



#2 Am I Qualified? What are the Laws?

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Module 2 – Am I Qualified? What are the Laws?

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Am I Qualified? What are the Rules?

Introduction

AFH applicants must meet several requirements before applying for an AFH license. Once licensed, providers are required to know, understand, and implement multiple laws and regulations. Once residents have moved into their new home, it is the provider's responsibility to ensure they are free from abuse and neglect and that their rights are preserved. In this module, we will talk about provider requirements and many of the laws that support resident rights including your responsibility as a mandated reporter.

Learning Objectives

At the end of this module, you will be able to...

- Cite the AFH Provider requirements
- Locate the laws and regulations for AFHs
- Describe the importance of Resident Rights and Quality of Life
- Complete your Notice of Rights and Service Requirement's, Disaster Plan and Policies-
- Define abuse and neglect
- Explain mandatory reporting requirements

What Do You Know?



True or False

1. You do not need to complete a background check if you are the AFH owner.
2. The resident does not lose their rights when they moved into your AFH.
3. Your staff must report any suspicions of neglect or abuse to you, and you will report it to the department.

NOTE: We will be referencing several WACs/RCWs throughout this training. These references are current at the time of publishing – be sure to look up the WAC/RCW on-line to ensure you have the most current version.

AFH Provider Requirements

The AFH provider is ultimately responsible for the day-to-day operation of their AFH, and they must meet the following minimum qualifications ([WAC 388-76-10130](#)):

Age

Be 21 years old or older

Education

Have a high school diploma or high school equivalency certificate per [RCW 288.50.536](#) or English/translated government document as outlined in [WAC 388-76-10130](#) (2)(a-f).

Translation Services:

Translation services for high school and/or college diplomas from other countries:

Foundation for International Services

[Foundation for International Services, Inc. - Home \(fis-web.com\)](#)

505 5th Avenue, Suite 101

Edmonds WA 98020

Office Hours 9AM-4PM

Telephone: 425-248-2255



Training and Certification

Who is required to complete the seventy-hour long-term care worker basic training and by when? ([WAC 388-112A-0080](#))

In AFHs, the following individuals must complete the seventy-hour long-term care worker basic training unless exempt as described in [WAC 388-112A-0090](#):

- Adult family home applicants must complete the seventy-hour long-term care worker basic training and become certified as a home care aide before the adult family home is licensed.
- Adult family home entity representatives and resident managers before they assume the duties of their position in the adult family home.
- Long-term care workers in adult family homes within one hundred twenty days of date of hire. Long-term care workers must not provide personal care without direct supervision until they have completed the seventy-hour long-term care worker basic training.

Home Care Aide (HCA) Certification training includes:

- Orientation (2 hours) [WAC 388-112A-0200](#)
- Safety Training (3 hours) [WAC 388-112A-0220](#)
- 70 hours of long-term care worker training (core competencies, hands-on skills training, and population specific) [WAC 388-112A-0300](#)
- Successfully pass the home care aide certification examination [WAC 246-980-040](#)

Module 2 – Am I Qualified? What are the Rules?

Other long-term care worker training that may be required includes:

- Specialty Training [WAC 388-112A-0400](#)
 - Dementia (8 hours)
 - Mental Health (8 hours)
 - Developmental Disabilities (16 hours)
 - May be included in the 75-hour HCA certification training as the population specific component)
- Continuing Education (based on requirements in [WAC 388-112A-0610](#))
- Nurse Delegation Core (9 hours) [WAC 388-112A-0550](#)
- Nurse Delegation Specialized Diabetes (3 hours) [WAC 388-112A-0550](#)

Training Specific to Adult Family Homes includes:

- AFH Administration Training [WAC 388-112A-0810](#)
- AFH Orientation Class completed within one year of submitting your application

Background Check

You must have a Washington state, Department of Social and Health Services (DSHS), online Background Check and a national fingerprint background check. The AFH License Application will be denied when the background check includes:

- disqualifying criminal convictions or pending criminal charges under [WAC 388-113](#)
- negative actions under [WAC 388-76-10180](#)



A [Character, Competence, and Suitability \(CC&S\) Review](#) is required when a background check includes non-disqualifying convictions, pending charges or negative actions; there is a concern about the health, safety and other risks to residents, or there is a reasonable, good faith belief that the individual cannot meet the care needs of the resident.

English Literacy

You must be literate and able to communicate in the English language. Once licensed, you must assure that a person is on staff and available at the home who is capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations. They must be able to read, understand and implement resident negotiated care plans.

Resident Communication

You must have the ability to communicate with residents in their primary language. This may mean always having a qualified person on-site or readily available, or other reasonable accommodations, such as a language line.

AFH Management and Administration

You must be able to carry out the management and administrative requirements of chapters 70.128 (*Adult Family Homes*), 70.129 (*Long-Term Care*), 74.34 RCW (*Resident Rights*), and WAC 388-76 (*Adult Family Home Minimum Licensing Requirements*) and other applicable laws and regulations.

Must meet the requirements outlined in [RCW 70.128.130](#) (*Adult Family Home – Requirements*)

Module 2 – Am I Qualified? What are the Rules?

Direct Care Experience

You must have completed 1000 hours of direct care. Experience must be within the previous sixty months obtained after age eighteen to adults with complex needs in a licensed or contracted setting. You are exempt from this requirement if you hold one of the professional licenses outlined in subsection [WAC 388-76-10130\(8\)](#).

NOTE: You cannot volunteer in an AFH or have someone volunteer in your home to complete the 1000 hours of direct care requirement (or at any other time in a caregiver capacity). See Labor and Industry Administrative Policy ES.A.1, section 5(d):

“Volunteers are not allowed in a “for-profit” business. Any individual, partnership, association, corporation, business trust, or any person or group of persons acting directly or indirectly in the interest of a “for-profit” employer is subject to the provisions of the MWA and must pay wages to any individual who they permit to perform any work.”

Cardiopulmonary Resuscitation (CPR) and First Aid

You must obtain and keep current a CPR and first-aid card or certificate

Tuberculosis (TB) Screening

Complete a TB screening to establish TB status.



Laws and Regulation for Adult Family Homes

- Laws are in the Revised Code of Washington ([RCW](#))
- Regulations or Rules are in the Washington Administrative Code ([WAC](#))

Relevant RCWs/WACs

RCW 70.128	Adult family homes
RCW 70.129	Long-term care resident rights
RCW 74.34	Abuse of vulnerable adults
RCW 74.39A	Long-term care services options – expansion
WAC 388-76	Adult family home minimum licensing requirements
WAC 388-112A	Residential long-term care services training
WAC 246-980	Home Care aide rules - Department of Health
WAC 51-51-0330	Adult family homes (State Building Code Adoption and Amendment of the 2018 Edition of the International Residential Code)

Module 2 – Am I Qualified? What are the Rules?

You are required to know, understand, and keep up to date with all laws and regulations related to your AFH. Not understanding how to read the laws and regulations could put your residents at risk and result in citations, conditions on your AFH license, civil penalties, or other severe penalties.

How Laws and Regulations are Created

Laws, also referred to as statute, are in the Revised Code of Washington (RCW). The “Rules” or regulations are in the Washington Administrative Code (WAC). Agencies have public hearings where input is sought about a proposed law or regulation. Attending these hearings is a great opportunity to influence the content of the RCW or WAC.

How a Bill becomes a Law:

- [Washington State Legislature How a Bill Becomes a Law](#)
- [Civic Education How a Bill Becomes a Law](#)

How to Read a Law or Regulation

RCWs are the permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriations acts.

WACs include rules that could be considered directions to licensed AFH providers on how to follow the law. When referring to a WAC section, the "WAC" acronym appears first, followed by a number made up **of three** parts: the title number, the chapter number, and the section number. For example, adult family home definitions are found in WAC 388-76-10000.

- Title number **388** is for the Department of Social and Health Services (DSHS)
- Chapter number **76** is for Adult Family Home minimum licensing requirements
- Section numbers, for example **10000**, are the individual regulations or rules that can be initiated, amended, and/or repealed

It is critical to understand the differences in language when reading a regulation. For example, the use of the words **must**, **shall** or **will**, as opposed to **may**, makes a significant difference in the meaning. Another example is the use of the word “**or**” as opposed to “**and**”. The misunderstanding of the key words may result in a lack of understanding of the regulation and may cause you to violate a regulation.





GROUP ACTIVITY: WAC Review - The purpose of this activity is to understand how to read and understand WAC language.

1. Read WAC 388-76-10040 below and identify all instances of the words listed below:

Shall	Or	Must only	At all times
May	Must	If	Always
Will	Must endure	And	

WAC 388-76-10040 License requirements—Qualified person must live-in or be on-site.

(1) The adult family home provider or entity representative must:

(a) Live in the home; or

(b) Employ or contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times.

(2) The provider, entity representative, or resident manager is exempt from the requirement to live in the home if:

(a) The home has twenty-four-hour staffing coverage; and

(b) A staff person who can make needed decisions is always present in the home.

2. Summarize what is to be done by the AFH provider.

Summary:



Breakout Activity

WAC 388-76-10360 Negotiated care plan – Timing of development – Required.

The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

WAC 388-76-10365 Negotiated care plan – Timing of development – Required.

The adult family home must implement each resident's negotiated care plan.

WAC 388-76-10370 Negotiated care plan—Persons involved in development.

The adult family home must involve the following people in developing the negotiated care plan:

- (1) The resident, to the greatest extent he or she can participate;
- (2) The resident's family, if approved by the resident;
- (3) The resident's representative if the resident has a representative;
- (4) Professionals involved in the care of the resident;
- (5) Other individuals the resident wants included; and
- (6) The department case manager, if the resident is receiving care and services paid for by the department.

Summary – What is to be done by the AFH Provider?

2

Breakout Activity

WAC 388-76-10375 Negotiated care plan — Signatures — Required.

The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

WAC 388-76-10380 Negotiated care plan — Timing of reviews and revisions

The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (1) After an assessment for a significant change in the resident's physical or mental condition;
- (2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;
- (3) At the request of the resident or the resident representative; or
- (4) At least every twelve months.

WAC 388-76-10385 Negotiated care plan — Copy to department case manager — Required.

When the resident's services are paid for by the department, the adult family home must give the department case manager a copy of the negotiated care plan each time the plan is completed or updated, and after it has been signed and dated.

Summary – What is to be done by the AFH Provider?

Introduction to Resident Rights

What are resident rights and how do you, as an adult family home provider, help residents exercise their rights?

Resident rights are found in Chapter [70.129 RCW Long-Term Care Resident Rights](#). This law specifically applies to adult family homes and as an AFH provider, **it is your duty to learn this law and to help residents to exercise their rights**. Honoring and upholding residents' rights is a process; it is not something that is done once, checked off a list, and forgotten. Supporting an individual to exercise their rights takes work and dedication.

Intent of Resident Right Laws

- Ensure residents can exercise reasonable control over life decisions
- Ensure a resident's right to a dignified existence and self determination
- Ensure that a resident's quality of life includes a safe, clean, comfortable, and homelike environment

[VIDEO - Resident Rights \(Resident Rights 3:27 min\)](#)





Centers for Medicare and Medicaid Services (CMS) is a part of the U.S. Department of Health and Human Services (HHS). CMS is the federal entity that allows Washington to offer Home and Community based Medicaid Services. CMS has a Home and Community Based Services Federal Rule relative to the AFH/ALF setting ([42 CFR 441.301 \(4\)](#)). The intent of the rule is to ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate. Some of the CMS required qualities for home and community-based settings are listed below. For the complete rule, visit the 42 CFR link copied above.

