

# Module 12 – RCS Regulatory & Quality Improvement Visits Table of Contents

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### **Residential Care Services Regulatory and Quality Improvement Visits**

### Introduction

In this module, we will cover what to expect when Residential Care Services (RCS) visits your home. Once you are licensed, RCS will make unannounced regulatory visits to your home to conduct inspections or investigations.

The Long-Term Care Quality Improvement Program (LTC QIP) may also visit. The LTC QIP can be considered an early \*FREE\* inspection service if you are newly licensed, have at least two residents, and have not yet received your first inspection. The LTC QIP can also provide services in the future if you have already had inspections and are having difficulty demonstrating compliance with regulatory requirements.

If your visit is an inspection or other regulatory function, then the date of the visit is kept confidential and not shared with anyone. Licensors use a predefined process to ensure consistency of the inspection process. The goal is to ensure homes comply or continue to follow the regulations. Failure to meet regulations may result in consultation or a citation. We will cover the enforcement process and how to move through the Informal Dispute (IDR) process. Investigators follow up on complaints received at the Complaint Resolution Unit (CRU).

### Learning Objectives

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

- Outline the purpose and process of the LTC QIP
- Discuss what happens during an RCS visit to your home
- Explain the difference between the types of RCS visits
- Describe the enforcement process
- Explain the Informal Dispute Resolution (IDR) process

### What Do You Know?

#### True or False



- 1. If you fail to comply, you may have a condition placed on your license.
- 2. LTC QIP will help with not report compliance issues unless it is a matter of abuse or neglect.
- 3. If the health and safety of residents are in jeopardy, a stop placement order may be implemented.

### The Long-Term Care Quality Improvement Program (LTC QIP)

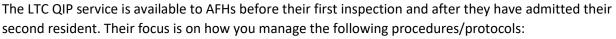
The LTC QIP is a free and voluntary, non-regulatory program offered by Residential Care Services (RCS).

The goal of the LTC QIP is to provide education and support so that you can:

- Strengthen your care and documentation,
- Improve regulatory compliance, or
- Prevent harm to those in your care.

To do this, the LTC QIP staff:

- Provide a focused review, analysis, and feedback on your home's setup and processes
- Work with you on identifying your goals and developing action plans
- Review and provide you with valuable resources



- Administration
- Communication and Resources
- Resident Rights
- Medication Management
- Infection Prevention and Control
- Safety

**NOTE**: The LTC QIP service is also available to referred AFHs that have had regulatory concerns and could benefit from this consultation.

Like you, LTC QIP staff are mandated reporters. Unless they see instances of abuse, neglect or exploitation - which must be reported - their observations, consultation, recommendations, and reports are confidential and not shared with other RCS staff.

LTC QIP staff will visit a minimum of four times:

- #1. Introductory Virtual or Phone Visit (1 hour).
- #2. **On-Site Visit** This visit will be in your home and include observations, interviews, and record reviews (4-6 hours).
- #3. **Virtual or Phone Exit Conference** to review your Summary Report. Your Summary Report will also be mailed to you (1 hour).
- #4. Follow Up Virtual Visit (4-6 Month).

### How to Request a free LTC PIQ consultation

- 1. Meet the prerequisites:
  - a. Schedule prior to your first inspection
  - b. Have at least two residents
- 2. Send an email to: RCSQIP@dshs.wa.gov

Resources: LTC Quality Improvement Program

### Excerpts Of Forms Used During the AFH Early Inspection Quality Improvement Visit

### Screen Shot Sample: AFH Early Inspection Off-Site Visit Form

Adult Family Home Early Inspection Off-Site Visit			
AFH: Provider:			
Program Specialist:	Date: Click or tap to enter a date.		

#### The Early Inspection Visit starts with an assessment of provider systems related to:

- 1. Administration: Organization of resident & staff records
- 2. Communication & Resources (how to communicate with DSHS/DDA case managers, medical providers, resources for AFH associations, DSHS site for providers, DOH sites)
- 3. Resident Rights (admission/discharge, resident choice, consent)
- 4. Medication Management (safe storage, documentation, communication, how to manage changes, staff oversight)
- 5. IPC (Handwashing, Sharps, PPE, Device Cleaning, National Standards (RPP), reporting, outbreak response)
- 6. Safety (fall prevention & response, culture of safety, maintenance)

#### Visit Goal: assist the provider to

- Strengthen care and documentation systems
- · Improve regulatory compliance
- · Prevent harm to vulnerable adults in their care

# I am going to ask some questions about how you do things in your home so that I can better understand how to help you.

General	Notes
How many residents?	
What kind of care needs?	
How many caregivers?	
What has been the biggest challenge for you so far as an AFH provider?	
How do you organize your resident records?	
Notebooks	
Computer	
Folders	
File cabinet	
How do you make sure staff have access to the resident records?	
How do you ensure Negotiated Care Plans are developed timely?	

