

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

CHAPTER 7 – ENFORCEMENT

ENFORCEMENT – Overview

This chapter contains information about the enforcement processes and informal dispute resolution for long-term care settings licensed by Residential Care Services.

Authority

All programs: [Chapter 34.05 RCW](#)

Adult Family Homes: [Chapter 70.128 RCW](#) and [Chapter 388-76 WAC](#)

Assisted Living Facilities: [Chapter 18.20 RCW](#) and [Chapter 388-78A WAC](#)

Nursing Homes: [Chapter 18.51 RCW](#), [Chapter 74.42 RCW](#) and [Chapter 388-97 WAC](#)

Enhanced Services Facilities: [Chapter 70.97 RCW](#) and [Chapter 388-107 WAC](#)

Certified Community Residential Services and Supports: [Chapter 71A.12 RCW](#) and [Chapter 388-101 WAC](#)

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CHAPTER 7 – ENFORCEMENT

This section contains Standard Operating Procedures for the enforcement process for all settings.

Enforcement

- A. [General Enforcement \(All settings\)](#)
- B. [Enforcement: in Nursing Homes](#)
- C. [Enforcement: in Adult Family Homes and Assisted Living Facilities](#)
- D. Enforcement: in Certified Community Residential Services & Supports (**under development**)
- E. Enforcement: in Enhance Services Facilities (**under development**)
- F. Enforcement: in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (**under development**)

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7A1 – ENFORCEMENT: GENERAL GUIDELINES FOR ALL SETTINGS

Background

The procedure is to explain the general guidelines for enforcement and applies to RCS Compliance and Enforcement Unit as well as field staff.

Licensees must begin correction of any violations as soon as they are informed of a deficiency. If a facility is under one or more enforcement action/s (suspension, revocation, stop placement or conditions) then the Field Manager must consult with a Compliance Specialist when additional citations are issued.

In **adult family homes only**: If the field has conducted an inspection of a home licensed to a multiple home provider and has determined serious non-compliance leading to enforcement actions, the field must inspect the other homes owned by the provider to determine if the same deficient practice is present or a related deficient practice is present.

Procedure

When a licensor/surveyor/investigator and Field Manager identify noncompliance that requires an enforcement remedy.

The Field Manager Will:

1. Notify the Compliance Specialist, through the Enforcement Communication Center (ECC), to recommend enforcement action based on the appropriate guidelines.
2. Recommend fines if applicable, and whether or not the fine should be assessed on a daily basis.
3. Determine whether or not an immediate safety plan is needed from the provider/licensee or a condition is needed. The FM develops the content of said condition in partnership with the Compliance Specialist.
4. Consult with the Compliance Specialist, if the provider is an AFH, to determine whether a full inspection, follow-up, or complaint investigation needs to be performed in the other homes.
5. Enter the enforcement action recommendation in the appropriate databases within the timeframes defined by investigation SOPs.

The Compliance Specialist will:

1. Prioritize the enforcement actions based on risk to residents.
2. Follow procedures under the specific enforcement topic procedure.

The Field Manager or designee will:

Monitor the licensee for compliance. If the licensee is not in compliance by day 90, the Field Manager will notify the Compliance Specialist and additional enforcement action may be recommended.

Quality Assurance Review

This process will be reviewed every 2 years to ensure accuracy and compliance.

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7B ENFORCEMENT IN NURSING HOMES (NH)

This section contains the Standard Operating Procedures that direct RCS staff on enforcement actions involving Nursing Homes.

NURSING HOMES

1. [Nursing Home License History Memo](#)
2. [Statement of Deficiencies \(SOD\)](#)
3. Electronic [Plan of Correction](#)
4. [Conditions on license](#)
5. [Stop Placement](#)
6. [License Revocation – Under revision](#)
7. [Summary Suspension – Under revision](#)
8. [Temporary Manager](#)

Forms links and attachments

[Principles of Documentation](#)

7B1 – LICENSE HISTORY MEMO IN NH

Background

To establish a basis upon which enforcement actions are taken in nursing homes (NHs) and establishing a method by which decisions regarding enforcement actions are documented each field office will complete Licensee History Memos (LHMs) for all surveys and complaint investigations resulting in citations at a scope and severity level of D and above. The LHM will be completed by the time the SOD is completed to facilitate review of potential enforcement remedies. The LHM may be reviewed by the Regional Administrator for any purpose including, but not limited to, quality assurance activities and information sharing with the RCS management structure.

Procedures

Licensee History Memo Documentation Process

The Surveyor will:

1. Document deficiency citations and provide the legal basis upon which an enforcement recommendation is warranted in a SOD.
2. Consult with the Field Manager regarding possible recommendations for enforcement actions.
3. Complete a Licensee History Memo (LHM). (*See LHM Attachment 1*)
4. Review the completed SOD with the Field Manager following timelines in related enforcement standard operating procedures and ensure the LHM is completed and accurate.

Regional Management Review of Licensee History Memo

The Field Manager will:

1. Notify the Compliance Specialist when an enforcement action is recommended, through the ECC system, within six (6) working days of exit date. Also notify the Regional Administrator when stop placement, License Revocation, or Summary Suspension is recommended.
2. Review, edit and finalize the SOD and LHM within six (6) working days of exit date.

Headquarters Management Review of Licensee History Memo

A. The Compliance Specialist will:

1. Review the SOD report and LHM.

2. Acknowledge the enforcement recommendation through the ECC system.

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7B2 – STATEMENT OF DEFICIENCIES IN NH

Background

As a part of the enforcement process, the compliance specialist reviews the Statement of Deficiency (SOD) and any supporting documentation when making a compliance determination.

Procedures

- A. The field drafts notice letters when there is a citation of “A, B, C, D, E” and/or “F” when there is “Opportunity to Correct”, *and* SOD is not being referred to compliance for enforcement.
- B. Compliance drafts notice letters when there are citations with “No Opportunity to Correct.” This constitutes “G”, “GG”, “H”, “I”, “J”, “K”, and/or “L” level citations; Substandard Quality of Care; ‘; Immediate Jeopardy; an additional investigation/inspection when the facility is already out of compliance, or a ‘failed post’ survey revisit at a “D” level citation or above.
- C. The department will enter the SOD in ASPEN by ten (10) working days from the exit date.
- D. Surveyors/Complaint Investigators will follow the [Principles of Documentation](#) for Nursing Homes” when writing the SOD.
- E. The Surveyor/Complaint Investigator makes a determination of NH’s compliance or noncompliance after a survey or complaint inspection.
- F. If the Surveyor/Complaint Investigator determines that the NH is noncompliant with the laws and rules he/she will enter the information in ASPEN and it will be recorded on a SOD (Form CMS - 2567).
- G. The Surveyor/Complaint Investigator will include a regulatory reference, a failed (deficient) practice statement and relevant findings related to the NH’s noncompliance with the statutes or regulations with each tag cited in the SOD.
- H. When the Surveyor/Complaint Investigator has completed the SOD, the Field Manager will review and approve the SOD. The Field Manager will enter a Enforcement Recommendation in the Enforcement Communication Center (ECC).
- I. Field Managers will use the “Components to be Documented in a Deficiency Citation” in the [Principles of Documentation](#) routinely for Quality Assurance purposes.
- J. Approved SODs will be posted to the ePOC system in ASPEN for the Nursing Home staff to retrieve.

- K. If the department has initiated an enforcement action and the Surveyor/Complaint Investigator discovers new information not related to existing examples in the existing SOD, the Surveyor/Complaint Investigator will write a new SOD.
- L. SOD reports may be reviewed by the Regional Administrator for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.

Responsibilities

Off-site Documentation of Inspection Process

The Surveyor/Complaint Investigator will:

1. Complete all data collection such as collateral interviews or further record review.
2. Review the pertinent findings and confirm analysis of deficiency citations.
3. Consider any existing or previous enforcement action from a previous inspection.
4. Confer with the Field Manager if an enforcement action may be recommended, or if other questions arise.
5. Complete the following tasks or divide the following tasks with individual team members:
 - a. Finalizing the numbered resident sample list;
 - b. Finalizing the numbered staff sample list (use identifiers when needed);
 - c. Designating F-tags and/or Code of Federal Regulations (CFRs) when applicable that will be cited in the report(s);
 - d. Documenting the failed (deficient) practice statements in relation to cited statutes and regulations following the [Principles of Documentation](#);
 - e. Entering information in ASPEN; See ASPEN Central Office (ACO) Procedure Guide, ASPEN Enforcement Manager (AEM) Procedure Guide, and/or ASPEN Complaints/Incidents Tracking System (ACTS) Procedure Guide;
 - f. Completing the Licensee History Memo if necessary. (See *LHM Attachment 1*)
6. Complete page one on the SOD using the Standard Format, Guidelines & Examples provided when entering Initial Comments (F0000). (See *SOD Attachments 1 and 2*)
7. Document violation that result in little or no negative outcome and minimal potential for harm for residents on the CMS "A" Form and incorporate the form into the SOD.
8. Reference findings from one deficiency citation to another when findings have a direct cause and effect relationship to the deficient practices described in both citations. Refer only one way, from Ftag with the least amount of detail to the Ftag with the most detail regarding the specific issue.

9. Document any corresponding Washington State statutes and regulations at the end of each Ftag citation. Any Washington State Administrative Code (WAC) citations with no corresponding Ftag will be documented in ASPEN on a separate SOD.
10. Determine enforcement action recommendations when warranted. Document all deficiencies cited for that visit and/or ASPEN event ID on the Licensee History Memo.
11. Meet to review, edit and finalize the SOD.
12. Submit the completed SOD, resident and staff (when applicable) sample list, Licensee History Memo (when applicable) to the field manager for approval within 4 working days of exit date.

Field Manager Review of SOD Reports

- A. **The Field Manager will** (when no enforcement action is recommended):
 1. Send the approved SOD report, resident and staff (when applicable) sample list, and notice letter to the NH via ePOC system, within ten (10) working days of exit date;
 2. Consider any existing enforcement action from a previous inspection prior to approval; and
 3. Direct field administrative support staff to send the completed SOD and notice letter to the state Long Term Care Ombudsman office.
- B. **The Field Manager will** (when any enforcement is recommended):
 1. Send an enforcement recommendation through the Enforcement Communication Center (ECC) to the compliance specialist within six (6) working days of exit date;
 2. If immediate enforcement is needed, send the document outlined in subsection C1 to the compliance specialist as soon as possible.

Headquarters Management Review of SOD Reports (for all enforcement actions)

Compliance Specialist will:

1. Review the Enforcement Recommendation from the ECC within 24 hours of receipt to determine if a sufficient basis exists upon which to initiate enforcement recommendation.
2. Coordinate completion of revision, review and approval of SOD report and License History Memo with the Field Manager.

3. Direct headquarters administrative support staff to draft the appropriate notice in ASPEN. Field Manager will post the SOD, Resident List, Staff List, if applicable, to the ePOC system for retrieval from the Nursing Home staff.
4. Direct headquarters administrative support staff to notify applicable parties (i.e. HCS, DDD, MH, Ombudsman, AAG, etc) of enforcement action initiated, via email distribution of the applicable enforcement letter.

Amendment of Statement of Deficiencies

A. The Surveyor/Complaint Investigator will:

Upon being directed by the field manager incorporate the new data into the SOD report in ASPEN.

B. The Field Manager will:

1. Review, and approve the amended SOD; and
2. If the document is part of an enforcement action, forward to the Compliance Specialist for review and approval, through the ECC system.

C. The Compliance Specialist will:

1. Coordinate delivery of the amended SOD report and amended/continued enforcement letter to the NH via the ePOC system.

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7B3 – ELECTRONIC PLAN OF CORRECTION (EPOC) IN NH

BACKGROUND

When a nursing home (NH) has received a Statement of Deficiency (SOD) report, they must provide the department with an electronic plan of correction (ePOC) stating how they plan to correct each deficiency (*this does not apply in revocations*).

In cases of non-immediate jeopardy, the NH must return the ePOC to the department within 10 calendar days of receiving the report. Corrections dates should not exceed 45 days from the exit date unless they have management approval. The department may designate correction dates that are less than 45 days when there is a threat to resident health/safety or when a condition on a license has been initiated. The initial timeframe for corrections does not change when additional visits have occurred.

The department will review the ePOC within 5 working days of receipt and will verify that it is acceptable. The NH may specify in the ePOC that they are not in agreement with the findings within the SOD report but this does not alter the NH's responsibility to submit an acceptable ePOC.

PROCEDURE

On-Site POC Notification

The Surveyor will:

1. Inform the NH prior to leaving that a SOD report will be sent to the NH within ten (10) working days of the exit date, through the ePOC system.
2. Inform the NH prior to leaving the home the POC must be returned to the department within ten (10) calendar days of receipt of the SOD report, through the ePOC system.