- Individuals receiving long-term services & support have full access to benefits of community living and the opportunity to receive services in the most integrated setting appropriate;
- Integration in the greater community;
- Choice among settings, and regarding services and supports and who provides them;
- Freedom to furnish or decorate their sleeping or living unit, control their schedule, have access to food at any time, and have visitors of their choice at any time;
- Protections from eviction and an appeal process comparable to those provided under landlord tenant law;
- Independence in making life choices regarding daily activities, physical environment, and with whom to interact; and
- Privacy in their sleeping or living unit, including the ability to lock their door and choose their roommate.

Resident Rights/Quality of Life - [WAC 388-76-10510](#) –10645

- You must ensure all residents have these basic rights ([WAC 388-76-10510](#)):
 - To receive appropriate necessary services, as identified in the assessment and negotiated care plan;
 - To be treated with courtesy, dignity, and respect;
 - To continue to enjoy basic civil and legal rights (such as privacy and confidentiality in written and telephone communications, and in expressing their grievances);
 - To have the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;
 - To have the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice;
 - To be cared for in a manner that enhances or maintains the resident's quality of life;
 - To be cared for in an environment that is safe, clean, comfortable, and homelike; and
 - To have the freedom to have and use their personal belongings to the extent possible.
- All residents exercise their rights ([WAC 388-76-10515](#)). You must:
 - Protect each resident's right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the home;
 - Protect and promote the rights of each resident and assist the resident to exercise the rights of a resident of the home and the state of Washington.

Module 2 – Am I Qualified? What are the Rules?

- Be free of interference, coercion, discrimination, and retaliation from the home in exercising the resident's rights; and
 - Ensure the resident's right to choose a representative who may exercise the resident's rights to the extent provided by law.
- As an AFH provider, you must have a policy on accepting Medicaid or other public funds as payment for services (outlined in [Admission Agreement Guidance](#) table) [WAC 388-76-10522](#). The agreement must clearly state the circumstances under which you provide care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. There is a sample template in your appendix.
- You must provide a resident access to view their records or obtain copies of their record at a reasonable cost ([WAC 388-76-10315](#))
- All residents have the right to personal privacy ([WAC 388-76-10575](#)):
 - Medical treatment;
 - Clinical or resident records;
 - Personal care (such as, dressing, bathing, combing hair, and incontinence care); and
 - Visits, meetings, and phone calls with family, friends, and resident groups.
 - The resident right to personal privacy does not require the home to provide a private room for each resident.
- Additional rights include:
 - The right to voice grievances, including those about care and treatment given or not given. ([WAC 388-76-10580](#))
 - The right to have access to and from resident advocates, such as the long-term care ombudsman, representative of the state, their doctor, relatives, and certain other visitors. ([WAC 388-76-10595](#))
 - The right to be reasonably accommodated to meet their assessed needs. ([WAC 388-76-10545](#))

Service Dogs

Washington State law does not allow discrimination against a person with a disability who uses a trained dog guide or service animal. You must reasonably accommodate a person with a disability who uses a trained dog guide or service animal.

- A service animal under the Americans with Disability Act (ADA) is defined as **a dog** that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability. A service animal is not a pet.
- Emotional support, therapy, comfort, or companion animals are not considered service animals under the ADA. They have not been trained to perform a specific job or task.



Module 2 – Am I Qualified? What are the Rules?

- A service animal is not required to wear a vest/specific harness, ID tag, or have proof that the animal has been certified, trained, or licensed as a service animal.
- Even if you have a “no pets” policy for your home, you must allow service animals. The law is clear that a service animal is not a pet. If applicable, you must change your “no pets” policy to allow the use of a service animal by a person with a disability. If you are not sure if the animal is a pet or a service animal, you can ask for a health care professional’s statement that the person has a disability and is assisted by a service animal.
- Some important things to remember if your resident has a service animal are:
 - You can ban a service animal from your home if it poses a threat to others. You may not guess how a service animal may act. Consider each situation separately.
 - While you may ban a service animal that is a threat, you should give the resident who uses the service animal the option of staying at the home without the service animal.
 - The AFH provider or staff are not required to take care of the service animal. The care of the service animal is the responsibility of the owner.
 - You cannot charge an extra fee for a resident with a service animal.

References: Service Animals



- [Dear Provider Letter #2012-016](#)
- [ADA – U.S. Department of Justice, civil Rights Division, Disability Rights Section – Service Animals](#)

Resources: Service Animals



- **Non-discrimination for use of service animal** – [RCW 49.60.222: Unfair practices with respect to real estate transactions, facilities, or services. \(wa.gov\)](#)
- **Freedom from discrimination** - [RCW 49.60.030: Freedom from discrimination—Declaration of civil rights. \(wa.gov\)](#)
- **Exercise of resident rights** - [RCW 70.129.020: Exercise of rights. \(wa.gov\)](#)
- **Reasonable accommodation** - [RCW 74.42.450: Residents limited to those the facility qualified to care for—Transfer or discharge of residents—Appeal of department discharge decision—Reasonable accommodation. \(wa.gov\)](#)

Module 2 – Am I Qualified? What are the Rules?

ACTIVITY: Understanding Regulation and Possible Violations

PURPOSE: To understand the intent of the WAC and how to recognize what would violate the rule.



OBJECTIVE: Read and analyze at least one section of the **Resident Rights** below and write an example that explains the meaning of the section and what factor (s) would cause you to be in violation of the section.

REVIEW EXAMPLE USING

1

WAC 388-76-10510

Section (1) The adult family home must ensure that each resident receives appropriate necessary services, as identified in the assessment, and negotiated care plan.

- **Meaning-** the residents get what they need for mental, spiritual, nutritional, social, cultural, and physical health.
- **What would be a violation** - A resident's medication wasn't refilled on time, and they missed two days of their heart medication.

ACTIVITY DIRECTIONS: Read and analyze your assigned section and document the meaning and an example of a violation. Be prepared to report your analysis to the class.

2

WAC 388-76-10510, **Section (2)** The adult family home must ensure that each resident is treated with courtesy, dignity, and respect.

Meaning:

Violation:

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3

WAC 388-76-10510, Section (3) The adult family home must ensure that each resident continues to enjoy basic civil and legal rights.

Meaning:

Violation:

4

WAC 388-76-10510, Section (4) The adult family home must ensure that each resident has the opportunity to exercise reasonable control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy.

Meaning:

Violation:

Module 2 – Am I Qualified? What are the Rules?

5

WAC 388-76-10510, Section (5) The adult family home must ensure that each resident has the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice.

Meaning:

Violation:

6

WAC 388-76-10510, Section (6) The adult family home must ensure that each resident is cared for in a manner that enhances or maintains the resident's quality of life.

Meaning:

Violation:

Module 2 – Am I Qualified? What are the Rules?

7

WAC 388-76-10510, Section (7) The adult family home must ensure that each resident is cared for in an environment that is safe, clean, comfortable, and homelike.

Meaning:

Violation:

8

WAC 388-76-10510, **Section (8)** The adult family home must ensure that each resident has the freedom to use their personal belongings to the extent possible.

Meaning:

Violation:

Quality of Life

“The adult family home must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.”
WAC 388-76-10620

It is your responsibility as an AFH provider to ensure the residents quality of life.

Residents have the right to:

- Choose activities based on their preferences;
- Choose their daily schedule, such as bathing, sleeping, and eating;
- Choose health care consistent with their interests, assessments, and negotiated care plan;
- Visit with members of the community, family, and friends both inside and outside the home;
- Choose their clothing, hair style, and other individual preferences;
- Be informed in advance about recommended care and services and any changes in care and services;
- Participate in their care planning and treatment, as well as any changes to such;
- Direct their own care plan and changes to it; and
- Refuse any service so long as such refusal is documented in the record of the resident.

Washington State Long Term Care Ombudsman (Ombuds) Program

“The Washington State Long-Term Care Ombudsman advocates for residents of nursing homes, adult family homes, and assisted living facilities. Our purpose is to protect and promote the Resident Rights guaranteed these residents under Federal and State law and regulations.”

- The Washington State Ombudsman is trained to resolve problems in situations involving quality of care, use of restraints, transfer and discharge, abuse and other aspects of resident dignity and rights.
- You can be fined for denying or interfering with an ombudsman when executing their official duties. Ombuds access to facilities and residents **must** be provided without interruption or interference. See [Provider Letter #2024-42](#).



HOTLINE: 1-800-562-6028
TTY USERS: 1-800-737-7931

waombudsman.org



[VIDEO: WA State Long Term Care Ombudsman Program Overview - YouTube](#)

MEDICAL DEVICES AND RESTRAINTS

Review [WAC 388-76-10650](#) Medical Devices

Review [WAC 388-76-10655](#) Physical and Mechanical Restraints

Review [WAC 388-76-10660](#) Chemical Restraints

Review [WAC 388-76-10665](#) Involuntary Seclusion

The Dear Provider Letter below outlines the LTC Ombudsman's access to resident information and records.



October 13, 2014

ALTSA: [AFH #2014-018](#)

LONG-TERM CARE OMBUDS ACCESS TO RESIDENT INFORMATION AND RECORDS

Dear Adult Family Home Provider:

Residential Care Services is pleased to work in partnership with providers and the State Long-Term Care Ombuds Program (Ombuds Program) in order to promote and protect the rights, security, and well-being of the residents living in Adult Family Homes. In July 2014, I issued a letter describing the role of the Ombuds, as required by the federal Older Americans Act and state law. Based upon recent questions and concerns, I am providing an update and clarification to that letter. This letter replaces the July 2014 letter (AFH #2014-007).

The citations in this letter refer to the Revised Code of Washington (RCW), and the Washington Administrative Code (WAC).

Facilities are expected to accommodate representatives of the Ombuds Program. Upon request, representatives of the Ombuds program must present proper identification (that is, a badge and/or identification card).

Access to Residents and Residents' Representatives

- Residents have the right to unrestricted private visits from the Ombuds at all times. RCW 70.129.090; WAC 365-18-100; WAC 388-76-10590
- Facilities must provide privacy during visits to allow the Ombuds to perform his or her legally required duties. WAC 365-18-080(3); WAC 365-18-100(3)

Module 2 – Am I Qualified? What are the Rules?

- The Ombuds has several duties that require active outreach and access to residents and residents' representatives. When requested, facilities must give contact information for residents' representatives to the Ombuds Program. WAC 365-18-060
- Representatives of the Ombuds Program have the right to immediate and private access to residents, including for the purpose of asking residents if they want to talk. Residents always have the right to choose whether or not they wish to receive visitors, including visitors from the Ombuds Program. RCW 43.190.080; WAC 388-76-10510

Access to Records

- The Ombuds Program has the right to access and copy a resident's confidential records when:
 - The resident consents;
 - The resident is unable to consent and does not have a representative; or
 - The resident's representative refuses access, and the Ombuds reasonably believes that the representative is not acting in the resident's best interest. WAC 365-18-100(5)
- The Ombuds Program has the right to access and copy facility/home records and policies that the residents and the general public have access to review and copy. WAC 365-18-100(5)

Interference Not Allowed

- Facilities must not interfere with the Ombuds Program's performance of duties or the Ombuds' private access to residents. RCW 70.128.150; WAC 365-18-100(4)
- Residents' representatives, including guardians, family members, and holders of powers of attorney, must not interfere with the Ombuds' private access to residents. WAC 365-18-100(4)

If you have any questions about the Ombuds Program, contact your local representative or RCS Field Manager.



