## BH Inspection Process

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Residential Care Services
Operational Principles and Procedure for Boarding Home
LICENSING INSPECTIONS

General Guidelines

I. Purpose
The purpose of an inspection is to determine if the home is in compliance with applicable licensing laws and regulations.
The purpose of the follow up visit is to determine if the home is back in compliance with applicable licensing laws and regulations.

II. Authority
RCW 18.20.110
RCW 18.20.125

III. Operational Principles
A. Boarding homes (BHs) must meet, and always be in compliance with, the applicable minimum licensing requirements.
B. BHs are required to deliver quality care to residents in order to meet the requirements.
C. BHs must correct all deficiencies in a timely manner. Time frames must be acceptable to the department.
D. Timeliness of data collection is critical for enforcement.
E. BHs must begin correction of any citation as soon as they are notified of a deficiency.
F. The field staff will contact the Field Manager when deficiencies involving resident care issues and the likelihood of compromised resident safety should result in shortened POC timeframes.
G. The Field Manager will immediately refer any situation involving the likelihood of life threatening risk to a resident (imminent risk, imminent harm) to the Compliance Specialist/Assistant Director for possible immediate enforcement.
H. The field staff will follow the written inspection and follow up visit principles and procedures to ensure that inspections and follow up visits are done in a consistent manner.
I. Homes that do not meet all of the licensing requirements during the full inspection may have up to two follow-up inspections prior to contacting the Compliance Specialist/Assistant Director.
IV. Procedures

General:
A. The field staff will make sure that any collateral information collected off-site after the last date on-site is necessary to determine and support deficient practice. Field staff will collect collateral information as soon as possible.

B. The department will mail out the SOD within 10 working days of the completion of the inspection process.

C. During the exit the field staff will discuss with the provider the concept of immediately beginning the correction of deficient practice.

D. The field staff will not generally accept Plan of Correction (POC) dates later than 45 days after the last date of data collection.

E. The initial timeframe for correction should not be changed (i.e. no additional time given to correct) if additional visits to the home, between the initial visit and the follow-up, result in more deficiencies.

F. The person who wrote the report, and/or team coordinator should generally be the staff reviewing the plan of correction for the required elements.

G. The Field Manager must track any additional visits/citations once the facility is initially out of compliance.

H. If the home is not back in compliance by day 90, the Field Manager will notify the Compliance Specialist and enforcement action may be recommended. The exception to the 90 day timeframe might be a physical environment correction that takes a long time to correct.

I. The level of risk or harm or possible harm to the resident(s) will shorten the correction timeframe that is accepted. (Timeframes will be shorter and the department will do follow-up visits sooner.)

J. The Field Manager will immediately refer any situation involving the likelihood of life threatening risk to a resident (imminent risk, imminent harm) to the Compliance Specialist/Assistant Director.

K. In consultation with the Field Manager the field staff may ask the provider to submit an immediate safety plan when imminent risk of harm or imminent harm has been identified. This safety plan may be in the form of a citation issued by the department with the provider’s POC, a condition, or other format.

L. The decision to obtain an immediate safety plan and the format that will take will only be made after the Field Manager discusses the issue with the Compliance Specialist/Assistant Director.

Inspection procedures:
The field staff must use the following inspection processes:

1. Preparation for the on-site inspection
2. Entrance on-site
3. Tour
4. Interview
5. Observations.
6. Medication Service
7. Food Service
8. Abuse / Neglect Prevention
9. Resident Record Review
10. Administrative Staff Record Review and Staff Interview
11. Exit Preparation
12. Exit
13. Follow-up Inspection (if needed)

**Follow up procedures:**
The field staff must use the following processes for a follow up, focused on the areas needed to determine correction of issues of deficient practice.
1. Focused Preparation for the on-site visit
2. Entrance on-site
3. Focused Tour
4. Focused Interviews
5. Focused Observations.
6. Medication Service (only if medication issues were cited)
7. Food Service (only if food service issues were cited)
8. Abuse / Neglect Prevention (only if abuse/neglect issues were cited)
9. Focused Resident Record Review
10. Focused Administrative Staff Record Review and Staff Interview
11. Exit Preparation
12. Exit
13. Additional Follow-up Inspection (if needed)
Residential Care Services
Operational Principles and Procedure
For
Boarding Home
FULL INSPECTION PROCESS

PRE-INSPECTION PREPARATION

I. Purpose

The purpose of the pre-inspection preparation is to gather and analyze various sources of information regarding the boarding home prior to entrance on-site to:
- Identify the history of the boarding home, including past and current issues.
- Identify possible residents for the preliminary resident sample selection.
- Determine if special concerns exist that would require specialized team member (licensed nurse).

