider **has** corrected the deficiency(ies) that necessitated the suspension of program admissions and exhibits the ability to maintain continued compliance.
 - 1) Following approval from the CS, notify the service provider the suspension of program admissions has been lifted.
 - b. Consult with the CS as needed.
3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Modify or lift the suspension of program admissions.
 - 2) Discuss the reason for modification or lift with the FM who will review the modifications with the Evaluator/CI.
 - c. If needed, obtain the Compliance and Enforcement Unit Manager's final approval to lift the suspension of program admissions.
 - d. If it's determined the suspension of program admissions is lifted, notify, and provide details to the Compliance AA3 to draft a lift suspension or program admissions order letter.
 - 1) Review draft lift suspension of program admissions letter.
 - 2) Electronically sign the PDF version of the letter.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift suspension of program admissions letter identifying the service provider has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift suspension of program admissions order letter is ready for review.
 - c. Once approved by the CS, post the draft lift suspension of program admissions letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift suspension of program admissions letter to PDF format and prepare it for the CS's signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed lift suspension of program admissions letter) via eFax (preferred method) or certified mail.
 - g. Provide the FM with a copy of the lift stop placement order letter.
 - h. Send an electronic copy of the final (signed) lift stop placement order letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized lift enforcement letter within 24 hours of the service provider receiving these documents from RCS.

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- i. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- j. Complete any necessary data entry in STARS.
- k. Enter the relevant information into the enforcement tracking tool.

D. [CCRSS Provisional Certification](#)

Purpose

Provisional certification may be recommended when a service provider fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of client; and/or
2. Seriously limits the service provider's ability to provide care and services.

A service provider can be provisionally certified up to a maximum of 180 days. The department may choose to start with a shorter timeframe, such as 90 days. At the end of the provisional certification, the department may:

1. Approve the service provider for regular certification if the service provider has complied with certification requirements; or
2. Decertify the service provider and terminate the residential services contract if the service provider has not complied with certification requirements.
3. Extend another 90 days from the first 90 days if the service provider has demonstrated working towards compliance and providing measurable accomplishments.

Provisional certification can be imposed along with other enforcement remedies, such as [condition\(s\)](#), [civil fines](#), and/or [suspension of program admissions](#).

The service provider will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Request an administrative review of a certification action; and/or
3. Contest imposition of one or more enforcement remedies via the administrative hearing process.

Provisional certification is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative review/hearing processes. Monitoring visit(s) may be considered to monitor for ongoing health and safety of clients. Since provisional certification could lead up to decertification, RCS will coordinate with DDA as other service providers may need to be identified.

Procedure

Recommendation of Provisional Certification

1. The Evaluator/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of clients; or
 - 2) Demonstrated the service provider's ability to provide care or services is seriously limited; and
 - 3) Provisional certification is necessary to protect clients while the service provider is correcting the deficiency(ies).
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a client; or
 - 2) A serious threat to the life, health or safety of a client exists including information about pertinent repeated or uncorrected deficiencies in the past 24 months.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.
2. The FM will:
 - a. Be available to the Evaluator/CI for consultation.
 - b. Immediately notify the RA, Compliance and Enforcement Unit Manager and the CS when provisional certification may be recommended.
 - c. Be directed in an emergent situation to decertify and verbally notify the service provider of the provisional certification before the SOD and enforcement notice letter is prepared and sent to the service provider.
 - d. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if the provisional certification of a service provider referral needs to be completed on the Enforcement page in STARS, pending completion of the evaluation or investigation.
3. The CS will:
 - a. Be available to consult with the FM and RA.
 - b. In an emergency or when an immediate threat of harm exists, direct the FM notify the service provider verbally to confirm the provisional certification is imposed pending completion of an evaluation or investigation. Follow up written communication may be sent for pending actions and must be sent with the final SOD.
 - c. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the provisional certification and length of time to be imposed must be made within 10 WDs of the LDDC.

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Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of clients is jeopardized; or
 - 2) The service provider’s ability to provide care and services is seriously limited; and
 - 3) Provisional certification of the service provider is necessary to protect clients while the service provider is correcting the deficiency(ies).
 - 4) The provisional certification recommendation corresponds with the **scope** (number of clients impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on clients) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Evaluator/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSComplianceUnit@dshs.wa.gov.
 - f. Ensure an unredacted copy of the SOD is provided to DDA.
2. The CS will:
 - a. Review the SOD to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS’s electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.

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- g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the service provider via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
- h. Provide the FM with a copy of the final enforcement notice letter.
- i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

Monitoring of Provisional Certification

1. The FM will:
 - a. Ensure the effective start and end date of provisional certification status is recorded in the service provider’s History of Certificates section in STARS (See [STARS Manual](#) for more information).
 - b. Monitor timeframes (end date) for this remedy.
 - c. Schedule monitoring visit(s) with approval from the RA and the CS.
 - d. Be mindful of the provisional certification end date when scheduling a follow-up visit.

Note: A STARS CD will be needed for the lift or continued enforcement letter at the end of the provisional certification date.

- e. Coordinate with DDA throughout the provisional certification timeframe and immediately communicate any concerns and additional deficiencies found during this period and until the certification ends.
2. The CS will:
 - a. Monitor the timeframes (start/end date) for this provisional certification.
 - b. Be available to consult with the FM, as needed.

Remove or Continue Provisional Certification (Follow-up)

1. The Evaluator/CI will:
 - a. Conduct a follow-up visit within 15 WDs of the service provider’s alleged compliance date to verify correction of violations that warranted the enforcement remedies.
 - b. Determine if the findings that jeopardized the health, safety and welfare of clients or seriously limited the service provider’s ability to provide care and services have been removed and systems are in place to support continued compliance.

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- c. If the deficiency corresponding to the provisional certification is determined to have been corrected, meet with the FM to recommend lifting the provisional certification.
- d. If the deficiency corresponding to provisional certification is determined to **not** be in compliance, consult with the FM to determine if another SOD should be written, or some other action taken.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

- e. Complete any necessary data entry in STARS.
2. The FM will:
- a. Notify the CS via STARS when the service provider **has** corrected the deficiency(ies) that necessitated the provisional certification and exhibits the ability to maintain continued compliance.
 - b. Notify the CS via STARS when the service provider **has not** corrected the deficiency(ies) that necessitated the provisional certification, ensure a new SOD is written and recommend continued provisional certification or decertification.

Note: Provisional certification cannot exceed more than 180 days.

- c. Consult with the CS as needed.
3. The CS will:
- a. Be available to the FM/RA for consultation.
 - b. Review the recommendation and accept or amend the recommendation:
 - 1) Discuss the reason for modification with the FM who will review the modifications with the Evaluator/CI.
 - c. If it's determined the provisional certification is lifted, notify, and provide details to the Compliance AA3 to draft a lift provisional certification letter.
 - 1) Review draft lift provisional certification letter.
 - 2) Electronically sign the PDF version of the letter.
 - d. If the recommendation is to continue or move to decertification, then process the recommendation in STARS.
4. The Compliance AA3 will:
- a. Upon request of the CS, prepare a draft lift provisional certification letter identifying the service provider has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift provisional certification letter is ready for review.
 - c. Once approved by the CS, post the draft lift provisional certification letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift provisional certification letter to PDF format and prepare it for the CS's signature.

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- e. Notify the CS when the document is ready for their electronic signature.
- f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift provisional certification letter via eFax (preferred method) or certified mail.
- g. Provide the FM with a copy of the lift provisional certification letter.
- h. Send an electronic copy of the final (signed) lift provisional certification letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.

- i. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- j. Complete any necessary data entry in STARS.
- k. Enter the relevant information into the enforcement tracking tool.

E. [CCRSS Decertification](#)

Purpose

Decertification of a service provider is the most severe remedy available and is immediate on the effective date. Decertification may be preceded by [provisional certification](#) and/or other remedies. A service provider may be decertified at any time for noncompliance with the requirements of this chapter, the department's residential services contract, the requirements of [Chapter 74.34 RCW](#), or other relevant federal, state and local laws, requirements or ordinances.

Decertification may coincide with the termination of the residential services contract with DDA. RCS will coordinate and plan for a decertification of a service provider with DDA. Other service providers and/or service options for clients may need to be found to ensure continuity of services and supports.

The service provider will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Request an administrative review of a certification action; and/or
3. Contest imposition of one or more enforcement remedies via the administrative hearing process.

Decertification is effective immediately upon verbal or written notification and is not postponed pending completion of IDR, administrative review, and/or administrative hearing processes.

Procedure

Recommendation of Decertification

1. The Evaluator/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of clients; or
 - 2) Demonstrated the service provider's ability to provide care or services is seriously limited; and
 - 3) Decertification is the most appropriate remedy.
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a client; or
 - 2) A serious threat to the life, health or safety of a client exists including information about pertinent repeated or uncorrected deficiencies in the past 24 months.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.

Note: The SOD will not require the service provider to send a POC.

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2. The FM will:
 - a. Be available to the Evaluator/CI for consultation.
 - b. Immediately notify the RA, Compliance and Enforcement Unit Manager and the CS when there is consideration of a recommendation to decertify a service provider.
 - c. Be directed in an emergent situation to decertify and verbally notify the service provider of the decertification before the SOD and enforcement notice letter is prepared and sent to the service provider.
 - d. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if the decertification of a service provider referral needs to be completed on the Enforcement page in Stars, pending completion of the evaluation or investigation.
 - e. When in agreement with the CS, begin to coordinate and plan for decertification with DDA.
3. The CS will:
 - a. Be available to consult with the FM.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when there is consideration to decertify a service provider.
 - c. In an emergency, provide direction and special instructions to the FM and field staff.
 - d. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of decertification must be made within 10 WDs of the LDDC.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of clients is jeopardized; or
 - 2) The service provider’s ability to provide care and services is seriously limited; and
 - 3) Decertification of the service provider is necessary to protect clients.
 - 4) The decertification recommendation corresponds with the **scope** (number of clients impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on clients) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Evaluator/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
 - f. Ensure an unredacted copy of the SOD is provided to DDA.
2. The CS will:
 - a. Review the SOD to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.

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- c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
- a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the service provider via eFax or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.
- Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the service provider receiving these documents from RCS.
- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
 - k. Complete any necessary data entry in STARS.
 - l. Enter the relevant information into the enforcement tracking tool.

Field Certification Closure Actions

1. The FM will:
 - a. Ensure the [CCRSS Provider Information Changes \(DSHS 10-604\)](#) form is completed to document the provider's certification has ended.
 - b. Submit the form to RCS Business Operations and Analysis Unit (BOAU) at RCSBOA@dshs.wa.gov
 - c. Ensure STARS reflects the effective date of decertification.
 - d. Complete any other further requirements to close a certification.

Part III: [Enhanced Services Facilities \(ESF\)](#)

A. [ESF Conditions on a License](#)

Purpose

Condition(s) on the license may be recommended to facilitate correction of violations that are:

1. Serious, or are recurring, or are uncorrected in the past 36 months; and
2. Necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

Condition(s) may include but are not limited to the following requirements:

1. Correction of violations within a specified time frame.
2. Training related to the deficiencies cited.
3. A limitation on the type of residents the entity can admit.
4. The discharge of a specific resident.
5. A change in license capacity.
6. Removal of a specialty designation.
7. Prohibition of access to residents by a specific person.
8. Demonstration by the entity of its ability to meet financial obligation to continue to operate.

A condition must not be merely a restatement of the regulatory requirement, such as requiring the entity to follow their regulatory statutes. It is imposed as an *additional requirement* and must provide direction on steps the entity is required to take.

The entity will be given an opportunity to:

1. Appeal the Statement of Deficiency (SOD) and/or imposition of the enforcement remedy via the Informal Dispute Resolution (IDR) process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the condition(s) on the license is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Recommendation for Condition(s) on the License

1. The Licenser/Complaint Investigator (CI) will:
 - a. Immediately notify the Field Manager (FM) when an onsite visit has findings which present the risk of imminent harm and/or a serious threat to the health, safety, or welfare of residents.
 - 1) Determine which regulation(s) may be in violation.
 - 2) Follow directives from FM for further action.

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- b. Document serious *or* recurring *or* uncorrected deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#).
2. The FM will:
 - a. Be available to the Licensor/CI for consultation.
 - b. Notify the Regional Administrator (RA) and the Compliance Specialist (CS) immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a safety plan or condition on the license may be immediately recommended.
 - c. Consult with the CS to determine if on-site notification to the resident(s) is needed when the condition could result in discharging that particular resident(s).
 - d. Upon direction of the CS, notify the entity verbally of the condition(s) before the SOD and notice letter is sent out.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition on the license may be immediately recommended.
 - b. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the condition(s) on the license to be imposed must be made within 10 WDs of the last date of data collection (LDDC).
 - c. When an immediate threat of harm exists, in consultation with the Compliance and Enforcement Unit Manager and FM/RA determine whether a safety plan will suffice to address the immediate threat or whether a condition is needed pending completion of the inspection or investigation. The FM must notify the entity verbally that the enforcement remedy is imposed immediately pending completion of the inspection or investigation. This may also include a [stop placement](#). Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The deficiency citation is serious *or* recurring *or* uncorrected and necessitates a condition on the license.
 - 2) The recommended condition(s) that will be imposed corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 3) The correct legal requirement (WAC and/or RCW) is identified for each citation.

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- c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier list to RCSComplianceUnit@dshs.wa.gov.
2. The CS will:
- a. Review the recommended condition to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance Administrative Assistant 3 (AA3) to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF (portable document format) version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
- a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding Compliance Determination (CD) in the Secure Tracking and Reporting System (STARS) for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 working days (WDs) deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier list to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" (carbon copy) section of the letter.
- Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.
- j. Upload the notice letter to the Public Disclosure and Discovery (PDD) folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
 - k. Complete any necessary data entry in STARS.
 - l. Enter the relevant information into the enforcement tracking tool.