Washington State Office of Developmental Disabilities (DD)
Ombuds
DDOmbuds.org- Complaint Line: 833-727-8900

The DD Ombuds collects and investigates complaints brought by those who use developmental disabilities services. They resolve complaints at the lowest possible level. The DD Ombuds protects choice, autonomy and makes sure people with disabilities have access to advocacy. They also promote the well-being of people who receive state services, and all DD Ombuds services are resident-directed and person-centered.

The Office of the DD Ombuds is not a part of the Developmental Disabilities Administration (DDA) or the Department of Social and Health Services (DSHS). The Office of the DD Ombuds is funded by State Legislation through the Department of Commerce and is a program of Disability Rights Washington.

Module 2 – Am I Qualified? What are the Rules?



April 6, 2018

ALTSA: [AFH #2018-003](#)

OFFICE OF DEVELOPMENTAL DISABILITIES (DD) OMBUDS

Dear Adult Family Home Provider:

We are pleased to announce the Office of Developmental Disabilities (DD) Ombuds.

In 2016, the legislature passed SB 6564 creating the Office of Developmental Disabilities (DD) Ombuds. Advocates worked for more than 20 years for a DD Ombuds. Opportunity arose during the legislative session because of a tragedy, ""Laura's Law".

In 2017, the DD Ombuds was created as a private, independent office to investigate, monitor, review, and report on services provided to persons with developmental disabilities. The DD Ombuds operates as a separate program of Disability Rights Washington through a contract with Department of Commerce.

The DD Ombuds' purpose is to ensure safe, quality services and improve the lives of those with developmental disabilities in Washington state. The DD Ombuds provides resident directed complaint resolution at the lowest possible level. The DD Ombuds will visit and review state licensed facilities and residences where persons with developmental disabilities reside. These visits may occur regularly and maybe announced. The DD Ombuds may speak privately with persons with developmental disabilities.

The DD Ombuds may review the practices and procedures of facilities and residences that serve people with developmental disabilities. The DD Ombuds may, upon request, inspect or copy the policies and procedures of state-operated, licensed, or contracted programs.

Thank you in advance for your cooperation with the DD Ombuds. If you have any questions about their organization, please contact Betty Schwieterman at (833) 727-8900 extension 209. You can also visit their website: Office of the Developmental Disabilities (DD) Ombuds.

Mental Health Ombudsman

A [Mental Health Ombudsman](#) can help Medicaid residents that have a behavioral health grievance. They are available statewide.

Resources: Ombudsman



- What is an Ombudsman?
[Washington State Long Term Care Ombudsman Program \(waombudsman.org\)](#)
- [Find a LTC Ombudsman \(waombudsman.org\)](#)
- [DDA Client Rights - YouTube](#)
- [What is the DD Ombuds? - YouTube](#)

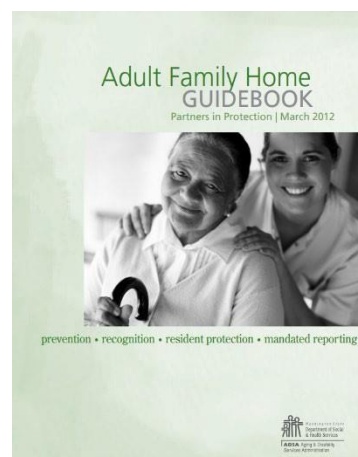


Abuse and Neglect

How Big Is the Under-Recognized Problem of Adult Abuse, Neglect & Exploitation?

“No one knows for certain. One thing is certain: abuse, neglect, abandonment, and financial exploitation can happen to any older or vulnerable adult – your loved one, your neighbor, your resident or client – it can even happen to you. Nationally, there is no uniform reporting system, and there are no uniformly accepted definitions for terms like “elder”, “vulnerable adult”, “abuse”, “neglect”, and “financial exploitation”.

Published research indicates that more than one in ten elders may experience some type of abuse, but only one in five cases or fewer are reported. So, while there are research data related to these crimes, the full extent remains uncertain. There is concern that these incidents/crimes are not recognized by, or are not reported by, individuals who are required to make mandated reports.



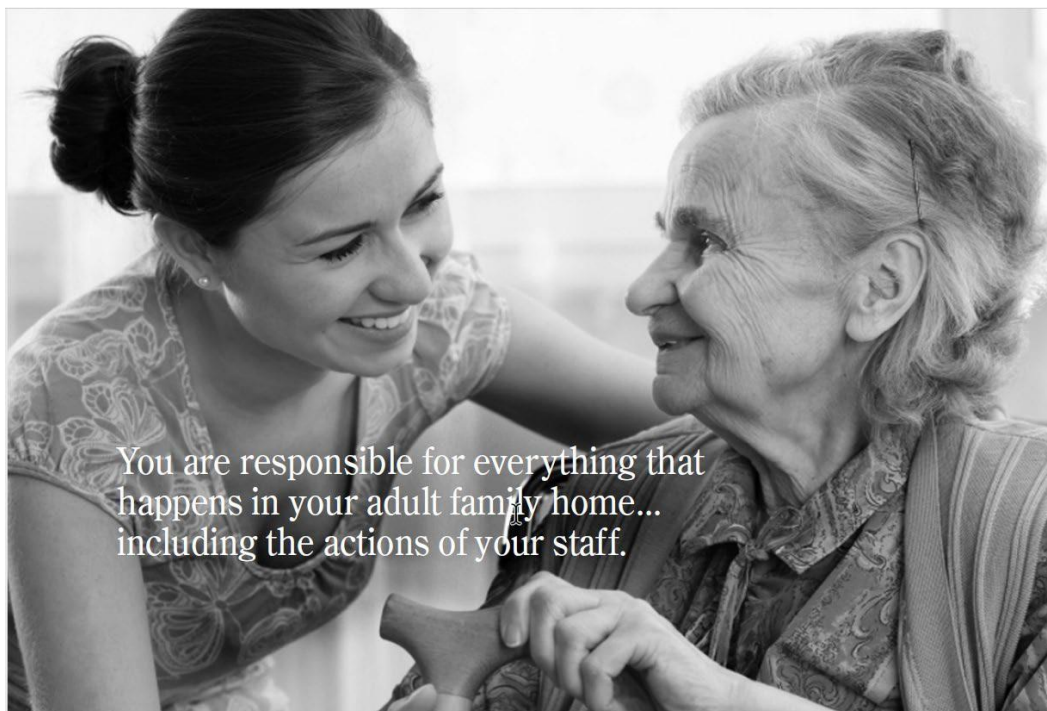
It can occur anywhere – at home, in the community-at-large and, in licensed long-term care residential care settings. It affects individuals across all socio-economic groups, cultures, and races. Based on research data, women, “older” elders (age 85+) and persons with intellectual and developmental disabilities are at even higher risk to be victimized as vulnerable adults.”

[AFH Guidebook-Partners in Protection](#)

Vulnerable Adult ([WAC 388-76-10000](#)) includes a person:

- Sixty years of age or older who has the functional, mental, or physical inability to care for themselves;
- Found incapacitated under chapter [11.88](#) RCW;
- Who has a developmental disability as defined under RCW [71A.10.020](#);
- Admitted to any facility;
- Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter [70.127](#) RCW;
- Receiving services from an individual provider; or
- With a functional disability who lives in their own home, who is directing and supervising a paid personal aide to perform a health care task as authorized by RCW [74.39.050](#).

The following section includes excerpts from the AFH Guidebook – Partners in Protection.



Recognizing Abuse and Neglect

As an AFH provider, you are responsible for everything that happens in your home, whether you are present or not, including the actions of your staff as it pertains to the safety of your residents.

Abuse

“Abuse” as defined in [WAC 74.34](#) means the willful action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish. Abuse includes sexual abuse, mental abuse, physical abuse, and personal exploitation of a vulnerable adult, and improper use of restraint against a vulnerable adult which have the following meanings:



Abuse – Sexual

"Sexual abuse" means any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment. Sexual abuse also includes any sexual conduct between a staff person, who is not also a resident or client, of a facility or a staff person of a program authorized under chapter 71A.12 RCW, and a vulnerable adult

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living in that facility or receiving service from a program authorized under chapter 71A.12 RCW, whether or not it is consensual.

Abuse – Mental/Emotional/Verbal

"Mental abuse" means a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

Abuse – Physical

"Physical abuse" means the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

Exploitation and Financial Exploitation

"Personal exploitation" means an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another.

"Financial exploitation" means the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage. "Financial exploitation" includes, but is not limited to:

- (a) The use of deception, intimidation, or undue influence by a person or entity in a position of trust and confidence with a vulnerable adult to obtain or use the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult;
- (b) The breach of a fiduciary duty, including, but not limited to, the misuse of a power of attorney, trust, or a guardianship appointment, that results in the unauthorized appropriation, sale, or transfer of the property, income, resources, or trust funds of the vulnerable adult for the benefit of a person or entity other than the vulnerable adult; or
- (c) Obtaining or using a vulnerable adult's property, income, resources, or trust funds without lawful authority, by a person or entity who knows or clearly should know that the vulnerable adult lacks the capacity to consent to the release or use of his or her property, income, resources, or trust funds.

Restraints

"Improper use of restraint" means the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline or in a manner that: (i) Is inconsistent with federal or state licensing or certification requirements for facilities, hospitals, or programs authorized under chapter 71A.12 RCW; (ii) is not medically authorized; or (iii) otherwise constitutes abuse under this section.

"Chemical restraint" means the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others, has the temporary effect of restricting the vulnerable adult's freedom of movement,

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and is not standard treatment for the vulnerable adult's medical or psychiatric condition.

“Physical restraint” means a manual method, obstacle, or physical or mechanical device, material, or equipment attached or adjacent to the resident’s body that restricts freedom of movement or access to his or her body, is used for discipline or convenience, and not required to treat the resident’s medical symptoms (see “Abuse – Physical” and “Medical device”).

A physical restraint may be used if all conditions of WAC 388-76-10655 are met.

WAC 388-76-10655 - Physical and mechanical restraints.

The adult family home must ensure:

- (1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;
- (2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;
- (3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and
- (4) If physical or mechanical restraints are used to treat a resident's medical symptoms, the restraints are applied and immediately supervised on-site by a:
 - a. Licensed registered nurse;
 - b. Licensed practical nurse; or
 - c. Licensed physician.
- (5) For the purposes of this section, "immediately supervised" means that the licensed person is in the home and quickly and easily available.

Neglect

"Neglect" means (a) a pattern of conduct or inaction by a person or entity with a duty of care that fails to provide the goods and services that maintain physical or mental health of a vulnerable adult, or that fails to avoid or prevent physical or mental harm or pain to a vulnerable adult; or (b) an act or omission by a person or entity with a duty of care that demonstrates a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to the vulnerable adult's health, welfare, or safety, including but not limited to conduct prohibited under RCW 9A.42.100.

Prevention and Risk Management

Risk factors for abuse, neglect, and financial exploitation can be related to residents in an AFH, to AFH employees, or, to conditions in the AFH itself. More often it is a combination of these risk factors that will need to be managed by the AFH provider. The more risk factors that are present in your AFH, the greater the risk to each resident.

