

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Aging and Long-Term Support Administration PO Box 45600, Olympia, Washington 98504-5600

July 7, 2022

ALTSA: NH #2022-041
REIMPLEMENTATION OF THE NURSING HOME STATE SURVEY REPORT
OR DSHS 10-207 FORM

Dear Nursing Facility/Home Administrator:

The Electronic Plan of Correction (ePOC) was implemented by Residential Care Services (RCS) on April 1, 2017, which did not include the **DSHS 10-207 form**, "Nursing Home State Survey Report." The form identified state rules (Washington Administrative Code) that correspond to the federal regulations (F-tags) that were cited.

The DSHS 10-207 form was reinstated to fulfill state requirements so that facilities were given fair notice and due process for rules that were cited with the associated F-tags. RCS staff will attach the completed DSHS 10-207 form in ePOC with the completed CMS 2567 Statement of Deficiencies (SOD) after each survey.

## Providers will need to:

- Retrieve the DSHS 10-207 form attached in ePOC:
- Complete column 11 by entering the "X5" dates (alleged correction dates) for each F-tag and rule cited:
- Attach the completed document; and
- Submit the form via ePOC with your plan of correction.

Please refer to the Provider ePOC guide for instruction on how to include attachments in the ePOC system.

A sample DSHS 10-207 form is attached to this letter for your information. Please note that the form will only be accessible by providers via ePOC once RCS staff enters the completed SOD.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact Molly McClintock, Nursing Home Policy Program Manager, at (360) 742-6966 or YunYun Lu, Nursing Home Compliance Specialist, at (360) 688-0715.

Sincerely,

Mike Anbesse, Director Residential Care Services

DSHS: "Transforming Lives"

Attachment: DSHS 10-207 - Sample Nursing Home State Survey Report



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) STATE AND CORRESPONDING FEDERAL REQUIREMENTS

1. DATES OF DATA COLLECTION

2. LICENSE NUMBER

## Nursing Home State Survey Report

3. NAME OF FACILITY	4. TYPE OF SURVEY			5. TIME OF SURVEY	EY
	☐ FULL ☐ COMPLAINT	PLAINT			□ NIGHT
	□ OTHER (SPECIFY):	ë		□ WEEKEND	☐ HOLIDAY
NOTE: RCW 18.51.060 authorizes the Department to deny, suspend or revoke a license and/or assess monetary fines for deficiencies cited in this report. This report lists deficiencies made under state licensing law.	partment to deny, suspend or les made under state licensin	revoke a license and/or asseg g law.	ss monetary fines f	or deficiencies	cited in this
9	7. WASHINGTON ADMINISTRATIVE CODES 388-97	8. FEDERAL DATA TAG NUMBER	9. REPEAT DEFICIENCY FROM SURVEY DATED	10. NEW CITATION ON POST SURVEY	11. LICENSEE'S PLANNED DATE OF CORRECTION
The requirements of the following					
WAC's and corresponding F-TAG'S were not met. The text of the					
statements of deficiencies and the licensee's plan of correction may be					
read on CMS form 2567					
uaicu.					
Licensee must complete column 11.					
When deficiencies are corrected, you					
will be notified via ePOC.					

NURSING HOME STATE SURVEY REPORT DSHS 10-207 (REV. 05/2022)