WAC 388-76-10855 Emergency and disaster plan

 The adult family home must ensure all staff are trained on the emergency and disaster plan and procedures when they begin work in the home and

training

Screen Shot Sample: **AFH Early Inspection On-Site Visit** Form

Adult Family Home Early Inspection On-Site Visit			
AFH:	Provider:		
Program Specialist:	Date: Click or tap to enter a date.		
infection prevention and control, safety, and res  As we look at and talk about these areas, we will system.  Please think about what support or information.  At the end of the visit, we will talk about steps you need to act  Review Provider Goal:	on, communication, resident rights, medication management,		
Has anything changed since we last talked?	NOTES		
Safety Record Review  WAC 388-76-10860 Fire drill plan and procedures for	NOTES:		
emergency evacuation  AFH has emergency evacuation plan and procedure for evacuating all residents from the home and will not admit or keep residents who cannot be safely evacuated.  WAC 388-76-10900 Documentation of emergency evacuation drills -Required			
WAC 388-76-10895: Emergency evacuation drills— Frequency and participation  • Evacuations logs:			

Screen Shot Sample: **AFH Early Inspection Summary Report** Form

Adult Family Home (AFH) Early	Inspection Summary Repor	rt				
AFH	Pro	ovider				
Program Specialist			Date:Click or	tap to e	nter a da	ate.
<b>→</b>						
Provider Goal:						
Provider Performance: What Went Right / Best Practices						
Provider Knowledge Gap						
Provider Skill Gap						
Reinforcement Requested						
Medication System Gaps						
REG	ULATIONS			MET	NOT MET	NA
WAC 388-76-10191 Liability insurance re	equired					
WAC 388-76-10198 Personnel Record -R	lequired					
	WAC 388-76-10220 Incident log					
WAC 388-76-10225 Reporting requirement						
WAC 388-76-10255 Infection Control						
WAC 388-76-10260 Communicable disease – Preventing Spread WAC 388-76-10265 Tuberculosis—Testing						
WAC 388-76-10285 Tuberculosis — Testing  WAC 388-76-10285 Tuberculosis — Two step skin testing						
WAC 388-76-10315 Resident Record - Required						
WAC 388-76-10320 Resident Record - C	ontent					
<b>EDUCATION PROVIDED IN THE</b>	FOLLOWING CATEGORIES					
RESIDENT RECORDS  Resident Assessment Resident Assessment Update Preliminary Service Plan Negotiated Care Plan Regotiated Care Plan Update Required Resident documents	STAFF RECORDS  ☐ Required staff documents ☐ System for tracking training	MEDICATION MANAGEMENT  Nurse Delegation  Medication System  Medication Storage  Medication Log				
SAFETY  System to ensure emergency preparedness supplies are current System for home maintenance	RESIDENT RIGHTS  Resident Rights – postings Review of WACs	INFECTION PREVENTION & CONTROL  ☐ Communicable diseases & reporting ☐ Choosing cleaning/disinfecting supplies ☐ Respiratory Protection Program/Fit Testing ☐ TB testing		ting upplies		
COMMUNICATION	RESOURCES	OTHER	<u> </u>			
☐ Establishing a documentation system	☐ How to assess online resources					

# **Top Areas of Non-Compliance**

	Top 10 AFH Citations	
	11/1/2023 - 1/29/2024	
Regulation	Description	Times Cited
WAC 388-76-10530	Resident rights—Notice of rights and services.	141
WAC 388-76-10430	Medication system.	124
WAC 388-76-10165	Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.	112
WAC 388-76-10522	$Resident\ rights - Notice - Policy\ on\ accepting\ Medicaid\ as\ a\ payment\ source.$	107
WAC 388-76-10198	Adult family home—Personnel records.	104
WAC 388-76-10750	Safety and maintenance.	98
WAC 388-76-10650	Medical devices.	92
WAC 388-76-10320	Resident record—Content.	91
WAC 388-76-10015	License—Adult family home—Compliance required.	87
WAC 388-76-10285	Tuberculosis—Two step skin testing.	81

### Adult Family Home Top 10 Citations

State Fiscal Year 2022			
Regulation	Description	Citations	
WAC 388-76-10025	License annual fee.	344	
WAC 388-76-10430	Medication system.	243	
WAC 388-76-10530	Resident rights—Notice of rights and services.	239	
WAC 388-76-10225	Reporting requirement.	191	
WAC 388-76-10475	Medication—Log.	173	
WAC 388-76-10165	Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint background check—Valid indefinitely.	169	
WAC 388-76-10355	Negotiated care plan.	151	
WAC 388-76-10400	Care and services.	147	
WAC 388-76-10255	Infection control.	143	
WAC 388-76-10750	Safety and maintenance.	137	
WAC 388-76-10650	Medical devices.	137	

State Fiscal Year 2021			
Regulation	Description	Citations	
WAC 388-76-10400	Care and services.	142	
WAC 388-76-10225	Reporting requirement.	116	
WAC 388-76-10025	License annual fee.	112	
WAC 388-76-10430	Medication system.	99	
WAC 388-76-10255	Infection control.	83	
WAC 388-76-10355	Negotiated care plan.	81	
WAC 388-76-10475	Medication—Log.	79	
WAC 388-76-10615	Resident rights—Transfer and discharge.	69	
WAC 388-76-10650	Medical devices.	53	
WAC 388-76-10750	Safety and maintenance.	46	

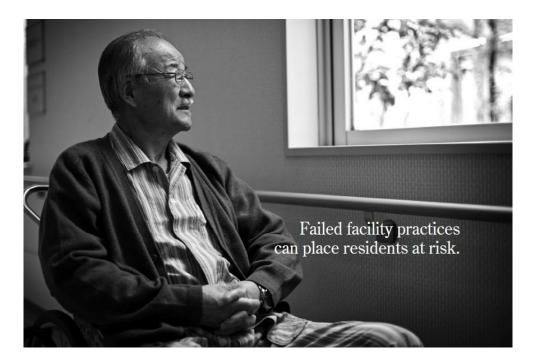
<sup>\*</sup>Data source: FAC 1008 citation frequency report run on 10/18/2022 (FMS data);

If multiple subsections of a regulation were cited during the same visit or compliance determination, all subsections are counted.