Off-site POC Review

The Surveyor will:

1. Review the ePOC within five (5) working days of receipt and confirm that the POC for each deficiency includes:
 - a. How the NH will correct the deficiency for each numbered resident;
 - b. How the NH will protect residents from similar situations;
 - c. Measures the NH will take or the systems it will change to ensure that the problem does not recur;
 - d. How the NH plans to monitor its ongoing performance to sustain compliance;

- e. Dates corrective action will be completed; and
 - f. Title of person responsible for correction.
2. If the ePOC is not received by the 10th calendar day or next working day, the ePOC system will email the administrator and remind them to submit the documentation to the department. The system will continue to send daily reminders to both the administrator and the FM until the ePOC is complete. If the administrator does not respond to the first email reminder within 24 hours, the AA3 will call the administrator on the next working day and remind them to submit the documentation within the next 24 hours. The AA3 will then document the date and time of the call.
 3. If the ePOC is not acceptable, review missing points with Field Manager to determine if FM agrees that the ePOC is not acceptable.
 4. Contact the NH and review the corrections needed to make the ePOC acceptable.
 5. If the ePOC is acceptable, email the Field Manager and Field Administrative Assistant Staff that the ePOC is acceptable and return the survey packet to Field Administrative Assistant Staff for processing.

Regional Management Review of Nursing Home Electronic Plan of Correction (ePOC)

Field Managers or designee will:

1. Determine if an on-site revisit needs to be conducted if no ePOC is received
2. If the ePOC is not resubmitted to the department within five working days, meet with the NH to:
 - a. Review the department's concerns related to the NH's failure to submit an acceptable ePOC; and
 - b. Obtain an acceptable ePOC.
3. Initiate recommendation for enforcement action when the NH is unable or unwilling to comply with ePOC requirements, through the ECC.

QUALITY ASSURANCE REVIEW

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

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7B4 NURSING HOMES CONDITION ON LICENSE

Background

To provide RCS staff with consistent direction regarding condition/s on the license when a nursing home (NH) has serious, repeated or uncorrected violations.

Procedures:

- A. Within ten (10) working days of exit date:
 1. The field manager enters the requested enforcement in the ECC for the Compliance Specialist review.
 2. The field will post the SOD and appropriate letters to the ePOC system if the Compliance Specialist informs field that the decision was made that no enforcement will be imposed.
- B. Condition(s) on the license may be recommended to facilitate correction of violations that are:
 1. Serious, or are repeated, or are uncorrected in the past fifteen (15) months; and
 2. Placing condition(s) on the license of a home is necessary to protect the safety, health and well-being of the residents while NH is correcting the deficiency(ies).
- C. 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 deficiencies cited, and/or
 3. A limitation on the type of residents admitted to or served in the home.
- D. Condition(s) may also include the following requirements:
 1. A discharge of a specific resident;
 2. Prohibition of access to residents by a specific person; and/or
 3. Demonstration by the NH of its ability to meet financial obligation to continue to operate.
- E. A condition is imposed as an *additional requirement* – different from or more specific than the regulations.
- F. The NH will have an opportunity to question and/or clarify the SOD and/or imposition of one or more conditions on the license via the department's informal dispute resolution process.
- G. The NH will have an opportunity to contest imposition of one or more conditions on the license via the administrative hearing process.
- H. Imposition of the condition(s) on the license is effective immediately upon written notification, and is not postponed pending completion of informal dispute resolution and/or administrative hearing processes.

- I. Recommendations to impose one or more condition(s) on a license may be reviewed by the Regional Administrator for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.

Responsibilities

Recommendation for Condition(s) on the License

The Surveyor will:

1. Document serious or repeated or uncorrected deficiency citations on a SOD within four (4) working days of exit date.
2. Initiate a recommendation for the condition(s) on the license if deficiency citations are
 - a. Serious, or are repeated, or are uncorrected in the past fifteen months; and
 - b. Placing condition(s) on the license of a home is necessary to protect the safety, health and well-being of the residents while NH is correcting the deficiency(ies).
3. Meet and review the completed SOD with the Field Manager.
4. Forward the original SOD, resident and staff sample list (when warranted), , and the recommendation to impose the condition(s) on the license to the Field Manager within four (4) working days of exit date.

Regional Management Review of Recommendation for Condition(s) on the License

The Field Manager will:

1. Notify the Regional Administrator and the Compliance Specialist/Chief of Field Operations 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 a license may be recommended.
2. Consult with the Compliance Specialist in considering whether or not to go to the home to inform the resident(s) if the condition could result in discharging that particular resident(s).

Field Management Action on SOD

The Field Manager will:

1. Review, edit and approve the SOD,
2. Verify the following:
 - a. The deficiency citation(s) is/are serious or repeated or uncorrected and necessitates a condition on the license.

- b. The recommended condition(s) that will be imposed correspond 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).
 - c. The correct legal requirement (WAC) is identified for each citation.
3. Accept the recommendation as submitted or modify or delete any portion.
 4. Review any changes in the recommendation with the licensor.
 5. Enter a request for enforcement recommendations to the Compliance Specialist via the ECC, for enforcement consideration within six (6) working days of exit date.
 6. Fax the signed "00" page.

Headquarters Management Action of Recommendation(s) for Condition(s) on the License

The Compliance Specialist will:

Review the enforcement recommendation in the ECC.

Headquarters Management Action on SOD

The Compliance Specialist will:

1. Review the SOD to determine if a sufficient basis exists to approve the enforcement action recommended.
2. Accept the recommendation or modify or delete any portion. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the surveyor.
3. Direct the HQ Administrative Support Staff to draft appropriate enforcement notice to include, the specific condition(s) imposed, the effective date, information regarding the informal dispute resolution and hearing rights of the NH, and that the letter must be posted in the home.
4. HQ Administrative Support Staff will upload letter in ECC for Field Manager and Regional Administrator review.
5. Direct HQ Administrative Support Staff to notify applicable parties (i.e. AAG, HCS, DDD, MH, Ombudsman, etc) of enforcement actions initiated, via e-mail distribution of applicable enforcement letter.

Removal of Condition(s) on the License

A. The Field Manager will:

1. Notify the Regional Administrator and the Compliance Specialist via ECC when the NH has corrected the deficiencies that necessitated the condition(s) on the license and the condition(s) are no longer required to protect residents from harm.
2. Review changes with the surveyor when the compliance specialist modifies or removes the condition.

B. The Compliance Specialist will:

1. Accept the recommendation or modify or delete the recommendation to remove condition(s) on a license.
2. Discuss the reason for modification or deletion with the Field Manager who will review changes with the surveyor.
3. Obtain the Office Chief of Field Operations /designee's final approval and determination of removal of the condition(s) on the license.
4. Direct HQ Administrative Support Staff to draft lift letter and enter in ASPEN.
5. Direct HQ Administrative Support Staff to notify applicable parties (ie. AAG, HCS, DDD, MH, Ombudsman, etc) of this action via e-mail distribution of the letter lifting the condition on the license.

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7B5 NURSING HOME STOP PLACEMENT

Background

To provide RCS staff with consistent direction for conducting stop placement of resident admissions as a result of a nursing home (NH) failing or refusing to comply with regulations that:

1. Jeopardizes the health and safety of residents; and/or
2. Seriously limits the NH's capacity to provide care and services.

Procedure:

- A. Within ten (10) working days of exit date:
 1. Headquarters (HQ) will draft notice letters when the remedies below are recommended by the field manager and/or Regional Administrator;
 - Suspension, revocation, civil fines, stop placement, condition(s) on the license and/or when federal remedies are being recommended.
 2. The field will draft and post notice letters to the ePOC system when they have been sent to the Compliance Specialist for enforcement consideration.
 3. The field will draft notice letters and SODs and post to the ePOC system, if the Compliance Specialist informs field that the decision was made that no enforcement will be imposed.
- B. A stop placement order prohibiting admissions may be recommended to facilitate correction of violations of statutes or regulations that demonstrate the health and safety of residents are jeopardized, and/or the home's capacity to provide care or services is seriously limited.
- C. A stop placement order prohibiting admissions may be recommended when violations are serious, or are pervasive or repeated or uncorrected and suspension of admissions in the home is necessary to protect residents' safety and welfare while the NH is correcting the deficiency.
- D. A stop placement order prohibiting admissions includes suspension of all new admissions, readmissions, or transfer of residents into the home.
- E. The department may notify the NH during the course of the on-site survey or within ten (10) working days of exit date, about a stop placement order prohibiting admissions. Notification after survey exit will be made as soon as possible by telephone and via personal service and/or a notice of violation letter and a SOD, posted to the ePOC system.
- F. The NH will have an opportunity to question and/or clarify the SOD and/or stop placement order prohibiting admissions through the department's informal dispute resolution process.

- G. The NH will have an opportunity to contest imposition of a stop placement order prohibiting admissions through the state administrative hearing process.
- H. Imposition of a stop placement order is effective immediately upon notification and is not postponed pending completion of informal dispute resolution and/or administrative hearing process.
- I. The Regional Administrator (RA) may review the recommendations to impose a stop placement order for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.

Responsibilities

Imposition of a Stop Placement Order Prohibiting Admissions

The Surveyor will:

1. Consult immediately with the Field Manager when findings demonstrate the health and safety of residents are jeopardized or the home's capacity to provide care or services is seriously limited and a stop placement order prohibiting admissions to the all or part of the home is necessary to protect residents while the NH is correcting the deficiencies.
2. Document deficiencies that demonstrate serious harm or death to a resident or that a serious threat to the life, health or safety of a resident exists including information about pertinent repeated or uncorrected deficiencies in the past thirty-six months on the SOD.
3. Complete/update a Licensee History Memo (LHM) including the home's current and significant compliance history related to the stop placement order prohibiting admissions recommendation. (*SEE ATTACHMENT 1*)
4. Meet with the Field manager and review the completed SOD; and
5. Forward all information, (LHM, SOD,), to the Compliance Specialist within two working days of exit date, through the ECC system.

Regional Management Review of Stop Placement Order Prohibiting Admissions

The Field Manager will:

1. Notify the RA and the Compliance Specialist/Chief of Field Operations 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.

2. Upon approval of the Compliance Specialist, notify the NH (and HCS, DDD and Mental Health as appropriate) about the immediate imposition of a stop placement order prohibiting admissions.

Regional Management Action on SOD

The Field Manager will:

1. Review, edit and approve the SOD and LHM to determine accuracy, adequacy, clarity, thoroughness and timeliness of the submission of recommendation to impose a stop placement order prohibiting admissions.
2. Verify the following:
 - a. The deficiency citation(s) demonstrate:
 - i. The resident's health and safety is jeopardized, or
 - ii. The home's capacity to provide care and/or services is seriously limited; and
 - iii. A stop placement order prohibiting admissions is necessary to protect residents while the NH is correcting the deficiencies.
 - b. The stop placement of admissions recommendation corresponds with the scope and severity of the deficiency citation(s) and correlates to the statute(s) or regulation(s) cited.
 - c. The correct legal requirement (WAC) is identified for each citation.
3. Accept the SOD report and LHM as submitted or modify or delete any portion.
4. Review the changes in the recommendation with Surveyor.
5. Enter a recommendation for enforcement in the ECC, within six (6) working days of the exit date.

Field Management Action After Stop Placement Is In Effect

The Field Manager will:

1. Approve readmissions of residents on an exception basis.
2. Make sure field Administrative Assistants know about the stop placement so they can alert you to calls and how to document. Update stop placement log for approvals and disapprovals if provider calls during weekdays.

Headquarters Management Action on Recommendation for Stop Placement

The Compliance Specialist will:

1. Notify the Chief of Field Operations/designee immediately when findings demonstrate:
 - a. The health and safety of residents is jeopardized; or
 - b. The home's capacity to provide care or services is seriously limited; and
 - c. A stop placement order prohibiting admissions to the home is necessary to protect residents while NH is correcting the deficiencies.
2. Obtain the Office Chief of Field Operations /designee's final approval and determination to impose a stop placement order prohibiting admissions.
3. Notify Field Manager to confirm the receipt of enforcement action recommendation, through the ECC system.
4. Notify the Field Manager by telephone about the Office Chief of Field Operations /designee's final determination and request that the Field Manager confirm the stop placement order with the NH by telephone.
5. When there is any situation involving the likelihood of life threatening risk to a resident (imminent risk, imminent harm), request that the Field Manager notify the NH (and HCS, DDD and Mental Health as appropriate) about the imposition of a stop placement order prohibiting admissions effective immediately.

Headquarters Management Action on SOD

The Compliance Specialist will:

1. Review the SOD and LHM to determine if a sufficient basis exists to approve the enforcement action recommendation.
2. Accept the recommendation to impose a stop placement order prohibiting admissions or modify or delete any portion. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the Surveyor..
3. Direct HQ Administrative Support Staff to draft appropriate notice, to be entered in ASPEN.
4. Direct HQ Administrative Support Staff to notify applicable parties (i.e. HCS, DDD, MH, Ombudsman, etc.) about enforcement actions initiated via mail or e-mail distribution of the enforcement letter and SOD.

Removal of Stop Placement Orders Prohibiting Admissions

A. The Surveyor will:

1. Re-visit the home within fifteen (15) working days of the NH's request to verify correction of violations that contributed to the recommendation to impose a stop placement order prohibiting admissions.
2. Determine if findings that jeopardized the health and safety of residents or seriously limited the home's capacity to provide care or services have been removed and systems in place to ensure lasting correction.
3. Meet with the Field Manager to recommend lifting the stop placement order prohibiting admissions.

B. The Field Manager will:

1. Notify the RA and Compliance Specialist ECC when the NH has corrected deficiencies that necessitated the stop placement order prohibiting admissions and exhibits the capacity to maintain correction of the citations previously found deficient.
2. Notify the NH, by telephone, when the Compliance Specialist gains the approval of the Field Office Chief/designee.