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Lift or Continue Condition(s) on a License

1. The Licensor/CI will:
 - a. Conduct a monitoring visit (if warranted) or follow-up visit when directed by the FM to make sure condition(s) is being/are worked on or met.
 - b. If the deficiency corresponding to the imposed condition(s) is determined to **not** be in compliance, consult with the FM, and write a SOD corresponding to the STARS follow-up CD following the [Principles of Documentation \(POD\)](#).
2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the condition(s) on the license and the remedy is no longer required and recommend lifting the condition.
 - b. Notify the CS via STARS when the entity **has not** corrected the deficiency(ies) that necessitated the condition(s) on the license and determine next action steps with the CS. Options could include a new SOD or additional enforcement remedies.
 - c. Consult with the CS as needed.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Lift the condition(s) from the license if back in compliance; or
 - 2) Continue or amend the condition(s) if not back in compliance.
 - c. If it's determined the condition(s) is lifted, notify, and provide details to the Compliance AA3 to draft a lift condition(s) letter.
 - 1) Review draft lift condition(s) letter.
 - 2) Electronically sign the PDF version of the letter.
 - d. If the recommendation is to continue, amend or add an enforcement remedy, then process the recommendation and SOD via STARS enforcement page as a new referral.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift condition(s) enforcement letter identifying the entity has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift condition(s) letter is ready for review.
 - c. Once approved by the CS, post the draft lift condition(s) letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift condition(s) letter to PDF format and prepare it for the CS's signature.

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- e. Notify the CS when the document is ready for their electronic signature.
- f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift condition(s) letter via eFax (preferred method) or certified mail.
- g. Provide the FM with a copy of the lift enforcement notice letter.
- h. Send an electronic copy of the final (signed) lift condition(s) letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- i. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- j. Complete any necessary data entry in STARS.
- k. Enter the relevant information into the enforcement tracking tool.

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B. [ESF Civil Fines](#) – Under Construction

C. [ESF Stop Placement Order Prohibiting Admissions](#)

Purpose

Stop Placement of resident admissions may be recommended when an entity fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of residents; and/or
2. Seriously limits the entity's ability to provide care and services.

A stop placement order prohibiting admissions includes suspension of admission, readmission (may be allowed on a case-by-case basis) and/or transfer of residents into the care of the entity. This remedy may be recommended when:

1. Violations are serious, or are pervasive, or are recurring, or are uncorrected in the past 36 months; and
2. Suspension of admissions is necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the stop placement order prohibiting admissions is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of a Stop Placement Order Prohibiting Admissions

1. The Licensor/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of residents; or
 - 2) Demonstrated the entity's ability to provide care or services is seriously limited; and
 - 3) A stop placement order prohibiting admissions is necessary to protect residents while the entity is correcting the deficiency(ies).
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a resident; or
 - 2) A serious threat to the life, health or safety of a resident exists including information about pertinent recurring or uncorrected deficiencies in the past 36 months.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.

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2. The FM will:
 - a. Be available to the Licensor/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a stop placement order prohibiting admissions may be recommended.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a stop placement order prohibiting admissions, pending completion of an inspection or investigation, is warranted.
 - d. Upon consultation with the CS, notify the entity verbally of the stop placement order prohibiting admissions before the SOD and notice letter is sent out.
 - 1) Once the entity has been notified, notify Home and Community Services (HCS), Developmental Disabilities Administration (DDA) and the Ombuds of the stop placement order prohibiting admissions as appropriate.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition on the license may be immediately recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) A stop placement order prohibiting admissions to the entity is necessary to protect residents while the entity is correcting the deficiency(ies).
 - c. Obtain the Compliance and Enforcement Unit Manager's approval to impose a stop placement order prohibiting admissions.
 - d. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of the stop placement order prohibiting admissions to be imposed must be made within 10 WDs of the LDDC.
 - e. In an emergency or when an immediate threat of harm exists, direct the FM notify the entity verbally to confirm stop placement order prohibiting admissions is imposed pending completion of an inspection or investigation. Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity’s ability to provide care and services is seriously limited; and
 - 3) A stop placement order prohibiting admissions to the entity is necessary to protect residents while the entity is correcting the deficiency(ies).
 - 4) The stop placement order prohibiting admissions recommendation corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov.
2. The CS will:
 - a. Review the SOD to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS’s electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to the Compliance AA3.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as the 10 WDs deadline approaches.

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- g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
- h. Provide the FM with a copy of the final enforcement notice letter.
- i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- k. Complete any necessary data entry in STARS.
- l. Enter the relevant information into the enforcement tracking tool.

Action After Stop Placement Is In Effect

1. The FM will:
 - a. Approve readmissions of residents on an ‘exception’ basis and document by updating the stop placement log for approvals and disapprovals.
 - b. Notify the Unit AA3 about the stop placement order prohibiting admissions so they can appropriately alert the FM to requests for readmissions.

Removal of a Stop Placement Order Prohibiting Admissions

1. The Licensor/CI will:
 - a. Conduct a follow-up visit within 15 WDs of the entity’s alleged compliance date to verify correction of violations that warranted the enforcement remedies.
 - b. Determine if the findings that jeopardized the health, safety and welfare of residents or seriously limited the entity’s ability to provide care and services have been removed and systems are in place to support continued compliance.
 - c. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to have been corrected, meet with the FM to recommend lifting the stop placement order prohibiting admissions.
 - d. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to **not** be in compliance, consult with the FM to determine if another SOD should be written, or some other action taken.

Note: The follow-up visit CD in STARS will generate a lift notice if back in compliance or will continue or amend the remedy if determined to not be in compliance.

- e. Complete any necessary data entry in STARS.

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2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the stop placement order prohibiting admissions and exhibits the ability to maintain continued compliance.
 - 1) Following approval from the CS, notify the entity the stop placement order has been lifted.
 - b. Consult with the CS as needed.
3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Modify or lift the stop placement order prohibiting admissions.
 - 2) Discuss the reason for modification or lift with the FM who will review the modifications with the Licensor/CI.
 - c. If needed, obtain the Compliance and Enforcement Unit Manager's final approval to lift the stop placement order prohibiting admissions.
 - d. If it's determined the stop placement order prohibiting admissions is lifted, notify, and provide details to the Compliance AA3 to draft a lift stop placement order letter.
 - 1) Review draft lift stop placement letter.
 - 2) Electronically sign the PDF version of the letter.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift stop placement order letter identifying the entity has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift stop placement order letter is ready for review.
 - c. Once approved by the CS, post the draft lift stop placement order letter in the corresponding follow-up visit CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft lift stop placement order letter to PDF format and prepare it for the CS's signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Within 10 WDs of the LDDC of the follow-up visit, send the finalized (signed) lift stop placement order letter via eFax (preferred method) or certified mail.
 - g. Provide the FM with a copy of the lift stop placement order letter.
 - h. Send an electronic copy of the final (signed) lift stop placement order letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized lift enforcement letter within 24 hours of the entity receiving these documents from RCS.

 - i. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
 - j. Complete any necessary data entry in STARS.
 - k. Enter the relevant information into the enforcement tracking tool.

D. [ESF License Revocation](#)

Purpose

To provide RCS staff with consistent direction for revoking an ESF license when the entity has:

1. Demonstrated an inability to comply with the regulations, or
2. Shown limited ability to safely operate the facility and residents are at risk.

Procedure

1. Revocation of a license may be recommended as authorized by law including but not limited to the ESF's:
 - a. Failure or refusal to comply with statutes and regulations that result in jeopardizing the health and safety of residents and the ESF's ability to provide care and services is seriously limited.
 - b. Operation of an ESF without a license or under a revoked or suspended license.
 - c. Knowingly, or with reason to know, making a false statement of a material fact on an application for license or in any matter under investigation by the department; or
 - d. Willful prevention, interference with, or attempt to impede in anyway, any inspection or investigation conducted by the department.
2. The department will consider the ESFs history of recurring and/or uncorrected violations of statutes and regulations that are similar to current violations when recommending the revocation of the license and to impose a stop placement.
3. The FM and RA will consult with the Compliance and Enforcement Unit Manager and CS on possible revocations.
4. The department will notify the ESF as soon as possible about the intention to revoke a license via personal service if possible or phone if not possible, and approved delivery including SOD and enforcement letter within 10 WDs of the last date of data collection (LDDC).
5. The licensee will have an opportunity to appeal a SOD and/or imposition of remedies through the department's IDR process.
6. The licensee will have an opportunity to appeal the revocation of a license and a stop placement order prohibiting admissions through the state administrative hearing process.
7. The license revocation is effective 28 calendar days after the ESF receives written notice about the revocation with a Final Revocation notice unless the entity files an appeal before the effective date. If an appeal is filed within the allowed time, the revocation of a license will not take effect until the appeal is dismissed or a final order has been entered in the administrative hearing process.
8. A POC attestation is NOT requested when a decision has been made to do a License Revocation.

On-site Data Analysis Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The Licensor/CI will:
 - a. Complete the inspection/investigation.
 - b. Notify the FM immediately if findings jeopardize the health and safety of residents or seriously limit the ESF's ability to provide care and/or services.
 - c. Critically analyze documented findings to verify completion of thorough data collection.
 - d. Confirm that the documentation answers pertinent questions (i.e., who, what, when, where, how, and why) regarding possible deficient practices and related findings.
 - e. Determine the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficient practice(s).
 - f. Obtain a list of residents, family/legal representative names, addresses and telephone numbers to facilitate timely notification of possible departmental action.

Off-site Data Analysis / Process Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The Licensor/CI will:
 - a. Consult with the FM immediately if there are findings that demonstrate the residents' health and safety are jeopardized.
 - b. Document deficiencies on the SOD that:
 - 1) Jeopardize the health and safety of residents; or
 - 2) Seriously limit the ESF's ability to provide care including pertinent recurring or uncorrected violations since the date of initial licensure.
 - c. Enter the SOD into STARS and forward the confidential identifier list (when warranted) to the FM within four WDs of the LDDC.
 - d. Meet with the FM and review the completed SOD.
 - e. Make sure information is accurately, completely, and appropriately entered in STARS.

Action Related to Recommendations to Revoke a License and Impose a Stop Placement Order

1. The FM will:
 - a. Consult with the Licensor/CI immediately if there are findings that demonstrate the health and safety of the residents is jeopardized.
 - b. Notify the RA and the CS immediately when there is any situation involving serious risk of harm, citations are recurring or uncorrected and/or when revocation of the license and stop placement order may be recommended.
 - c. When an immediate stop placement or condition is recommended pending a revocation decision and upon approval of the CS and Compliance and Enforcement Unit Manager, notify the ESF of the imposition of the action effective immediately.

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- d. Verify that the enforcement letter has the correct licensee's name, address, license number, dates, and that the RCW and WAC violations coordinate with the SOD.
2. The CS will:
 - a. Consult with the Compliance and Enforcement Unit Manager immediately if there are findings that demonstrate:
 - 1) A serious threat to the life, health or safety of residents exists; and
 - 2) The ESF's ability to provide care or services is seriously jeopardized, and
 - 3) Revocation of a license and stop placement order are necessary to protect residents.
 - 4) If the situation is imminent and immediate action is necessary, consult with the RA and FM for the facility to develop a written safety plan for residents.
 - b. Consult with the Compliance and Enforcement Unit Manager and the Assistant Attorney General (AAG) to review the SOD and agree upon the decision to revoke a license and impose a stop placement within 10 WDs of the LDDC.
 - c. Notify the FM and RA of the final decision and request that the FM confirm by telephone, the initiation of the revocation of a license and stop placement order prohibiting admissions with the ESF (and HCS, DDA, and others as appropriate).

Action on SOD

1. The FM will:
 - a. Review, edit, and approve the SOD to determine accuracy, adequacy, clarity, thoroughness, and timeliness of the submission of the revocation of a license and stop placement order recommendations.
 - b. Review the SOD to ensure the documents do NOT contain a request for a POC.
 - c. Verify the following:
 - 1) The deficiency citation(s) demonstrate findings that show:
 - a) A serious threat to the life, health or safety of residents exists; and
 - b) The ESF's capacity to provide care or services is seriously jeopardized; and
 - c) Revocation of a license and stop placement order are necessary to protect residents.
 - 2) The recommendations to impose a stop placement order prohibiting admissions and revoke a license corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s) and correlate with statute(s) or regulation(s) cited.
 - 3) The correct legal requirement (WAC/RCW) is identified for the recommended enforcement remedies.
 - d. Accept the SOD as submitted or modify or delete any portion. FMs will review changes in the license revocation and stop placement order recommendation with the Licensor/CI.
 - e. Notify the CS through STARS that the SOD is ready for review within six WDs of the LDDC.

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- f. Send the signed page of the SOD and confidential identifier list (when warranted) to RCSCComplianceUnit@dshs.wa.gov.
 - g. Following the decision to revoke a license and impose a stop placement order, coordinate with the CS on approved delivery service and personal delivery (when there are residents in the facility) of the SOD, confidential identifier list (when warranted) and enforcement letter to the ESF.
2. The CS will:
- a. Review the SOD to determine if a sufficient basis exists to approve the enforcement remedy recommendation.
 - b. Accept the recommendation to revoke a license and impose a stop placement order or modify or delete any portion. Discuss the reason for the modification or deletion with the FM who will review changes with the Licensor/CI.
 - c. Ensure coordination of the personal service delivery or approved delivery of the SOD, confidential identifier list (when warranted), and enforcement letter to the ESF within 10 WDs of the LDDC. The letter should include:
 - 1) The initiation of the license revocation and imposition of a stop placement order prohibiting admissions.
 - 2) The effective date of both actions; and
 - 3) Information regarding IDR and hearing rights.
 - d. Direct the Compliance AA3 to send copies of the final SOD with applicable enforcement letter(s) to the FM, RA and AAG.
 - e. Ensure Compliance AA3 notifies applicable parties (i.e., AAG, HCS, DDA, Ombuds, etc.) about enforcement remedies initiated, via mail or e-mail distribution of applicable enforcement letter(s) and the SOD.
 - f. The Final Revocation notice will notify the Business Analysis and Applications Unit (BAAU) and Business Operations and Analysis Unit (BOAU) to process closures in systems and Management Services Division (MSD) to terminate the ESF's Medicaid contract unless a hearing is requested within 28 calendar days.