Calendar Year 2020			
Chapter Section	Chapter Description	Number of Citations with POC	
WAC 388-76-10430	Medication system	138	
WAC 388-76-10355	Negotiated care plan	112	
WAC 388-76-10400	Care and services	108	
WAC 388-76-10650	Medical devices	106	
WAC 388-76-10475	Medication log	104	
WAC 388-76-10025	License annual fee	99	
WAC 388-76-10225	Reporting requirement	78	
WAC 388-76-10750	Safety and maintenance	68	
WAC 388-76-10198	Adult family home – Personal records	67	
WAC 388-76-10522	Resident rights – Policy on accepting Medicaid as a payment	61	
*Data source: FAC 1008 Citation Frequency AFH BH State report run on 02/12/2021			

STARS 1008 Citation Frequency Report run on 10/18/2022 (STARS data)

This report only counts citations whose SOD Sent Out date was recorded



### Failed Facility Practices

When you do not comply with AFH rules and requirements you may place residents at risk for abuse, neglect, or financial exploitation. Below are a few examples of situations that can result in a citation:

- Provider admits and retains residents for whom they cannot safely and appropriately meet the
  assessed needs and preferences for continuing care and services with available staff and
  through reasonable accommodation. <u>WAC 388-76-10390</u>
- Provider fails to ensure that there is always a staff person present in the AFH who can make needed decisions. <u>WAC 388-76-10040</u>
- Provider fails to immediately notify all required parties when there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident. WAC388-76-10225
- Provider fails to create, maintain, and keep records for residents in the AFH where the residents live so staff has access to the parts of residents' records needed to provide care and services.\_ WAC 388-76-10315
- Provider fails to keep current medication logs for residents as required in <u>WAC 388-76-10475</u>.
   <u>WAC 388-76-10430</u>
- Provider unlawfully asks for and makes all residents sign waivers of potential liability in advance for losses of personal property or injury, and residents' rights set forth in chapters 70.128, 70.129, 74.34 RCW, or in related applicable AFH minimum licensing requirements in chapter 388-76 WAC. WAC 388-76-10610

Reference: Failed Facility Practices (AFH Guidebook - Pgs. 20-21)

### **AFH Inspections**

"Inspection" means a review by department personnel to determine the health, safety, and well-being of residents, and the adult family home's compliance with this chapter and chapters 70.128, 70.129, 74.34 RCW, and other applicable rules and regulations. The department's review may include an on-site visit.

The licensor will complete an on-site inspection every 9-18 months. AFHs are required to meet the minimum licensing standards as stipulated in Chapter  $\frac{388-76}{100}$  Washington Administrative Code (WAC) and Chapter 70.128 in the Revised Code of Washington (RCW).

### Types of RCS Visits

- Initial Licensing Inspection (see module 7) This is the only visit that is scheduled.
- Full licensing Inspection within 9 months of receiving your initial license and every 9-18 months
  after that
- **Follow-up** to an investigation

### Complaint Investigation

- A complaint investigation can be initiated by a phone call to the state hotline or by using the <u>Online Incident Report</u> (Complaint Resolution Unit (CRU)) by either a facility making a mandatory report or a member of the public with concerns about care or services.
- Residential Care Services has primary investigative responsibility for reports concerning allegations of abuse, financial exploitation, abandonment, neglect, and misappropriation of resident funds.
- The CRU is responsible for establishing the initial priority for investigative response.

#### Monitoring Visits

If you are appealing a revocation with or without a summary suspension, the department may conduct monitoring visits. During a monitoring visit, the department may review any aspects of the home that are relevant to the cause for the suspension, or revocation, or both; and may include resident or staff interviews, making observations, record review, and any other relevant actions needed to determine if the rights and safety of residents are maintained. (RCS SOP Ch. 12 – AFHs, page 41)

### Before The Licensor Arrives

### The licensor will:

- Plan to visit when they can observe care and services being provided to residents. This could include during mealtimes.
- Review the compliance history of the home noting any citations or consultations for the last three inspections.

- Review any complaint investigation reports since the last inspection and identify any open complaints.
- Call the local Ombuds office and ask if they are aware of any concerns in the home.
- Review:
  - The floor plan of your home
  - Approved specialties (Dementia, Mental Health, Developmental Disabilities)
  - Number of licensed beds
  - Your Disclosure of Services
  - o Who is the designated provider, entity representative, and resident manager

### Upon Arrival – Entrance Onsite Inspection

When RCS arrives at your home, they will make observations of the outside of the home and note any environmental hazards or concerns.

When the door is answered, the licensor will always introduce themselves, present a business card, a department photo ID and indicate why they are there. If the person who answered the door is one of your staff or a resident, the licensor will ask to speak with you. If you are not at home, they will ask your staff to contact you and let them know the inspection will not wait until you arrive.



### In The Home

Have a place where the licensor can work, take notes, and observe residents without disrupting the activities of the home.

The licensor will explain the inspection process, which will include interviews and observations, as well as requesting any documentation they want to review. They will also ask about what the normal routine is for your home.