C. The Compliance Specialist will:

1. Accept the recommendation or modify or delete the recommendation to lift the stop placement order prohibiting admissions to the home.
2. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the Surveyor.
3. If needed, obtain the Office Chief of Field Operations /designee's final approval and determination of removal of the stop placement order prohibiting admissions.
4. Direct HQ Administrative Support staff to draft appropriate lift letter to be entered in ASPEN.
5. Notify the Field Manager about the approval and request the NH to be notified by telephone.
6. Direct HQ Administrative Support Staff to notify applicable parties (ie. AAG, HCS, DDD, MH, Ombudsman, etc) about this action via e-mail distribution of the letter removing the stop placement order prohibiting admissions.

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7B6 - NURSING HOMES LICENSE REVOCATION

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7B7 – NURSING HOMES SUMMARY SUSPENSION

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7B8 – NH TEMPORARY MANAGER

BACKGROUND

Temporary Management is a state enforcement and federal remedy that is discretionary at all times and can be used when the facility has failed to comply or refused to comply with licensing requirements or the Medicaid contractor has failed or refused to comply with Medicaid In the requirements of Title XIX of the social security act.

In the Nursing Home program, there is a federal temporary management that CMS (Centers for Medicare and Medicaid Services) can impose and 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. Under the state authority to impose a Temporary Manager, the state is responsible for funding the temporary manager in addition to other funds needed by the temporary manager to keep the facility temporarily operational.

The purpose of the temporary management remedy is to complete one or more of the following:

- Oversee the operation of the facility and ensure the health and a safety of the facilities residents while;
- An orderly closure of the facility occurs; or
- A new licensee has been approved to assume control of the nursing home; or
- The licensee pursues dispute resolution or appeal of the summary suspension of the license, the residents are not subjected to dislocation or transfer trauma; or
- The deficiencies necessitating temporary management are corrected and the former licensee has demonstrated they can be in compliance and have approval to regain operation of the facility from the department in the nursing home program.

PROCEDURE

Locating a Temporary Manager or Receiver

The department has authority to recruit individuals, partnerships, corporations and other entities interested in serving as a temporary manager or receiver for nursing homes and assisted living facilities.

The Department will:

1. Require the interested applicants to be subject to the criteria for licensees found in WAC 388-97-4220 and WAC 388-97-4660 as applicable.

2. 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 licensee's home subject to the temporary management or has been affiliated with the home subject to temporary management or has owned or operated a home ordered into temporary management in any state.
3. Maintain an approved list of temporary managers for with the RCS Compliance Unit.

Appointing a Temporary Manager

A. The Compliance Specialist will:

1. Consult with the Chief of Field Operations or Designee regarding significant non-compliance in the NH necessitating significant enforcement such as Stop Placement, License Revocation and/or Summary Suspension.
2. Obtain compliance history of the facility and review the current statement of deficiency report that supports the facility's inability to ensure resident health and safety.
3. Provide the Chief of Field Operations the list of approved temporary managers for Nursing Homes and initiate calling names on the approved list to determine their availability to serve as a Temporary Manager for the Department.
4. For state imposed temporary managers, upon the selection of an approved available Temporary Manager by the Director or Field Operations Office Chief, the compliance unit will begin preparing contracts with the help of the ALTSA contracts unit between the Department and Temporary Manager.
5. Ensure at a minimum the following documents are prepared for signature (as applicable):
 - a) Aging and Long Term Care Administration Contract Request and Approval Form (CRA).
 - b) Performance Based Contract Check List.
 - c) Program Services Risk Assessment Worksheet.
 - d) DSHS Client Service Contract with Exhibit A Special Terms and Conditions Statement of Work completed - *Please note, The contract is generated by the DSHS Management Services Division. The Statement of Work is negotiated with the Temporary Manager and the RCS Director but filled out by Compliance Specialist.*
 - e) Notice letter for the NH Provider appointing the Temporary Manager and notifying them of all enforcement remedies if no previous notice has been sent to the facility with the Statement of Deficiency (SOD) report.
 - f) Letter to the Temporary Manager entity giving the Temporary Manager authority over the facility operation.

- g) Letter to the Residents and Families notifying that a Temporary Manager has been placed.
 - h) Letter to Vendors to request continued service under the Temporary Manager.
 - i) Blank A-19-1A form for department or Temporary Manager to fill out regarding being paid or reimbursed for resident services, facility staff services as in payroll or other legitimate needs for the continued safe care of residents in the facility.
 - j) DSHS Incident Report for the DSHS Secretary.
6. Arrange a face to face meeting with the Temporary Manager and at a minimum the Field Office Chief and Compliance Specialist to discuss expectations and arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the facility closure or during the time the facility is implementing their correction plan.
 7. The Compliance Specialist or designee will be the Temporary Managers point of contact during the durations of the Temporary Manager's contract.

B. THE REGIONAL ADMINISTRATOR AND/OR DESIGNEE WILL:

1. Notify the State and/or local ombudsmen of the action that the facility is taking to place the Temporary Manager and offer the Ombudsmen the opportunity to be present at the Resident meeting announcing the Temporary Management action to facility residents, families that may be present and staff.
2. Ensure that Home and Community Services are aware of the Temporary Manager Action and have the opportunity to be present at the Resident meeting announcing the Temporary Management action.
3. Personally deliver the notice letter placing the Temporary Manager at the given facility. (The Field Manager should accompany the RA.)
4. Attempt to coordinate the delivery of the notice letter appointing the Temporary Manager with the selected Temporary Manager present so they can be introduced.
5. Together with the Temporary Manager, hold a meeting with residents and then with staff about the enforcement actions and deliver the Resident and Family notice letters to residents and families present. (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.
6. Answer questions from residents, families and staff about the process and the next steps.

AFTER TEMPORARY MANAGER HAS BEEN PLACED

A. The Field Manager will:

1. Ensure that the surveyors or complaint investigators are monitoring the facility per the Monitoring SOP.
2. 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 Regional Administrator.

B. The Licensor/Surveyor will:

- A. Monitor the facility per the Monitoring SOP and give a written report to the Field Manager about the health and safety conditions in the facility.
- B. Report any critical health and safety concerns immediately to the Field Manager.
- A. Report to the Field Manager the progress that the facility is making to correct the cited deficiencies if this is a Nursing Home where the licensee has the possibility of regaining operations of the facility.
- B. Report to the Field Manager the number of residents who remain in the facility as the facility transfers the residents during closure process. Refer to the facility Closure SOP.
- C. Gather information from the Temporary Manager regarding where the residents were transferred and the date of the transfers.
- D. Request the Temporary Manager notifies the department when the last resident is discharged from the facility.

EXAMPLES OF LETTERS AND FORMS NEED WHEN THE DEPARTMENT APPOINTS A TEMPORARY MANAGER IN NURSING HOMES

CRA AND CONTRACT CHECKLIST

LETTER TO FACILITY

LETTER TO TEMPORARY MANAGER

LETTER TO VENDORS

LETTER TO RESIDENT(S) AND FAMILIES

RISK ASSESSMENT AND MONITORING



QUALITY ASSURANCE REVIEW

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

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7C – ADULT FAMILY HOMES (AFH) AND ASSISTED LIVING FACILITIES (ALF)

This section contains the Standard Operating Procedures that direct RCS staff on enforcement actions involving Adult Family Homes and Assisted Living Facilities.

ADULT FAMILY HOMES AND ASSISTED LIVING FACILITIES

1. [Statement of Deficiencies \(SOD\)](#)
2. [Plan of Correction](#)
3. [Civil Fines](#)
4. [Conditions on license](#)
5. [Stop Placement](#)
6. [License Revocation](#)
7. [Summary Suspension](#)
8. [Temporary Manager ALF](#)
9. [Temporary Manager AFH](#)
10. [Facility Closure AFH/ALF](#)

Forms links and attachments

[Principles of Documentation](#)

7C1 –STATEMENT OF DEFICIENCIES IN AFH/ALF

Background

To provide RCS staff with consistent direction regarding Statement of Deficiency (SOD) reports that document the noncompliance of the home.

Procedures:

- A. The Licensor(s) will make a determination of provider compliance or noncompliance after an inspection or complaint investigation.
- B. If the Licensor determines that the provider is noncompliant with the licensing laws and rules he/she will follow the FMS manual instructions for entering the information in FMS.
- C. Licensors will follow the [Principles of Documentation](#) (POD) when writing the SOD including a regulatory reference, a failed (deficient) practice statement and relevant findings related to the home's noncompliance with the statutes or regulations with each WAC cited.
- D. If enforcement is not recommended, when the Licensor(s) has completed the SOD, the Field Manager will review, approve, sign and date the SOD. If there is enforcement, the SOD will be approved but not locked by the AA3. Instead, it will sit until the Enforcement Communication Center (ECC) path indicates the signed SOD cover is requested which indicates the SOD is ready to be printed for signature.
- E. Field Managers will use the Quality Assurance Auditing Tool Deficiency Citation in the [Principles of Documentation](#) routinely for quality assurance purposes.
- F. SOD reports may be reviewed by the Regional Administrator/designee (for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure).
- G. The field will not amend SODs and notice letters after there has been an enforcement action imposed unless the Compliance Specialist approves the amendment(s).
- H. The field may amend SODs and notice letters when there is no enforcement action and new information is received relating to existing examples in the existing SOD.
- I. If the violations of statutes and regulations are first time violations, resulting in minimal or no harm to residents and have been corrected, the Licensor will enter the information in FMS as a consultation and the relevant WACs will be documented on the cover letter.
- J. FMS generates a SOD cover letter for citation with plan of correction. FMS does not generate a SOD cover letter for citation with no plan of correction. FMS

generates this cover letter regardless of enforcement action. In case of enforcement action, the cover letter will exist in FMS but will not be used. Instead, Compliance Specialists will create a cover letter outside of the FMS system.

- K. FOR ASSISTED LIVING FACILITIES, the following criteria must be met in order for the violations to be considered a consultation:
1. The facility corrects the violation and the deficient practice is corrected to the satisfaction of the department prior to the exit;
 2. The violation had not been cited in one of the two most recent preceding inspections or complaint investigations; and
 3. The violation did not pose a significant risk of harm or actual harm to a resident.
- (Note: Fire safety, medications, background check information, and/ or care and services are issues that typically pose risk of harm or actual harm to a resident and so do not meet the criteria of consultation).*
- L. FOR ADULT FAMILY HOMES, a consultation means a first time violation of statute or regulation with minimal or no harm to residents.

Responsibilities

Off-site Documentation of Inspection Process

A. The Licensor will:

1. Complete all data collection such as collateral interviews or further record review;
2. Review the pertinent findings and confirm analysis of deficiency citations;
3. Consider any existing or previous enforcement action from a previous inspection;
4. Confer with the Field Manager if an enforcement action may be recommended, or if other questions arise;
5. Keep in mind, consultation citations will not be permitted if it is determined that enforcement action is recommended;
6. Complete the following tasks or divide the following tasks with individual team members if more than one person conducted the inspection:
 - a. Finalize the numbered resident sample list;
 - b. Finalize the numbered staff sample list (use identifiers when needed);
 - c. Designate Washington Administrative Code (WACs) and Revised Code of Washington (RCWs) (when applicable) that will be cited in the report;
 - d. Document the failed (deficient) practice statements in relation to cited statutes and regulations following the Principles of Documentation; and

Documentation on the Statement of Deficiencies

B. The Licensor will:

1. Enter information into FMS. See FMS Field Services Manual for step by step instruction;
2. Document all deficiency citations according to the [Principles of Documentation](#);
3. Cross-reference for citations in which findings have a direct cause and effect relationship to the deficient practices described in both citations;
4. Identify if the violation is a repeat or uncorrected deficiencies (the same statute/regulation, subsection, and issue have been previously cited within specified time frames, and, are related to an enforcement action recommended);
5. Review, edit and finalize the SOD within four (4) working days of last date of data collection; and
6. Submit the resident and staff sample list (as applicable) by email to the Field Manager and AA3 within four (4) working days of last date of data collection.

C. The Field Manager will:

1. Review the completed SOD and cover letter with staff;
2. Approve and sign cover letter and SOD; and
3. Ensure the SOD report is delivered to the home within 10 working days of the last date of data collection if there is no enforcement action except civil fines; or
4. If the document is part of an enforcement action, wait until the Enforcement Communication Center (ECC) notice is received to indicate it is time to lock and sign the SOD and ensure the SOD is delivered to the home.

Amendment of Statement of Deficiencies

A. The Field Manager/designee will:

1. Upon approval from the Compliance Specialist, amend the visit information in FMS if SOD needs to be amended;
2. Review, sign and approve the amended SOD; and
3. If the document is part of an enforcement action, forward to the Compliance Specialist to determine whether it meets enforcement criteria for review and approval.

B. The Compliance Specialist will:

1. Review and approve the amending of the SOD and inform Field Manager of decision;

2. Obtain the Chief of Field Operations/designee's approval and signature for an amended enforcement letter; and
3. Coordinate delivery of the amended SOD report and amended/continued enforcement letter to the home via personal service and/or certified mail.

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7C2 –ATTESTATION AND PLAN OF CORRECTION (POC) IN AFH/ALF

BACKGROUND

When a home or a facility has received a citation, they must provide RCS with an attestation statement for each citation certifying that the home/facility has or will correct each deficiency (*this does not apply in revocations or summary suspension*). The attestation statement must be signed and include the date that the deficiency has been or will be corrected, however, the home/facility should begin initiating corrective action in response to deficiencies cited upon oral notice of findings during inspections or complaint investigations.