Action For On-Site Related to License Revocation

1. The FM will prepare two packets of information:
 - a. Packet A will be distributed to the provider, including an extra copy for the department to have a record of what was given to the provider. The extra copy will include a signature line for the provider to acknowledge receipt.
 - 1) Packet A includes the SOD, copies of the formal notice letter, confidential identifier list and business cards.
 - 2) The FM will bring enough business cards to give to the entity representatives and to residents or their representatives.

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- b. Packet B includes a resident notice of the revocation letter, a copy of the enforcement letter, and a copy of the Statement of Deficiency.

Note: Do **NOT** include a confidential identifier list with the copy of the SOD provided to residents and/or their representatives.

- 1) Distribute a copy of Packet B to residents and their family/representatives. Inform them of the closure and relocation.
- 2) If the family or resident representatives are not present on site, a copy should be sent to them.
- c. Assess the risk and determine if law enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and CS as needed.
- d. If possible, present the packets in person to the provider with the Licensor/CI who conducted the inspection/investigation.
- e. Advise the ESF about the findings that demonstrate that:
 - 1) The health and safety of residents is jeopardized; and/or
 - 2) Represent pervasive noncompliance with statutes or regulations.
- f. Discuss the enforcement notice and inform the entity of their hearing and IDR rights including when the revocation is final. Discuss stop placement. Assess the risk and determine if Law Enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and the Compliance and Enforcement Unit Manager as needed.
- g. Inform the ESF to contact the department when last resident is out of the facility and that this must be done by the 29th calendar day if not appealing the enforcement remedies.
- h. Instruct the ESF to provide the license to the department when the revocation is final.
- i. If the Licensee refuses to **sign receipt of documents** (not signature of agreement with SOD or action), note on the formal notice and SOD the documents were left with the provider and they chose not to sign.

Note: This must also be documented on the copy brought back to the office.

- j. Coordinate with HCS, DDA, mental health providers, as appropriate, and the Long-term Care Ombuds Program's (LTCOP's) office to notify residents, and family members/legal representatives about the initiation of the enforcement remedy(ies).
3. The Licensor/CI will:
- a. Assist the FM when presenting findings to the provider.
 - b. Talk to residents and let them know about the closure and relocation. Give all residents the letter, a copy of the SOD and a copy of the enforcement letter.
 - c. Compile the enforcement letter, a copy of the SOD and a copy of the enforcement letter for the unit AA3 to deliver to all legal representatives of the residents.

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Follow-Up Action

1. The FM will:
 - a. Follow-up to ensure all responsible parties were notified, for those the FM was unable to contact during the on-site facility notification or within the one-hour timeline.
 - b. Follow-up to ensure the resident notice of revocation letters are provided to the families and/or representatives within one working day of the initiation of the revocation.
 - c. Ensure the mandatory monitoring visit(s) are conducted up until the revocation becomes final.
 - d. Ensure all closure documents are sent to the BOAU once the revocation is final.
2. The BOAU will:
 - a. Request Management Services Division (MSD) terminate the entity's Medicaid contract within 20 calendar days once the revocation is final.

E. [ESF Summary Suspension](#)

Purpose

Summary Suspension of a license may be recommended when an entity fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of residents; and/or
2. Seriously limits the entity's ability to provide care and services.

A summary suspension **includes** a [stop placement order prohibiting admissions](#) and [revocation of a license](#). This remedy may be recommended when:

1. Violations are serious, or are pervasive, or are recurring, or are uncorrected in the past 36 months; and
2. Summary suspension is necessary to protect the safety, health, and well-being of the residents.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the summary suspension is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of a Summary Suspension on a License

1. The Licensor/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of residents, including but not limited to, serious physical harm to or death of a resident; or
 - 2) Demonstrated the entity's ability to provide care or services is seriously limited; and
 - 3) A summary suspension of a license is necessary to protect residents.
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a resident; or
 - 2) A serious threat to the life, health or safety of a resident exists including information about pertinent recurring or uncorrected deficiencies in the past 36 months.

Note: The SOD must be submitted to the FM within **two WDs** of the LDDC.

- c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.

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- d. Obtain a list of residents, family/legal representatives' names, addresses and telephone numbers to facilitate timely notification of possible departmental action.
 - e. If the licensee is a multiple entity provider, make a referral to the Complaint Resolution Unit (CRU) for each of the provider/licensee's other facilities in order to initiate the investigative process.
2. The FM will:
- a. Be available to the Licensor/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a summary suspension of a license may be recommended.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a summary suspension and stop placement, pending completion of an inspection or investigation, is warranted.
 - d. Upon direction of the CS, direct the Licensor/CI to notify the entity via personal service of the **NOTICE OF SUMMARY SUSPENSION** letter before the SOD and notice letter is sent out to enable immediate removal of residents.
 - 1) Once the entity has been notified, notify the resident(s) and legal representative(s) that the department has initiated a summary suspension.

Note: Unless there are extenuating circumstances, notification to residents and their legal representatives must occur **within one hour** once the enforcement decision is made.
 - 2) Notify HCS, DDA and the Ombuds of the summary suspension and possible revocation of the license as soon as possible, as appropriate. If the licensee is a multiple entity provider, that information will be shared with HCS and/or DDA. (Refer to 'Facility Closure' when coordinating with other administrations that provide case management services.)

Note: Unless there are extenuating circumstances, notification to HCS and/or DDA must occur within eight hours once the enforcement decision is made.
 - 3) Follow up with an amended notice of summary suspension, license revocation and stop placement within three WDs.
 - 4) Ensure any additional notifications to other investigative entities have been made as applicable.
3. The CS will:
- a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when summary suspension is recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:

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- 1) The health, safety and welfare of residents is jeopardized, including but not limited to, serious harm to or death of a resident has occurred; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) A summary suspension of a license is necessary to protect residents.
- c. Consult with the Compliance and Enforcement Unit Manager:
 - 1) To determine if the situation is imminent and, if necessary, develop a safety plan for residents.
 - 2) If the summary suspension occurs on a Friday afternoon or after hours.
 - d. Consult with the AAG's Office to ensure the decision is not in conflict with state or federal rules or laws and identify timeframes to close the facility based on the situation.
 - e. Obtain the Compliance and Enforcement Unit Manager's final approval and decision to proceed with the summary suspension within three WDs or sooner of the LDDC.
 - f. In an emergency or when an immediate threat of harm exists, direct the FM notify the entity of the initiation of the suspension and revocation of a license and immediate stop placement order prohibiting admissions. Follow up written communication will follow within three WDs.

Review and Approval of SOD

1. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) The summary suspension is necessary to protect residents.
 - 4) The summary suspension recommendation corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 5) The correct legal requirement (WAC and/or RCW) is identified for each citation.
 - 6) The document does not contain a request for a POC.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Licensor/CI.
 - e. Approve and send the e-signed cover letter, SOD, and confidential identifier lists to RCSCComplianceUnit@dshs.wa.gov within **two WDs** of the LDDC.
 - f. Following the Compliance and Enforcement Unit Manager's, FM's, and RA's decision to summarily suspend the license, coordinate with the CS and Licensor/CI before directing the Licensor/CI personally serve the SOD, confidential identifier list (when warranted), and enforcement letter to the entity.

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2. The CS will:
 - a. Review the SOD with the AAGs Office to determine if sufficient evidence exists upon which to initiate enforcement remedies.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - d. Coordinate with the field office, or FM, personal service delivery or other approved delivery system of the SOD, confidential identifier list (when warranted), and enforcement letter (if completed) to the entity within **three WDs** of the LDDC.
 - e. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - f. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - g. Electronically sign the PDF version of the enforcement notice letter, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Request the FM to electronically sign the SOD and provide the signed SOD and confidential identifier lists, when applicable, to RCSComplianceUnit@dshs.wa.gov.
 - 1) Notify the CS if the signed SOD and confidential identifier list are not received from the FM in a timely manner as 10 WDs deadline approaches.
 - g. Issue the enforcement notice letter, SOD cover letter, SOD, and confidential identifier lists to the entity via eFax (preferred method) or certified mail within 10 WDs of the LDDC.
 - h. Provide the FM, RA, and AAG with a copy of the final enforcement notice letter.
 - i. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.
 - j. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
 - k. Complete any necessary data entry in STARS.
 - l. Enter the relevant information into the enforcement tracking tool.

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Action For On-Site Related to Summary Suspension

1. The FM will prepare two packets of information:
 - a. Packet A will be distributed to the provider, including an extra copy for the department to have a record of what was given to the provider. The extra copy will include a signature line for the provider to acknowledge receipt.
 - 1) Packet A includes the SOD, copies of the formal notice letter, confidential identifier list and business cards.
 - 2) The FM will bring enough business cards to give to the entity representatives and to residents or their representatives.
 - b. Packet B includes a resident notice of the summary suspension letter, a copy of the enforcement letter, and a copy of the Statement of Deficiency.

Note: Do **NOT** include a confidential identifier list with the copy of the SOD provided to residents and/or their representatives.

- 1) Distribute a copy of Packet B to residents and their family/representatives. Inform them of the closure and relocation.
 - 2) If the family or resident representatives are not present on site, a copy should be sent to them.
 - c. Discuss the enforcement notice and inform the entity of their hearing and IDR rights including when the revocation is final. Discuss stop placement. Assess the risk and determine if Law Enforcement (LE) needs to be present on-site when delivering the enforcement remedy notice. Consult with the RA and the Compliance and Enforcement Unit Manager as needed.
 - d. With Medicaid funded residents, the HCS and/or DDA staff will notify the FM when the last resident is moved out of the facility and the new locations for each resident.
 - e. With private pay residents, the FM will remain in the facility and coordinate with other department resources (HCS, DDA) to assist with placement until the last private pay resident is moved out of the facility.
 - f. If residents cannot be relocated from the facility in a timely manner, residents should be admitted to the hospital.
 - g. The FM or designee will remove the license from the entity after the last resident is moved from the site and take the license to the field office for filing.
 - h. If the Licensee refuses to sign receipt of documents, document on the formal notice and the SOD the documents were left with the entity and the Licensee chose not to sign it.

Note: This must also be documented on the copy brought back to the office.

- i. Notify the Long-Term Care Ombuds' (LTCO's) office of the summary suspension as appropriate.
2. The Licensor/CI will:
 - a. Talk to residents who are cognitively aware and let them know about the closure and relocation. Offer all residents and/or their representatives a copy of the Summary Suspension letter.

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Follow-Up Action

1. The FM will:
 - a. Follow-up to ensure all responsible parties were notified, for those the FM was unable to contact during the on-site facility notification or within the one-hour timeline.
 - b. Follow-up to ensure the resident notice of summary suspension letters are provided to the families and/or representatives within one working day of the initiation of the summary suspension and revocation.
 - c. Ensure the mandatory monitoring visit(s) are conducted up until the summary suspension becomes final.
 - d. Ensure all closure documents are sent to the BOAU once the summary suspension is final.
2. The BOAU will:
 - a. Request Management Services Division (MSD) terminate the entity's Medicaid contract within 20 calendar days once the summary suspension is final.

F. [ESF Temporary Manager](#)

Purpose

If the Department determines that the health or safety of residents is immediately jeopardized as a result of the facility's failure or refusal to comply with requirements of this chapter, the Department may appoint an individual or entity as the temporary manager to:

1. Oversee the operation of the facility; and
2. Ensure the health and safety of the facility's residents while:
 - a. Orderly closure of the facility occurs; or
 - b. The deficiencies necessitating temporary management are corrected.

The purposes of the temporary management program are to complete one or more of the following:

1. Mitigate dislocation and transfer trauma of residents while the department and licensee may pursue IDR or appeal of a summary suspension of license.
2. Facilitate the continuity of safe and appropriate resident care and services.
3. Protect the health, safety, and welfare of residents, by providing time for an orderly closure of the facility, or for the deficiency(ies) that necessitated temporary management to be corrected; and
4. Preserve a residential option that meets a specialized service need or is in a geographical area that has a lack of available providers.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of the enforcement remedy via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information); and/or
2. Contest imposition of the enforcement remedy via the administrative hearing process.

Imposition of the remedy is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Determining Need for Temporary Manager

1. The CS will:
 - a. Obtain compliance history of the facility and review the current SOD report that supports the entity's inability to ensure resident health and safety.
 - b. Consult with the Compliance and Enforcement Unit Manager or designee regarding significant non-compliance necessitating significant enforcement such as [Stop Placement](#), [License Revocation](#) and/or [Summary Suspension](#).
 - c. Provide the Compliance and Enforcement Unit Manager the list of approved temporary managers and initiate calling names on the approved list to determine their availability to serve as a temporary manager for the Department.

- d. Prepare the summary suspension letter to include the options that they may request to volunteer to participate in the temporary management option while they appeal the summary suspension. The Compliance and Enforcement Unit Manager has discretion to allow that option based on the provider's performance and the nature of the current non-compliance.
 - e. If the entity indicates via timely letter to the Department that they would like to use the voluntary temporary management option, prepare a letter for the provider outlining all the RCW and WAC licensing requirements that must be met before the department can consider approving the temporary manager that the provider has selected.
 - f. Arrange a meeting (face-to-face is the preferred method) with the Temporary Manager and at a minimum the RCS Director, AAG, RA, FM, Compliance and Enforcement Unit Manager and the CS to discuss expectations and arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the closure process or during the time the entity is implementing their POC.
 - g. Serve as the Temporary Manager's point of contact during the duration of the Temporary Manager's contract.
 - h. Ensure, at a minimum, the following documents are received and placed in the files:
 - 1) Contract/agreement between the entity and the temporary manager which addresses the following:
 - a) Provision of liability insurance to protect residents and their property.
 - b) Preservation of resident trust funds.
 - c) The timely payment of past due or current accounts, operating expenses, including but not limited to, staff compensation, and all debt that comes due during the period of the temporary management.
 - d) The responsibilities for addressing all other financial obligations that would interfere with the ability of the temporary manager to provide adequate care and services to residents; and
 - e) The authority of the temporary manager to manage the facility, including the hiring, managing, and firing of employees for good cause, and to provide adequate care and services to residents.
 - 2) Notification letter to the residents and families that a temporary manager has been placed, including notice that residents may move from the facility without notifying the licensee in advance, and without incurring any charges, fees, or costs otherwise associated with insufficient advance notice.
 - 3) Copy of the incident report submitted to the DSHS Secretary.
2. The RA will:
 - a. Complete and coordinate the incident report for the DSHS Secretary.
 - b. Notify the State and/or local Ombudsman of the action the entity is taking to place the temporary manager and offer the Ombudsman the opportunity to be present at the resident meeting announcing the temporary management action to residents and families that may be present, as well as staff.