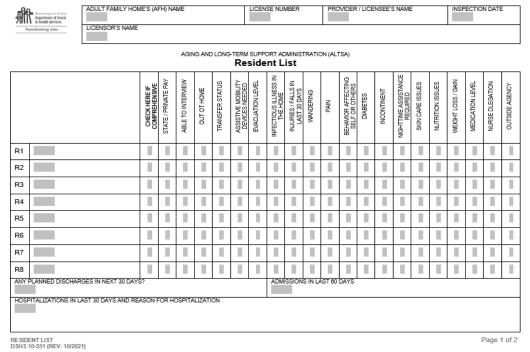
### Inspection Process & Records Request

- You or your staff member will be provided with the <u>Inspection Process & Records Request</u> (DSHS 10-549) in this document, you may be asked to provide:
  - A list of your residents and staff
  - Your resident's records including their Negotiated Care Plan
  - Staff personnel files orientation, CPR, First Aid training, TB testing, background check information, and required training (e.g.: basic, modified, CE, specialty training)
  - Proof of liability insurance
  - Evacuation drills
  - And other records as requested
- RCS is transitioning to paperless work. You can email, fax, or scan requested documents to RCS and/or provide access to electronic medical records during the regulatory visit. A portable scanner may be used. See Dear Provider Letter: Document Access Requirements During RCS Field Visits 024-011

**NOTE:** You must maintain your staff records for two years after an employee leaves. You may be asked for these records during a future inspection.

Department of Social & Health Services  Transforming lives	OULT FAMILY HOME'S (AFH) NAME COVIDER / LICENSEE'S NAME	LICENSE NUMBER INSPECTION DATE	
	AGING AND LONG-TERM	support administration (ALTSA) sss and Records Request	
<ul> <li>The inspection process</li> <li>Entrance onsite</li> </ul>	s consists of:  • Medication rev	riow.	
Inspection tour	Resident reco		
Sample selection	Staff record re		
Resident interviews	Stall record re     Exit conference		
Trouble in the troub		-	
<ul> <li>Observation of care</li> </ul>		charges	
Please make the following Resident and staff list Resident records, in Personnel files, inclu	ng available to the Licensor to t (please include all employ cluding the negotiated care pl ding orientation, CPR, First A ntinuing education and specia	rees since the last inspection) an id training, TB testing, background check information, bas	ic or
The Licensor may requir assistance.	e further records and informa	tion during the inspection process. Thank you for your	
NOTES			

• The licensor will work with you to complete the <u>Resident List</u> (DSHS 10-551) form. This document will help the licensor determine who they will interview during the visit.



### **Inspection Processes**

#### Tour Your AFH - Inside and Out

A tour of your AFH not only allows the licensor the opportunity to inspect the physical environment but it also provides the opportunity for the licensors to meet residents and observe how care is happening. They will note any quality of life or safety concerns.

#### Be prepared to share:

- The names of residents that have been admitted in the last 60 days
- If anyone is planning on transferring or being discharged in the next 30 days
- If anyone was hospitalized within the last 30 days and the reason for the hospitalization

Interviews with your residents or family representatives - The purpose of the resident and representative interview is to ask the interviewee about life in the AFH. This gives them a chance to discuss any issues they see in the home. This also allows the licensor to clarify concerns identified during the inspection process with you. The interviews focus on resident quality of life, safety, freedom of choice, care, and services.

**Observation of Personal Care** - Observing resident care as it is happening allows the licensor to assess how well the care and services being provided are meeting the resident's physical and emotional needs. Observation of care will focus on ensuring the care provided reflects appropriate training, is consistent with the needs of the residents, and upholds the resident rights for quality of life, dignity, privacy, and choice.

The licensor must observe and document personal care activities. Before doing so, the licensor will ask permission and the individual or representative has the right to refuse. Examples of personal care include activities such as:

- Helping a resident to walk
- Transferring
- Turning/repositioning
- Oral care
- Assistance with dressing or eating

**Provider and Staff Interviews** - An important part of the inspection process is to speak with you or your resident manager and your staff. The licensor will determine if you and your staff are knowledgeable and have a clear understanding of resident safety and quality of life as well as the care and services each resident receives.

**Medication Services** – You are required to have systems in place to ensure that residents receive their medications as prescribed by their doctor, and that medications are stored and documented appropriately. Licensors will not only focus on the details of the residents and their medications but also on the system you have developed to manage medications over time for all residents.

**Food Service** - The food people eat can have a significant impact on their quality of life and their food preferences are often driven by cultural and ethnic backgrounds. Licensors are not only looking to see if your home is safely preparing healthy food that meets each resident's dietary needs, but they are also looking for things such as a resident's ability to make their own food choices.

**Abuse and Neglect Prevention** - The primary focus on an *abuse and neglect prevention* review is to ensure your policies and procedures are in place to protect residents from harm. It is your responsibility to ensure that all the staff working in your home have received the proper training and are aware of mandatory reporting laws.

**Resident Record Review** - The resident record review is to ensure that the information contained in the resident's record is consistent with the resident's care and service needs.

**Staff Record Review** – You are responsible for ensuring that all staff are competent and qualified for their positions. Qualifications range from tuberculosis testing to background checks and training, and

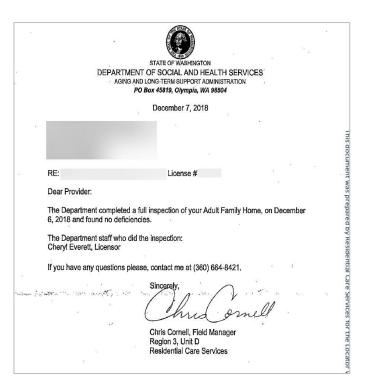
more. It is up to you to develop a system to keep track of all the necessary qualifications for your staff.

**Exit Conference** - The purpose of the exit conference is for the licensor to clearly explain the findings during the inspection and to explain the preliminary decision/s regarding non-compliance with licensing requirements. Licensors should explain what information or evidence they are using to support their decision. The licensor should also allow you or your caregiver to provide additional information they feel is relevant to the discussion.