The attestation statement and Statement of Deficiencies report (SOD) must be returned to the department (RCS) within 10 calendar days of receiving the report from the department. RCS will review the attestation statement and determine if the dates of compliance are acceptable within 5 working days of receipt.

Correction dates should not exceed 45 days from the last day of data collection (the same time frame that starts the 10 day “clock” for writing the SOD) unless approved by management. The 45 days count begins with the next full day after data collection is complete. If the 45th day falls on a weekend or holiday the plan of correction will be due on the following business day. The department may designate correction dates when a threat to resident health/safety exists or when a condition on a license has been initiated.

All attestation statements are a part of the Statement of Deficiencies (SOD) report and are retained in the licensing file.

Adult Family Homes: must submit attestation statements for all undisputed deficiencies. AFHs do not have to submit the attestation statements for disputed deficiencies (those deficiencies that are part of an informal dispute resolution (IDR) request). After the dispute is completed, and if there are no changes due to the IDR, the AFH must submit the attestation date and letter/documentation to show correction and back in compliance.

Assisted Living Facilities: must submit attestation statements for all undisputed deficiencies. ALFs do not have to submit the attestation statements for disputed deficiencies (those deficiencies that are part of an informal dispute resolution (IDR) request). After the dispute is completed, and if there are no changes due to the IDR, the ALF must submit the attestation date and letter/documentation to show correction and back in compliance.

PROCEDURE

On-Site Home Attestation Statement Notification

A. The Licensor will:

1. Inform the home prior to leaving that a SOD report will be sent to the home within ten (10) working days of completion of data collection.
2. Inform the home prior to leaving the home that an attestation statement must be completed for each cited deficiency in the SOD and returned to the department within ten (10) calendar days of receiving the report.
3. When necessary to protect resident health, safety, or welfare of the resident, the licenser may want a safety plan submitted by the home/facility before leaving. This should only be done with Field Manager and Compliance Specialist approval.

Off-site Home Attestation Statement Review

A. The Licenser will:

1. Review the attestation statement within five (5) working days of receipt (or request the FM review the attestation if the team will not be available).
 - a. Confirm that the attestation statement has the home's signature and date by which cited deficiency has been or will be corrected.
2. Enter the correction date(s) in FMS.
3. If the attestation is not received by the 10th calendar day or next working day, the AA3, or designee, will call the provider or administrator and remind them to submit the documentation to the department within the next 24 hours. The AA3 will then document the date and time of the call in the working papers.
4. If no attestation statement is received after the first reminder call, consult with Field Manager to determine whether an on-site visit needs to be conducted.
5. Depending on the deficiency, monitor compliance. If provided by the home, review any letter/documentation verifying correction.
6. Call provider to discuss the issues in order to determine if sufficient information/documentation is present to justify reporting the deficiency as corrected or to recommend to the Field Manager an on-site revisit needs to be conducted.
7. If an on-site visit is not required as the home/facility provided sufficient information/documentation to justify the reporting the deficiency as corrected, place a note regarding the pertinent details of the telephone conversation (including a statement identifying whether the home/facility was found back in compliance) along with any documents sent by the home/facility, in the home/facility file.
8. Consult with Field Manager if there are questions or concerns about the attestation statement or letter/documentation.

Regional Management Review of Home Plan of Correction (Attestation Statement and Letter/Documentation)

A. Field Managers/designee will:

1. Call or meet with the home to:

- a. Review the date(s) on the attestation statement if not acceptable; or
 - b. Review department concerns related to the home's failure to submit a signed attestation statement with acceptable dates for each cited deficiency in the SOD; and
 - c. Obtain a signed attestation statement with acceptable dates for each cited deficiency in the SOD.
2. Determine if an on-site visit needs to be conducted if no acceptable evidence the home is back in compliance is received.
 3. Forward the inspection packet to field Administrative Assistant Staff for processing and distribution of the final SOD report with attached attestation statement to Compliance Specialists (if an enforcement action has been taken); or
 4. Initiate recommendation for enforcement action when the home is unable or unwilling to comply with the plan of correction attestation requirements.

QUALITY ASSURANCE REVIEW

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

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7C3 – CIVIL FINES IN AFH/ALF

Background

To consistently and uniformly impose and enforce civil fines Adult Family Homes (AFHs) and Assisted Living Facilities (ALFs) when they have violations that:

- Result in actual or potential harm to residents;
- Are recurring/repeated;
- Are uncorrected;
- Pervasive; or
- Present a threat to the health safety or welfare of residents.

Procedures

- A. Within 10 working days of completion of data collection:
 1. The field will send by an approved mail method, the Statement of Deficiencies (SODs), and/or cover letters to the provider when:
 - a. There are SODs without enforcement recommendations; or
 - b. Compliance Specialist does not approve enforcement; or
 - c. There are no deficiencies or only consultations.
 2. Headquarters (HQ) will send by an approved mail method, the SODs and enforcement letters to providers when RCS imposes civil fines.
 3. The field will not send out SODs or cover letters to providers when the SODs have been sent to the Compliance Specialist for enforcement consideration unless directed to do so.
- B. Civil fines will be recommended and may be imposed for violations that:
 1. Resulted in actual or potential serious harm to residents; or
 2. Were repeated (recurring) or uncorrected; or
 3. Found individuals operating a home 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.

- C. Civil fines may be recommended for violations that resulted in actual or potential minimal or moderate harm to residents.
- D. Civil fines may be also recommended when the facility has failed to comply with already imposed enforcement actions such as conditions and stop placement.
- E. Civil fines may be imposed along with any other enforcement remedy such as conditions, stop placement, revocation and summary suspensions.

- F. Civil fines may be imposed for violations of fire code based on State Fire Marshal reports.
- G. Timeframes identified within this procedure to complete and process civil fine recommendations may be extended with management's approval, except as otherwise specified in statute or regulation.
- H. Licensees will be given an opportunity to question and/or clarify the Statement of Deficiencies report and/or the imposition of civil fine(s) via the department's informal dispute resolution (IDR) process.
- I. Licensees will be given an opportunity to contest imposition of a civil fine via the administrative hearing process.

Responsibilities

CIVIL FINE RECOMMENDATIONS

The Licensor/Surveyor/Complaint Investigator will:

1. Document on a Statement of Deficiencies report within four working days of completion of data collection, (for nursing homes this is the end of on-site data collection) violations of regulations.
2. Initiate civil fine recommendations if regulatory violations:
 - a. Demonstrate actual or potential serious harm to residents;
 - b. Demonstrate minimal and repeat, moderate or serious harm to residents and/or analysis of the home's compliance history demonstrated inability or refusal to comply with statutes and regulations.
 - c. Were recurring (repeated) or uncorrected on two or more occasions:
 - i. in the past 15 months for nursing homes, or
 - ii. 36 months for adult family homes and Assisted Living Facilities, or since the date of the last full inspection, whichever period is longer.

NOTE: Civil fines will be recommended when the State Fire Marshal notifies the department that a ALF has failed to comply with state fire code regulation. In these instances the field will write a SOD based on non-compliance with state and local laws using the State Fire Marshal report as evidence. Then an Email fine recommendation will be completed and sent forward to the Field Manager who will forward the fine recommendation to the ALF Compliance Specialist.

3. Prepare an Email for the Field Manager listing the specific WAC violations for which civil fines are being recommended. Specify the fine amount, and for which particular violation (s) the fine is being recommended
4. If the fine is for a recurring (repeated) or uncorrected violation of the same specific requirement and subsection that was cited on two or more occasions in the timeframes referenced in section 2 above, include the repeat violation with specific WAC/RCW information along with the FMS Visit number for the Adult Family Home or Assisted Living Facility.

5. Forward completed recommendation and the Statement of Deficiencies report to the Field Manager within four working days of completion of data collection.

NOTE: It is no longer necessary to send hard copy of the former repeat violations from previous visits. These violations will be accessed through FMS visit number.

REGIONAL OFFICE REVIEW OF CIVIL FINE RECOMMENDATIONS

A. Field Managers will:

1. Verify:
 - a. The deficiency citation demonstrates actual or potential harm or is recurring (repeated) or is uncorrected and warrants a civil fine recommendation.
 - b. The civil fine that will be imposed corresponds with the scope and severity of the deficiency citation and is correlated to the statute or regulation cited.
 - c. The correct legal requirement (WAC) is identified for the enforcement action recommended.
2. Accept the recommendation as submitted or modify or delete any portion within six working days of completion of data collection.
3. After consulting with the Compliance Specialist to verify enforcement actions are approved:
 - a. Email the following to the Compliance Specialist Support Staff:
 - i. Signed SOD cover page.; and
 - ii. Resident and Staff sample list.
 - b. **Put enforcement recommendations for Adult Family Homes or Assisted Living Facilities in FMS at the same time you send the email to Compliance Specialist.**

NOTE: For Assisted Living Facilities and Adult Family Homes: please ensure that the SOD is final by removing the DRAFT language. To do this, enter the artificial number 00000 in the certified mail prompt in FMS. Then sign and send the SOD cover page to the designated Compliance Specialist/Compliance Support Staff.

4. Review any changes in the civil fine recommendation or SOD with licenser, survey team or complaint investigator.
5. If the civil fine was deemed not to be the selected enforcement remedy, please delete the fine recommendation from FMS.

HEADQUARTERS MANAGEMENT ACTION ON CIVIL FINE RECOMMENDATION

A. The Compliance Specialist will:

1. Review only the SOD violation(s) related to specific WAC being recommended for a civil fine, to determine if sufficient basis exists to approve the civil fine.
2. Accept the recommendation or modify or delete any portion. Discuss the

reason for the modification or deletion with the Field Manager who will review changes with RCS staff.

3. If the civil fine is not approved, direct the field to send the SOD to the provider.
4. Obtain the Chief of Field Operations/designee's final approval and determination of the civil fine to be assessed within 2 working days of receiving the Email civil fine recommendation.
5. Email compliance support staff the final civil fine amount so compliance support can complete enforcement notice letter and mail the documents to the appropriate parties.

B. Headquarters Compliance Support Staff will:

1. Prepare civil fine enforcement letter for signature of Chief of Field Operations/designee.
2. Print final SOD out of FMS and attach signed cover page from field office to complete the official SOD report.
3. Send the licensee the civil fine enforcement letter, final SOD, Resident and Staff sample list through an approved mail method within 10 working days of completion of data collection.
 - a. The enforcement letter will include the amount of the fine, when the fine is due, informal dispute resolution (IDR) rights, hearing rights and when appropriate, the POC/Attestation information.
4. Send copies of enforcement letter(s) to the Field Manager and Regional Administrator.
5. Post the enforcement letter on the Departments Internet site and email or fax a courtesy copy of the notice to applicable parties (i.e., Medicaid Fraud, AAG, HCS, DDD, MH, OFR, Ombudsman, etc) notifying them of enforcement actions initiated.

NOTE: Office of Financial Recovery (OFR) will need a second civil fine amount notice in cases where a daily civil fine continued to accrue and the final amount due would not be determined until the facility corrects.

6. Track in the Enforcement Systems the:
 - a. Amount of civil fine levied.
 - b. Amount of fine paid by the provider (obtain from OFR) and when paid.

HEADQUARTERS INFORMAL DISPUTE RESOLUTION (IDR) MANAGEMENT

IDR Program Manager will:

1. Oversee scheduling any requested IDR for enforcement action per Informal Dispute Resolution Standard Operating Procedures.
2. Ensure the IDR support staff alerts Compliance support staff when a timely IDR has been requested for a civil fine.
3. Discuss any proposed changes in the SOD that may affect a change in civil fine

- enforcement remedy, with the Compliance Specialist.
4. Coordinate with Compliance Specialist to write a notice letter to the provider with the results of the IDR where changes in the SOD affect the civil fine.
 5. Track in the Enforcement Systems the :
 - a. Outcome of the IDR.
 - b. Date the IDR/Enforcement letter is sent to the provider.
 6. IDR Support Staff and Compliance Support Staff will track and maintain required information related to civil fines.

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7C4 – CONDITION/S ON LICENSE IN AFH/ALF

Background

To provide RCS staff with consistent direction regarding condition(s) on the license when an AFH or ALF has serious, repeated or uncorrected violations.

Procedures

- A. Within (10) ten working days of completion of data collection:
 1. Headquarters (HQ) will send (by certified mail) the SODs, cover letters and enforcement letters to providers when there is one or more of the following actions:
 - suspension, civil fine(s), revocation, stop placement and/or condition(s) on the license.
 2. The field will not send out SODs and cover letters to providers when they have been sent to the Compliance Specialist for enforcement consideration.
 3. The field will send out SODs and cover letters to providers if the Compliance Specialist informs field that the decision was made that no enforcement will be imposed.
- B. Condition(s) on the license may be recommended to facilitate correction of violations that are:
 1. Serious, or are repeated, or are uncorrected in the past twenty-four months; and
 2. Placing condition(s) on the license of a home is necessary to protect the safety, health and well-being of the residents while the AFH/ALF is correcting the deficiency(ies).
- C. 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 deficiencies cited; and/or
 3. A limitation on the type of residents admitted to the home.
- D. Condition(s) may also include the following requirements:
 1. A discharge of a specific resident.
 2. A change in license capacity.
 3. Removal of specialty designation.
 4. Prohibition of access to residents by a specific person; and/or
 5. Demonstration by the AFH/ALF of its ability to meet financial obligation to continue to operate.