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- c. Ensure that HCS is aware of the temporary manager action and offer the opportunity to be present at the resident meeting announcing the temporary management action.
- d. Personally deliver the notice letter placing the temporary manager at the given facility.

Note: The FM should accompany the RA when delivering the notice.

- e. Attempt to coordinate the delivery of the notice letter appointing the temporary manager with the selected temporary manager present so they can be introduced.
- f. Create a letter to give to the residents and families notifying them of the placement of a temporary manager.
- g. Together with the temporary manager (when possible), hold a meeting with residents and their representatives about the enforcement actions and deliver the Resident and Family notice letters to the residents and families present.

Note: It will be the responsibility of the temporary manager to ensure that each resident and family member are mailed a copy of the notice letter appointing the temporary manager.

- h. Following the meeting with residents and their representatives, together with the temporary manager (when possible) hold a meeting with staff about the enforcement remedies.
- i. Answer questions from residents, families and staff about the process and the next steps.

Recruiting a Temporary Manager

The Department has authority to recruit individuals, partnerships, corporations, and other entities interested in serving as a temporary manager or receiver.

1. The Department will:
 - a. Maintain an approved list of temporary managers within the RCS Director's office.
 - b. Require the interested applicants to be subject to the criteria for licensees found in RCW and WAC as applicable.
 - c. Not appoint or approve a person or corporation that has been the licensee, administrator, or partner, officer, director, managing employee or owner of five percent or more of the license subject to the temporary management or has been affiliated with the entity subject to temporary management or has owned or operated a facility ordered into temporary management in any state.
 - d. Approve the voluntary temporary managers for entities that opt to voluntarily participate in the program when their license has been suspended.
 - e. Limit the voluntary temporary management period to 28 calendar days after issuance of the formal notification of enforcement remedies or conclusion of administrative proceedings, whichever date is later.

Note: Nothing in this section precludes the department from revoking its approval of the temporary management and/or exercising its enforcement authority under this chapter.

Appointing and Contracting a Temporary Manager

1. The RCS Business Operations and Analysis Unit (BOAU) will:
 - 1) Prepare a contract between the department and the temporary manager, in coordination with the Aging and Long-term Support Administration (AL TSA) contracts unit.
 - 2) Ensure at a minimum the following documents are prepared for signature (as applicable)
 - 1) ALTSA Contract Request and Approval Form (CRA).
 - 2) Performance Based Contract Check List.
 - 3) [Program Services Risk Assessment Worksheet](#).
 - 4) DSHS Client Service Contract with Exhibit A Special Terms and Conditions Statement of Work complete.
- Note: The contract is generated by the DSHS MSD. The Statement of Work is negotiated with the temporary manager and the RCS Director but filled out by the CS.
- 5) Notice letter for the entity appointing the Temporary Manager and notifying them of all enforcement remedies if no previous notice has been sent to the facility with the SOD report.
 - 6) Letter to the Temporary Manager giving them authority over facility operations.
 - 7) Letter to Vendors to request continued service under the temporary manager.
 - 8) Blank A-19-1A form for department or temporary manager to fill out regarding being paid or reimbursed for resident services and facility staff services such as payroll, as well as other legitimate needs for the continued safe care of residents in the facility.
- 3) Funding:
 - 1) When the department appoints a temporary manager, the costs associated with the temporary management are paid by the department. All funds must be administered according to department procedures.
 - a) The department may enter into an agreement with the licensee allowing the licensee to pay for some of the costs associated with a temporary manager appointed by the department.

Note: If the department has not appointed a temporary manager and the licensee elects to participate in the temporary management program, the licensee is responsible for all costs related to contracting with the temporary manager and administering the temporary management program.

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Monitoring Temporary Manager Placement

1. The FM will:
 - a. Ensure that the Licensor/CI is monitoring the entity by conducting monitoring visits.
 - b. Ensure that any reports of significant new or on-going health and safety concerns under the temporary manager are immediately brought to the attention of the Compliance Unit and the RA and reported to CRU as required by mandatory reporting laws.
 - c. Move forward with the closure process once notified by the temporary manager the last resident has been discharged from the entity's care.
2. The Licensor/CI will:
 - a. Monitor the entity and give a written report to the FM about the health and welfare of residents, noting any safety concerns.
 - b. Report any critical health and safety concerns immediately to the FM, and report to CRU as required.
 - c. Report to the FM the progress that the entity is making to correct the cited deficiencies if this is situation where the licensee has the possibility of regaining operations of the facility.
 - d. Report to the FM the number of residents who still remain under the entity's care as the entity transfers the residents during closure process. See section titled '[Facility Closure](#)' for more information.
 - e. Gather information from the temporary manager regarding where the residents were transferred and the date of the transfers.
 - f. Request the temporary manager notifies the department when the last resident is discharged.
 - g. Following this action, the Director, Compliance and Enforcement Unit Manager, the CS, RA, FM, and AAG as appropriate will meet and debrief.

G. [ESF Facility Closure](#)

Purpose

There is likelihood of a need for quick turnaround when closure of an entity is required. It is important that RCS, HCS, and DDA prepare and maintain a protocol that expedites efficient and effective communication between compliance staff, RAs, supervisors, and field staff. Before any action is taken, preliminary communication should begin by RCS contacting HCS and/or DDA depending on the resident population currently residing in the facility.

Preliminary communication should begin as soon as possible between the FM and HCS and/or DDA supervisors or their designee in the respective region when there is any potential [summary suspension](#) and [revocation of a license](#). In high profile cases, the RA will notify the HCS/DDA RA.

Note: In instances of [Summary Suspension](#) being imposed, unless there are extenuating circumstances, notification to HCS and/or DDA must occur within eight hours once the enforcement decision is made.

Procedure

1. The FM will:
 - a. Report to HCS and/or DDA staff the possible enforcement remedies likely to be taken.
 - b. Communication will include:
 - 1) The need for confidentiality to prevent disclosure of any information by any DSHS staff to providers, residents, and resident representatives until the entity has been formally notified of the summary suspension and/or revocation of license.
 - 2) Issues that led to the enforcement remedy, including but not limited to:
 - a) The specific situation that led to the potential action.
 - b) HCS/DDA staff will present any alternatives (e.g., if moving one resident changes the situation from a summary suspension to a revocation).
 - c) Sharing of weekend/after hour contacts when there is a need for RCS to conduct weekend or after business hours monitoring.
 - 3) When discussing the likelihood of relocation of residents, address the following:
 - a) Case management activities that need to occur prior to RCS's formal notification of enforcement to the provider and residents.
 - b) Identify any barriers, variables or circumstances that may change the direction of the actions taken.
 - c) Identify any concerns related to the provider, residents and/or families. Plan accordingly when there may be a need for LE back up.

- 4) Identify department staff to be included in the process (RCS, HCS, and DDA), including who will need to be onsite on the day of closure/notification:
 - a) RCS will identify the staff who will issue the formal notice of summary suspension and revocation of licensure.
 - b) HCS/DDA will identify staff who will assist residents with relocation, based on the number of residents, location of facility, and any safety concerns.
 - c) All staff will exchange cellular telephone numbers in case they need to contact each other.
- 5) Discuss the timelines for:
 - a) RCS timeline for personal delivery of the formal notice of the summary suspension and revocation of licensure to the licensee, followed by resident and family notifications.
 - b) HCS/DDA timeline for lining up new/potential providers for resident transfers.
2. In coordination with RCS, HCS/DDA may start the internal relocation process prior to the actual enforcement remedy (e.g., identify potential locations that have beds available in case residents need to relocate due to enforcement).
3. FM will inform Behavioral Health Organizations (BHOs) when any enforcement remedy impacts their clients.

Official Provider Notification – See [Summary Suspension](#) for process steps

Official provider notification should occur as early in the day as possible, understanding that the process of moving residents and coordination of the move is likely to take more than eight hours. Whenever possible, the notification should occur in the morning hours. RCS will coordinate with HCS/DDA and provide as much advanced notice for prep time for relocation of residents unless the enforcement remedy requires immediate summary suspension of operations to protect residents during an investigation (e.g., meth lab, rape). When possible, enforcement remedies or notice will not occur late in the afternoon or on a holiday.

RCS/HCS/DDA staff will coordinate arrival to the facility together at the same time. HCS/DDA staff will not enter the facility prior to arrival of RCS staff. Should this not be feasible, RCS staff will not leave until HCS/DDA staff arrive at the facility and get the relocation process communicated to residents and the provider.

After The Action

Debriefing will be scheduled by regional RCS/HCS/DDA staff as needed to discuss what went well and what could have gone better.

Part IV: [Intermediate Care Facilities for Individuals with Intellectual Disabilities \(ICF/IID\)](#)

Background

DSHS has facilities designated to participate in the ICF/IID federal Medicaid program. These facilities are required to meet federal Conditions of Participation (COP) when providing services to individuals with intellectual disabilities. There are nine COPs. RCS regulates eight COPs and the Office of the State Fire Marshal (OSFM) regulates one COP: Emergency Preparedness. The RCS regulated COPs are identified under [42 CFR § 483.420-460](#) and federal citation tags:

- W102 – Governing Body,
- W122 – Client Protections,
- W158 – Facility Staffing,
- W195 – Active Treatment,
- W266 - Client Behavior and Facility Practices,
- W318 – Health Care Services,
- W406 – Physical Environment, and
- W459 – Dietetic Services.

Compliance with all COPs, found in [42 CFR § 483, Subpart I](#), is required for certification.

ICF/IID certification/recertification/complaint deficiencies have several levels:

- Standard level citations
- COP level citations
- Immediate Jeopardy (IJ) level of deficiencies

The State Agency (SA) DSHS RCS conducts surveys and complaint investigations to determine compliance with federal requirements for Medicaid certified ICF/IIDs participating in the [Medicaid Title XIX](#) ICF/IID program.

The State Medicaid Agency (SMA) Health Care Authority (HCA) has the authority to impose enforcement remedies, including termination and alternative sanctions.

State Operations Manual (SOM) [Chapter 3, section 3005E](#) provide Medicaid regulations for terminations, and for ICFs/IID cancellations, but do not describe the implementing procedures. Each SMA has procedures for terminating agreements with ICFs/IID when they are not in substantial compliance with program requirements. In any Medicaid-only noncompliance situation, the SA initiates the action, prepares the necessary documents, and forwards them to the SMA, which has responsibility for the termination, nonrenewal, or cancellation of the agreement. In this case, the SMA notifies CMS and the public of its action and affords the facility notice and opportunity for a hearing before an Administrative Law Judge (ALJ) prior to termination.

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A. [ICF/IID Notification of Enforcement to Health Care Authority \(HCA\)](#)

There are two circumstances that require a notification, IJ level of deficiencies and COP level citations may result in a termination track and requires RCS to notify HCA to make an enforcement determination. (See '[HCA Notification](#)' section below.)

Note: The STARS enforcement page is *not used* for ICF/IID enforcement since it is the SMA, HCA, which imposes the enforcement.

B. [ICF/IID Immediate Jeopardy \(IJ\)](#)

Termination of agreement occurs when the IJ is not abated/removed. If there is IJ to client health or safety, the HCA terminates the ICF/IID's provider agreement within 23 calendar days from the date of notice to the facility.

If, prior to the termination date, the facility removes the serious and immediate threat, but a COP is still not met HCA may extend the compliance deadline for up to 90 days.

[SOM Appendix Q, section IV](#) states "When the surveyor/survey team determines the entity's noncompliance has caused a serious adverse outcome, or has made a serious adverse outcome likely, and immediate action is needed to prevent serious harm from occurring or recurring, the survey team must consult with their State Agency (SA) for confirmation that IJ exists and seek direction."

1. [IJ Protocol Initiated](#) - Procedure

- a. The Survey Team will:
 - 1) Use applicable tasks, protocols, and guidance from the [SOM](#) and relevant [Appendix Q](#) subparts to establish that the provider is out of compliance with one or more of the federal health, safety, and/or quality regulations.
 - a) Team lead will notify and consult with the Field Manager (FM) when concerns are identified by surveyors that suggest an IJ.
 - b) Consult with FM to complete the [IJ template](#).
 - c) Participate in conference call(s) with the survey team and the CS, as needed.
- b. The FM will:
 - 1) When concerns and/or triggers are identified that suggest an IJ exists and the [IJ protocol](#) is initiated, they must consult with the Compliance Specialist (CS) and the Regional Administrator (RA)/Field Services Administrator (FSA).
 - a) The FM will schedule and conduct conference call(s) with the survey team, the CS, and the Compliance and Enforcement Unit Manager to review the [IJ template](#).

2. [IJ Determined](#) - Procedure

- a. The Survey Team will:
 - 1) Complete the CMS-2567, Statement of Deficiencies (SOD).
- b. The FM will:
 - 1) Provide the completed IJ template to CMS (See '[CMS Notification](#)' section for more information) and HCA.

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- 2) Notify following parties of confirmation of IJ:
 - a) Enforcement and Compliance Unit Manager
 - b) RCS Director
 - c) Regional ICF/IID staff (RA, FSA, FM)
 - d) HCA
 - e) CMS
- 3) Review draft IJ SOD with the CS.
- 4) Develop an IJ enforcement regulatory timeline with key dates.
- 5) Review the draft HCA notification, as requested with the CS.
- c. The CS will:
 - 1) Review the draft HCA notification, as requested, and communicate any changes to HCA.
- d. The Unit Administrative Assistant 3 (AA3) will:
 - 1) Send an electronic copy of the cover letter and SOD (CMS-2567) for the IJ to HCA.
 - 2) Send an electronic copy of the IJ Enforcement regulatory timeline with key dates to HCA.
 - 3) Review the draft HCA notification with the FM and CS, as requested.
 - 4) Ensure HCA enforcement notices and related documents are saved in the facility certification file.