- The Licensor may provide consultation if the violations of statues and regulations are first time violations, resulting in minimal or no harm to residents and have been corrected. They may request or require you to hire outside consultation.
- If, during the inspection, a deficient practice is found, and you correct the situation as soon as you are made aware of it by the licensor, a determination of "not met" must still be documented.
- If it is determined a deficient practice requires an immediate plan of correction to protect resident health, safety, or welfare, then you must have a plan to correct and sign and date the attestation prior to the licensor leaving the home.

If there were no deficiencies, you will receive a letter like this sample:



### **Enforcement Notification**

### **Enforcement Actions**

Enforcement actions outline what must be done to bring the AFH back into compliance. If the Licensor believes that the information and evidence gathered does not meet the requirements, they issue citations that make up a **Statement of Deficiency** (SOD). Citations relate to statutory or regulatory requirements. The SOD is the written formal notification about what was wrong and why the regulation was not met. Also, part of the SOD report is the Attestation Statement that you will sign and date and states when the cited deficiency will be corrected.

#### **Enforcement Letters**

- You will receive SODs and enforcement letters when a civil fine is imposed.
- Enforcement letters and other reports are public documents and are posted on the <u>AFH Locator</u> page on the Aging and Long-Term Support Administration's internet site under "View Reports".

Facility Info	Contracts & Specialties	Beds	Documents & Reports
AFH Name	Specialties: Mental Health,	6	Disclosure of
License#:	Dementia		Services
Contact:			
Region/Unit:	Contract(s): Meaningful		View Reports
Address	Day, Adult Family Home		
Phone			
Directions	Can accept Medicaid		

Enforcement actions listed on the AFH Locator represent those taken over 3 years preceding the current date. For investigations, only substantiated complaint investigations are being posted.

**NOTE:** RCS sample letters are in the appendix.

### **Understanding Citation Reports**

**Civil Fines:** Monetary penalties for instances of noncompliance with state law.

A Complaint Investigation Report is the written report for complaint investigations that result in a citation. A complaint investigation is typically initiated by a phone call to the state hotline (see Complaint Resolution Unit) by either a facility making a mandatory report or a member of the public with concern about care or services.

**Complaint Resolution Unit (CRU):** Also known as the state hotline, the CRU receives reports anytime there are concerns about the care and services provided, including suspected abuse or neglect of residents who live in licensed or certified long-term care settings in Washington state.

**Conditions:** Requirements placed on the license that limit or prevent specific provider actions until deficiencies are corrected.

**A Deficiency** is a finding that a facility failed to meet one or more regulatory requirements during a yearly visit or a complaint investigation.

**Deficiency Citation:** Documentation of a deficiency, including reference to the corresponding rule number.

**Deficiency Corrected:** When the Department determines provider is back to meeting the required rules and regulations.

**Deficiency-Free**: During the yearly visit or a complaint investigation, the provider met all required rules and regulations.

**Deficient Practice:** The actual errors or lack of action by the facility to meet the required rules and regulations.

**Department:** Department of Social & Health Services (DSHS), with Residential Care Services acting as the regulatory division.

A **Disclosure of Services Form** is a form required by the Department to enable consumers to compare the scope of care, services and activities provided by homes they may be considering.

**Enforcement Letters:** Written summary of the action the Department has taken to compel a return to compliance.

**Follow-up Inspection / Revisit** — A Department review or visit focusing on the areas cited to determine if the home is back in compliance. This can be in the form of telephone call, review of documents, or an on-site visit to confirm.

**A Full Inspection is** a visit to a facility by Department staff to determine the health, safety, and well-being of residents, and the adult family home's compliance with laws and rules.

**Informal Dispute Resolution (or IDR): The provider's** right to request an opportunity to present information that might allow the department to change a finding that the home did not meet a rule or requirement.

**Initial:** The first full inspection after a home has been licensed.

**Inspections:** Review by Department staff to determine the health, safety, and well-being of residents, and the adult family home's compliance with all required rules and regulations. The department's review may include an on-site visit.

A **Plan of Correction (or POC)** is a home's written response to citations that explains how it will address and correct each cited deficiency listed, and action taken to minimize the risk of reoccurrence.

A Statement of Deficiencies (or SOD) is the official document communicating the determination of the home not meeting required rules and regulations. .

The SOD:

- Communicates to the provider what was out of compliance during the complaint or licensing visit.
- Is the document that tells the facility what they need to plan to correct with a document called a Plan of Correction.

A **Plan of Care Attestation** is a statement of correction included in the SOD that the provider signs and dates and indicates when they will correct the failure to meet required rules and regulations. .

**Revocation:** The act of taking away the provider's license.

**Stop Placement:** An order that temporarily prevents the home from admitting any additional resident(s) until deficiencies identified are corrected.

**Substantiated**: Evidence supports the likelihood that the alleged activity occurred.

**Summary Suspension:** Immediate suspension of the license.

### Responding to Citations

### Plan of Correction (POC) WAC 388-76-10930

- Do not wait for the written notification, start corrective action for the deficiencies the licensor identified and spoke with you about during your inspection or complaint investigation.
- If requested, the home must be able to show to the department, that for each deficiency cited, the home has:
  - A plan of correction
  - o Corrected the deficiency or is correcting it; and
  - It will be maintained or is maintaining compliance.

### Follow-up Visits

A follow-up visit may be conducted to determine if you are now in compliance with the state licensing laws and rules cited in any previous inspection or complaint investigation.