- E. A condition is imposed as an *additional requirement* – different from or more specific than the regulations. A condition is not merely a restatement of a WAC requirement such as requiring the AFH/ALF to follow a WAC.
- F. The AFH/ALF will be given an opportunity to question and/or clarify the SOD and/or imposition of one or more conditions on the license via the department's informal dispute resolution process.
- G. The AFH/ALF will be given an opportunity to contest imposition of one or more conditions on the license via the administrative hearing process.
- H. Imposition of the condition(s) on the license is effective immediately upon written notification, and is not postponed pending completion of informal dispute resolution and/or administrative hearing processes.
- I. The Regional Administrator/designee (DA) may review recommendations to impose one or more condition(s) on a license for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.
- J. A condition can be imposed with a stop placement, revocation and/or civil fines.
- K. In an emergency, as directed by HQ, condition(s) may be imposed pending completion of an investigation.

Responsibilities

Recommendation for Condition(s) on the License

A. The Licensor will:

1. Document serious or repeated or uncorrected deficiency citations on a SOD within four (4) working days of completion of data collection.
2. Initiate a recommendation for condition(s) on the license if deficiency citations are:
 - a. Serious, or are repeated, or are uncorrected in the past twenty-four months; and
 - b. Placing condition(s) on the license of a home is necessary to protect the safety, health and well-being of the residents while the AFH/ALF is correcting the deficiency(ies).
3. Forward the original SOD, resident and staff (when warranted) sample list and the recommendation to impose the condition(s) on the license to the field manager within four working days of completion of data collection.
4. Meet and review the completed SOD with the Field Manager.

Regional Management Review of Recommendation for Condition(s) on the License

A. The Field Manager will:

1. Notify the Regional Administrator and the Compliance Specialist/Chief of Field Operations 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 recommended.

2. Consult with the Compliance Specialist in considering whether or not to go to the home to inform the resident(s) if the condition could result in discharging that particular resident(s).
3. Be directed in certain emergencies to notify the AFH/ALF verbally of the condition(s) before the SOD and notice letter is sent out.

Regional Management Action on SOD

A. The Field Manager will:

1. Review and send the approved SOD, resident and staff sample list (when warranted) and cover letter to the Compliance Specialist for enforcement consideration within six (6) working days of completion of data collection. Fax the signed page.
2. Verify:
 - a. The deficiency citation is serious or repeated or uncorrected and necessitates a condition on the license.
 - b. The recommended condition(s) that will be imposed correspond 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).
 - c. The correct legal requirement (WAC) is identified for each citation.
3. Accept the recommendation as submitted or modify or delete any portion.
4. Review any changes in the recommendation with the Licensor.

Headquarters Management Action of Recommendation(s) for Condition(s) on the License

The Compliance Specialist will:

1. Call or email Field Manager to confirm receipt of enforcement action recommendation.
2. Obtain the Chief of Field Operations/designee's final approval and determination of the condition(s) on the license to be imposed within ten (10) working days of completion of the last day of the data collection.
3. When an emergency exists, request the Field Manager notify the AFH/ALF that the license has one or more condition(s) in place pending completion of an investigation.

Headquarters Management Action on SOD

The Compliance Specialist will:

1. Review the SOD to determine if a sufficient basis exists to support the enforcement action recommended.
2. Accept the recommendation, or modify, or delete any portion. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the Licensor.

3. Notify the AFH/ALF about the imposition of condition(s) on the license within ten (10) working days of completion of data collection in the enforcement letter and the SOD, via personal service and/or certified mail.
4. Verify that the enforcement letter includes the specific condition(s) imposed, the effective date, information regarding the informal dispute resolution and hearing rights of the AFH/ALF, and that the letter must be posted in the home.
5. Direct HQ Administrative Support Staff to send copies of the SOD and enforcement letter to the Field Manager and Regional Administrator.
6. Direct HQ Administrative Support Staff to notify applicable parties (i.e. AAG, HCS, DDD, MH, Ombudsman, etc) of enforcement actions initiated, via e-mail distribution of applicable enforcement letter.

Removal of Condition(s) on a License

A. The Licensor will:

Conduct a monitoring visit to make sure condition(s) is being/are worked on or met.

B. The Field Manager will:

1. Notify the Regional Administrator and the Compliance Specialist via e-mail when the AFH/ALF has corrected the deficiency(ies) that necessitated the condition(s) on the license and the remedy is no longer required.
2. If the Compliance Specialist modifies or deletes the condition(s), review changes with the Licensor.

C. The Compliance Specialist will:

1. Accept or deny the recommendation to remove the condition(s) from the license or modify the condition(s).
2. Discuss the reason(s) for denying the recommendation or modifying the condition(s) with the Field Manager.
3. Obtain the Chief of Field Operations/designee's final approval and determination of removal or modifications of the condition(s) on the license.
4. Send a letter via certified mail to the AFH/ALF lifting the condition(s) on the license.
5. Direct HQ Administrative Support Staff to send copies of the enforcement letter to the field manager and District Administrator.
6. Direct HQ Administrative Support Staff to notify applicable parties (ie. AAG, HCS, DDD, MH, Ombudsman, etc) of this action via e-mail distribution of the letter lifting the condition(s) on the license.

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7C5 –Stop Placement in AFH/ALF

Background

To provide RCS staff with consistent direction for imposing a stop placement of resident admissions order as a result of an adult family home (AFH) or Assisted Living Facility (ALF) failing or refusing to comply with regulations that:

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

Procedure

- A. Within (10) ten working days of completion of data collection:
 1. Headquarters (HQ) will send (by certified mail) the SODs, cover letters and enforcement letters to providers when there is one or more of the following actions:
 - suspension, Civil fine(s), revocation, stop placement and/or condition(s) on the license.
 2. The field will not send out SODs and cover letters to providers when they have been sent to the Compliance Specialist for enforcement consideration.
 3. The field will send out SODs and cover letters to providers if the Compliance Specialist informs field that the decision was made that no enforcement will be imposed.
- B. A stop placement order prohibiting admissions may be recommended to facilitate correction of violations of statues or regulations that demonstrate:
 1. The health and safety of residents are jeopardized; and/or
 2. The home's ability to provide care or services is seriously limited.
- C. A stop placement order prohibiting admissions may be recommended when:
 1. Violations are serious; or are pervasive or repeated or uncorrected; and
 2. Suspension of admissions in the home is necessary to protect safety and welfare of the residents while the AFH/ALF is correcting the deficiency.
- D. A stop placement order prohibiting admissions includes suspension of admission, readmission, and/or transfer of residents into the home.
- E. Within ten (10) working days of completion of data collection, the department will notify AFH/ALF about a stop placement order prohibiting admissions as soon as possible by telephone and via personal service and/or a notice of violation letter including a Statement of Deficiencies (SOD) report (sent by certified mail).

- F. The AFH/ALF will have an opportunity to question and/or clarify the SOD and/or stop placement order prohibiting admissions through the department's informal dispute resolution process.
- G. The AFH/ALF will have an opportunity to contest imposition of a stop placement order prohibiting admissions through the state administrative hearing process.
- H. Imposition of a stop placement order is effective immediately upon notification and is not postponed pending completion of informal dispute resolution and/or administrative hearing process.
- I. The Regional Administrator/designee (DA) may review the recommendations to impose a stop placement order for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.
- J. A stop placement can be imposed with a condition and/or civil fines.
- K. A stop placement is always imposed with revocation and summary suspension of a license.
- L. In an emergency as directed by Headquarters, a stop placement maybe imposed pending completion of an investigation.

Responsibilities

Imposition of a Stop Placement Order Prohibiting Admissions

The Licensor will:

1. Consult immediately with the Field Manager when findings demonstrate:
 - a. The health and safety of residents is jeopardized; or
 - b. The home's capacity to provide care or services is seriously limited; and
 - c. A stop placement order prohibiting admissions to the home is necessary to protect residents while the AFH/ALF is correcting the deficiencies.
2. Document deficiencies that demonstrate serious harm or death to a resident or that a serious threat to the life, health or safety of a resident exists including information about pertinent repeated or uncorrected deficiencies in the past thirty-six (36) months on the SOD.
3. Meet with the Field Manager and review the completed SOD; and
4. Forward all documentation, SOD and resident and staff sample list (when warranted), to the Compliance Specialist within two (2) working days of completion of data collection.

Regional Management Review of Stop Placement Order Prohibiting Admissions

The Field Manager will:

1. Verbally notify the RA and the Compliance Specialist/Chief of Field Operations/designee 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.

2. If an emergency exists and on approval of the Compliance Specialist, notify the AFH/ALF (and HCS, DDD and Mental Health as appropriate) about the immediate imposition of a stop placement order prohibiting admissions.

Regional Management Action on SOD

The Field Manager will:

1. Review, edit and approve the SOD to determine accuracy, adequacy, clarity, thoroughness and timeliness of the submission of recommendation to impose a stop placement order prohibiting admissions
2. Verify the following:
 - a. The deficiency citation(s) demonstrate:
 - i. The health and safety of the resident(s) is jeopardized; or
 - ii. The home's capacity to provide care and/or services is seriously limited; and
 - iii. A stop placement order prohibiting admissions is necessary to protect residents while the AFH/ALF is correcting the deficiencies.
 - b. The stop placement of admissions recommendation corresponds with:
 - i. The **scope** (number of residents impacted or potentially impacted); and
 - ii. The **severity** (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the deficiency citation(s); and
 - iii. Correlates to the statute(s) or regulation(s) cited.
 - c. The correct legal requirement (WAC) is identified for citations
3. Accept the SOD report as submitted or modify or delete any portion.
4. Review the changes in the recommendation with Licensor.
5. Notify the Compliance Specialist that the SOD is in FMS and ready for review within six (6) working days of completion of data collection.
6. Fax the signed page of the SOD and resident and staff (when warranted) sample list to the Compliance Specialist administrative support staff.

Regional Management Action After Stop Placement Is In Effect

The Field Manager will:

1. Approve readmissions of residents on an 'exception' basis.
2. Make sure field administrative staff know about the stop placement so they can alert you to calls and how to document. Update stop placement log for approvals and disapprovals if provider calls during weekdays.

Headquarters Management Action Related to Recommendations

The Compliance Specialist will:

1. Verbally notify the Chief of Field Operations/designee immediately when findings demonstrate:
 - a. The health and safety of residents is jeopardized; or
 - b. The home's capacity to provide care or services is seriously limited; and
 - c. A stop placement order prohibiting admissions to the home is necessary to protect residents while the AFH/ALF is correcting the deficiencies.
2. Obtain the Chief of Field Operations/designee's final approval and determination to impose a stop placement order prohibiting admissions.
3. Notify the Field Manager by telephone about the Chief of Field Operations/designee's final determination and request that the Field Manager confirm the stop placement order with the AFH/ALF by telephone.
4. When an emergency exists, request that the Field Manager notify the AFH/ALF (and HCS, DDD and Mental Health as appropriate) about the imposition of a stop placement order prohibiting admissions effective immediately.

Headquarters Management Action on SOD

The Compliance Speciali

1. Review the SOD to determine if a sufficient basis exists to approve the enforcement action recommendation.
2. Accept the recommendation to impose a stop placement order prohibiting admissions or modify or delete any portion. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the Licensors.
3. Coordinate personal service or certified mail delivery of the SOD, resident and staff (when warranted) sample list and enforcement letter to the AFH/ALF within ten (10) working days of completion of data collection.
4. Direct HQ Administrative Support Staff to send copies of the SOD and enforcement letter to the Field Manager, RA and Assistant Attorney General (AAG).

Removal of Stop Placement Orders Prohibiting Admissions

A. The Licensors will:

1. Re-visit the home within fifteen (15) working days of the AFH/ALF's request to verify correction of violations that contributed to the recommendation to impose a stop placement order prohibiting admissions.

2. Determine if findings that jeopardized the health and safety of residents or seriously limited the home's capacity to provide care or services have been removed and systems in place to ensure lasting correction.
3. Meet with the Field Manager to recommend lifting the stop placement order prohibiting admissions.
 - a. If the violations that contributed to the stop placement order have been corrected, enter in FMS and send back in compliance letter.
 - b. If the violations remain uncorrected, re-cite the deficiencies and continue with the procedure.

B. The Field Manager will:

1. Notify the RA and Compliance Specialist via e-mail when the AFH/ALF has corrected deficiencies that necessitated the stop placement order prohibiting admissions and exhibits the capacity to maintain correction of the citations previously found deficient.
2. Notify the AFH/ALF by telephone, when the Compliance Specialist gains the approval of the Chief of Field Operations/designee.

C. The Compliance Specialist will:

1. Accept the recommendation or modify or delete the recommendation to lift the stop placement order prohibiting admissions to the home.
2. Discuss the reason for the modification or deletion with the Field Manager who will review changes with the Licensor.
3. Obtain the Chief of Field Operations /designee's final approval and determination of removal of the stop placement order prohibiting admissions.
4. Send a letter via certified mail to the AFH/ALF lifting the stop placement order prohibiting admissions.
5. Notify the Field Manager about the approval and request the AFH/ALF be notified by telephone.
6. Direct HQ Administrative Support Staff to send copies of the enforcement letter to the Field Manager and RA.
7. Direct HQ Administrative Support Staff to notify applicable parties (ie. AAG, HCS, DDD, MH, Ombudsman, etc) about this action via e-mail distribution of the letter removing the stop placement order prohibiting admissions.