IJ Monitoring and Tracking

1. The FM will:
 - a. Monitor IJ enforcement regulatory timeline with key dates for enforcement sanctions and/or termination.
 - b. Update the CS, as needed, with pertinent information including but not limited to, concerns about IJ removal, Plan of Correction (POC) status, revisit plans, outcome of revisit, etc.
 - c. Provide HCA with provider progress/status updates. Provide additional information, as needed.
 - d. Participate in an HCA and RCS consultation meeting, upon request, to include the CS.
 - e. Coordinate communication with the RA/FSA, as needed.
 - f. Forward any enforcement related requests for evidentiary hearing or appeal to HCA and the CS.
2. The CS will:
 - a. Be available for consultation with the FM and survey team to review the IJ removal plan to determine if it is acceptable.
 - b. Participate in HCA and RCS consultation meeting, upon request.
 - c. Coordinate communication and consultation with the Compliance and Enforcement Unit Manager, RA, the Assistant Attorney General (AAG), and/or other parties, as needed.
 - d. Monitor IJ enforcement regulatory timeline with key dates for enforcement sanctions and/or termination.
 - e. Notify the Compliance and Enforcement Unit Manager about any enforcement related requests for evidentiary hearing or appeal.
 - f. Be available as a liaison for consultation for any unusual circumstances.

C. [ICF/IID Condition of Participation \(COP\) Not Met](#)

Purpose

Termination of agreement or non-renewal when there is no IJ, or the IJ has been abated/removed, may occur when:

1. If, prior to the termination date, the facility removes the serious and immediate threat, but a COP is still not met, the state may extend the compliance deadline for up to 90 days.
2. When immediate jeopardy does not exist, the state terminates an ICF/IID's provider agreement no later than 90 calendar days from the finding of noncompliance if the facility does not meet the COPs.

The facility needs to submit a Credible Allegation of Compliance with a COP, in addition to their POC.

HCA and/or CMS may terminate more quickly as long as the regulatory requirements for notification of the public and facility are satisfied.

Procedure:

1. The Survey Team lead will:
 - a. Notify and consult with the FM when concerns are identified by surveyors that suggest a COP is not met.
 - b. Participate in conference call(s) with the survey team and the CS, as needed.
 - c. Complete the SOD (CMS-2567).
2. The FM will:
 - a. Notify and consult with the CS when Surveyors determine a COP is not met.
 - b. Route draft SOD to the CS.
 - c. The FM will schedule and conduct conference call(s) with the survey team and the CS, as needed.
3. The CS will:
 - a. Review the draft SOD to ensure it there is sufficient evidence to support COP criteria is not met.
4. The FM will:
 - a. Notify and consult with CMS (See section for '[CMS Notification](#)'), as needed.
 - b. Complete and approve SOD (CMS-2567).
 - c. Notify RA/FSA that a COP is not met.
 - d. Notify HCA that a COP is not met, and SOD is completed.
 - e. Develop unmet COP enforcement regulatory timeline with key dates.
5. The Unit AA3 will:
 - a. Send an electronic copy of the cover letter and SOD (CMS-2567) to HCA.
 - b. Send an electronic copy of the unmet COP enforcement regulatory timeline with key dates to HCA.

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Monitoring and Tracking Unmet COP:

1. The FM will:
 - a. Update the CS with pertinent information including but not limited to:
 - 1) POC status
 - 2) Credible Allegation of Compliance status
 - 3) Revisit plans and outcomes
 - b. Notify HCA of any updates, as needed.
 - c. Participate in an HCA and RCS consultation meeting, upon request.
 - d. Coordinate communication with the RA and/or FSA, as needed.
 - e. Review the draft HCA notification, as requested.
 - f. Monitor unmet COP enforcement regulatory timeline with key dates.
 - g. Forward any enforcement related requests for evidentiary hearing or appeal to HCA and the CS.
2. The CS will:
 - a. Be available to the FM/RA for communication about POC status, Credible Allegation of Compliance, revisit plans and outcomes.
 - b. Participate in an HCA and RCS consultation meeting, upon request.
 - c. Coordinate communication and consultation with Compliance and Enforcement Unit Manager, RA, AAG, and/or other parties, as needed.
 - d. Review the draft HCA notification, as requested.
 - e. Monitor unmet COP enforcement regulatory timeline with key dates.

D. [ICF/IID Alternative Sanctions/Additional Remedies](#)

In lieu of termination of agreement, according to the state plan amendment, the state may consider imposing one or more of the following sanctions if deficiencies do not immediately jeopardize the health and safety of individuals. The application of the alternative sanctions is in accordance with current state laws. With the exception of a Denial of Payment for New Admissions (DPNA), the timing and notice of the alternative sanctions begin on the date the facility receives the written notice and SOD. The facility has 60 calendar days from SOD receipt for the correction to be accomplished.

The state terminates an ICF/IID's provider agreement no later than 90 calendar days from the finding of noncompliance if the facility does not meet the COPs.

- A Directed Plan of Correction (DPOC)
- Directed In-Service Training
- State Monitoring
- Deny payment for new admissions (DPNA)
- Temporary management and receivership

E. [ICF/IID HCA Notification](#)

1. Follow notification process and send requested documents per HCA Medicaid Enforcement procedures.
2. HCA Medicaid Enforcement HCAMedicaidEnforcement@hca.wa.gov
 - a. Other designated HCA staff per agency request.

F. [ICF/IID CMS Notification](#)

1. Follow notification process in [SOM](#). Email address for CMS, Region 10: Mary.Lee@cms.hhs.gov
 - a. Other designated CMS staff per agency request.

Part V: [Nursing Homes \(NH\)](#)

A. [NH Licensee History Memo \(LHM\)](#)

Purpose

Each field office will complete Licensee History Memos (LHMs) for all surveys and complaint investigations resulting in citations at a scope and severity (S/S) level of D and above. This helps to establish a basis upon which enforcement remedies are taken in NHs and allows for consistent documentation of all enforcement remedies.

Procedure

LHM Documentation Process

1. Upon completion of the Statement of Deficiency (SOD) that includes citations at a S/S level of D and above the Surveyor/Complaint Investigator (CI) will:
 - a. Complete a LHM in the Aspen Central Office (ACO) system if enforcement remedy is recommended (see the [ACO Procedure Guide](#) for more information).
 - b. Review the completed SOD with the Field Manager (FM) following timelines defined in [SOP Chapter 18 – Across All Settings](#).
2. The FM will:
 - a. Review, edit and finalize the SOD and LHM within six working days (WDs) of exit date.
3. The Compliance Specialist (CS) will:
 - a. Review the SOD report and LHM.
 - b. Process the enforcement recommendation through the Secure Tracking and Reporting System (STARS).

B. [NH Conditions on a License \(State Remedy\); Directed Plan of Correction \(DPOC\) and Directed In-Service Training \(Federal Remedies\)](#)

Purpose

Condition(s) on the license, DPOC, and/or Directed In-Service Training may be recommended to facilitate correction of violations that are:

1. Serious, or are recurring, or are uncorrected in the past 15 months; and
2. Necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

Condition(s), DPOC, and/or Directed In-Service Training may include but are not limited to the following requirements:

1. Correction of violations within a specified time frame.
2. Training related to the deficiencies cited.
3. A limitation on the type of residents the entity can admit or serve.
4. Immediate development and implementation of a specific plan to address safety or environmental concerns, such as fire system failures.
5. Demonstration by the entity of its ability to meet financial obligation to continue to operate.

Condition(s), DPOC, and/or Directed In-Service Training must not be merely a restatement of the regulatory requirement, such as requiring the entity to follow their regulatory statutes. It is imposed as an *additional requirement* and must provide direction on steps the entity is required to take.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of one or more conditions on the license, DPOC, and/or Directed In-Service Training via the Informal Dispute Resolution (IDR) process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information), and/or
2. Contest imposition of one or more conditions on the license via the administrative hearing process.

Imposition of the condition(s) on the license is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Recommendation for Condition(s) on the License, DPOC, and/or Directed In-Service Training

1. The Surveyor/CI will:
 - a. Immediately notify the FM when an onsite visit has findings which present a situation where a condition, DPOC, and/or Directed In-Service Training is needed to address facility non-compliance.
 - 1) Determine which state and/or federal regulation(s) may be in violation.
 - 2) Follow directives from FM for further action.
 - b. Document serious or recurring or uncorrected deficiency citations following the process defined in [SOP Chapter 18 – Across All Settings](#).
2. The FM will:
 - a. Be available to the Surveyor/CI for consultation.
 - b. Notify the Regional Administrator (RA) and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition on the license may be immediately recommended.
 - c. Upon direction of the CS, notify the entity verbally of the condition(s), DPOC, and/or Directed In-Service Training before the SOD and notice letter is sent out.
 - d. Confirm the correct violation is used for the remedy being recommended.
3. The CS will:
 - a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm) and/or when a condition(s) on the license, DPOC, and/or Directed In-Service Training may be immediately recommended.
 - b. Acknowledge receipt of the enforcement remedy recommendation in STARS. Final approval and determination of the condition(s) on the license to be imposed must be made within 10 WDs of the exit.
 - c. In an emergency or when an immediate threat of harm exists (immediate jeopardy), direct the FM to notify the entity verbally that the license has one or more condition(s), DPOC, and/or Directed In-Service Training imposed pending completion of a survey or investigation. This may also include a [stop placement for new admissions](#). Follow up written communication may be sent for pending actions and must be sent with the final SOD.

Review and Approval of SOD

1. The FM will:
 - a. Accept the recommendation as submitted or modify or delete any portion.
 - b. Review any changes in the recommendation with the Surveyor/CI.
 - c. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).

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- d. Verify:
 - 1) The deficiency citation is serious *or* recurring *or* uncorrected and necessitates a condition on the license, DPOC, and/or Directed In-Service Training.
 - 2) The recommended condition(s), DPOC, and/or Directed In-Service Training that will be imposed corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 3) The correct legal requirement (F-tag, CFR, WAC and/or RCW) is identified for each citation.
2. The CS will:
 - a. Review the recommended condition(s), DPOC, and/or Directed In-Service Training to determine if sufficient evidence exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance Administrative Assistant 3 (AA3) to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. If approved request Compliance AA3 upload the notice letter in STARS for FM review.
 - f. Once approved by the FM ensure notice letter is loaded into the Automated Survey Processing Environment System (ASPEN) by the Compliance AA3 for the field to post.
 - 1) For enforcement notices letters outside of the ASPEN electronic plan of correction (ePOC) system (such as pending immediate jeopardy or stop placement), electronically sign the PDF (portable document format) version of the enforcement document notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding enforcement referral in STARS for the FM to review.
 - d. When notified the draft is approved, load the letter into ASPEN for the FM to post in the ePOC system.
 - 1) For enforcement notice letters outside of the ASPEN ePOC system (such as pending stop placement) convert the draft enforcement notice letter to PDF format and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature.
 - f. Send an electronic copy of the final (signed) enforcement notice letter to all parties listed in the "cc" section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

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- g. Upload the notice letter to the Public Disclosure and Discovery (PDD) folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- h. Complete any necessary data entry in STARS.
- i. Enter the relevant information into the enforcement tracking tool.

Lift or Continue Condition(s) on a License, DPOC, and/or Directed In-Service Training

1. The Surveyor/CI will:
 - a. Conduct a revisit when directed by the FM to make sure condition(s), DPOC, and/or Directed In-Service Training is being/are worked on or met.
 - b. If the deficiency corresponding to the imposed condition(s), DPOC, and/or Directed In-Service Training is determined to **not** be in compliance, consult with the FM, and write a SOD corresponding to the enforcement referral in STARS following the [Principles of Documentation \(POD\)](#).
2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the condition(s) on the license, DPOC, and/or Directed In-Service Training and the remedy is no longer required and recommend lifting the condition(s), DPOC, and/or Directed In-Service Training.
 - b. Notify the CS via STARS when the entity **has not** corrected the deficiency(ies) that necessitated the condition(s) on the license, DPOC, and/or Directed In-Service Training and determine the next action steps with the CS. Options could include a new SOD or an enforcement remedy to continue or amend the condition(s), DPOC, and/or Directed In-Service Training.
 - c. Consult with the CS as needed.
3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Lift the condition(s) from the license, DPOC, and/or Directed In-Service Training if back in compliance; or
 - 2) Continue or amend the condition(s), DPOC, and/or Directed In-Service Training if not back in compliance.
 - c. If it's determined the condition(s), DPOC, and/or Directed In-Service Training is/are lifted, notify, and provide details to the Compliance AA3 to draft a lift condition(s) letter.
 - 1) Review draft lift condition(s), DPOC, and/or Directed In-Service Training letter.
 - 2) Electronically sign the PDF version of the letter if not being sent through ePOC.
 - d. If the recommendation is to continue, amend or add an enforcement remedy, then process the recommendation and SOD via STARS enforcement page as a new referral.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift condition(s), DPOC, and/or Directed In-Service Training enforcement letter identifying the entity has met all requirements and the remedy will be discontinued.

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- b. Notify the CS when the draft lift condition(s), DPOC, and/or Directed In-Service Training letter is ready for review.
- c. Once approved by the CS, post the draft lift condition(s), DPOC, and/or Directed In-Service Training letter in the corresponding enforcement referral in STARS for the FM to review.
- d. When notified the draft is approved, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, convert the draft lift condition(s), DPOC, and/or Directed In-Service Training letter to PDF format and prepare it for the CS's signature.
 - 2) Notify the CS when the document is ready for their electronic signature.
- e. Within 10 WDs of the exit of the revisit, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, send the finalized (signed) lift letter via eFax (preferred method) or certified mail.
 - 2) Provide the FM with a copy of the lift enforcement notice letter if sent outside of the ePOC system.
- f. Send an electronic copy of the final (signed) lift condition(s) letter to all parties listed in the "cc" (carbon copy) section of the letter.

Note: Ensure all parties identified in the "cc" list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- g. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- h. Complete any necessary data entry in STARS.
- i. Enter the relevant information into the enforcement tracking tool.