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Risk Factors – Resident

- Calling out or repeated vocalization that is not easily redirected by caregiver or others
- Demanding or impatient behaviors when making requests
- Inability to self-feed adequate food/fluids for good nutrition and sufficient hydration
- Resistive to care given by others



Risk Factors – AFH Staff

- Alcohol abuse or prescription/illegal drug abuse – current or in past
- Apathy or indifference to care needs of residents
- Excessive/unexplained work absences or chronic tardiness
- Ineffective coping when experiencing stressful events on-the-job or in one's personal/family life
- Not able to understand and speak the English language well enough to respond appropriately to emergency situations or implement resident negotiated care plans



Failed Facility Practices

When you or your staff do not comply with AFH rules and requirements, facility factors and failed practices can place residents at risk for abuse, neglect, or financial exploitation. For example:

- Provider lacks understanding, ability, emotional stability, and physical health necessary to meet the psychosocial, personal, and special care needs of adults with complex needs. [WAC 388-76-10020]
- Provider fails to ensure that there is always a staff person present in the AFH who can make needed decisions. [WAC 388-76-10040]
- Provider or staff fails to call the department's toll-free complaint hotline when required [WAC 388-76-10225]
- Provider fails to keep current medication logs for residents as required in WAC 388-76-10475. [WAC 388-76-10430]

"Mandated Reporter" (WAC 388-76-10000) means an employee of the department, law enforcement, officer, social worker, professional school personnel, individual provider, an employee of a facility, an employee of a social service, welfare, mental health, adult day health, adult day care, or hospice agency, county coroner or medical examiner, Christian Science practitioner, or health care provider subject to chapter [18.130](#) RCW.

For the purpose of the definition of a mandated reporter, **"Facility"** means a residence licensed or required to be licensed under chapter [18.20](#) RCW (assisted living facilities), chapter [18.51](#) RCW (nursing homes), chapter [70.128](#) RCW (adult family homes), chapter [72.36](#) RCW (soldiers' homes), chapter [71A.20](#) RCW (residential habilitation centers), or any other facility licensed by the department.

Module 2 – Am I Qualified? What are the Rules?

Reporting Requirements for Mandated Reporters

Each AFH must always use good judgment in deciding the best course of action to be taken to protect their residents following discovery or report of an incident or allegation of abuse, neglect, exploitation, abandonment, or resident death.

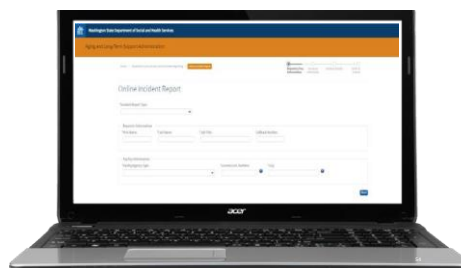
- **FIRST PRIORITY:** Protect the victim/resident and other residents from harm or further harm.
- **SECOND PRIORITY:** Report as soon as possible, after the victim/resident is safe/protected, to the Department, law enforcement, and to other entities as required by state law. You may need to gather more information about the alleged or actual incident and make additional calls.

Chapter 74.34 RCW requires both DSHS licensed facilities and staff of those licensed facilities to make separate mandated reports.

A mandated reporter cannot be terminated, suspended, or disciplined by the employer as long as the mandated report is made in good faith. [RCW 74.34.180\(3\)](#)

Where/How to Report

- **DSHS Complaint Resolution Unit (CRU)**
 - **Online:** [Residential Care Services Online Incident Reporting | DSHS \(wa.gov\)](#)
 - **By Phone:** 1-800-562-6078. Available 24 hours a day, seven days a week. The date and time you called are recorded.
- **Local Law Enforcement**
 - As a mandatory reporter, you must ALSO make a report immediately to law enforcement if you suspect sexual assault and types of physical assault.
 - Have number available for staff
- **Coroner/Medical Examiner**
[Washington State Medical Examiner's and Coroner's Offices](#)
 - If you are unsure if you should report a death – report it.
 - You do not need to report the death if it was expected, and the resident was receiving hospice services.
- **Department of Health**
 - If your employee holds a professional license or certification
 - [Provider Credential Search](#)



REFERENCES:

RCW 74.34.035 Reports—Mandated and permissive—Contents—Confidentiality.

(1) When there is reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred, mandated reporters shall immediately report to the department.

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(2) When there is reason to suspect that sexual assault has occurred, mandated reporters shall immediately report to the appropriate law enforcement agency and to the department.

(3) When there is reason to suspect that physical assault has occurred or there is reasonable cause to believe that an act has caused fear of imminent harm:

(a) Mandated reporters shall immediately report to the department; and

(b) Mandated reporters shall immediately report to the appropriate law enforcement agency, except as provided in subsection (4) of this section.

(4) A mandated reporter is not required to report to a law enforcement agency, unless requested by the injured vulnerable adult or his or her legal representative or family member, an incident of physical assault between vulnerable adults that causes minor bodily injury and does not require more than basic first aid, unless:

(a) The injury appears on the back, face, head, neck, chest, breasts, groin, inner thigh, buttock, genital, or anal area;

(b) There is a fracture;

(c) There is a pattern of physical assault between the same vulnerable adults or involving the same vulnerable adults; or

(d) There is an attempt to choke a vulnerable adult.

(5) When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment by another person, mandated reporters shall, pursuant to RCW 68.50.020, report the death to the medical examiner or coroner having jurisdiction, as well as the department and local law enforcement, in the most expeditious manner possible. A mandated reporter is not relieved from the reporting requirement provisions of this subsection by the existence of a previously signed death certificate. If abuse, neglect, or abandonment caused or contributed to the death of a vulnerable adult, the death is a death caused by unnatural or unlawful means, and the body shall be the jurisdiction of the coroner or medical examiner pursuant to RCW 68.50.010.

[WAC 388-76-10673](#) Abuse and neglect reporting—Mandated reporting to department—Required.

(1) In accordance with chapter 74.34 RCW, all providers, entity representatives, resident managers, owners, caregivers, staff, and students that provide care and services to residents, are mandated reporters and must immediately report to the department when there is:

(a) A reasonable cause to believe that abandonment, abuse, exploitation, financial exploitation, or neglect of a vulnerable adult has occurred; or

(b) A reason to suspect that sexual assault of a vulnerable adult has occurred.

(2) Reports must be made to:

(a) The centralized toll-free telephone number provided by the department; and

(b) The appropriate law enforcement agencies, as required under chapter 74.34 RCW.

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Reporting Chart

What to Report:	Where to Report:
Staff to Resident <ul style="list-style-type: none"> Abuse – Sexual, Physical, Assault with bodily harm Neglect / Mistreatment / Negligent treatment Financial Exploitation / Misappropriation of Resident Property 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Police/911 Department of Health
Non-Staff to Resident <ul style="list-style-type: none"> Abuse – Sexual, Physical, Assault with bodily harm Neglect / Mistreatment / Negligent treatment Financial Exploitation / Misappropriation of Resident Property 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Police/911
Injuries of Unknown Source <ul style="list-style-type: none"> Substantial injury 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line
Resident-to-Resident <ul style="list-style-type: none"> Physical abuse with bodily harm or psychological harm Mental abuse with psychological harm Sexual abuse/assault Misappropriation/Financial Exploitation 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Police/911
Unexpected Resident Death <ul style="list-style-type: none"> Possibly related to abuse or neglect Suicide Not related to abuse or neglect but suspicious 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Coroner/Medical Examiner
Other Miscellaneous <ul style="list-style-type: none"> Evacuation (Actual/Potential Event) Risk of Discontinuance of Services (such as no food, water, or care supplies) 	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line <p>See: AFH Dear Provider Letter #2016-016 Emergency Evacuations</p>
Fire/Explosion	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Police/911 Local Fire Department
Communicable Disease Outbreak Suspected Food borne Illness	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Department of Health
Missing Resident	<ul style="list-style-type: none"> DSHS – Call hotline at 1-800-562-6078 or report on-line Police/911

Additional AFH reporting requirements are outlined in [WAC 388-76-10225](#).

Module 2 – Am I Qualified? What are the Rules?

AFH Incident Log (DSHS 13-645)

You must keep an incident log to document any injury to a resident, any accidents or incidents affecting a resident's welfare, and all alleged/suspected incidents of abandonment, neglect, abuse, or financial exploitation.



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALISA)

Adult Family Home Incident Log

WAC 388-76-10220)

WAC 388-76-10220 states: "The Adult Family Home must keep a log of:

- (1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;
- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident..."

INSTRUCTIONS: Provider, Resident Manager, or caregiver completes a log entry whenever there is an injury or accident involving a resident. Keep this log in the Adult Family Home in a readily accessible area.

PROVIDER'S NAME		STREET ADDRESS		CITY
DATE	NAME OF RESIDENT	NATURE OF INJURY OR ACCIDENT	REPORTED TO WHOM AND WHEN	OUTCOME

ACTIVITY – Identify Abuse and Reporting

Read each example below and complete the tasks:



1. Identify what is happening - abuse (physical, sexual, mental, personal exploitation, and improper use of restraints), neglect, exploitation, or abandonment
2. Where do you report it?

Abuse and Reporting Scenarios:

1. A caregiver assigned to John, an 82-year-old resident with severe contractures of the arms and legs, approaches John's bed and begins morning care. Without introducing herself or offering an explanation, the caregiver roughly turns John from side to side, causing John to cry out in pain.
 - a. What is happening? _____
 - b. Where do you report it? _____
2. Nancy, a 68-year-old resident with Alzheimer's disease, is weeping and calling out for her daughter. The AFH provider says to Nancy, "Stop that! Your daughter never comes to visit you, and she's not coming now".
 - a. What is happening? _____
 - b. Where do you report it? _____

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3. A caregiver, while helping a female resident out of bed, intentionally fondles the resident's breasts.
 - a. What is happening? _____
 - b. Where do you report it? _____
4. Helen, a 70-year-old cognitively impaired resident, frequently gives her caregiver small amounts of money. The caregiver keeps the money and does not notify anyone of this practice.
 - a. What is happening? _____
 - b. Where do you report it? _____
5. The facility has a difficult time finding staff to work on weekends and nights. To deal with this chronic staff shortage, most residents must remain in bed during these periods and are not toileted according to their care plans.
 - a. What is happening? _____
 - b. Where do you report it? _____
6. Susan is the only weekend caregiver at the XYZ Adult Family Home. Susan regularly leaves the residents alone for three hours on Sunday mornings so she can attend church services by herself.
 - a. What happened? _____
 - b. Where do you report it? _____
7. Lisa has Dementia and has lived at the XYZ AFH for 2 years. She loves to watch old Bonanza reruns. The AFH provider left Lisa in her favorite chair watch Bonanza to go and fix dinner. When the provider goes to get Lisa for dinner, she was gone. Three hours later, Lisa was found on a bench in the neighborhood park.
 - a. What is happening? _____
 - b. Where do you report it? _____
8. Sarah has paralysis in her legs and lower body. She loves to paint and can spend hours working on her latest art project. Sarah gets impatient with caregivers when they come in to help reposition her in her wheelchair. Lately, she has been refusing to be repositioned or to help as it interferes with her art “vibes”. The provider documents each refusal and conversation with Sarah’s doctor. Sarah develops a pressure ulcer.
 - a. What is happening? _____
 - b. Where do you report it? _____

Module 2 – Am I Qualified? What are the Rules?