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7C6 –License Revocation in AFH/ALF

Background

To provide RCS staff with consistent direction for revoking an adult family home (AFH) or Assisted Living Facility (ALF) license when the home has:

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

Procedures

- A. Within ten (10) working days of completion of data collection:
 1. Headquarters (HQ) will send (by certified mail) the SODs, cover letters and enforcement letters to providers when there is one or more of the follow actions:
 - suspension, civil fine(s), revocation, stop placement and/or condition(s) on the license.
 2. The field will not send out SODs and cover letters to the AFH/ALF when they have been sent to the Compliance Specialist for enforcement consideration.
 3. The field will send out SODs and cover letters to the AFH/ALF if the Compliance Specialist informs field that the decision was made that no enforcement will be imposed.
- B. Revocation of a license may be recommended as authorized by law including but not limited to, the AFH/ALF's:
 1. 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.
 2. Operation of a AFH/ALF without a license or under a revoked or suspended license.
 3. 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
 4. Willful prevention, interference with, or attempt to impede in any way any inspection or investigation conducted by the department.
- C. The department will consider the AFH/ALF's history of repeated and/or uncorrected violations of statutes and regulations that are similar to current violations when recommending to revoke the license and to impose a stop placement.
- D. The Regional Administrator/designee (RA) will consult with the Chief of Field Operations/designee on possible revocations that will likely occur on Friday afternoons or any time after hours.

- E. The department will notify the AFH/ALF as soon as possible about the intention to revoke a license *and* via personal service and/or certified mail including SOD and enforcement letter within ten (10) working days of completion of data collection.
- F. The AFH/ALF will have an opportunity to question and/or clarify a SOD and/or imposition of remedies through the department's informal dispute resolution process.
- G. The AFH/ALF will have an opportunity to contest the revocation of a license and a stop placement order prohibiting admissions through the state administrative hearing process.
- H. The license revocation is effective twenty-eight (28) days after the AFH/ALF's receives written notice about the revocation, unless the home 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.
- I. The RA may review recommendations to suspend a license, revoke a license and impose a stop placement order prohibiting admissions for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.
- J. A plan of correction attestation is not requested when a decision has been made to do a License Revocation.

Responsibilities

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

A. **The Licensor will:**

1. Complete the inspection.
2. Notify the Field Manager immediately if findings jeopardize the health and safety of residents or seriously limit the home's ability to provide care and/or services.
3. Critically analyze documented findings to verify completion of thorough data collection.
4. Confirm that the documentation answers pertinent questions (i.e., who, what, when, where, how and why) regarding possible failed (deficient) practices and related findings.
5. 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 failed (deficient) practice(s).
6. Obtain a list of resident, 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

A. The Licensor will:

1. Consult with the Field Manager immediately if there are findings that demonstrate the residents' health and safety are jeopardized.
2. Document deficiencies on the SOD that:
 - a. Jeopardize the health and safety of residents; or
 - b. Seriously limit the home's ability to provide care including pertinent repeated or uncorrected violations since the date of initial licensure on the SOD.
3. Forward the original SOD and resident and staff (when warranted) sample list to the Field Manager within four (4) working days of completion of data collection.
4. Meet with the Field Manager and review the completed SOD.
5. Verify that the enforcement letter from headquarters has the right provider name, address, license number, dates, and that the RCW and WAC violations coordinate with the SOD.
6. Make sure information is accurately, completely and appropriately entered in FMS.

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

The Field Manager will:

1. Consult with Licensor immediately if there are findings that demonstrate the health and safety of the residents is jeopardized.
2. Notify the RA and the Compliance Specialist/Chief of Field Operations immediately when there is any situation involving serious risk of harm, are recurring or uncorrected and/or when revocation of the license and stop placement order may be recommended.
3. When an immediate stop placement or condition is recommended pending revocation decision and upon approval of the Compliance Specialist/ Chief of Field Operations, notify the AFH/ALF of the imposition of the action effective immediately.

Regional Management Action on SOD

The Field Manager will:

1. 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.
2. Review the SOD to ensure the documents do not contain a request for a plan of correction.

3. Verify the following:
 - a. The deficiency citation(s) demonstrate findings that:
 - i. A serious threat to the life, health or safety of residents exists; and
 - ii. The homes capacity to provide care or services is seriously jeopardized; and
 - iii. Revocation of a license and stop placement order are necessary to protect residents
 - b. The recommendations to impose a stop placement order prohibiting admissions and revoke a license correspond with the scope and severity of the deficiency citation(s) and correlate with statute(s) or regulation(s) cited.
 - c. The correct legal requirement (RCW, WAC) is identified for the enforcement actions recommended.
4. Accept the SOD as submitted or modify or delete any portion. Field Managers will review changes in the license revocation and stop placement order recommendation with RCS staff.
5. Notify the Compliance Specialist that the SOD is in FMS and is ready for review within six (6) working days of completion of data collection.
6. Fax the signed page of the SOD and resident and staff (when warranted) sample list to the Compliance Specialist administrative support staff.
7. Following the Chief of Field Operations/designee's decision to revoke a license and impose a stop placement order, coordinate with the Compliance Specialist to personally serve the SOD, resident and staff (when warranted) list and enforcement letter to the AFH/ALF.

Action For On-Site Related to License Revocation

A. The Field Manager will:

1. Assure two packets of information are created that include the SOD, copies of formal notice letter, and business cards to hand out during the revocation. One set for the provider to keep and one set acknowledging provider receipt. Bring enough business cards to give to AFH/ALF and to residents or representatives.
2. Assess the risk and determine if law enforcement needs to be present on-site when delivering the enforcement action notice. Consult with RA, Compliance Specialists and Chief of Field Operations as needed.
3. Discuss the notice and inform the provider about their hearing and informal dispute resolution rights including when the revocation is final. Discuss stop placement. Leave business card for questions.
4. Inform the provider to call when last resident is out of the home.
5. Instruct the AFH/ALF to send or bring in the license when the revocation is final.

6. If provider refuses to sign receipt of documents, note on formal notice and SOD the documents were left with the provider and he or she chose not to sign it. *Also note this on the copy you bring back to the office.*
7. Coordinate with HCS, DDD, Mental Health, as appropriate, and the Washington State Ombudsman's office to notify residents, family members/legal representatives, and attending physicians about the initiation of the enforcement action(s).

B. The Licensor will:

1. Advise the AFH/ALF about the findings that demonstrate that:
 - a. The health and safety residents is jeopardized; and/or
 - b. Represent pervasive noncompliance with statutes or regulations.
2. Talk to residents who are cognitively aware and let them know about the closure and relocation. Give all residents the letter, (SEE SAMPLE A), a copy of the SOD and a copy of the headquarter enforcement letter.
3. Mail a copy of the letter (Sample A), a copy of the SOD and a copy of the headquarter enforcement letter to all legal representatives of the residents.

Headquarters Management Action Related to Recommendations

The Compliance Specialist will:

1. Notify the Chief of Field Operations /designee immediately if there are findings demonstrate:
 - a. A serious threat to the life, health or safety of residents exists; and
 - b. The homes 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. Consult with the Chief of Field Operations /designee to determine if:
 - a. The situation is imminent and if necessary, develop a safety plan for residents.
 - b. The revocation occurs on Friday afternoon or after hours.
3. Obtain the Chief of Field Operations/designee's final approval and decision to revoke a license and impose a stop placement within ten (10) working days of completion of data collection.
4. Notify the Field Manager per telephone about the Chief of Field Operations/designee's final decision and request that the Field Manager confirm by telephone, the initiation of the revocation of a license and stop placement order prohibiting admissions with the AFH/ALF (and HCS, DDD, and Mental Health, as appropriate).

5. If an emergency exists, request that the Field Manager notify the AFH/ALF by telephone (as well as HCS and DDD) about the stop placement order prohibiting admissions effective immediately.

Headquarters Management Action on SOD

The Compliance Specialist will:

1. Review the SOD to determine if a sufficient basis exists to approve the enforcement action recommendation.
2. 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 Field Manager who will review changes with RCS staff.
3. Coordinate personal service delivery or certified mail delivery of the SOD, resident and staff (when warranted) sample list and enforcement letter to the AFH/ALF within ten (10) working days of completion of data collection. The letter should include:
 - a. The initiation of the license revocation and imposition of a stop placement order prohibiting admissions.
 - b. The effective date of both actions; and
 - c. Information regarding the (10)'s informal dispute resolution and hearing rights.
4. Direct HQ Administrative Support Staff to send copies of the final SOD with applicable enforcement letter(s) to the Field Manager, Regional Administrator and Assistant Attorney General.
5. Direct HQ Administrative Support Staff to notify applicable parties (i.e., AAG, HCS, DDD, Mental Health, Ombudsman, etc...) about enforcement actions initiated, via mail or e-mail distribution of applicable enforcement letter(s) and the SOD.
6. Request Vendor Services terminate the AFH/ALF's Medicaid contract unless a hearing is requested within twenty-eight (28) days.

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7C7 –Summary Suspension IN AFH/ALF

I. Purpose

To provide RCS staff with consistent direction for summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions (herein after called Summary Suspension) of an Adult Family Home (AFH) license or an Assisted Living Facility (ALF):

- Fails or refuses to comply with regulations that place residents in imminent danger of harm.

II. Principles:

A. Within ten (10) working days of completion of data collection:

- Headquarters (HQ) will send (by certified mail) the SODs, cover letters and enforcement letters to AFH/ALFs when there is one or more of the following actions:
 - Suspension, revocation, stop placement, civil fines, and/or condition(s) on the license.

B. Summary Suspension may be recommended if the department finds non-compliance such as:

1. Serious physical harm to or death of a resident has occurred; or
2. A serious threat to the life, health or safety of a resident exists.

C. As soon as the above situation is recognized, the Field Manager will contact the Compliance Specialist.

D. The Compliance Specialist will review the facts of the situation with the Office Chief of Field Operations and the Attorney General's Office.

E. The Field Manager will contact HCS and/or DDA as appropriate, about the stop placement order prohibiting admissions effective immediately and possible summary suspension/revocation of the license recommendations.

F. The AFH/ALF will be notified that the department has initiated a summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions as soon as possible by personal delivery of the **NOTICE OF SUMMARY SUSPENSION** to enable immediate removal of the residents.

G. The Field Manager will inform the resident's legal guardian that the department has initiated a Summary Suspension on an AFH/ALF.

H. The department will consider the AFH/ALF's history of repeated and/or uncorrected violations of statutes and regulations that are similar to current violations when recommending revocation of the license and imposition of a stop placement order prohibiting resident admissions.

- I. The AFH/ALF will have an opportunity to question and/or clarify a SOD and/or imposition of remedies through the department's informal dispute resolution process.
- J. The AFH/ALF will have an opportunity to contest suspension of a license, revocation of a license and a stop placement order prohibiting admissions through the state administrative hearing process.
- K. Imposition of a stop placement order prohibiting admissions and a summary suspension of a license are effective immediately upon notification and are not postponed pending completion of informal dispute resolution or administrative hearing processes.
- L. The RA may review recommendations to suspend a license, revoke a license and impose a stop placement order prohibiting admissions for any purpose including, but not limited to, quality assurance activities and information sharing within the RCS management structure.

III. Procedures

On-Site Data Analysis Related to Recommendations to Impose Summary Suspension/Revocation of a License and Stop Placement

A. The Licensor will:

1. Complete the inspection – focusing on issues leading to findings of imminent or actual harm or danger.
 - At the direction of the Compliance Specialist, the inspection may be completed after the summary suspension of the license resulting in amending the SOD to include other violations or non-compliance with regulations.
2. Notify the Field Manager immediately when there are findings of non-compliance such as serious, physical harm to or death of a resident has occurred; or that a serious threat to the life, health, or safety of a resident exists.
3. Critically analyze documented findings to verify completion of thorough data collection.
 - Confirm that the documentation answers pertinent questions (i.e. who, what, when, where, how and why) regarding failed deficient practices and related findings.
4. 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 failed deficient practice.
5. Use the [Enforcement Options Chart](#) to help guide you when trying to determine which enforcement action is most appropriate.
6. Obtain a list of resident, family/legal representative names, addresses and telephone numbers to facilitate timely notification of possible departmental action.

Off-site Analysis/Process Related to Recommendations to Impose Summary Suspension/Revocation of License and Stop Placement

B. The Licensors will:

1. Consult with Field Manager immediately if findings of non-compliance such as:
 - a. Serious physical harm to or death of a resident has occurred; or
 - b. A serious threat to the life, health or safety of a resident exists; and
 - c. Summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions to the home may be necessary to protect residents.
2. Document deficiencies on a SOD within two (2) working days of completion of data collection, that demonstrate findings of non-compliance such as:
 - a. Serious physical harm to or death of a resident has occurred; or
 - b. A serious threat to the life, health or safety of a resident exists.
 - c. Include pertinent repeated or uncorrected deficiencies since the date of initial licensure (related to the enforcement actions recommended).
3. Forward the original SOD, and resident and staff (when warranted) sample list to the Field Manager within two (2) working days or sooner of completion of data collection.
4. Meet with the Field Manager and review the completed SOD.
5. Prepare summary suspension letter to family and residents as follow-up communication on the enforcement action and relocation. Make copies of the letter and the SOD. Make sure letter includes proper contacts for HCS and/or DDA, and RCS. (**SEE [SAMPLE A](#))
6. If the provider is a multiple home provider, the licenser will make a referral to the Complaint Resolution Unit (CRU) for each of the provider's other homes in order to initiate the investigative process.
7. Verify that the enforcement letter from headquarters has the right provider, name, address, license number, dates and that the RCW and WAC violations coordinate with the SOD.