C. [NH Civil Fines](#)

Purpose

Civil fines may be imposed for violations that result in minimal or moderate harm, serious harm, or imminent danger and/or immediate threat to residents. Civil fines may be imposed along with any other enforcement remedy such as [conditions](#) or [stop placement](#), and may be recommended when an entity has failed to comply with already imposed enforcement remedies.

The timeframes identified within this procedure to complete and process civil fine recommendations may be extended with documented FM approval, except as otherwise specified in statute or regulation.

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of one or more conditions on the license, DPOC, and/or Directed In-Service Training via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information), and/or
2. Contest imposition of one or more conditions on the license via the administrative hearing process.
3. There are also opportunities to question the federal (CMS) deficiencies:
 - a. When the survey was completed by federal surveyors; or
 - b. through an Independent Informal Dispute Resolution (IIDR) when a federal civil monetary penalty (CMP) has been imposed, or a hearing before an Administrative Law Judge (ALJ) of the U.S. Department of Health and Human Services (DHHS), Departmental Appeals Board (DAB).

When a civil fine is imposed, the Office of Financial Recovery (OFR) tracks the entity's responsibility in fulfilling the amount of civil fines imposed (RCS does not have the authority to collect monies from civil fines).

Procedure

Recommendation for Civil Fines

1. The Surveyor/CI will:
 - a. Document serious or recurring or uncorrected deficiency citations following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Send the recommendation to the FM within four WDs of the exit, listing the specific F-tag, CFR, WAC and/or RCW for which civil fines are being recommended.
 - 1) If the recommended fine is for recurring or uncorrected violations of the same specific requirement and subsection that has been cited in the previous 15 months include the ASPEN event ID number and dates, listing the most recent first.
2. The FM will:
 - a. Review and approve the SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).

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- b. Verify:
 - 1) The deficiency citation is serious *or* recurring *or* uncorrected and warrants a civil fine recommendation.
 - 2) The recommended civil fine that will be imposed corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 3) The correct legal requirement (F-tag, CFR, WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Surveyor/CI.
 - e. Approve and create a referral for enforcement in STARS including information related to recurring deficiencies and GG status of the facility.
3. The CS will:
- a. Review the recommended civil fine to determine if sufficient basis exists upon which to initiate enforcement remedies, prioritizing workload.
 - 1) Verify the recommended civil fine amounts fall within the guidelines of the NH enforcement grid.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. If approved request Compliance AA3 upload the notice letter in STARS for FM review.
 - f. Once approved by the FM ensure notice letter is loaded into ASPEN by the Compliance AA3 for the field to post.
 - 1) For enforcement notices letters outside of the ASPEN ePOC system (such as pending immediate jeopardy or stop placement), electronically sign the PDF version of the enforcement document notifying the Compliance AA3 when the document is signed.
4. The Compliance AA3 will:
- a. Draft the appropriate enforcement notice letter.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter approved in the corresponding enforcement referral in STARS for the FM to review.
 - d. When notified the draft is approved, either load the document into ASPEN for the FM to post or convert the draft enforcement notice letter to PDF format for letters outside of the ASPEN ePOC system and prepare it for the CS's electronic signature.
 - e. Notify the CS when the document is ready for their electronic signature (if being sent outside of the ePOC system).
 - f. Send an electronic copy of the final (signed) enforcement letter to all parties listed in the "cc" section of the letter.

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Note: Ensure all parties identified in the “cc” list receive a copy of the finalized enforcement letter within 24 hours of the entity receiving these documents from RCS.

- g. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.

Note: OFR will need a second civil fine amount notice in cases where a civil fine is rescinded or reduced through settlement.

- h. Complete any necessary data entry in STARS.
- i. Enter the relevant information into the enforcement tracking tool.

D. [NH Stop Placement Order Prohibiting Admissions](#)

Purpose

Stop Placement of resident admissions may be recommended when an entity fails or refuses to comply with regulations that:

1. Jeopardize the health and safety of residents; and/or
2. Seriously limits the entity's ability to provide care and services.
3. This action is typically taken in conjunction with a determination of Immediate Jeopardy.

A stop placement order prohibiting admissions includes suspension of admission, readmission and/or transfer of residents into the care of the entity. This remedy may be recommended when:

1. Violations are serious, or are pervasive, or are recurring, or are uncorrected in the past 15 months; and
2. Suspension of admissions is necessary to protect the safety, health, and well-being of the residents while the entity is correcting the deficiency(ies).

The entity will be given an opportunity to:

1. Appeal the SOD and/or imposition of one or more conditions on the license, DPOC, and/or Directed In-Service Training via the IDR process (see [SOP Chapter 22 – Information Dispute Resolution](#) for more information), and/or
2. Contest imposition of one or more conditions on the license via the administrative hearing process.

Imposition of the stop placement order prohibiting admissions is effective immediately upon verbal or written notification and is not postponed pending completion of IDR and/or administrative hearing processes.

Procedure

Imposition of a Stop Placement Order Prohibiting Admissions

1. The Surveyor/CI will:
 - a. Immediately notify the FM when an onsite visit has:
 - 1) Findings which jeopardize the health, safety, or welfare of residents; or
 - 2) Demonstrated the entity's ability to provide care or services is seriously limited; and
 - 3) A stop placement order prohibiting admissions is necessary to protect residents while the entity is correcting the deficiency(ies).
 - b. Document deficiency citations following the process contained in [SOP Chapter 18 – Across All Settings](#) that demonstrate:
 - 1) Serious harm or death to a resident; or
 - 2) A serious threat to the life, health or safety of a resident exists including information about pertinent recurring or uncorrected deficiencies in the past 15 months.

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- 3) Complete and update a LHM including the entity's current and significant compliance history related to the stop placement order prohibiting admissions recommendation.
 - c. Consult with the FM and review the completed SOD to determine enforcement and make recommendations.
2. The FM will:
- a. Be available to the Surveyor/CI for consultation.
 - b. Notify the RA and the CS immediately when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm, immediate jeopardy) and/or when a stop placement order prohibiting admissions may be recommended.
 - c. In an emergency or when an immediate threat of harm exists, consult with the CS to determine if immediate imposition of a stop placement order prohibiting admissions, pending completion of an inspection or investigation, is warranted.
 - d. Upon direction of the CS, notify the entity verbally of the stop placement order prohibiting admissions before the SOD and notice letter is sent out.
 - 1) Once the entity has been notified, notify Home and Community Services (HCS), Developmental Disabilities Administration (DDA) and the Ombuds of the stop placement order prohibiting admissions as appropriate.
3. The CS will:
- a. Be available to consult with the FM when there is any situation involving the likelihood of life-threatening risk to a resident (imminent risk, imminent harm, immediate jeopardy) and/or when a stop placement order prohibiting admissions may be immediately recommended.
 - b. Immediately notify the Compliance and Enforcement Unit Manager when findings demonstrate:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity's ability to provide care and services is seriously limited; and
 - 3) A stop placement order prohibiting admissions to the entity is necessary to protect residents while the entity is correcting the deficiency(ies).
 - c. Obtain the Compliance and Enforcement Unit Manager's approval to impose a stop placement order prohibiting admissions.
 - d. Acknowledge receipt of the enforcement remedy recommendation. Final approval and determination of any additional enforcement to be imposed must be made within 10 WDs of the exit.
 - e. In an emergency or when an immediate threat of harm exists, direct the FM notify the entity verbally to confirm stop placement order prohibiting admissions is imposed pending completion of a survey or investigation. Follow up written communication may be sent for pending actions and must be sent with the final SOD.

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Review and Approval of SOD

1. The FM will:
 - a. Review and approve the LHM and SOD following the process defined in [SOP Chapter 18 – Across All Settings](#).
 - b. Verify:
 - 1) The health, safety and welfare of residents is jeopardized; or
 - 2) The entity’s ability to provide care and services is seriously limited; and
 - 3) A stop placement order prohibiting admissions to the entity is necessary to protect residents while the entity is correcting the deficiency(ies).
 - 4) The stop placement order prohibiting admissions recommendation corresponds with the **scope** (number of residents impacted or potentially impacted) and **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s).
 - 5) The correct legal requirement (F-tag, eCFR, WAC and/or RCW) is identified for each citation.
 - c. Accept the recommendation as submitted or modify or delete any portion.
 - d. Review any changes in the recommendation with the Surveyor/CI.
2. The CS will:
 - a. Review the SOD and LHM to determine if sufficient basis exists upon which to initiate enforcement remedies, prioritizing workload.
 - b. Coordinate the completion, revision, review, and approval of the SOD report with the FM.
 - c. Request the Compliance AA3 to draft an enforcement notice letter, including pertinent details of the nature of the action to be taken.
 - d. Review the draft enforcement notice letter and notify the Compliance AA3 of needed revisions and/or when the review is complete.
 - e. Electronically sign the PDF version of the enforcement notice letter, if the letter is being sent outside of the ePOC system, notifying the Compliance AA3 when the document is signed.
3. The Compliance AA3 will:
 - a. Draft the appropriate enforcement notice letter, to be entered in ASPEN.
 - b. Notify the CS when the draft enforcement notice letter is ready for review.
 - c. Once approved by the CS, post the draft enforcement notice letter in the corresponding CD in STARS for the FM to review.
 - d. When notified the draft is approved, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, convert the draft Stop Placement Order Prohibiting Admissions letter to PDF format and prepare it for the CS’s signature.
 - 2) Notify the CS when the document is ready for their electronic signature.
 - e. Within 10 WDs of the exit of the revisit, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, send the finalized (signed) enforcement letter via eFax (preferred) or certified mail.

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- f. Provide the FM with a copy of the enforcement notice letter if sent outside of the ePOC system.
- g. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- h. Complete any necessary data entry in STARS.
- i. Enter the relevant information into the enforcement tracking tool.

Action After Stop Placement Is In Effect

1. The FM will:
 - a. Approve readmissions of residents on an 'exception' basis and document by updating the stop placement log for approvals and disapprovals.
 - b. Notify the Unit AA3 about the stop placement order prohibiting admissions so they can appropriately alert the FM to requests for readmissions.

Removal of a Stop Placement Order Prohibiting Admissions

1. The Surveyor/CI will:
 - a. Conduct a revisit within 15 WDs of the entity's alleged compliance date to verify correction of violations that warranted the enforcement remedy.
 - b. Determine if the findings that jeopardized the health, safety and welfare of residents or seriously limited the entity's ability to provide care and services have been removed and systems are in place to support continued compliance.
 - c. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to have been corrected, meet with the FM to recommend lifting the stop placement order prohibiting admissions.
 - d. If the deficiency corresponding to a stop placement order prohibiting admissions is determined to **not** be in compliance, consult with the FM to determine if another SOD should be written, or some other action taken.
 - e. Complete any necessary data entry in STARS.
2. The FM will:
 - a. Notify the CS via STARS when the entity **has** corrected the deficiency(ies) that necessitated the stop placement order prohibiting admissions and exhibits the ability to maintain continued compliance.
 - 1) Following approval from the CS, notify the entity the stop placement order has been lifted.
 - b. Consult with the CS as needed.
3. The CS will:
 - a. Be available to the FM/RA for consultation.
 - b. Accept the recommendation to:
 - 1) Modify or lift the stop placement order prohibiting admissions.
 - 2) Discuss the reason for modification or lift with the FM who will review the modifications with the Surveyor/CI.

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- c. If needed, obtain the Compliance and Enforcement Unit Manager’s final approval to lift the stop placement order prohibiting admissions.
- d. If it is determined the stop placement order prohibiting admissions is lifted, notify, and provide details to the Compliance AA3 to draft a lift stop placement order letter.
 - 1) Review draft lift stop placement letter.
 - 2) Electronically sign the PDF version of the letter.
4. The Compliance AA3 will:
 - a. Upon request of the CS, prepare a draft lift stop placement order letter identifying the entity has met all requirements and the remedy will be discontinued.
 - b. Notify the CS when the draft lift stop placement order letter is ready for review.
 - c. Once approved by the CS, post the draft lift stop placement order letter in the corresponding enforcement referral in STARS for the FM to review.
 - d. When notified the draft is approved, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, convert the draft lift Stop Placement Order letter to PDF format and prepare it for the CS’s signature.
 - 2) Notify the CS when the document is ready for their electronic signature.
 - e. Within 10 WDs of the exit of the revisit, load the letter to ASPEN for the FM to post in ePOC.
 - 1) If the letter is being sent outside the ePOC system, send the finalized (signed) lift stop placement order letter via eFax (preferred method) or certified mail.
 - f. Provide the FM with a copy of the lift stop placement order letter if sent outside of the ePOC system.
 - g. Send an electronic copy of the final (signed) lift stop placement order letter to all parties listed in the “cc” section of the letter.

Note: Ensure all parties identified in the “cc” list receive a copy of the finalized lift enforcement letter within 24 hours of the entity receiving these documents from RCS.

- h. Upload the notice letter to the PDD folder in the Q: drive and to the [RCS locator](#) within one WD after SOD issuance.
- i. Complete any necessary data entry in STARS.
- j. Enter the relevant information into the enforcement tracking tool.

E. [NH Temporary Manager](#)

Purpose

A temporary manager is an individual or entity the Department has discretionary authority to appoint to oversee the operation of the entity to ensure the health and safety of its residents, pending correction of deficiencies or closure of the facility. The Department appoints a temporary manager when it determines that a licensee has failed or refused to comply with the requirements under Chapters [18.51 RCW](#), [74.39A RCW](#), or [74.42 RCW](#) or a Medicaid contractor has failed to comply with Medicaid requirements of Title XVIII of the Social Security Act or Medicaid regulations.

The Centers for Medicare and Medicaid Services (CMS) may impose a temporary manager in which it requires the facility to totally fund the temporary manager imposed under federal authority. For federally imposed temporary managers, the facility is required to create and implement the contract with the temporary manager.

The purposes of the temporary management program are to complete one or more of the following:

1. Mitigate dislocation and transfer trauma of residents while the department and licensee may pursue IDR or appeal of a summary suspension of license.
2. Facilitate the continuity of safe and appropriate resident care and services.
3. Protect the health, safety, and welfare of residents, by providing time for an orderly closure of the facility, or for the deficiency(ies) that necessitated temporary management to be corrected; and
4. Preserve a residential option that meets a specialized service need or is in a geographical area that has a lack of available providers.