On Your Own ACTIVITY: Abuse and Reporting Scenarios

1. Mary, a 78-year-old resident, is walking slowly down the hall to the dining room. A caregiver takes hold of Mary's arm and begins to walk briskly toward the dining room, pulling Mary along despite her objections. "We have to get you to the dining room," the caregiver says to Mary, "Do you want to miss lunch?"
 - a. What is happening? _____
 - b. Where do you report it? _____
2. An 89-year-old resident is told by a provider that if he doesn't stop asking for help, the other providers will "get mad at him" and won't help him to the dining room for lunch.
 - a. What is happening? _____
 - b. Where do you report it? _____
3. Jane, a resident with moderate Alzheimer's disease, continuously paces and does not sit down for more than a minute at mealtime. It is noted that she has lost considerable weight during the past quarter. There is no mention of this problem on either an assessment or care plan.
 - a. What is happening? _____
 - b. Where do you report it? _____
4. Cathy is "helped" by a couple from her church who have "adopted" her, after learning from her that she has no close local family. She tells you they are her new "best friends". She gives them "consent" to transfer her bank account into their names so they can help her pay her bills. Without her knowledge, the couple makes countless withdrawals of the resident's money to buy themselves three new cars.
 - a. What is happening? _____
 - b. Where do you report it? _____

Module 2 – Am I Qualified? What are the Rules?

GROUP ACTIVITY: Mandatory Reporting

Read the story below and answer the following questions



You are a caregiver in Blessed Bees Adult Family Home. Mrs. Smith, who lives in the home has dementia. Her condition is deteriorating. She is using her wheelchair daily now, her speech is low and mumbling, and she is confused. Her daughter picks her up for an outing as she feels her mother will feel better and it may help her remember the good times.

When Mrs. Smith returns, she is quiet and subdued. As you lean down to help her remove her coat, she flinches, pulls back and mumbles, “No, no, no!” You speak calmly and quietly to Mrs. Smith and after waiting a few moments, you can get her coat off. You immediately notice that she has bruises on her upper arms that look almost like fingerprints.

Answer the following questions:

1. Is Mrs. Smith considered a ‘vulnerable adult’ as defined by law? Yes/No
2. Would you be considered a ‘mandatory reporter’ as defined by law? Yes/No
3. Do you think she has been mistreated? If yes, how?

4. Are you legally required to make a report about your experience with Mrs. Smith? Yes/No
5. If yes, who would you call? _____

Resources: Abuse and Neglect



- [Mandatory Reporter Training](#)
- [Hotline Poster](#) Mandated Reporters: Understanding Your Responsibilities
- [Reporting Abuse and Neglect - DDA](#)
- [When to Call 9-1-1 - DDA](#)
- [DDA Client Rights](#)

NOTICE

Concerned about abuse, neglect or
violation of resident rights?

Report Online:

www.dshs.wa.gov/altsa/reportadultabuse

Call:

**Aging & Long-Term Support
Administration
1-800-562-6078**

TTY Users 1-800-737-7931

If you need help in resolving any problems or questions licensed
long-term care facilities, contact the State Ombuds:

1-800-562-6028

February 2017



Adult Family Home Policies and Procedures Attestation Form

The Adult Family Home Policies and Procedures form (DSHS 27-223) is a required document that is attached to your licensing application. This document states that you have completed the required policies and procedures and at a minimum they cover all the care and services your AFH provides. You are required to have them available to RCS when requested. The policies include but are not limited to the following:

- Notice of Rights and Services provided in the home, consistent with [WAC 388-76-10530](#);
- Accepting Medicaid as a payment, consistent with [WAC 388-76-10522](#);
- Medication Disposal, consistent with [WAC 388-76-10490](#);
- Response to medical emergencies, consistent with [WAC 388-76-10250](#);
- Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident, consistent with [WAC 388-76-10675](#);
- Disclosure of Services form ([DSHS 10-508](#)), consistent with [WAC 388-76-10532](#);
- Emergency and Disaster Plan, consistent with [WAC 388-76-10830](#); and
- [Respiratory Protection Program](#), consistent with Labor and Industries regulations.

Notice of Rights and Service Requirement's, Disaster Plan and Policies

Upon admission to your AFH, your residents receive, review, and sign your Notice of Rights and Service Requirements/Admission Agreement.

The purpose of The Notice of Rights and Service Requirements checklist below is to assist you in developing your AFHs Notice of Rights and Service Requirements/Admission Agreement, Disaster Plan and required Policies (More about disaster plans in Module 6).

IT IS YOUR RESPONSIBILITY TO ENSURE THAT ALL OF YOUR DOCUMENTS COMPLY WITH THE MINIMUM LICENSING REQUIREMENTS.

Your policies need to be:

- Clear
- Concise (giving a lot of information clearly and in a few words; brief but comprehensive)
- Accurate
- Complete

[Sample Admission Agreement](#) (Private Pay - download)

[Sample Admission Agreement](#) (Medicaid - download)

[Adult Family Home Policies and Procedures Attestation](#) (DSHS 27-223)

[Adult Family Home/Assisted Living Facility Admission Agreement\(s\) Attestation](#) (DSHS 10-270)

Adult Family Home Admission Agreement Attestation Form (DSHS 10-270):

The AFH Admission Agreement Attestation Form has a series of questions regarding your admission agreement(s). ALTSA will regard the completed and signed attestation form as your declaration that you have evaluated your admission agreement(s) and believe the agreement(s) complies with applicable regulatory requirements. Each question addresses a key component of the Long-Term Care Resident Rights statute. **Completion of the attestation form is optional.** If you choose to use an attestation form,

Module 2 – Am I Qualified? What are the Rules?

please update it, or complete a new attestation form whenever you modify your admission agreement(s).

Inspection Procedures

If you choose to complete an attestation form (DSHS 10-270), please maintain a copy in each adult family home with the current admission agreements and referenced documents. The RCS Licenser will review the current attestation form during inspection visits. If you choose not to complete an attestation form, the RCS Licenser will review your admission agreement(s) and related documents during an initial inspection. Review of any subsequent changes to admission agreement(s) will occur during re-inspections. Any additional review will only be part of the re-inspection process if resulting outcomes for residents identify problems related to the admission agreement.

Admission Agreement Guidance

Plan to discuss your agreement with your new resident/representative in a language they understand and provide a copy in writing. The WAC references introduce you to each Admission Agreement requirement. **Review the details in each WAC in their entirety** when writing your actual agreement.

WAC 388-76-	WAC Title and <u>Brief Descriptor</u>	Required
10250	Medical emergencies – Contacting emergency medical services - Required	Contacting Emergency Medical Services/911 Policy
10490	Medication disposal – Written policy - Required For current residents and those that have left the home	Medication Disposal Policy
10522	Resident rights – Notice – Policy on accepting Medicaid as a payment source At admission and when they become eligible after admission. The policy must include: <ul style="list-style-type: none">• The circumstances under which the AFH provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission.• The resident’s signature and date.	Medicaid/Medicaid Conversion Policy – A separate document written in a type of font that is at least 14-point. Be provided both orally and in writing in a language the resident understands. Be provided to all prospective residents prior to admission to the home and any current residents that have not received a copy. Signed and dated document is maintained in the resident’s record.
10530	Resident rights - Notice of rights and services	Be in writing, in a language the resident understands.

WAC 388-76-	WAC Title and <u>Brief Descriptor</u>	Required
	<p>Written notice of rights and services provided in a language the resident understands.</p> <ul style="list-style-type: none"> • Provided prior to admission to the home • Reviewed at least once every 24 months • Includes information on resident rights • Complete description of services, items, and activities • Complete description of the charges – including those not covered by your rates or Medicaid/public benefit programs • Monthly or per diem rate (<i>"per diem" means "daily" rates/ costs or expenses that happen on a daily basis</i>) <p>Rules of the home cannot violate resident rights Inform the resident how they can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline.</p>	<p>A written description of how you will protect any resident funds you manage.</p> <p>Residents review, sign, and date a copy of the notice of rights and services at least every 24 months. A copy must be maintained in their resident record.</p>
10535	<p>Resident rights - Notice of change to services Inform each resident in advance of changes to services, items, activities, scope of care, or home rules.</p> <ul style="list-style-type: none"> • At least fourteen days before the effective date of a change due to a substantial and continuing change in the resident's condition that necessitates substantially greater or lesser services, items, or activities; • At least thirty days before the effective date of a change that decreases the scope of care, services, or activities due to circumstances beyond the home's control; and • At least ninety days before the effective date the home voluntarily decreases the scope of care, services, or activities the home provides, if the change will result in the discharge of at least one resident. 	Be in writing
10540	<p>Resident rights – Disclosure of charges – Notice requirements – Deposits If the adult family home requires an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, <u>the home must include this information on the Disclosure of Charges form</u> in writing in a language the resident understands prior to its receipt of any funds.</p>	Disclosure of Charges (15-449) Form (Download)
10550	<p>Resident rights—Adult family home staffing—Notification Required. The adult family home must provide, in writing: Information about the provider, entity representative, and resident manager; any nurse involved in their care; and if the provider,</p>	Be in writing

Module 2 – Am I Qualified? What are the Rules?

WAC 388-76-	WAC Title and <u>Brief Descriptor</u>	Required
	caregiver, or staff is/or willing to become qualified to perform nurse delegation.	
10615	Resident rights—Transfer and discharge. The AFH must allow each resident to stay in the home and not transfer or discharge the resident unless certain conditions are met: <ul style="list-style-type: none"> • Residents needs cannot be met in the AFH • Safety or health of others in AFH is endangered • Resident has failed to make the required payment for their stay • The AFH closes 	
10670	Prevention of abuse. Must meet the requirements of 74.34 RCW that ensures each resident’s right to be free from abandonment, verbal, sexual, physical, and mental abuse, exploitation, financial exploitation, neglect, and involuntary seclusion. This includes protection of each resident and the prevention of future potential abuse from occurring.	
10675	Adult family home rules and policies related to abuse—Required.	Abuse/Neglect Policy
10815	Notice required — Compliance with building code and fire protection. Before a resident is admitted, the AFH must disclose bedroom standards and if the home is located outside a fire district plan for on-site fire protection.	In writing, in a language the resident understands
10830	Emergency and disaster plan—Required. The AFH must have a written emergency and disaster plan to meet the needs of each resident during emergencies and disasters.	Written Emergency & Disaster Plan
10840	Emergency food supply. The AFH must have an on-site a 72-hour, safely stored, emergency food supply for each resident, household member, and caregiving staff.	
10845	Emergency drinking water supply. The AFH must have an on-site a 72-hour, safely stored, emergency supply of drinking water for each resident, household member, and caregiving staff.	
10850	Emergency medical supplies. The AFH must have emergency medical supplies on-hand in a sufficient amount for the number of residents living in the home along with a first aid manual.	
10855	Emergency and disaster plan training – Required. The AFH must ensure all staff are trained on the emergency/disaster plan when they begin work.	Staff are trained

Module 2 – Am I Qualified? What are the Rules?