The follow-up visit is focused on the areas of deficient practice previously cited. It is not usual to cite additional issues not indicated in the original visit, but this may occur.

Follow-up visits can occur:

- By Phone if the deficiencies do not have a direct, adverse impact on resident care, the deficient issue is clear, and you have a good history of compliance and providing of care.
- By Letter or Documentation Residential Care
   Services will determine if the correction you
   submitted in a letter or other documentation meets
   the requirements.



- Your letter fully addresses the necessary actions taken by your home to implement the correction, whether your plan(s) worked, and how and when correction was achieved.
- Copies of documents are sent as verification, for example: cardiopulmonary resuscitation/first aid cards, tuberculosis test results, orientation checklists, criminal background check results.
- If the documentation is not adequate, an on-site visit may be necessary.



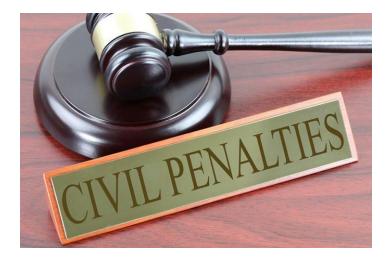
- On-site verification of corrections must be verified by the Licensor
  - On-site visits may occur when:
    - Deficiencies exist with a negative or potentially negative resident outcome,
    - The documentation you submitted does not adequately support the conclusion that correction has been achieved, or
    - The Field Manager wants to followup with a visit.
  - o Follow-up visits are scheduled



#### **Actions**

RCS may take one or more of the following actions if you failed or refused to comply with the requirements:

- Impose reasonable conditions on a license
  - A condition is imposed as an *additional* requirement different from or more specific than the regulation.
     Conditions include:
    - Correction of deficiencies within a specified time
    - Training related to the deficiencies
    - Limits on the type of residents the adult family home may admit or serve
    - Discharge of any resident when the department finds discharge is needed to meet that resident's needs or for the protection of other residents
    - Change in license capacity
    - Removal of the adult family home's designation as a specialized home
    - Prohibition of access to residents by a specified person
    - Demonstration of ability to meet financial obligations necessary to continue operation
- Impose civil penalties Civil money penalties are fines imposed on adult family homes that do not meet federal health and safety standards.
  - The department may impose civil penalties of at least \$100 per day per violation.
  - o Fines up to \$1000 can be issued for willful interference with a LTC Ombuds.
  - Fines up to \$3000 can be issued for retaliation against a resident, employee, or any other person making a complaint, providing information to, or cooperating with, the ombuds, the department, the attorney general's office, or a law enforcement agency.
- Fines up to \$10,000 may be issued for a current or former licensed provider who is operating an unlicensed home.



### ACTIONS WAC References

WAC 388-76-10940 WAC 388-76-10960 WAC 388-76-10970 WAC 388-76-10975 WAC 388-76-10976 WAC 388-76-10980

# Adult Family Home Enforcement Action Options

Civil fine amounts may change

- Decisions about enforcement actions must be based on statutory and regulatory requirements.
- The following tool is intended as a guideline only.
- Each situation is unique and needs to be looked at on a case-by-case basis.

NO HARM		MINIMAL O	R MODERATE	SERIOUS		IMMINENT DANGER OR THREAT OF HARM
INITIAL	REPEAT/ UNCORRECTED	INITIAL	REPEAT/ UNCORRECTED	INITIAL	REPEAT/ UNCORRECTED	
Actions	Actions	Actions	Actions	Actions	Actions	Actions
Statement of Deficiencies	Statement of Deficiencies	Statement of Deficiencies	Statement of Deficiencies	Statement of Deficiencies	Statement of Deficiencies	Statement of Deficiencies within 48 hrs.
Consultation No Plan of Correction Attestation	Obtain Plan of Correction Attestation	Obtain Plan of Correction Attestation	Obtain Plan of Correction Attestation	Obtain Plan of Correction Attestation; except for revocation and summary suspension	Obtain Plan of Correction Attestation; except for revocation and summary suspension	No Plan of Correction Attestation
	On-site or Documentat ion follow- up	On-site or Documentat ion follow- up	On-site follow-up	On-site follow-up OR Monitoring visits for revocation	On-site follow-up OR Monitoring visits for revocation	Monitoring Visits
	ENFORCEMENT RECOMMENDA TIONS - Civil Fine of at least \$100 per violation	ENFORCEMEN T RECOMMEND ATIONS -Civil Fine up to \$500 per violation or a daily civil fine of at least \$250 per day; and/or - Condition(s)	ENFORCEMENT RECOMMENDAT IONS - Civil Fine up to \$1000 per violation or a daily civil fine of at least \$500 per day and/or -Condition(s) and/or Stop Placement for pervasive non- compliance	ENFORCEMENT RECOMMENDAT IONS - Civil Fine up to \$2000 per violation or a daily civil fine of at least \$1000 per day; and/or -Condition(s); and/or -Stop Placement; and/or -Revocation & Stop Placement	ENFORCEMENT RECOMMENDAT IONS - Civil Fine up to \$3000 per violation or a daily civil fine of at least \$1500 per day; and/or -Condition(s); and/or -Stop Placement; and/or -Revocation and Stop Placement	ENFORCEMENT RECOMMENDAT IONS  - Civil fine of \$3000 or daily civil fine of at least \$1000 per day;  - S/Suspensio n; and -Revocation; and -Stop Placement.  May also do: -Condition

### Severity

Severity means the seriousness of a violation as determined by the actual or potential negative outcomes for residents and subsequent actual or potential for harm. Outcomes include any negative effect on the resident's physical, mental, or psychosocial well-being (i.e., safety, quality of life, quality of care).