Regional Management Action Related to Recommendations

C. The Field Manager will:

1. Consult with Licenser immediately if findings of non-compliance such as:
 - a. Serious physical harm to or death of a resident has occurred; or
 - b. A serious threat to the life, health or safety of a resident exists; and
 - c. Summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions to the home may be necessary to protect residents.
2. Immediately notify the RA, Compliance Specialist and Office Chief of Field

Operations or their designee/s when there is any situation involving the likelihood of life threatening risk to a resident (imminent risk, imminent harm) and/or when summary suspension may be recommended.

- a. If an emergency exists, notify HCS and/or DDA as appropriate, about the stop placement order prohibiting admissions effective immediately and possible summary suspension/revocation of the license recommendations.
 - i. If the licensee operates more than one facility this information will be shared with HCS and/or DDA.
 - ii. Unless there are extenuating circumstances, notification to HCS and/or DDA must occur within eight hours once the enforcement decision is made.
 - b. Refer to the [ALF/AFH Closure Guidelines](#) when coordinating with other administrations that provide case management services.
 - c. In an emergency situation, upon Compliance Specialist direction, hand-deliver the initial letter of summary suspension to the AFH/ALF to enable immediate removal of the residents.
 - i. Follow up with an amended notice of summary suspension, license revocation and stop placement within three (3) working days.
 - d. Once the Summary Suspension letter has been delivered to the AFH/ALF, the Field Manager within one hour will notify the resident's legal guardian. However, there may be extenuating circumstances when family/guardians are not notified within the hour timeframe.
3. When RCS is notified that a provider has a preliminary finding of abuse or neglect such as from Adult/Child Protective Services, the FM will:
- i. Make a referral to CRU to initiate the investigative process.
 - ii. Consider the level of risk to residents in the home; and
 - iii. Consult with Compliance Specialist and the Attorney General's Office to determine enforcement action.

Regional Management Action on SOD

D. The Field Manager will:

1. Review, edit, and approve the SOD to determine accuracy, adequacy, clarity, thoroughness, and timeliness of the submission of the summary suspension, revocation of a license and stop placement order recommendations.
2. Review the SOD to ensure the document does not contain a request for a plan of correction.
3. Verify the following:
 - a. The deficiency citation(s) demonstrate findings of non-compliance such as:
 - i. Serious physical harm to or death of a resident has occurred; or
 - ii. A serious threat to the life, health or safety of a resident exists; and

- iii. Summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions to the home may be necessary to protect residents.
- b. The recommendations to impose summary suspension correspond 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.
- c. The correct legal requirement (RCW, WAC) is identified for the enforcement actions recommended.
4. Accept the SOD as submitted or modify or delete any portion.
 - a. Field Managers will review changes in the summary suspension, license revocation and stop placement order recommendations with RCS staff.
5. Notify the Compliance Specialist that the SOD is in FMS and ready for review.
6. Fax resident and staff (when warranted) sample list and signed front page of SOD to the Compliance Specialist administrative support staff within two (2) working days or sooner of completion of data collection unless, the Office Chief of Field Operations or their designee has determined the imminent danger of harm to the residents has been removed.
7. Following the Office Chief of Field Operations or designee's decision to summary suspend the license, coordinate with the Compliance Specialist to personally serve the SOD, resident and staff sample list (when warranted), and enforcement letter to the AFH/ALF.

Action For On-Site Related to Summary Suspension

The Field Manager will:

1. Assure two packets of information that include the SOD, copies of formal notice letter, and business cards to hand out during the summary suspension. One set for the AFH/ALF to keep and one set acknowledging AFH/ALF receipt. Bring enough business cards to give to AFH/ALF and to residents or representatives.
2. Assess the risk and determine if law enforcement needs to be present on-site when delivering the enforcement action notice. Consult with RA, Compliance Specialist and Office Chief of Field Operations or designee as needed.
3. HCS and/or DDA will be notified within eight hours of department's decision on enforcement action and coordinate with HCS and/or DDA the immediate removal of residents from the facility. However, there may be extenuating circumstances when HCS and/or DDA are not notified within the eight hour timeframe.

4. Discuss the notice and inform the AFH/ALF of their hearing and informal dispute resolution rights including when the revocation is final. Discuss stop placement. Leave business card for questions.
5. Once the Summary Suspension letter has been delivered to the AFH/ALF, the Field Manager within one hour will notify the resident's legal guardian. However, there may be extenuating circumstances when family/guardians are not notified within the hour timeframe.
6. Inform the AFH/ALF to call when last resident is out of home.
7. Have the AFH/ALF send or bring in the license when the suspension is official.
8. If AFH/ALF refuses to sign receipt of documents, note on formal notice and SOD the documents were left with the AFH/ALF and he or she chose not sign it. *Also note this on the copy you bring back to the office.*
9. Notify the Washington State Ombuds' office and attending physicians of the initiation of the summary suspension as appropriate.

The Licensor will:

1. Talk to residents who are cognitively aware and let them know about the closure and relocation. Offer all residents the letter.

Regional Management Action Follow-Up

The Field Manager will:

1. Upon direction by the Compliance Specialist, send licensing or complaint investigation staff to verify status of compliance of AFH/ALF licensee's other licensed homes not subject of the current actions, in or out of the region.
2. Follow-up to ensure the letters get out to families and/or representatives the same day or next day after a summary suspension or revocation has been initiated. (**SEE [SAMPLE B](#))
3. Follow-up to ensure family/guardians were notified, for those the FM was unable to contact during the on-site facility notification or within the hour timeline.

Headquarters Management Action Related to Recommendations

The Compliance Specialist will:

1. Notify the Office Chief of Field Operations or their designee immediately if there are findings of non-compliance such as:
 - a. Serious physical harm to or death of a resident has occurred; or
 - b. A serious threat to the life, health or safety of a resident exists; or
 - c. Summary suspension of a license, revocation of a license and a stop placement order prohibiting admissions to the home may be necessary to protect residents.

2. Consult with the Office Chief of Field Operations or their designee to determine if:
 - a. The situation is imminent and if necessary, develop a safety plan for residents;
 - b. The summary suspension or revocation occurs on Friday afternoon or after hours.
3. Consult with the Attorney General'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.
4. Obtain the Office Chief of Field Operations or their designee's final approval and decision to suspend a license, revoke a license and impose a stop placement order prohibiting admissions within three (3) working days or sooner of completion of data collection.
5. Notify the Field Manager per telephone about the Office Chief of Field Operations final decision and request that the Field Manager confirm the initiation of suspension and revocation of a license and immediate stop placement order prohibiting admissions with the AFH/ALF (and HCS and/or DDA as appropriate).
6. If an emergency exists, request that the Field Manager notify by telephone the AFH/ALF, as well as HCS and/or DDA about the stop placement order prohibiting admissions effective immediately and possible summary suspension/revocation of the license recommendations.
 - a. There may be an emergency, where, with approval of the Office Chief of Field Operations or their designee, it is necessary to instruct the Field Manager to deliver an initial summary suspension letter to enable immediate removal of residents.
 - b. An amended letter of summary suspension, license revocation and stop placement letter will follow within three (3) working days.

Headquarters Management Action on SOD

The Compliance Specialist will:

1. Review the SOD with the Attorney General's Office to determine if a sufficient basis exists to approve the enforcement action recommendations.
2. Approves or agrees with the recommendation to suspend a license, revoke a license and impose a stop placement order prohibiting admissions, or modify or delete any portion.
 - a. Discuss the reason for the modification or deletion with the Field Manager who will review changes with RCS staff.
3. Coordinate with the field office, or Field Manager, personal service delivery or certified mail delivery of the SOD, resident and staff (when warranted) sample list and enforcement letter (if completed) to the AFH/ALF within three (3) working days of completion of data collection. The letter should include:

- a. The initiation of the summary suspension, license revocation, imposition of a stop placement order prohibiting admissions.
 - b. The effective date of all actions; and
 - c. Information regarding the AFH/ALF's informal dispute resolution and hearing rights.
4. Direct HQ Administrative Support Staff to send copies of the SOD with applicable enforcement letter(s) to the Field Manager, RA and Assistant Attorney General (AAG).
 5. Direct HQ Administrative Support Staff to notify applicable parties (i.e., HCS, DDA, Ombuds, etc.) about enforcement actions initiated, via mail or e-mail distribution of enforcement letter(s) and the SOD.

Headquarters Management Action Follow-Up

A. The Compliance Specialist may:

Direct Field Manager to send staff out to AFH/ALF licensee's other homes, in or out of region, to determine compliance.

B. The Compliance Specialist will:

1. Request vendor services terminate the AFH/ALF's Medicaid contract, unless a hearing is requested within twenty (20) days.
2. When the compliance history is reviewed, (and with approval by the Office Chief of Field Operations or their designee), notify the Complaint Resolution Unit (CRU) of other regions where the AFH/ALF licensee has homes and request a complaint visit by staff to determine compliance status.

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7C8 –Temporary Manager IN ALF

BACKGROUND

Temporary Management is a state enforcement remedy that is discretionary at all times and can be used when the facility has failed to comply or refused to comply with licensing requirements.

In the Assisted Living program the department must summarily suspend the Assisted Living Facility (ALF) in order for a temporary management action to be utilized.

In the ALF Program, the department can impose a Temporary Manager. The ALF licensee may also have the option to voluntarily participate in the temporary management program.

The purpose of the temporary management remedy is to complete one or more of the following:

- Oversee the operation of the facility and ensure the health and a safety of the facilities residents while:
- An orderly closure of the facility occurs; or
- A new licensee has been approved to assume control of the nursing home; or
- The licensee pursues dispute resolution or appeal of the summary suspension of the license, the residents are not subjected to dislocation or transfer trauma.

PROCEDURE

Locating a Temporary Manager or Receiver

The department has authority to recruit individuals, partnerships, corporations and other entities interested in serving as a temporary manager or receiver for assisted living facilities.

The Department will:

- A. Require the interested applicants to be subject to the criteria for licensees found in RCW 18.20 (ALF) as applicable.
- B. 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 licensees home subject to the temporary management or has been affiliated with the home subject to temporary management or has owned or operated a home ordered into temporary management in any state.
- C. Maintain an approved list of temporary managers for Assisted Living Facilities with the RCS Compliance Unit.

- D. Need to approve the voluntary temporary managers for Assisted Living Facilities that opt to voluntarily participate in the temporary management program when their license has been suspended.
- E. Terminate temporary management:
 - 1. After sixty days unless good cause is shown to continue the temporary management. Good cause for continuing the temporary management exists when returning the assisted living facility to its former licensee would subject residents to a threat to health, safety, or welfare.
 - 2. When all residents are transferred and the assisted living facility is closed.
 - 3. When deficiencies threatening residents' health, safety, or welfare are eliminated and the former licensee agrees to department-specified conditions regarding the continued facility operation; or
 - 4. When a new licensee assumes control of the assisted living facility.

Note: Nothing in this section precludes the department from revoking its approval of the temporary management or exercising its licensing enforcement

Appointing a Temporary Manager

The Compliance Specialist will:

- A. Consult with the Chief of Field Operations or Designee regarding significant non-compliance the ALF necessitating significant enforcement such as Stop Placement, License Revocation and/or Summary Suspension.
- B. Obtain compliance history of the facility and review the current statement of deficiency report that supports the home's/facility's inability to ensure resident health and safety.
- C. Provide the Chief of Field Operations the list of approved temporary managers for Assisted Living Facilities and will initiate phoning persons on the approved list for their availability to serve as a Temporary Manager for the Department at the direction of the Chief of Field Operations or Director of RCS.
- D. Upon the selection of an approved available Temporary Manager by the Director or the Chief of Field Operations, the compliance unit will begin preparing contracts with the help of the ALTSA contracts unit between the Department and Temporary Manager.
- E. Ensure at a minimum the following documents are prepared for signature (as applicable):
 - 1. Aging and Long Term Care Administration 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 completed (Statement of Work is negotiated with the Temporary Manager and the RCS Director but filled out by Compliance Specialist).

5. Notice letter for the ALF Provider appointing the Temporary Manager and notifying them of all enforcement remedies if no previous notice has been sent to the facility with the Statement of Deficiency (SOD) report.
 6. Letter to the Temporary Manager entity giving the Temporary Manager authority over the facility operation.
 7. Letter to the Residents and Families notifying that a Temporary Manager has been placed.
 8. Letter to Vendors to request continued service under the Temporary Manager.
 9. Blank A-19-1A form for department or Temporary Manager to fill out regarding being paid or reimbursed for resident services, facility staff services as in payroll or other legitimate needs for the continued safe care of residents in the facility.
 10. DSHS Incident Report for the DSHS Secretary.
- F. The Compliance Specialist or designee will be the Temporary Managers point of contact during the durations of the Temporary Manager's contract.

Assisted Living Facilities who Volunteer to Have a Temporary Manager.