WAC 388-76-	WAC Title and <u>Brief Descriptor</u>	Required
10860	Fire drill plan and procedures for emergency evacuation—Required. The AFH must have an emergency evacuation plan including a fire drill and not admitting or keeping residents that cannot safely be evacuated.	Fire drill and evacuation plan
10865	Resident evacuation from adult family home. The AFH must be able to evacuate all residents from the home in five minutes or less.	
10870	Resident evacuation capability levels—Identification required The AFH must ensure the assessment, preliminary service plan, and the NCP identifies and describes the resident's ability to evacuate the home.	NCP documents Resident's Ability to evacuate
10885	Elements of emergency evacuation floor plan. The AFH must develop an emergency evacuation floor plan for each level of the home.	Evacuation floor plan
10890	Posting the emergency evacuation floor plan—Required.	Posted evacuation floor plan
10895	Emergency evacuation drills—Frequency and participation. Partial evacuation, every 60 days; full evacuation, once a year. Include requirements regarding a resident's right to refuse evacuation.	Documentation of refusal in NCP
10900	Documentation of emergency evacuation drills—Required. Evacuation documentation required in outlined format	Sample AFH Evacuation Drill (Download)
10905	Emergency evacuation—Notification of department required. Reporting requirements if AFH is on standby to evacuate, if there is any fire, or residents were evacuation from the AFH.	Report to CRU See AFH Dear Provider Letter #2016-016 Emergency Evacuations

Notice of Rights and Service Requirements, Disaster Plan and Policies

Download the current form when you are ready to determine if you have all the requirements in place prior to your licensing inspection.

NOTE: After June 2023, Initial Licensors will no longer review these documents as part of their licensing inspection. The Notice of Rights and Services document will be reviewed by RCS during their first regulatory visit. **Use this document when completing Assignment #2.**



Notice of Rights and Service Requirements, Disaster Plan and Policies

Applicant:	Name of Home:	Date:
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The purpose of this form is to assist you in developing your Adult Family Home (AFH) Notice of Rights and Service Requirements, Disaster Plan and Policies. The department's AFH Initial Licensur identified the following Washington Administrative Codes (WACs) that were not addressed clearly, concisely, accurately, and/or completely in the policies you provided. In addition, the licensur discussed the identified issues with you.

The Licensur will not review further revisions of the Notice of Rights and Services document during the initial licensure process. It is your responsibility to ensure that this document complies with the minimum licensing requirements.

The Emergency and Disaster Plan Procedures, Medication Disposal Policy, Contacting Emergency Medical Services, Medicaid Policy and Abuse Policies must meet minimum licensing requirements prior to your home being recommended for licensure.

Areas needing improvement to meet minimum licensing requirements are marked below. Please review any comments written in separate comment sections.

Upon admission to the AFH residents receive, review, and sign a notice of rights and service requirements that contains the information below:

Medicaid (M) and/or Private Pay (P) M=Met requirements N=Not met requirements

M	P	Notice of Rights and Service Requirements	WAC
		Resident rights—Notice of rights and services provided in the home, including items and activities available/arranged by the home.	388-76-10530
		Resident rights—Notice of rights and services - Statement of Charges – including ADDITIONAL CHARGES for those Services, Items, & Activities not covered by the AFH's basic rate or applicable public benefits programs. [include examples such as charges for nurse delegation, assessments, transportation, etc. if any]	388-76-10530

Module 2 – Am I Qualified? What are the Rules?



		Resident rights—Notice of rights and services - Rules of the home, which must not violate resident rights in chapter 70.129 RCW	388-76-10530
		Resident rights—Notice of change to services in advance of changes to services, items, activities, scope of care, or home rules. Specific timelines are found in WAC.	388-76-10535
		Resident rights—Disclosure of charges—Notice requirements—Deposits. Includes refunds and details for fees (\$\$ amounts, purpose, when /if refundable)	388-76-10540
		Resident rights—Transfer and discharge. Policy for Advance Notice of Transfer Discharge/Requirements.	388-76-10615 388-76-10616
		Notice <u>required</u> — <u>Compliance</u> with building code and fire protection. Statement <u>ON</u> whether or not resident bedrooms comply with current building code including evacuation standards. If the home is located outside a public fire district, the source and plan for on-site fire protection.	388-76-10815
M	P	Resident Rights AFH Staffing Required Notification about Provider, Entity Representative, and Resident Manager	WAC
		Availability in the home, including a general statement about how often they each are in the home	388-76-10550
		Information about a licensed practical nurse or registered nurse if there is one who is in any way involved in the care of residents.	388-76-10550
		Primary responsibilities, including which general care management decisions they will make, and which will be made by the resident or their representative	388-76-10550
		How to contact the provider, entity representative, and resident manager when not in the home	388-76-10550
		Education, training, and experience relevant to caregiving	388-76-10550
		Primary responsibilities of Provider/Resident Manager	388-76-10550



	Outline RN/LPN Involvement, their employer, routine hours/availability, and charges for services. for it if they are routinely on site. A description of what the provider or entity representative will do to make the services of a licensed nurse available in an emergency or change in a resident's condition.	388-76-10550
	A statement indicating whether the provider, caregiver or staff is qualified or willing to become qualified to perform nurse delegation as allowed under state law	388-76-10550

I HAVE READ THE ABOVE INFORMATION AND WILL MAKE ANY NECESSARY CHANGES TO THIS HOME'S NOTICE OF RIGHTS AND SERVICE REQUIREMENTS to ensure it meets all minimum licensing requirements.

Name _____ Date _____

Comments Related to Notice of Rights and Service Requirements (table will expand to fit text)



Emergency and Disaster Plan and Procedures

You must have a written emergency and disaster plan, including procedures, to meet the needs of each resident during and after each emergency or disaster.

X	Emergency and Disaster Plan and Procedures	WAC
	A plan for responding to natural and man-made emergencies and disasters that may reasonably occur at the home	388-76-10830 388-76-10840 388-76-10845 388-76-10850 388-76-10855 388-76-10860 388-76-10865 388-76-10870 388-76-10885 388-76-10890 388-76-10895 388-76-10900 388-76-10905
	Outline of actions to be taken by staff and residents during and after an emergency or disaster	388-76-10830
	Fire drill plan for evacuation of the home	388-76-10830 388-76-10860 388-76-10865



Comments Related to Emergency and Disaster Plan and Procedures (table will expand to fit text)

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The AFH Licenser will review your policies during the onsite initial licensing inspection. All policies listed below will be required to meet minimum licensing requirements prior to licensure.

Policies

You must have written policies **specific to your adult family home**.

X	Policies	WAC
	<u>Medication disposal policy</u> A policy addressing the disposal of unused or expired resident medications in a safe manner. This policy must address how the home will safely dispose of medication for current residents and for residents who have left the home.	388-76-10490
	<u>Contacting emergency medical services.</u> The requirements for this policy can be met by using the language within the applicable WAC.	388-76-10250
	<u>A policy about accepting Medicaid as a payment source*</u> This policy must be in a separate policy written in size 14 font This policy must clearly state the circumstances under which the AFH provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission.	388-76-10522
	<u>Abuse policy</u> A policy that prevents, protects, and prohibits abandonment, verbal, sexual, physical and mental abuse, exploitation, financial exploitation, neglect, and involuntary seclusion**	388-76-10670 388-76-10673 388-76-10675

Module 2 – Am I Qualified? What are the Rules?



	NEW Requirement Effective 8/1/2021: If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.	388-76-10530
Medicaid policy* – refer to "2009 Provider Letters" #09-011 on our AFH page. For mandatory reporter information refer to https://www.dshs.wa.gov/altsa/adult-protective-services-mandatory-reporters .		

Notice of Rights and Services

(Name of AFH)

This **Notice of Rights and Services** provides additional statements and disclosures about services and other items available in our adult family home. Please refer to the attached documents listed below for additional disclosures, policies, and available services.

Attached Documents:

- A. **Resident Rights** - You do not lose any of your rights when you come to live in our AFH. Your rights are detailed in the Resident Rights document.

(Print out WAC 388-10510 through WAC 388-10645 and include as an attachment)

- a. Personal Property
- b. Visiting Hours

DSHS NOTE: It may be helpful to review this document from DDA: **Client Rights** ([English](#))
(download)

B. Description of Services, Items and Activities

- a. Complete and include the **Disclosure of Services** form ([Form 10-508](#)).
- b. A signed copy of the form must be maintained in the resident's record.
- c. In addition to the form, include a complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license.

C. Disclosure of Charges ([WAC 388-76-10540](#))

- a. Complete and include the **Disclosure of Charges** form ([Form 15-449](#)) – Refer to WAC 388-76-10540 when completing your form and developing your fees:
 - i. If you require an admission fee, deposit, prepaid charges, or any other fees or charges, by or on behalf of a person seeking admission, **you must** include this information on the Disclosure of Charges form, in writing, and in a language the resident understands prior to receipt of any funds.
 - ii. The disclosure must include:
 - 1. **A statement of the amount** of any admissions fees, security deposits, prepaid charges, minimum stay fees, or any other fees or charges specifying what the funds are paid for **and** the **basis for retaining** any portion of the funds if the resident dies, is hospitalized, transferred, or discharged from the home. If you do not include this in your agreement, then you cannot keep the resident's security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges.
 - 2. Your homes advance notice or transfer requirement.

Module 2 – Am I Qualified? What are the Rules?

3. The amount of the security deposits, admission fees, prepaid charges, minimum stay fees, or any other fees or charges that **you will refund** to the resident if the resident leaves the home.
- iii. If a resident dies, is hospitalized, or is transferred to another facility for more appropriate care **and does not return** to the home, you:
 1. Must refund any deposit or charges paid by the resident less the home's per diem rate for the days the resident actually resided, reserved, or retained a bed in the home **regardless of any minimum stay policy or discharge notice requirements.**
 2. May keep an additional amount to cover reasonable and actual expenses incurred because of a private-pay resident's move, **not to exceed five days per diem charges**, *unless the resident has given advance notice in compliance with the home's admission agreement.*
 3. Must not require the resident to obtain a refund from a placement agency or person.
- b. In addition to the form, include a complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs. Additional costs may include a private phone or cable TV in their room, pet fees, barber/beautician services, etc.
- c. A signed copy of the form must be maintained in the resident's record.

NOTE: You **cannot** retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW **70.129.150**.

NOTE: You **must provide** the resident with all refunds due within thirty days from the resident's date of discharge from the home.

D. House Rules (Sample template below)

- a. Your house rules **must** not violate resident rights in chapter 70.129 RCW
- b. Include a nondiscrimination statement

E. Notice of Changes to Cost or Services (if not included as in the sample below) in advance of changes to services, items, activities, scope of care, or home rules. Specific timelines are found in WAC 388-76-10535.

F. Disclosure of Fees and Notice Requirements – Include information on:

- a. Rate - Basic Services Rate/Total, adjustments
- b. Deposits/Refunds (\$\$ amounts, purpose, when/if refundable)
- c. Payments
- d. Medicaid Payment

G. Advance Notice of Transfer and Discharge Requirements Policy

- a. Absence from the home – Bed Holds

H. Disaster Plan – the attached disaster plan outlines your plan for:

- a. Each type of natural and man-made emergencies and disasters
- b. The actions that will be taken by staff and residents after an emergency or disaster strikes
- c. Fire – the disaster plan includes a fire drill plan for evacuation of the home with a meeting place approximately 50 feet away from the home

I. Medication Disposal Policy – develop and implement a written policy that must include safe disposal of discontinued or expired medications and for residents that have discharged, safe disposal of resident medication left at the AFH after 10 working days, and ending fulfillment, delivery, and receipt of medications.