### Levels of Severity

- <u>Minimal</u>: Violations that result in little or no negative outcome and/or little or no potential harm for the resident.
- <u>Moderate:</u> Violations that result in negative outcome and actual or potential harm for the resident.
- <u>Serious:</u> Violations that result in negative outcome and significant actual harm for the resident that does not constitute imminent danger; and/or there is a reasonable predictability of recurring actions, practices, situations, or incidents with the potential for causing significant harm to a resident.
- <u>Imminent Danger/Immediate Threat:</u> Serious physical harm to or death of a resident has occurred, or there is a serious threat to a resident's life, health, or safety.

### Stop Placement

- A stop placement order temporarily prevents the home from admitting any additional resident(s) until deficiencies are corrected.
- When an emergency exists other interested parties such as the Assistant Attorney General (AAG), HCS, DDA, Mental Health, and the Ombudsman are also notified, effective immediately, about a stop placement order prohibiting admission.



- A stop placement order prohibiting admissions may be recommended:
  - o To facilitate correction of violation of statues or regulation that demonstrate:
    - The health and safety of residents are jeopardized and/or
    - Your ability to provide care of services is seriously limited.
  - O When:
    - Violations are serious; or are pervasive or repeated or uncorrected; and
    - Suspension of admissions in the home is necessary to protect safety and welfare
      of the residents while the AFH is correcting the deficiency.
- Includes suspension of admission, readmission, and/or transfer of residents into the home
  unless approved by the department. You may request that a resident be readmitted if coming
  from the hospital or nursing home.

### **Summary Suspension**

The legal action that immediately suspends your license.

### Revocation of a License

The legal action of taking away the provider's license. Revocation of license may be recommended if:

- Failure or refusal to comply with statutes and regulations that result in jeopardizing the health and safety of residents and your ability to provide care and services is seriously limited.
- Operating an AFH without a license, under a revoked or suspended license.
- Knowingly, or with reason to know, making a false statement of a material fact on an application for license or in any matter under investigation by the department.
- Willful prevention, interference with, or attempt to impede in any way any inspection or investigation conducted by the department.

### Adult Family Home State Civil Penalty Reinvestment Program

The State Civil Penalty Reinvestment Program (SCPRP) allows adult family home providers, stakeholders and other organizations to submit grant applications for the development and implementation of quality improvement initiatives that directly or indirectly benefit adult family home residents. These funds are deposited into an account with the state treasurer and are only to be used to promote the quality of life and care of residents living in adult family homes. The Department will consider applications during the application period of **June 1 through July 31**.

Resource: Adult Family Home State Civil Penalty Reinvestment Program | DSHS (wa.gov)

### **Public Records**

Who sees the results?

- DSHS Online Postings
  - Disclosure of Services
  - Inspection reports
  - Enforcement Actions
- AFH's are required to have available the last three years of the AFH's inspection and investigation reports.
  - All reports from the last year must
     be posted in a common space in the AFH.
  - The remainder of the last three years must be available upon request.



### **Appeal Rights**

### Informal Dispute Resolution (IDR)

IDR is a process that offers you a means to have citations and/or enforcement actions reviewed outside of the formal administrative hearing process.

Appeal Rights WAC References

WAC 388-76-10990 WAC 388-76-10995 AFH #020-047)

License suspension, stop placement, or conditions on a license are effective immediately upon notice and shall continue pending dispute resolution.

- The process must be in writing. Submit an IDR Request Form (DSHS 27-179 for EACH citation within **10 working days** after receiving the Statement of Deficiency (SOD) report.
- You may be asked to submit documents related to the disputed deficiency citation.
- You will only have one opportunity to dispute the deficiency.
- You will receive a letter confirming the IDR meeting.
- Your IDR request will be denied if the request form is incomplete, inaccurate, or late.

### Resources: IDR

- Adult Family Home IDRs
- AFH IDR Guidelines (January 2021)
- AFH IDR Request Form (DSHS 27-179)

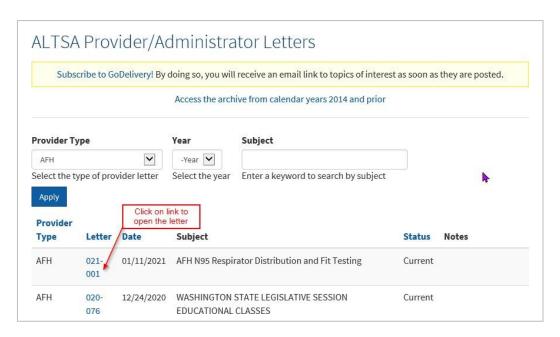
Department of Social Beacht Services  Transforming lives	INFORM	SIDENTIAL CARE DULT FAMILY HOI MAL DISPUTE RE:	MES (AFH) SOLUTION (IDR) equest	PO Box 45600 Olympia WA 98504-560 RCSIDR@dshs.wa.gov Fax: (360) 725-3225
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				**
PROVIDER'S NAME				PHONE NUMBER (AND AREA CODE)
ALTERNATE PHONE NUMBE	R (AND AREA CODE)	EMAIL ADDRES	SS	
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### Administrative Hearings

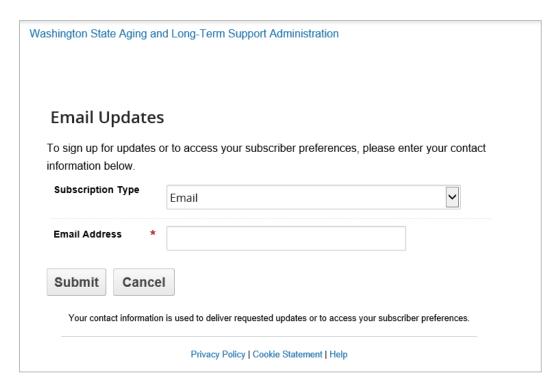
The provider can also seek an administrative hearing instead of an IDR or if they are not satisfied with the IDR.