The Compliance Specialist will:

- A. Advise the Chief of Field Operations of the enforcement recommendations and options and prepare the Summary Suspension letter for the ALF provider. The letter will include the option that they may request to voluntarily participate in the temporary management option while they appeal the summary suspension (if the Chief of Field Operations chooses to allow that option based on the providers performance and the current non-compliance).
- B. 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 if the ALF provider indicates, via timely letter to the Department, they would like to use the voluntary Temporary Management option.
- C. Assure a meeting is arranged with the Temporary Manager and the Department. The meeting will focus on expectations of the manager and making arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the facility closure or during the time the facility is implementing their correction plan.

THE REGIONAL ADMINISTRATOR AND/OR DESIGNEE WILL:

- A. Notify the State and/or local ombudsmen of the action that the facility is taking to place the Temporary Manager and offer the Ombudsmen the opportunity to be present at the Resident meeting announcing the Temporary Management action to facility residents, families, and staff.

- B. Ensure that Home and Community Services are aware of the Temporary Manager Action and have the opportunity to be present at the Resident meeting announcing the Temporary Management action.
- C. Personally deliver the notice letter placing the Temporary Manager at the given facility. (The Field Manager should accompany the RA)
- D. Attempt to coordinate the delivery of the notice letter appointing the Temporary Manager with the selected Temporary Manager present so they can be introduced.
- E. Together with the Temporary Manager, hold a meeting with residents and then with staff about the enforcement actions and deliver the Resident and Family notice letters to residents and families present. (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).
- F. Answer questions from residents, families and staff about the process and the next steps.

AFTER TEMPORARY MANAGER HAS BEEN PLACED

The Field Manager will:

- A. Ensure that the licensors or complaint investigators are monitoring the facility per the Monitoring SOP.
- 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 Regional Administrator.

The Licensor/Surveyor will:

- A. Monitor the facility per the Monitoring SOP and give a written report to the Field Manager about the health and safety conditions in the facility.
- B. Report any critical health and safety concerns immediately to the Field Manager.
- C. Report to the Field Manager any progress the facility is making to correct the cited deficiencies if the licensee has the possibility of regaining operations of the facility.
- D. Report to the Field Manager the number of residents who remain in the facility as the facility transfers the residents during a closure process. Refer to the facility Closure SOP.
- 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 from the facility.

EXAMPLES OF LETTERS AND FORMS NEED WHEN THE DEPARTMENT APPOINTS A TEMPORARY MANAGER IN NURSING HOMES

CRA AND CONTRACT CHECKLIST

LETTER TO FACILITY

LETTER TO TEMPORARY MANAGER

LETTER TO VENDORS

LETTER TO RESIDENT(S) AND FAMILIES

RISK ASSESSMENT AND MONITORING



CRA and Contract
Checklist.docx



Letter to facility re
Temp Manager.docx



Letter to Temp
Manager.docx



Letter to Vendor
temp Manager.docx



Resident and Family
Letter re Temp Manag

QUALITY ASSURANCE REVIEW

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

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7C9 – Temporary Manager in AFH

BACKGROUND

Temporary Management is a state enforcement remedy that is discretionary at all times and can be used when the facility has failed to comply or refused to comply with licensing requirements.

In the Adult Family Home Program, the department must summarily suspend the Adult Family Homes (AFH) license in order for a temporary management action to be utilized.

In the AFH setting, the department does not impose a temporary management but the AFH licensee may be allowed to voluntarily participate in the temporary management program.

The purpose of the temporary management remedy is to complete one or more of the following:

- To mitigate dislocation and transfer trauma of residents while the department and licensee may pursue dispute resolution or appeal of a summary suspension of license.
- To facilitate the continuity of safe and appropriate resident care and services.
- To preserve a residential option that meets a specialized service need and/or is in a geographical area that has a lack of available providers; and
- To provide residents with the opportunity for orderly discharge.

PROCEDURE

Locating a Temporary Manager or Receiver

In AFHs, the licensee is responsible for locating the temporary manager and completing a contract with the temporary manager.

The Department will:

- A. Require the interested applicants to be subject to the criteria for licensees found in RCW 70.128 (AFH) as applicable.
- B. Not 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 licensee's home subject to the temporary management or has been affiliated with the home subject to temporary management or has owned or operated a home ordered into temporary management in any state.
- C. Approve the voluntary temporary managers for Adult Family Homes that opt to voluntarily participate in the program when their license has been suspended.

- D. Limit the Voluntary Temporary Management period to twenty-eight days after issuance of the formal notification of enforcement action or conclusion of administrative proceedings, whichever date is later (Nothing in this section precludes the department from revoking its approval of the temporary management and/or exercising its licensing enforcement authority under this chapter).

****Note:** the department's decision whether to approve or to revoke a temporary management arrangement is not subject to the administrative procedure act.

Appointing a Temporary Manager

The Compliance Specialist will:

- A. Consult with the Chief of Field Operations or Designee regarding significant non-compliance necessitating significant enforcement such as Stop Placement, License Revocation and/or Summary Suspension.
- B. Obtain compliance history of the facility and review the current statement of deficiency report that supports the home's inability to ensure resident health and safety.
- C. Advise the Chief of Field Operations of the enforcement recommendations and options and prepare the Summary Suspension letter for the AFH provider to include the options that they may request to volunteer to participate in the temporary management option while they appeal the summary suspension if the Chief of Field Operations chooses to allow that option based on the providers performance and the current non-compliance.
- D. If the AFH provider 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.
- E. Ensure, at a minimum, the following documents are received and placed in the files:
 1. Contract/agreement between the facility 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, including the hiring, managing, and firing of employees for good cause, and to provide adequate care and services to residents.
 - 2. Letter to the residents and families notifying 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 available for insufficient advance notice.
 - 3. Letter to vendors to request continued service under the temporary manager.
 - 4. DSHS Incident Report for the DSHS Secretary.
- F. Arrange a face to face meeting with the Temporary Manager and at a minimum the Field Office Chief and Compliance Specialist to discuss expectations and arrangements for the Temporary Manager to provide the Department updates on resident safety and well-being during the facility closure or during the time the facility is implementing their correction plan.
- G. The Compliance Specialist or designee will be the Temporary Managers point of contact during the durations of the Temporary Manager's contract.

THE REGIONAL ADMINISTRATOR AND/OR DESIGNEE WILL:

- A. Notify the State and/or local ombudsmen the facility is placing a Temporary Manager and offer the Ombudsmen the opportunity to be present when residents and/or resident families are informed a temporary manager will be placed in the home.
- B. Ensure that Home and Community Services is aware of the Temporary Manager Action and have the opportunity to be present when residents and/or resident families are informed a temporary manager will be placed in the home.
- C. Personally deliver the notice letter regarding the temporary management of the facility. (The Field Manager should accompany the RA)
- D. Together with the Temporary Manager, hold a meeting with residents and then with staff about the enforcement actions and deliver the Resident and Family notice letters to residents and families present. (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).

- E. Answer questions from residents, families and staff about the process and the next steps.

AFTER TEMPORARY MANAGER HAS BEEN PLACED

The Field Manager will:

- A. Ensure that the licensors or complaint investigators are monitoring the facility per the Monitoring SOP.
- 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 Regional Administrator.
- C. Move forward with the closure process once notified by the temporary Manager the last resident has discharged from the home.

The Licensor/Surveyor will:

- A. Monitor the facility per the Monitoring SOP and give a written report to the Field Manager about the health and safety conditions in the facility.
- B. Report any critical health and safety concerns immediately to the Field Manager.
- D. Report to the Field Manager the number of residents who remain in the facility as the facility transfers the residents during closure process. Gather information from the Temporary Manager regarding where the residents were transferred and the date of the transfers.
- E. Request the Temporary Manager notifies the department when the last resident is discharged from the facility.

EXAMPLES OF LETTERS AND FORMS NEED WHEN THE DEPARTMENT APPOINTS A TEMPORARY MANAGER IN ADULT FAMILY HOMES

CRA AND CONTRACT CHECKLIST

LETTER TO FACILITY

LETTER TO TEMPORARY MANAGER

LETTER TO VENDORS

LETTER TO RESIDENT(S) AND FAMILIES

RISK ASSESSMENT AND MONITORING

				
CRA and Contract Checklist.docx	Letter to facility re Temp Manager.docx	Letter to Temp Manager.docx	Letter to Vendor temp Manager.docx	Resident and Family Letter re Temp Manag



QUALITY ASSURANCE REVIEW

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

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7C10– Facility Closure in AFH /ALF

Background

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

Procedures

- A. RCS shall immediately notify HCS/DDA in person or phone call of any potential summary suspension and revocation of license as soon as RCS becomes aware of the likely enforcement action.
- B. Preliminary communication should begin between RCS Field Managers and HCS and /or DDA supervisors or their designee in each region.
- C. In high profile cases, the RCS Regional Administrator will notify the HCS/DDA Regional Administrator.

Responsibilities

- A. RCS will report to HCS and/or DDA staff the possible enforcement actions likely to be taken in an Assisted Living Facility or Adult Family Home.
- B. If the facility is also certified as a DDA Group Home, RCS will also notify the DDA Community Services Program Manager and the RCS Supported Living Field Manager in cases the group home is also a certified supported living provider.
- C. Communication will include confidentiality:
 - RCS/HCS/DDA will not disclose any information to providers, residents, and resident representatives until RCS had formally notified the provider of summary suspension and revocation of license.
- D. Issues that led to the action will be shared:
 1. RCS staff will share the situation that leads to potential action.
 2. HCS/DDA staff will present any alternatives. (For example, if moving one client changes the situation from a summary suspension to a revocation.)
- E. RCS will inform HCS/DDA of any need for RCS weekend monitoring or after business hours, or imposition of enforcement action. HCS/DDA will provide RCS with weekend/after hour contacts.
- F. All parties should discuss the likelihood of relocation of residents addressing the following:

1. What case management activity needs to occur prior to RCS's formal notification of enforcement to the provider and residents?
 2. Are there any barriers, variables or circumstances that may change the direction of the action?
- G.** In coordination with RCS, HCS/DDA may start the internal relocation process prior to the actual enforcement action (For example, identify potential homes that have beds available in case residents need to relocate due to enforcement).
- H.** Identify field staff to be included in the process.
1. HCS/DDA staff will identify staff assigned to the relocation/case process;
 2. RCS will also identify relevant staff.
- I.** HCS/DDA/RCS staff will discuss any concerns regarding the provider, residents, or families and plan accordingly any need for local law enforcement back up.
- J.** Identify staff to be onsite on day of closure/notification:
1. HCS/DDA/RCS will identify which staff will be onsite the day of closure.
 2. RCS will identify the RCS staff person who will issue the formal notice of summary suspension and licensure revocation.
 3. HCS/DDA will assist residents with relocation, based on number of residents, location of facility, and any safety concerns.
 4. All staff will exchange cellular telephone numbers in case they need to contact each other.
- K.** Timelines will be shared.
- RCS will discuss with HCS/DDA the timeline for personal delivery of the formal notice of summary suspension and revocation of license. Discussions include:
 - Provider notification and resident and family notification
 - HCS/DDA will discuss when new/potential providers will be lined up and by whom.
- L.** RCS will inform Behavioral Health Organizations (BHOs) when any enforcement action impacts their clients.

Official Provider Notification

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 8 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 action requires immediate summary suspension of operations to protect residents during an investigation (e.g. meth lab, rape). When possible, enforcement action or notice will not occur late in the afternoon or a holiday.

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

RCS staff will communicate to the provider, resident, and family why facility operations are being suspended and license revoked. RCS staff will hand out copies of the formal notice and statement of deficiencies to residents and families after personal delivery to the provider.

RCS will provide HCS/DDA copies of formal notice and statement of deficiency reports. RCS staff may stay onsite while HCS/DDA staff help residents relocate.

HCS/DDA staff will assist resident and their families to relocate after RCS has served the provider with the formal notice of summary suspension and revocation of license.

After The Action

In the case of a license revocation in a larger facility (e.g. assisted living or nursing home) ongoing monitoring of the facility as residents are moved should be monitored by a team of RCS, HCS/DDA staff. The team should be present in the facility and meet regularly throughout the process to ensure that the facility is still able to provide basic necessities, safety and staffing during the transition.


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

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CHAPTER 7 – ENFORCEMENT CHANGE LOG

EFFECTIVE DATE	CHAPTER SECT #	WHAT CHANGED? BRIEF DESCRIPTION	REASON FOR CHANGE?	COMMUNICATION & TRAINING PLAN
4/20/18	Entire Chapter	Chapter reviewed through Document review and updates made based on comments. Final Chapter ready for release		
2/9/18	Entire chapter	Chapter revised and updated to be posted in SOP manual		
4/10/17	IDR	Remove IDR and IIDR Sections	Created new chapter for IDR	
6/27/16		Facility Closures (AFH/ALF) Workgroup results		MB R16-0xx
2/2015	7A1 General Enforcement	Last version of the SOP prior to moving to SOP Manual	All SOPs being moved to SOP	MB issued: XYZ
	7B1 License History Memo			
	7B2			
	7B3			
	7B4			
	7B5			

	7B6			
	7B7			
	7C1			
	7C-2			
	7C-3			
	7C-4			
	7C5			
	7C-6			
	7C-7 Summary Suspension			MB Issued: R16-006  R16-016 - State Tasks.doc
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