J. Medical Emergency Policy - Contacting 911 and Emergency Medical Services (EMS)

K. Medicaid Acceptance Policy

- a. This **must** be a **separate**, standalone policy written in a 14 font
- b. Presented orally as well as written in a language the resident understands prior to admission
- c. Must include your policy on Medicaid admissions and conversion
- d. Must include a signature page with date and maintained in the resident's file
- e. There is a sample Medicaid template in your appendix

L. Abuse and Neglect Policy

- a. Policy that prohibits abandonment, abuse, neglect, and/or exploitation of any resident – ([WAC 388-76-10670](#) through 10680)
- b. Be sure to include how the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline

Provider and Staff Information

- My availability in the home:

Write your statements here.

- Routine hours I or my Resident Manager will be on site:

- Provider

Write your statements here.

- Resident Manager

Write your statements here.

- If I or my Resident Manager are not in the home, we can be reached at:

- Provider

Write your statements here.

Module 2 – Am I Qualified? What are the Rules?

Phone:

Email:

- Resident Manager
Write your statements here.

Phone:

Email:

- Education, Training, and Caregiver Experience:
 - Provider
Write your statements here.
 - Resident Manager
Write your statements here.
- AFH Provider/Resident Manager's primary responsibilities are:
Write your statements here.

Daily Care Management Decisions:

- The following individual makes the general daily care management decisions:
Write your statements here.
- The resident and/or their legal representative is responsible for the following health care decisions:
Write your statements here.

Nursing:

Outline RN/LPN Involvement, their employer, routine hours/availability, and charges for services. Indicate if they are routinely on site. A description of what the provider or entity representative will do to make the services of a licensed nurse available in an emergency or if there is a change in a resident's condition.

Nurse Delegation:

Write your statements here.

Skilled Nursing:

Write your statements here.

Be sure to include how they are involved, who pays for it and if they are routinely on site.

Indicate if you have nurse delegation in your home and if your staff are qualified (or willing to be if needed) to provide nurse delegation care.

Note about Resident Bedrooms – All bedrooms in our AFH comply with current building code including evacuation standards.

Module 2 – Am I Qualified? What are the Rules?

Management of Resident Funds:

Write your statements here.

If you will be managing the resident's funds, include a description of how the home will protect the resident's funds.

Funds more than \$100 must be deposited into an interest-bearing account and separate from your AFHs accounts

Notice of Changes:

The daily or monthly care fee is subject to change based on the Resident's level of care, room accommodation, desired services, or cost of living increase.

You are not required to notify the resident if you provide different or additional services, items, or activities that do not result in an additional cost to the resident.

Changes to costs, fees, services, and policies, will be communicated according to the following schedule:

14 Days' Notice

- In the event of a change due to a substantial and continuing change in the resident's condition that necessitates substantially greater services, the new fee will become effective 14 days after the notice was given to Resident.

30 Days' Notice

- For changes to our policies and procedures which do not result in changes to your cost.
- For changes to your care fee based on changes in the Resident's condition or desired /required services.
- For a change that decreases the scope of care, services, or activities due to circumstances beyond our control.

90 Days' Notice

- Ninety (90) days' notice will be given before the effective date of a voluntarily decrease of the scope of care, services, or activities we provide *if* the change will result in a discharge.

By signing this document, I acknowledge that I have received a copy of this Notice of Rights and Services.

Resident Printed Name: _____

Signature: _____ Date: _____

NOTE: A copy of your Notice of Rights and Services/Admission Agreement will be placed in your file and reviewed with you every 24 months from the date you moved into our home.

Provider Printed Name: _____

Provider Signature: _____ Date: _____

Module 2 – Am I Qualified? What are the Rules?



ASSIGNMENT # 2 – Write your Notice of Rights and Services – Admission Agreement

Disclosure Forms

You **are required** to use the following forms to outline the scope of care and services you provide and the charges for those services. The goal of these forms is to be a guide for families who are searching for an AFH.

- [WAC 388-76-10532](#): Disclosure of Services (10-508) [English \(Word\)](#)(download)
- [WAC 388-76-10540](#): Disclosure of Charges (15-449) [English \(Word\)](#)(download)

Disclosure of Services Form

- This form is attached to your AFH information that is viewable on-line in the [AFH Locator](#).
- It is in addition to the *Disclosure of Services* in your Admission Packet that you provide your residents when they are admitted to your home, is provided on request, and maintained in the resident record.
- Your Medicaid policy also provides information for this form
- An updated form must be returned to the department within 30 days prior with any change in the scope of care or service unless it is an emergency.
- The License number will be completed by the BAAU once the license is approved.



HINT: Use the [AFH Locator](#) to get an idea of how to complete The **Disclosure of Services** form by looking at what other homes have written. There helpful hints added to the form and a sample at the end of the module.

Facility Info	Contracts & Specialties	Beds	Documents & Reports
Adult Family Home Contact: [Redacted] Region/Unit: 3G [Redacted] [Redacted] [Redacted] Directions	Specialties: Mental Health, Dementia Contract(s): Specialized Behavior Support, Meaningful Day, Expanded Community Services, Adult Family Home <i>Can accept Medicaid</i>	6	Disclosure of Services View Reports

Disclosure of Charges Form

- This form cannot be used on its own to meet the requirements outlined in WAC [388-76-10540](#).
- Unless listed individually on the form, charges for care, services, items, and activities are included in the daily and/or monthly rate.
- The form is given to all residents prior to or upon admission or to anyone who asks for it. You may use your own Disclosure of Charges Form if you wish but **you must** also use the standardized Disclosure of Charges form.
- This form is NOT included in your application packet.
- **RCS staff will continue to look for the Disclosure of Charges form during AFH full inspections and/or complaint investigations.**

We will cover this form in more detail in Module 3 – Becoming a Small Business Owner.

HOUSE RULES

YOUR ADULT FAMILY HOME NAME

Tips for Writing Great House Rules

1. Think of items that might come up on a day-to-day basis. These are the type of items you want to include and address in your house rules.
2. Always promote resident rights.
3. Place resident needs first.
4. Do not ask residents or families to wave any of their rights, or discharge yourself from responsibility; for example, “the AFH is not responsible for lost items.”
5. Be specific.
6. Use friendly language that is “conversational” yet professional. Imagine that you are sitting at a table with your new resident’s son or daughter and explaining your house rules verbally.

BEST PRACTICE: ALWAYS have someone else review your writing for spelling, grammar, punctuation, and most importantly, to ensure that it’s easy to read, understand, and reasonable.

THESE ARE EXAMPLES. You must CUSTOMIZE these items to suit your specific needs and preferences.

It’s nice to start with an introduction... Here is an example:

It is important that everyone abide by these house rules to ensure a safe and pleasant environment for all. Write your own message...

Examples of what type of items to address in your House Rules. Here are some questions, ideas, and examples to get you started.

Personal privacy:

- How will the Resident’s personal privacy be respected in your AFH?
 - Residents and visitors may not enter another resident’s room uninvited.
 - Address privacy of Residents records, care plans, care needs, or medical condition...

Personal hygiene:

- Any rules on general hygiene?
 - Example: Residents will be encouraged and assisted in remaining clean and well-groomed between showers.
 - Example: If an independent resident shows poor self-care, the provider will evaluate and discuss potential NCP modification with Power of Attorney.
- Visitor hygiene requirements?

Attire:

Example: Residents should be dressed appropriately while they are in the home’s common living spaces.

- Dress code for visitors? Residents? Staff?
- Can they wear a bathrobe at meals?

Module 2 – Am I Qualified? What are the Rules?

Belongings:

- Residents are encouraged to personalize their personal space.
- Q: Can Residents place larger items, decorations, or furniture in common spaces?
- No one should use another's property without obtaining permission.

Meals:

Example: We provide three scheduled meals and two snacks daily. Additional snacks are available if desired 24 hours a day.

- Can they have food items in their bedroom?

Activities:

Example: Residents are encouraged to continue participating in activities that they find enjoyable, including religious activities, civil or community events.

- What type of social and recreational activities/opportunities do you provide? How often?

Outings:

Example: Residents may participate in outings provided they are accompanied by a friend or family member who has demonstrated the ability to safely care for the resident.

Example: If an outing involving an overnight is planned, please notify us [____days] in advance.

Visitation:

- Guests are encouraged to visit between ____ AM and ____ PM, as this is the least disruptive to residents and their normal routine.
- Visitation outside of these hours will be accommodated, as appropriate; advanced notice of your visit is not required but does help the staff manage the Resident's care and schedule accordingly.

Telephone:

- Residents have access to a common house telephone.
- Can they call long distance? Extra cost?

Mail:

Example: Residents may receive personal cards and letters at the adult family home.

Example: you may suggest that they have important mail sent directly to POA.

Television:

- Residents may have their own televisions in their rooms and watch the programming of their choice.
 - The volume must be turned down after ____ PM.
 - Residents that are hearing impaired may be asked to use earphones.
- How will you manage the community TV usage and programming?

Smoking, Alcohol Use, and Drugs:

- Is smoking or vaping allowed? Explain details...
- The use of illegal substances is strictly prohibited.

Module 2 – Am I Qualified? What are the Rules?

Medications:

You will eventually need a full Medication Policy which can be included in your AFH Policies. This can be a summary.

- We administer medication to residents in accordance with their medical orders.
- A medical order must be in place for all medications utilized by residents.
- Refer readers to your Medication Disposal Policy.

Pets:

- Rules on pets. Can they have pets? Cats /dogs?
- Live-in pets ARE / ARE NOT allowed.
- Visiting pets ARE / ARE NOT allowed

Resident and Visitor Conduct:

- All individuals in the adult family home premises are expected to act and behave in a respectful and courteous manner and maintain the privacy of others.
- How will you address and manage a visitor's inappropriate conduct?

Parking:

- Describe where visitors and delivery trucks should park.

Abuse/neglect:

- Abuse, neglect, or inappropriate conduct will not be tolerated at any time.
- Explain how you will address disruptive or abusive individuals.
- Refer readers to your Abuse and Neglect Prevention policy.

Staff gifts:

- Your policy on gifting and monetary gifts.
- If making financial gifts to staff is important to you or your loved one, please **DO THIS**:
 - **DSHS NOTE**: Review [WAC 246-980-150](#)

Fire drill:

Residents:

- Participate in a partial emergency evacuation drill which occur at least every sixty days.
- Participate in a full emergency evacuation drill at least once each calendar year. All residents participate in the drill together and at the same time.
- Exercise their right to refuse.

Resident Name: _____

Signed and dated: _____

Provider's *Printed* Name: _____



ASSIGNMENT # 3 – Write House Rules for Your AFH

Summary Review

In this module we learned:

- About provider requirements and many of the laws that support resident rights including your responsibility as a mandated reporter.
- How to complete the Notice of Rights and Service Requirements, Disaster Plan and Policies.
- How to recognize and prevent abuse and neglect.

Skills for Success



- Know and understand the law
- Quickly implement new understandings and changes ([Sign up now](#) to start receiving/reviewing Provider Letters)
- Keep detailed records
- Follow best practices and professionalism

Test Your Knowledge

True or False



1. You can refuse to allow an ombudsman private access to a resident.
2. You only need to know the critical rules related to your AFH.
3. You can report suspected resident neglect and abuse by phone or online.