II. Authority

RCW 18.20.110

III. Operational Principles

A. Boarding Homes licensed by Residential Care Services will be inspected at least every 18 months with a statewide average of 15 months.

B. Licensors will conduct unannounced full inspections to assure the licensee is in compliance with the licensing requirements.

C. The pre-inspection preparation (prep) occurs offsite, prior to the on-site visit.

D. The pre-inspection preparation will consist of obtaining information from record review and interviews regarding current issues in the home as well as history of the home since the last full inspection. The process for gathering the information includes:

1. Review of pertinent documentation on the boarding home history since the last full inspection;
2. Contact with the ombudsman’s office.
3. Identification of any state contract. If contract exists, identify type of contract and contact with case manager.
4. Contact with other RCS staff regarding history and/or current issues in the home;
5. Conduct a team meeting to establish roles and responsibilities; and
6. Assemble appropriate forms and supplies.
E. Pertinent history, current issues and contact information will be documented on the pre-inspection preparation form (Attachment A).

F. A review of compliance history will also note deficiency free inspections and investigations which may result in a delay of the full inspection to twenty-four months if the boarding home is deficiency free for three consecutive full inspections and has received no deficiencies during the same time for any other inspections/visits including complaint investigations.

G. The inspection is unannounced; therefore, anticipated dates of inspections are not disclosed to any contacts/interviews during the preparation.

H. The team will identify roles and responsibilities including team coordinator and facilitator for the resident group meeting.

I. The pre-inspection preparation record (Attachment A) will serve as a reference tool for staff related to the licensee’s compliance history and identified current issues.

IV. Procedures

A. Review the tracking system and print out licensee summary.

B. Review licensee file for compliance history, number of licensed beds, specialty status, contract status, current exemptions, and previous and/or uncorrected deficiencies since the last inspection.

C. Identify any new changes to the boarding home – change of Administrator, change of owner, construction, contract change or other changes that would impact resident care and services.

D. Review all Statement of Deficiencies and Cover Letters since last full inspection for compliance history and identify deficiencies cited or consulted.

E. Identify and document, as needed, any patterns of repeat and/or isolated deficiencies, plan of correction and resident identification.

F. Review all complaint investigation reports since last full inspection and identify any open complaints yet to be investigated. Note resident and staff names and/or collateral contacts referenced in the reports as well as repeat issues or patterns.

G. Review and copy staff record review and resident sample list from last full inspection.

H. Confer with the previous licensor and/or complaint investigator as needed.

I. Contact the appropriate case managers (HCS/DDD) prior to the inspection if applicable. Note names of identified residents receiving case management, the last time the case manager was in the BH, and any potential areas of concern. If not available, do not delay inspection, but leave message with contact number.

J. Contact the Ombudsman Office prior to the inspection in writing or by phone. Note any potential areas of concern and resident names and/or family members for
potential sample residents and collateral contacts. If not available, do not delay inspection, but leave message with contact number.

K. Discussions with Ombudsman’s office and/or case managers will be focused on care, quality of life and any concerns about the home. The licensor should not discuss an upcoming inspection date.

L. Identify specific roles and responsibilities of team members during the team meeting.

M. Obtain licensed room list from licensing file to note licensed rooms at last inspection.

N. The official BH licensing file always remains at the office. Any documentation in the file that is needed for the inspection must be copied or transcribed.