Procedure

Determining Need for Temporary Manager

1. The CS will:
 - a. Obtain compliance history of the facility and review the current SOD report that supports the entity's inability to ensure resident health and safety.
 - b. Consult with the Compliance and Enforcement Unit Manager or designee when there is significant non-compliance necessitating immediate enforcement remedies.
 - c. Provide the Compliance and Enforcement Unit Manager the list of approved temporary managers and initiate calling names on the approved list to determine their availability to serve as a temporary manager for the Department.
 - d. Prepare the summary suspension letter to include the options that they may request to volunteer to participate in the temporary management option while they appeal the summary suspension. The Compliance and Enforcement Unit Manager has discretion to allow that option based on the provider's performance and the nature of the current non-compliance.

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- e. If the entity indicates via timely letter to the Department that they would like to use the voluntary temporary management option, prepare a letter for the provider outlining all the RCW and WAC licensing requirements that must be met before the department can consider approving the temporary manager that the provider has selected.
 - f. Arrange a meeting (face-to-face is preferred) with the Temporary Manager and at a minimum the RCS Director, the Assistant Attorney General (AAG), RA, FM, Compliance and Enforcement Unit Manager and the CS to discuss expectations and arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the closure process or during the time the entity is implementing their POC.
 - g. Serve as the Temporary Manager's point of contact during the duration of the Temporary Manager's contract.
 - h. Ensure, at a minimum, the following documents are received and placed in the files:
 - 1) Contract/agreement between the entity and the temporary manager which addresses the following:
 - a) Provision of liability insurance to protect residents and their property.
 - b) Preservation of resident trust funds.
 - c) The timely payment of past due or current accounts, operating expenses, including but not limited to, staff compensation, and all debt that comes due during the period of the temporary management.
 - d) The responsibilities for addressing all other financial obligations that would interfere with the ability of the temporary manager to provide adequate care and services to residents; and
 - e) The authority of the temporary manager to manage the facility, including the hiring, managing, and firing of employees for good cause, and to provide adequate care and services to residents.
 - 2) Notification letter to the residents and families that a temporary manager has been placed, including notice that residents may move from the home without notifying the licensee in advance, and without incurring any charges, fees, or costs otherwise associated with insufficient advance notice.
 - 3) Copy of the incident report submitted to the DSHS Secretary.
2. The RA will:
 - a. Complete and coordinate the incident report for the DSHS Secretary.
 - b. Notify the State and/or local Ombudsman of the action the entity is taking to place the temporary manager and offer the Ombudsman the opportunity to be present at the resident meeting announcing the temporary management action to residents and families that may be present, as well as staff.
 - c. Ensure that HCS is aware of the temporary manager action and offer the opportunity to be present at the resident meeting announcing the temporary management action.

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- d. Personally deliver the notice letter placing the temporary manager at the given facility.

Note: The FM should accompany the RA when delivering the notice.

- e. Attempt to coordinate the delivery of the notice letter appointing the temporary manager with the selected temporary manager present so they can be introduced.
- f. Create a letter to give to the residents and families notifying them of the placement of a temporary manager.
- g. Together with the temporary manager (when possible), hold a meeting with residents and their representatives about the enforcement remedies and deliver the Resident and Family notice letters to the residents and families present.

Note: It will be the responsibility of the temporary manager to ensure that each resident and family member are mailed a copy of the notice letter appointing the temporary manager.

- h. Following the meeting with residents and their representatives, together with the temporary manager (when possible) hold a meeting with staff about the enforcement remedies.
- i. Answer questions from residents, families and staff about the process and the next steps.

Recruiting a Temporary Manager

The Department has authority to recruit individuals, partnerships, corporations, and other entities interested in serving as a temporary manager or receiver.

1. The Department will:
 - a. Maintain an approved list of temporary managers within the RCS Director's office.
 - b. Require the interested applicants to be subject to the criteria for licensees found in RCW and WAC as applicable.
 - c. Not appoint or approve a person or corporation that has been the licensee, administrator, or partner, officer, director, managing employee or owner of five percent or more of the license subject to the temporary management or has been affiliated with the entity subject to temporary management or has owned or operated a facility ordered into temporary management in any state.
 - d. Approve the voluntary temporary managers for entities that opt to voluntarily participate in the program when their license has been suspended.
 - e. Limit the voluntary temporary management period to 28 calendar days after issuance of the formal notification of enforcement remedies or conclusion of administrative proceedings, whichever date is later.

Note: Nothing in this section precludes the department from revoking its approval of the temporary management and/or exercising its enforcement authority under this chapter.

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Appointing and Contracting a Temporary Manager

1. The RCS Business Operations and Analysis Unit (BOAU) will:
 - a. Prepare a contract between the department and the temporary manager, in coordination with the Aging and Long-Term Services Administration (AL TSA) contracts unit.
 - b. Ensure at a minimum the following documents are prepared for signature (as applicable)
 - 1) AL TSA Contract Request and Approval Form (CRA).
 - 2) Performance Based Contract Check List.
 - 3) [Program Services Risk Assessment Worksheet](#).
 - 4) DSHS Client Service Contract with Exhibit A Special Terms and Conditions Statement of Work complete.
- Note: The contract is generated by the DSHS MSD. The Statement of Work is negotiated with the temporary manager and the RCS Director but filled out by the CS.
- 5) Notice letter for the Entity appointing the Temporary Manager and notifying them of all enforcement remedies if no previous notice has been sent to the facility with the SOD report.
 - 6) Blank A-19-1A form for department or temporary manager to fill out regarding being paid or reimbursed for resident services and facility staff services such as payroll, as well as other legitimate needs for the continued safe care of residents in the facility.
- c. Funding:
 - 1) When the department appoints a temporary manager, the costs associated with the temporary management are paid by the department. The associated costs may be paid for through departmental funds. All funds must be administered according to department procedures.
 - a) The department may enter into an agreement with the licensee allowing the licensee to pay for some of the costs associated with a temporary manager appointed by the department.

Note: If the department has not appointed a temporary manager and the licensee elects to participate in the temporary management program, the licensee is responsible for all costs related to contracting with the temporary manager and administering the temporary management program.

- 2) When the State Medicaid agency, the Health Care Authority (HCA), appoints a temporary manager, the costs associated with the temporary management are paid by the licensee.

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Monitoring Temporary Manager Placement

1. The FM will:
 - a. Ensure that the Surveyor/CI is monitoring the entity by conducting monitoring visits.
 - b. Ensure that any reports of significant new or on-going health and safety concerns under the temporary manager are immediately brought to the attention of the Compliance Unit and the RA and reported to the Complaint Resolution Unit (CRU) as required by mandatory reporting laws.
 - c. Move forward with the closure process once notified by the temporary manager the last resident has been discharged from the facility.
2. The Surveyor/CI will:
 - a. Monitor the facility and give a written report to the FM about the health and welfare of residents, noting any safety concerns.
 - b. Report any critical health and safety concerns immediately to the FM, and report to CRU as required.
 - c. Report to the FM the progress that the facility is making to correct the cited deficiencies if this is situation where the licensee has the possibility of regaining operations of the facility.
 - d. Report to the FM the number of residents who still remain in the facility as the facility transfers the residents during the closure process.
 - e. Gather information from the temporary manager regarding where the residents were transferred and the date of the transfers.
 - f. Request the temporary manager notifies the department when the last resident is discharged.
 - g. Following this action, the Director, Compliance and Enforcement Unit Manager, the CS, RA, FM, AAG, and CMS as appropriate will meet and debrief.

F. [NH Other Enforcement Remedies](#)

1. [State Monitoring](#)

Purpose

State monitoring, also known as Department on-site monitoring, is defined in [WAC 388-97-0001](#) as an optional remedy of on-site visits to a nursing home by department staff according to department guidelines for the purpose of monitoring resident care or services or both.

State monitoring must be imposed when a facility has been cited with substandard quality of care (SQC) deficiencies on the last three consecutive standard health surveys.

The [State Operations Manual \(SOM\)](#) defines State monitoring as visits by the Department to oversee a provider's compliance status and are not done as part of the State on-site monitoring remedy. These visits may occur:

- a. During bankruptcy, when CMS has authorized such visits;
- b. After a change of ownership, as authorized by the CMS;
- c. During or shortly after removal of immediate jeopardy when the purpose of the visit is to ensure the welfare of the residents by providing an oversight presence, rather than to perform a structured follow-up visit; or
- d. In other circumstances, as authorized by CMS.

A federally imposed State monitor remedy oversees the correction of cited deficiencies in the facility as a safeguard against further harm to residents when harm or a situation with a potential for harm has occurred. This remedy may be imposed when there are concerns that the situation in the facility has the potential to worsen or the facility seems unable or unwilling to take corrective action.

Procedure

- a. State monitoring may be imposed if the facility fails to achieve substantial compliance by correcting the deficiency(ies) two months from the last day of the survey identifying noncompliance. NH letter templates where there is an opportunity to correct include in part "DSHS is authorized to impose State Monitoring."
- b. State monitoring will only be entered as a remedy in ASPEN Enforcement Manager (AEM) cases if it is imposed.

2. [Denial of Payment](#)

Purpose

Denial of Payment is an enforcement remedy where payment for resident care and services is withheld for designated periods of time depending on the history of non-compliance.

The following are the types of denial of payment that may be imposed:

- a. Discretionary Denial of Payment for New Medicare and Medicaid Admissions (DDPNA) may be imposed by CMS or the State Medicaid agency when a facility is not in compliance with the requirements.
- b. Mandatory Denial of Payment for New Medicare and Medicaid Admissions (DPNA) must be imposed by CMS when a facility is not in substantial compliance three months after the last day of the survey identifying non-compliance or when a facility has SQC on the last three consecutive standard surveys.
- c. Denial of Payment for all individuals shall ONLY be imposed by CMS and may not be imposed by a State Medicaid Agency.

Procedure

- a. The CS will ensure that letters accurately notify providers of whenever either Mandatory DPNA or DDPNA is imposed by CMS or the State Medicaid Agency.
- b. The CS will notify CMS as needed in those cases where a facility is out of compliance during a time in which the State has determined that DDPNA is applicable.

G. [NH Processing Responsibilities](#)

1. [Transfer of Aspen Enforcement Manager \(AEM\) cases to CMS](#)

Purpose

AEM cases are required to be transferred to CMS under the following circumstances:

- a. Immediate Jeopardy (IJ) (scope and severity levels J, K, and L) is identified on the current survey.
- b. Any deficiency from the current survey at levels “G, H or I” that falls into any of the regulatory sections that constitute Substandard Quality of Care (SQC).
- c. Any deficiencies that constitute a GG.
- d. A facility classified as a Special Focus Facility (SFF) **AND** has a deficiency citation at level “F,” or higher for the current health survey, or “G,” or higher for the current Life Safety Code (LSC)/Emergency Preparedness (EP) survey.
- e. Any G level citation regardless of whether it is in a SQC category (per request of the CMS Regional office).
- f. Any AEM cases (regardless of scope/severity) that have reached day-70 without being in substantial compliance.

Procedure

- a. The CS in collaboration with the Compliance AA3 will ensure that all cases that meet the criteria for transfer to CMS are transferred timely.
- b. Transfer of AEM cases will be monitored and tracked by the Compliance unit.

2. [Correspondence Guidelines](#)

Purpose

The Department is required to notify facilities of specific types of information, including but not limited to:

- Survey/inspection results;
- Pending and final enforcement remedies; and
- Back in compliance (BIC) notifications.

Procedure

- a. The FM/Unit AA3 will:
 - 1) Will draft and post the notice letter when the citation scope and severity (s/s) level is A, B, C, D, E, and/or F when there is “Opportunity to Correct.”
 - 2) Will draft and post BIC notice letters for all cases when enforcement has not been implemented. **For example**, on a full survey, the NH receives a GG letter drafted by the CS stating that they will be in Denial of Payment within 90 days. The field conducts a revisit and determines the facility was back in compliance prior to the 90-day timeline. The BIC letter is issued by the field even though the original letter was drafted by the CS since the enforcement was not implemented.
 - 3) May amend SODs and notice letters when there is no enforcement remedy and new information is received relating to existing examples in the existing SOD.
- b. The CS will:
 - 1) Draft the notice letters when there are citations with “No Opportunity to Correct.” This includes:
 - a) citation S/S at level G, GG, H, I, J, K, and/or L level;
 - b) Substandard Quality of Care (SQC);
 - c) Immediate Jeopardy (IJ);
 - d) An additional investigation/inspection when the facility is already deemed out of compliance (continued out of compliance); or
 - e) A failed post-survey revisit with citations at S/S level D or higher.
 - 2) The CS must approve all SOD amendment(s) if there has been an enforcement action imposed.
 - 3) If an enforcement remedy has been initiated, and the Surveyor/CI discovers new information not related to the examples in the existing SOD, a new SOD must be written.

Part VI: [Appendices](#)

A. [Glossary of Terms](#)

Administrator – Includes the various titles of the responsible person(s) for the entity. This list includes but is not limited to superintendent, director, provider, program manager, individual or entity representative, resident manager, administrator, or executive director. Please refer to the WAC relevant to the setting type for more information.

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.

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.

Aspen (Automated Survey Process Environment) – a suite of software applications designed to help State Agencies collect and manage healthcare provider data.

Aspen Central Office (ACO) – refers to Centers for Medicaid and Medicare Services (CMS).

Attestation – A witnessed declaration executing an instrument in his or her presence according to the formalities required by law.

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

Certification evaluation – A CCRSS regulatory process whereby contracted evaluators assess provider compliance with statutes and regulations. In addition to certification evaluations at least once every 24 months, contracted evaluators may also conduct follow-up visits.

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.

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

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Residential Care Services (RCS) licenses the home as either an Assisted Living Facility or an Adult Family Home and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDA contract.

Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. DDA contracts with these providers to provide 24-hour supervision.

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

Civil fine per day – means a fine imposed for each day that an entity home is out of compliance with a specific requirement.

Civil fine per instance - means a fine imposed for the occurrence of a deficiency.