Get Ready for Your Next Class



- Read assigned modules

Assignments



ASSIGNMENT # 2 – Notice of Rights and Services

ASSIGNMENT # 3– Write House Rules for Your AFH

- Develop your house rules
- *Use plain talk.* Plain Talk messages are clear, concise, and visually easy to read. They contain common words, rather than jargon, acronyms, or unnecessary legal language. Consider each item carefully. **You cannot include any rule that violates the rights of your residents.** Remember to include items such as eating, visiting hours, left belongings, bed holds, bedtime, etc.

ASSIGNMENT #4 - Write your Abuse and Neglect Policy

Develop written rules and policies that:

- Do not allow abandonment, abuse, neglect, exploitation, or financial exploitation of any resident;
- Require staff to report possible abandonment, abuse, financial exploitation, or neglect to the department;
- Require staff to report suspected sexual or physical assault to law enforcement and the department; and
- Do not interfere with the requirement that employees and other mandated reporters file reports directly with the department and with law enforcement, if they suspect sexual or physical assault to have occurred.

The House Rules and Notice of Rights and Services example/template and direction in this module was provided by Joseph Spada, AFH Administrator Instructor – North Seattle Community College

Acronyms Used in the Module

Acronym	Description
ADA	Americans with Disability Act
AFH	Adult Family Home
ALF	Assisted Living Facility
CC&S	Character, Competence, and Suitability
CFR	Code of Federal Regulations
CMS	Centers for Medicare and Medicaid Services
CMS	Centers for Medicaid and Medicare Services (Federal)
CRU	Crisis Response Unit
CPR	Cardiopulmonary Resuscitation
CC&S	Character, competence, and Suitability
DD	Developmental Disabilities
DD Ombuds	Developmental Disabilities Ombudsman
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
EMS	Emergency Medical Services
HCA	Home Care Aide
HHS	Department of Health and Human Services (Federal)
LTC	Long-Term Care
NCP	Negotiated Care Plan
Ombuds	State Long-Term Care Ombudsman Program
RCW	Revised Code of Washington (Law)
TB	Tuberculosis
WAC	Washington Administrative Code (Rule)

Revision Table



Date	Volume	Changes	Page(s)
1/2025	V5.2	<ul style="list-style-type: none">Added/removed and repaired broken links throughoutRemoved outdated AFH Information Sheet – Reasonable Acc and Non-Disc for Service Animals (pg. 12)Revised Ombudsman section (pg. 17)	12

Disclosure of Services Form (DSHS 10-508) – RCW 70.128.208

Helpful Hints



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER 	LICENSE NUMBER 
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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Module 2 – Am I Qualified? What are the Rules?

About the Home	
1. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <div>This is a good opportunity to discuss your values or philosophy of caregiving. Do you embrace a particular religion or culture? Do you specialize in LGBT residents? Do you have a neighborhood that is great for walking? Do you have pets or would you allow a resident to have a pet? Make this section your own.</div> <div>This will be completed by the BAAU once your license is approved</div>	
2. INITIAL LICENSING DATE <div></div>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <div>Remember to not leave blanks - if this does not apply, enter N/A</div>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <div></div>	
5. OWNERSHIP <div><input type="checkbox"/> Sole proprietor</div> <div><input type="checkbox"/> Limited Liability Company</div> <div><input type="checkbox"/> Co-owned by: <div></div></div> <div><input type="checkbox"/> Other: <div></div></div>	

Module 2 – Am I Qualified? What are the Rules?

Personal Care	
<p>"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)</p>	
1. EATING	
<p>If needed, the home may provide assistance with eating as follows:</p> <p><input type="text"/></p>	
2. TOILETING	
<p>If needed, the home may provide assistance with toileting as follows:</p> <p><input type="text"/></p>	
3. WALKING	
<p>If needed, the home may provide assistance with walking as follows:</p> <p><input type="text"/></p>	
4. TRANSFERRING	
<p>If needed, the home may provide assistance with transferring as follows:</p> <p><input type="text"/></p>	
5. POSITIONING	
<p>If needed, the home may provide assistance with positioning as follows:</p> <p><input type="text"/></p>	
6. PERSONAL HYGIENE	
<p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p><input type="text"/></p>	
7. DRESSING	
<p>If needed, the home may provide assistance with dressing as follows:</p> <p><input type="text"/></p>	
8. BATHING	
<p>If needed, the home may provide assistance with bathing as follows:</p> <p><input type="text"/></p>	
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	
<p><input type="text"/></p>	
<p>What is the highest and lowest level of assistance you provide for each personal care service? For example you might say you provide assistance from cueing and monitoring to a one or two person assist to total assist</p>	
<p>This is a good place to add information about the personal care you provide and any special equipment you have - such as a roll-in-shower, jetted tub, etc. or where care happens. For instance, do each of the rooms have private bathrooms?</p>	
<p>←</p>	
Medication Services	
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>	
<p>The type and amount of medication assistance provided by the home is:</p> <p><input type="text"/></p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><input type="text"/></p>	
<p>What is the highest and lowest level of medication assistance you provide? If a resident needs a medication to be administered, do you provide this service through nurse delegation?</p>	

Module 2 – Am I Qualified? What are the Rules?

Skilled Nursing Services and Nurse Delegation	
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)	
The home provides the following skilled nursing services: <input type="text"/>	
The home has the ability to provide the following skilled nursing services by delegation: <input type="text"/>	
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION <input type="text"/>	
Specialty Care Designations	
We have completed DSHS approved training for the following specialty care designations: <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Mental illness <input type="checkbox"/> Dementia	
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS <input type="text"/>	
Staffing	
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)	
<input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.	
The normal staffing levels for the home are: <input type="checkbox"/> Registered nurse, days and times: <input type="text"/> <input type="checkbox"/> Licensed practical nurse, days and times: <input type="text"/> <input type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <input type="text"/> <input type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: <input type="text"/>	
ADDITIONAL COMMENTS REGARDING STAFFING <input type="text"/>	
Cultural or Language Access	
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)	
The home is particularly focused on residents with the following background and/or languages: <input type="text"/>	
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <input type="text"/>	<div style="border: 2px solid blue; padding: 5px; color: blue; font-weight: bold;">If you speak another language or sign put that information here - discuss any particular religion or cultural expression your home may have</div>

Module 2 – Am I Qualified? What are the Rules?

Medicaid	
<p>The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)</p>	
<p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input type="checkbox"/> The home will accept Medicaid payments under the following conditions:</p> <p><input type="text"/></p>	<p>If you always accept Medicaid as payment you can just write that or if you will accept Medicaid under certain conditions, explain what they are - for example, maybe you will accept Medicaid after two years of private pay.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICAID</p> <p><input type="text"/></p>	
Activities	
<p>The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).</p>	
<p>The home provides the following:</p> <p><input type="text"/></p>	
<p>ADDITIONAL COMMENTS REGARDING ACTIVITIES</p> <p><input type="text"/></p>	

Adult Family Home Disclosure of Services Sample

This is a SAMPLE – Make the answers unique for your home

Sample provided by AFH Administrator Training instructors from North Seattle College



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Your AFH Name	LICENSE NUMBER TBD
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home	
1. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. Here is your chance to brag! Example: We love to serve [describe your ideal resident]. We value loving care, safety and a high quality of life for all residents in our home. We offer [this type and level of care]. The owner/Provider is [insert your credentials and experience]. Visit www.YOUR WEBSITE.com for more information.	
2. INITIAL LICENSING DATE 01/01/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: Your address
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: S-Corp	

Personal Care	
<p>"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)</p>	
1. EATING	<p>If needed, the home may provide assistance with eating as follows:</p> <p>Up to 100% assistance provided. We can accommodate pureed, soft, low salt, and other diets.</p>
2. TOILETING	<p>If needed, the home may provide assistance with toileting as follows:</p> <p>Up to 100% assistance provided. We specialize in managing incontinence of bowel and bladder.</p>
3. WALKING	<p>If needed, the home may provide assistance with walking as follows:</p> <p>Up to 100% assistance provided. Walkers, canes, and wheelchairs accepted.</p>
4. TRANSFERRING	<p>If needed, the home may provide assistance with transferring as follows:</p> <p>Up to 100% assistance provided. We can help you get in-and-out of bed, chair, toilet, and shower.</p>
5. POSITIONING	<p>If needed, the home may provide assistance with positioning as follows:</p> <p>Up to 100% assistance provided. We can provide assistance with turning and positioning 24/7.</p>
6. PERSONAL HYGIENE	<p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Up to 100% assistance provided. This includes things like grooming, shaving, and washing assistance.</p>
7. DRESSING	<p>If needed, the home may provide assistance with dressing as follows:</p> <p>Up to 100% assistance provided with dressing, undressing or changing clothing anytime.</p>
8. BATHING	<p>If needed, the home may provide assistance with bathing as follows:</p> <p>Up to 100% assistance provided. We provide bathing /showering assistance based on your preferences, needs, and care plan.</p>
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE	
Medication Services	
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>	
<p>The type and amount of medication assistance provided by the home is:</p> <p>Up to 100% assistance provided. We provide assistance for all oral medication, inhalers, and can be delegated to assist residents with blood glucose monitoring, insulin pens, eye drops, oxygen, and more.</p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>OR :: We do NOT administer insulin injections.</p>	

Skilled Nursing Services and Nurse Delegation
If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)
The home provides the following skilled nursing services: The Provider is a [Your Credentials i.e. LPN, RN, ARNP] in Washington State, and can provide nursing tasks such as wound dressing changes, refilling medication organizers, nursing health assessments, so long as those services remain within the scope of practice for Washington State. OR We contract with an independent RN for DSHS Assessments and Nursing Delegation.
The home has the ability to provide the following skilled nursing services by delegation: State-allowed nurse delegated tasks can be provided in our AFH. If the State allows it, our staff can provide it. The only allowed injectable medication is insulin.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION We are NOT a "skilled nursing facility." However, we do contract with Home Health agencies who can provide skilled nursing services in our home.
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations: <input type="checkbox"/> Developmental disabilities <input type="checkbox"/> Mental illness <input type="checkbox"/> Dementia
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Staffing
The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)
<input checked="" type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.
The normal staffing levels for the home are: <input checked="" type="checkbox"/> Registered nurse, days and times: Third party contracted on-call during regular business hours (or 24/7?). <input checked="" type="checkbox"/> Licensed practical nurse, days and times: Owner is RN Available 9-to-5 Mon to Fri, and 24/7 for emergencies. <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: 12 hours daily. I <input checked="" type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: In-home services: ARNP for primary care; Beautician; Podiatrist; Musician.

Module 2 – Am I Qualified? What are the Rules?

ADDITIONAL COMMENTS REGARDING STAFFING DO NOT tick “Awake Night Staff” unless you have a caregiver working the night shift.
Cultural or Language Access
The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)
The home is particularly focused on residents with the following background and/or languages: English. LIST OTHER LANGUAGES YOU SPEAK.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
Medicaid
The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522) <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: INSERT the same Medicaid Policy summary as in your Disclosure of Charges form.
ADDITIONAL COMMENTS REGARDING MEDICAID
Activities
The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530). The home provides the following: Activities that seniors enjoy are varied and differ from person to person. By default, we offer live music concerts, Birthdays and Holiday celebrations, daily exercise, therapeutic walking, puzzles, reading, and ball-toss.
ADDITIONAL COMMENTS REGARDING ACTIVITIES