O. Consult the Field Manager if any questions or concerns arise after data collection.

P. Record all pertinent data on the pre-inspection preparation form (Attachment A).

Q. Assemble appropriate forms (Attachments) for recording data during the inspection including:

1. Attachment A (Pre-Inspection Preparation)
2. Attachment B (Request For Documentation)
3. Attachment C (Resident List)
4. Attachment D (Resident Roster Matrix)
5. Attachment E (Resident Group Interview)
6. Attachment F (Resident Sample Selection)
7. Attachment G (Resident Interview)
8. Attachment H (Collateral Interview)
9. Attachment I (Environmental and Food Service Observation)
10. Attachment J (Resident Record Review)
11. Attachment K (Staff Record Review)
12. Attachment L (Residential Care Service Notes)
13. Attachment M (Exit Preparation Worksheet)
14. Attachment N (Contract Requirements)
15. Attachment O (Environmental Observations for Contract Requirements)

R. Assemble supplies prior to inspection: thermometer, tape measure, calculator and paper/pen.
I. Purpose

The purpose of the entrance is as follows:
- To initiate the unannounced full inspection;
- To provide information on the inspection process and establish a tone that encourages and facilitates communication with the licensee/administrator or designee; and
- To collect initial data regarding the residents, staff, and physical environment.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Principles

A. The boarding home full inspection process is unannounced.

B. The majority of the full inspection process occurs onsite at the boarding home, beginning with the entrance.

C. The entrance conference establishes the tone of the inspection.

D. The entrance introduces the licensor to the licensee/administrator or designee.

E. Information is exchanged between the licensor and licensee/administrator or designee, including an explanation of the licensing inspection process; an exchange of information regarding what documentation is needed; special features of the home; resident’s characteristics; and the daily routine.

F. Disruption of the residents and/or home routines will be minimized during the full inspection process.

IV. Procedures

A. The licensing team arrives at the boarding home.

B. Observations begin upon arrival at the home. Note any obvious exterior environmental issues.

C. Entering the boarding home:

   1. For a small boarding home in a residential/house setting, knock on main entrance door and/or operate doorbell or other outside communication device.
2. For a facility setting, enter the front/main entrance and go to the reception desk or lobby area to locate staff.

3. If no answer or no staff appear at the entry - evaluate the situation:
   a. If a resident answers the door or you observe residents as you stand in the entry way, introduce yourself and inquire about staff in the home;
   b. Do not tour the home without staff or licensee/administrator or designee present.
   c. If there is any evidence that residents may be alone in the home, contact the Field Manager for further instructions immediately.

4. If it appears no one (BH staff/residents) is in the home:
   a. Check licensing information in pre-inspection preparation papers and attempt to call the listed phone number for the BH.
   b. If no answer, check for an alternate phone number for licensee/administrator or designee and attempt to contact.
   c. The licensor may wait outside and try entrance again in 15 to 30 minutes.
   d. If it appears no one is present in the home after a second attempt, and there is no answer for the contact phone numbers, contact the Field Manager.

5. If denied entrance:
   a. Attempt to clearly re-state reason for visit.
   b. If speaking to a person other than licensee/administrator, suggest they contact the licensee or administrator.
   c. If still denied entrance, leave and contact Field Manager immediately.

D. Upon entrance, make introductions to the licensee/administrator, designee or staff and provide a business card. Have department nametag visible or show state ID card to licensee/administrator, designee or staff if requested.

E. If the person who answers the door is not the licensee or administrator, suggest they notify them that a full inspection is occurring. Inform them the full inspection will not be delayed until the licensee/administrator arrives.

F. Review the inspection process with the licensee/administrator or staff.

G. Explain that the first step will be a guided tour of the licensed portions of the home as well as any areas accessed by the residents.

H. Request a contact person for the facility if the licensee/administrator will not be present at any time during the inspection.

I. Give the licensee/administrator, designee or staff a reasonable amount of time to complete whatever task with which they were involved with before beginning continuing the entrance conference.

J. If waiting, use the time to observe the residents and the immediate environment and make introductions to any residents or staff in the area and briefly explain the reason for the visit.
K. Ask the licensee/administrator, designee or staff to describe any special features of the home pertaining to resident care and services. Example: Are there any changes since the last inspection? Anything new you would like us to know about?

L. Ask the licensee/administrator, designee or staff to identify any current contract with the state and what that contract is.

M. For those facilities with a state contract, inform them they will need to identify the state pay residents on the resident characteristics roster (Attachment D).