### Keeping Up with RCS Policy

• ALTSA Provider/Administrator Letters



GovDelivery list-serve <u>Subscribe to GoDelivery!</u>
 Sign up for GoDelivery! GoDelivery! Will notify you when a new Provider/Administrator letter comes out related to Adult Family Homes.



### Notifying The Department of Changes to Your AFH

Use form Adult Family Home Information Changes (DSHS 10-585) to report changes in:

- Facility information phone, fax, mailing address and/or email address
- Adding/removing Specialty Designation
- Resident Manager
- Entity Representative

A SECTION OF LICENSES SPECIAL PROPERTY.	ment of Social Adult Family Home		LICENSE NUMBER	
Did Facility Information change?	Yes No	1.0	If yes, complete appli	icable change(s) below.
NEW FACILITY NAME (ATTACHE COR	PY OF WASHINGTON (WA)	BUSINESS LICENSE S	HOWING REGISTERED TRA	ADE NAME)
MAILING ADDRESS	C	ITY	STATE	ZIP CODE
FACILITY NUMBER (WITH AREA COD	E) CONFIDENTIAL FAX	NUMBER (WITH AREA	CODE) CELL PHONE NU	MBER (WITH AREA CODE)
EMAIL ADDRESS		/EBSITE		
Did Entity Information change?	Yes No		If yes, complete appli	cable change(s) below.
NEW LEGAL ENTITY NAME (ATTACH DOCUMENTATION)	COPY OF WA BUSINESS I	LICENSE AND INTERNA	AL REVENUE SERVICE EIN	VERIFICATION
MAILING ADDRESS	C	ITY	STATE	ZIP CODE
PHONE NUMBER (WITH AREA CODE	) FAX NUMBER (WITH	AREA CODE)	CELL PHONE NU	MBER (WITH AREA CODE)
Did Specialty Designations chan	ge? 🔲 Yes 🔲 No		If yes, complete appl	icable change(s) below.
ADDET  Dementia				
Did Resident Manager change?	Yes No		f yes, all information in t	this section is required.
New Resident Manager meets	qualifications in Chapter 3	388-76 WAC.		
OUTGOING RESIDENT MANAGER NA	ME			END DATE
INCOMING RESIDENT MANAGER NA	ME S	OCIAL SECURITY NO.	DATE OF BIRTH	START DATE
Did Entity Representative change	? 🔲 Yes 🔲 No	ı	f yes, all information in t	this section is required.
New Entity Representative mee	ts qualifications in Chapt	er 388-76 WAC.		
OUTGOING ENTITY REPRESENTATIVE	/E NAME			END DATE
INCOMING ENTITY REPRESENTATIV	E NAME S	OCIAL SECURITY NO.	DATE OF BIRTH	START DATE

Signature of Licensee			
Form submitted without signature will not be processed.			
I attest that all above changes are true and accurate. Forms without a signature will be rejected.  SIGNATURE OF LICENSEE  DATE			
Please email completed Adult Family Home Information Changes form to BAAU@dshs.wa.gov.			

ADULT FAMILY HOME INFORMATION CHANGE DSHS 10-585 (REV. 09/2021)

BAAU Use Only					
■ FMS	CURRENT ER Yes No	ENTERED BY:			DATE ENTERED
New license required (street address or specialties updated)?   Yes   No					
Contracts notified of changes (facility name or address)?					
■ Not processed; returned to Licensee.					

### **Summary Review**

During this module, you learned...

- About the purpose of the LTC QIP and how to request a visit
- What occurs when RCS visit to your home
- The difference between the types of RCS visits
- About the enforcement process
- How the Informal Dispute Resolution (IDR) process works

### Knowledge Check



Take Quiz #4

### Next Steps: Get Ready for Your Next Class



Please read and be prepared to discuss assigned modules

# Acronyms Used in this Module

Acronym	Description
AAG	Assistant Attorney General
AFH	Adult Family Home
ALTSA	Aging and Long-Term Support Administration
CE	Continuing Education
CPR	Cardiopulmonary Resuscitation
CRU	Complaint Resolution Unit
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
HCS	Home and Community Services
IDR	Informal Dispute Resolution
LTC	Long Term Care
LTC QIP	Long Term Care Quality Improvement Program
POC	Plan of Correction
QA	Quality Assurance
RCS	Residential Care Services
SOD	Statement of Deficiency
ТВ	Tuberculosis

### **Revision Table**

Date Volume	Changes
	<ul> <li>Minor grammar, formatting corrections</li> <li>Added/removed, and repaired links throughout</li> <li>Added Summary Review</li> <li>Updated the top areas of non-compliance (pg. 6) with one table</li> <li>Added to Inspection Process &amp; Records Request (pg. 9) that RCS is transitioning to paperless work.</li> <li>Added definition to civil penalties (pg. 14)</li> <li>Added paragraph about the AFH State Civil Penalty Reinvestment Program (pg. 16)</li> <li>Revised Enforcement Action paragraph (pg. 12) and added "Understanding these Reports information.</li> </ul>