Civil monetary penalty (CMP) Letter – the Centers for Medicare & Medicaid Services (CMS) can impose a CMP on Nursing Homes that do not meet the Federal requirements for nursing homes participating in the Medicare or Medicare and Medicaid Programs. This letter is the formal CMS notification of CMP imposition.

CMS State Operations Manual, Appendix J – Federal Guidance to Surveyors for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

CMS State Operations Manual, Appendix PP – Federal Guidance to Surveyors for Long Term Care Facilities.

CMS State Operations Manual, Appendix Q – Federal Core Guidelines for Determining Immediate Jeopardy.

Code of Federal Regulation (CFR) – The Departments and Agencies of the Federal Government providing codification of the general and permanent rules published in the Federal Register.

Community programs – includes Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), and Enhanced Services Facilities (ESF).

Complaint investigation/investigator (CI) – An onsite visit that resulted from a complaint rather than a routine inspection. An RCS staff assigned to investigate a complaint received by the department.

Completed – means that a final decision from the IDR or IIDR process is determined, a written record generated, and the State survey agency has sent written notice of this decision to the facility; **or** a facility does not request the IDR/IIDR timely; **or** chooses not to participate in the IIDR process.

Compliance – The state of an organization that meets prescribed specifications, contract terms, regulations, or standards.

Conditions of Participation (COP) [ICF/IID only] – Refers to a “condition for coverage” relevant to suppliers. The COP are requirements with which an entity must comply in order to participate in the programs. The COP are categorized into three requirements:

- Structure
- Process

- Outcome

Cover letter – A cover letter is the document used in Community Programs to communicate the determination of noncompliance with the regulatory requirements to the entity. The cover letter is an official, legal record that is available to the public on request.

Credible allegation of compliance – means a statement, letter, or documentation that:

- Is realistic in terms of the possibility of corrective action being accomplished between the exit and the date of the alleged compliance; and
- Indicates resolution of the deficiencies.

Deficiency citation – Documentation of a violation of statute or regulation, other than those defined as a consultation. Documentation of a deficiency citation includes an entry made on the Statement of Deficiencies that consists of:

- The alpha prefix and data tag number for federal programs;
- The applicable Code of Federal Regulations (CFR) in federal programs;
- The applicable Washington Administrative Code (WAC) and/or the applicable Revised Code of Washington (RCW);
- The language from that reference which pinpoints the aspect(s) of the requirement with which the entity failed to comply;
- An explicit statement that the requirement was “not met”; and
- The evidence to support the decision of noncompliance.

Deficient practice – The action(s), error(s), or inaction on the part of the entity relative to a regulatory requirement and to the extent possible, the resulting outcome.

Deficient practice statement (DPS) – A statement at the beginning of the evidence that sets out why the entity was not in compliance with a regulatory requirement. Also commonly referred to as the “based on” statement.

Denial of payment for new admissions – means an action imposed on an entity by the department that prohibits payment for new Medicaid admissions to the entity after a specified date.

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

Department on-site monitoring – means an optional remedy of on-site visits to an entity by department staff according to department guidelines for the purpose of monitoring resident care or services or both.

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.

Evidence – Data sources, to include observation, interview and/or record review, described in the findings of the deficiency citation. These data sources within the deficiency citation inform the entity of the failure to comply with regulations. A minimum of two of the three data sources are required to support the citation. Having documentation of all three data sources is optimal for the deficiency citation to be irrefutable.

Extent of deficient practice – The number of deficient cases relative to the total number of sampled cases. This is shown in a numerical format with identifying the number of deficient cases within the universe (e.g., 1 of 3). Please refer to definitions of scope and severity.

Facility – as defined in [RCW 74.34.020](#).

Fact – An event known to have actually happened. A truth that is known by actual experience of observation, interview, and review of records.

Failed facility 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.”

Federal programs – This includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).

Finding – A term used to describe each item of information found during the regulatory process about entity’s practices relative to a specific requirement cited as being not met.

Forms CMS-2567, CMS 2567B, CMS-2567L Statement of Deficiencies – The official document(s) communicating the determination of compliance or noncompliance with the Federal requirements. In addition, they are the form(s) an entity uses to submit a plan to achieve compliance. Each form is an official, legal record that is available to the public on request.

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

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

Homelike – means the institutional character of the setting is de-emphasized, to the extent possible. A determination of "homelike" should include, whenever possible, the resident's or representative of the resident's opinion of the living environment.

Identifier – The name, title, or letters/numbers referring to entity staff or those living in the residential setting within a Statement of Deficiency, following guidance contained within [SOP Chapter 18 – Across All Settings](#) and [Principles of Documentation \(POD\)](#).

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.

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).

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

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.”

Last Date of Data Collection (LDDC) – The final date data was collected for the Compliance Determination (CD).

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.

Likely/likelihood – means the nature and/or extent of the identified noncompliance creates a reasonable expectation that an adverse outcome resulting in serious injury, harm, impairment, or death will occur if not corrected.

Long-term care facility – As defined in [RCW 70.129.010\(3\)](#).

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

Minimal harm – means violations that result in little to no negative outcome or little or no potential harm for a resident.

Moderate harm – means violations that result in negative outcome and actual or potential harm for a resident.

Modified off-site visit – means conducting the facility CMAR visit off-site, or partially off-site, including electronic health record (EHR) review, interviews, entrance, and exit. The Modified off-site visit is done during times of Natural disaster, pandemic or other events that make on-site visits untenable.

Monitoring visits – A visit occurring after the last day of data collection to verify resident health and safety or compliance. Most monitoring visits are implemented due to an enforcement remedy but may be implemented at the Department’s discretion. New information gathered during a monitoring visit, whether it is related to the cited failed practice, or a new deficiency will be reported to the CRU.

Noncompliance – means failure to meet one or more federal health, safety, and/or quality regulations.

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.

Outcome – In this context, the term means an actual or potential result or consequence, directly or indirectly, related to failed facility practices of the entity (e.g., development of avoidable pressure injury; reaction due to receipt of blood; lack of monitors for anticoagulant). Harm to vulnerable adults unrelated to failed facility practice is not a negative outcome for the purpose of RCS complaint/incident investigation processes.

Process – The specification of the ongoing manner that the entity must operate. The process requirements do not allow the entity to vary from what is specified.

Examples include the reviewing, revising and/or updating the plan of care; policies and procedures such as, infection control procedures for cleaning/maintaining glucometers; or annual assessments for the vulnerable adults in the residential settings.

Proof of service – means notification sent to a provider by way of a declaration of personal service; an affidavit or certificate of mailing; a signed receipt from the person who accepted the certified mail or package delivery; or proof of fax transmission. Any of these methods confirms that notice was sent to a provider when the State is going to take action related to that provider. WAC requires notice be served for the following communications: Written Consultation, Statements of Deficiency, and Enforcement Letters.

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.

Recurring/Repeated –

- The department previously imposed an enforcement remedy for a violation of the same section of WAC or RCW for substantially the same problem following any type of inspection within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).
- The department previously cited a violation under the same section of WAC or RCW for substantially the same problem following any type of inspection on two occasions within the preceding 36 months for AFH, ALF, or ESF (24 months for CCRSS).

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.

Regulatory process – Regulatory staff evaluate current entity compliance with statutes and regulations. Types of regulatory processes include pre-occupancy, abbreviated complaint investigations; full inspection/recertification surveys; initial certification surveys; follow-up or post surveys; initial licensing and relicensing, and monitoring visits.

Regulatory staff/Regulator – RCS staff responsible for enforcing the rights, safety, and health regulations of individuals living in Washington’s licensed or certified residential settings.

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.

Resident (ALF) – means an individual who:

- 1) Chooses to reside in an ALF, including an individual receiving respite care;
 - 2) Is not related by blood or marriage to the operator of the ALF;
 - 3) Receives basic services; and
 - 4) Receives one or more of the services listed in the definition of "general responsibility for the safety and well-being of the resident," and may receive domiciliary care or respite care provided directly, or indirectly, by the assisted living facility. Whereas a nonresident individual may receive services that are permitted under [WAC 388-78A-2032](#).
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Resident representative – means either the resident's legal representative or the individual filing a complaint involving, or on behalf of, a resident.

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.

Revocation of a license/certification – means an action taken by the department to cancel an entity's license or certification in accordance with the applicable RCW and WAC.

Scope and severity (S/S) – The effect of non-compliance on a resident (severity) and the number of residents actually or potentially affected (scope) by the entity's non-compliance. Illustrated in the deficient practice statement and supported in the findings.

Serious adverse outcome or **Likely serious adverse outcome** – means serious injury, harm, impairment, or death has occurred, is occurring, or is likely to occur to one of more vulnerable adult receiving care in a facility due to the facility's noncompliance with health, safety, or quality regulations.

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](#).

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

Statement of deficiencies (SOD) – The official, publicly-disclosable, written report document from RCS staff that identifies violations of statute(s) and/or regulation(s), failed facility practice(s) and relevant findings found during a complaint/incident investigation conducted at an any setting regulated by RCS. Included in SODs for AFHs, ALFs, and ESFs is an attestation statement the entity signs and dates indicating the projected correction date for the cited deficient practice. The SOD is a legal document available to the public on request.

Stop placement – means an action taken by the department prohibiting admissions, readmissions, and transfers of patients into the facility from the outside.

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

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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.

Suspension of a license/certification – means an action taken by the department to temporarily revoke an entity’s license or certification in accordance with the applicable RCW and WAC.

Uncorrected – Means the department has cited a violation of WAC or RCW following an inspection and the violation remains uncorrected at the time of a subsequent inspection for the specific purpose of verifying whether such violation has been corrected.

Universe – The total number of individuals, records, observations, objects, related to the provider’s/licensee’s practice at risk as a result of a deficient practice. Used as the denominator when determining the extent of deficient practice.

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.

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

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B. Acronym List

AA	Administrative Assistant
AAG	Assistant Attorney General
ACO	Aspen Central Office
ACTS	ASPEN Complaints/Incidents Tracking System
AEM	Aspen Enforcement Manager
AFH	Adult Family Homes
ALF	Assisted Living Facilities
ALJ	Administrative Law Judge
AL TSA	Aging and Long-Term Support Administration
APS	Adult Protective Services
ASPEN	Automated Survey Processing Environment System
BAAU	Business Applications and Analysis Unit
BHO	Behavioral Health Organization
BIC	Back In Compliance
BOAU	Business Operations and Analysis Unit
CC	Carbon Copy (in emails)
CCRSS	Certified Community Residential Services and Supports
CD	Compliance Determination
CFR	Code of Federal Regulations
CI	Complaint Investigator/Investigations
CMP	Civil Monetary Penalty
CMS	Centers for Medicare and Medicaid Services
COP	Conditions of Participation
CRA	Contract Request and Approval Form
CRU	Complaint Resolution Unit
CS	Compliance Specialist
DAB	Department of Appeals Board
DCYF	Department of Children, Youth, and Families (formerly Child Protective Services [CPS])
DDA	Developmental Disabilities Administration
DDPNA	Discretionary Denial of Payment for New Medicare and Medicaid Admissions
DHHS	Department of Health and Human Services
DOH	Department of Health
DPNA	Denial of Payment for New Admissions
DPOC	Directed Plan of Correction
DSHS	Department of Social and Health Services
eCFR	Electronic Code of Federal Regulation
eFax	Electronic Facsimile
EP	Emergency Preparedness
ePOC	Electronic Plan of Correction

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ESF	Enhanced Services Facilities
EWP	Electronic Working Papers
FM	Field Manager
GH	Group Home
GTH	Group Training Home
HCA	Health Care Authority
HCS	Home and Community Services
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
ID	Identification
IDR	Informal Dispute Resolution
IIDR	Independent Informal Dispute Resolution
IJ	Immediate Jeopardy
LDDC	Last Date of Data Collection
LE	Law Enforcement
LHM	Licensee History Memo
LSC	Life Safety Code
LTC	Long-Term Care
LTCO	Long-Term Care Ombuds
LTCOP	Long-Term Care Ombuds Program
LTCSP	Long-Term Care Survey Process
MB	Management Bulletin
MDS	Minimum Data Set
MFCDD	Medicaid Fraud Control Division
MSD	Management Service Division
NH	Nursing Homes
OFA	Office of Fraud and Accountability
OFR	Office of Financial Recovery
ORM	Office of Rates Management
OSFM	Office of State Fire Marshal
OSHA	Occupational Safety and Health Administration
PDD	Public Disclosure and Discovery
PDF	Portable Document Format
POC	Plan of Correction
POD	Principles of Documentation
RA	Regional Administrator
RCS	Residential Care Services
RCW	Revised Code of Washington
SA	State Agency
SFF	Special Focus Facility
SFM	State Fire Marshal
SMA	State Medicaid Agency

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SOD	Statement of Deficiency
SOM	State Operations Manual
SOP	Standard Operating Procedures
SQC	Substandard Quality of Care
S/S	Scope and Severity
STARS	Secure Tracking and Reporting System
WAC	Washington Administrative Code
WD	Working Day

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C. [Change Log](#)

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
06/20/2024	Entire Chapter	Sunset review Updated formatting	Align with current RCS processes and systems Provide for easier navigation	MB R24-056
06/20/2024	Statement of Deficiency and Plan of Correction	Sections moved to Chapter 18	Realign SOP content	MB R24-056
06/20/2024	Part II: CCRSS	Section Developed	Provide guidance for staff	MB R24-056
06/20/2024	Part III: Enhanced Services Facilities	Section Developed	Provide guidance for staff	MB R24-056
06/20/2024	Part IV: ICF/IID	Section Developed	Provide guidance for staff	MB R24-056
04/20/2018	Entire Chapter	Chapter reviewed through Document review and updates made based on comments. Final Chapter ready for release	Provide guidance for staff	MB R18-033
02/09/2018	Entire Chapter	Chapter revised and updated to be posted in SOP manual	All SOPs transitioned from OPP	MB R18-033
04/10/2017	IDR	Process moved to Chapter 22-IDR	IDR SOP created	MB Issued
06/27/2016	AFH/ALF Facility Closures	Facility Closure Workgroup results	Guidance developed	MB Issued
02/2015	Entire Chapter	Converted from OPP to SOP	All SOPs transitioned from OPP	MB Issued

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