N. Request a copy of the Disclosure to identify the scope of care and services it offers.

O. Provide the licensee/administrator, designee or staff a written list of documentation you will need (Attachment B) and explain the timelines for requested materials. Provide the other forms (Attachments: C, D and K) that will need to be completed.

P. Inform the licensee/administrator, designee or staff of the resident group interview and establish a location and time for that meeting.

Q. Inquire if the boarding home has a resident council and identify a president or leader of the resident group if applicable.

R. Inform the licensee/administrator, designee or staff of the posting information regarding the ongoing inspection and announcement of the resident group interview.

S. Request a place for the licensing team to work that does not intrude on or interrupt the daily activities but provides for an opportunity for ongoing resident observations.

T. Inform the licensee/administrator, designee, or staff that they can expect frequent contact during the inspection process to gain and share information.

U. At all times during the inspection, remain cognizant of minimizing disruption of resident and home routines. Adjust procedures of the inspection accordingly.

V. Proceed with the tour.
Residential Care Services
Operational Principles and Procedure
For
Boarding Home
FULL INSPECTION PROCESS

TOUR

I. Purpose

The purpose of the tour is to provide the licensing team with an initial observation of the resident, facility staff, and the physical environment regarding care, quality of life and safety. The tour also provides for an introduction of the licensing team to the residents and facility staff and ongoing communication with the licensee/administrator or designee. In addition, identification of possible residents for the resident sample may occur.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Operational Principles

A. The tour is an opportune time for RCS staff to meet residents and facility staff.

B. Data collection during the tour consists of observations and informal interviews or conversations with residents and facility staff.

C. The tour is focused on the resident for the following issues:

1. Quality of life
   a. Resident grooming and dress
   b. Staff to resident interactions

2. Appropriate delivery of care and services
   a. General appearance of residents
   b. General appearance of resident care needs and level of assistance

3. Impact of the environment and safety issues:
   a. Infection control
   b. Maintenance of facility equipment
   c. Homelike setting
   d. Safety

D. Observation and interviews conducted during the tour contribute to the preliminary resident sample selection.

E. Include observations specific to contract requirements if applicable.
F. Communication with the licensee/administrator or designee should be ongoing throughout the tour regarding the features of the facility, clarification, and enhancement of observation and/or concerns.

G. An observation alone does not confirm or disprove a deficient practice. Further data collection from interview and/or record review may be necessary to support or invalidate the issue.

IV. Procedures

A. Conduct the tour as a team with the licensee/administrator or designee.

B. Introduce yourself or request the licensee/administrator or designee introduce the licensing team to the residents and staff during the tour.

C. Refer to the completed resident list from the facility for identification of residents, and their room location.

D. Communicate to the residents and staff as to the purpose of the visit and engage in brief conversations, “What is your name?” “How long have you lived here?” “What are you planning to do today?” (Resident) or “How long have you worked here?” (Staff)

E. Inform residents that the licensors are available to talk to during the inspection.

F. Post the signs announcing the inspection and resident group meeting in the appropriate areas of the boarding home with staff assistance.

G. Identify any residents who express concerns or appear to have unmet or special care and service needs.

H. Request an introduction with the resident council president or resident representative during the tour if applicable.

I. Determine if residents identified in the pre-inspection preparation are in the home.

J. Observe staff to resident interaction related to quality of life, dignity, privacy, and responsiveness to resident needs including:

   1. Verbal communication

   2. Eye contact

   3. Touch

K. Observe residents’ response to staff and document observations as needed.

L. Communicate with the licensee/administrator or designee, any question or observation of issues or concerns noted during the tour.

M. Observe interior environment:

   1. Identify and conduct general observations all areas designated for resident use:
a. Common areas are homelike;
b. Resident furnishings, beddings, walls and floors are maintained and clean;
c. Activity room(s);
d. Laundry room(s);
e. Storage areas; and
f. Restrooms.

* If EARC – Specialized Dementia Services Contract, observe for multiple common areas and resident access to rooms without assistance.

2. Note presence of any objectionable odors and privately discuss with staff;
3. Ask the licensee/administrator or designee about the communication system;
   * If EARC – Specialized Dementia Services Contract, inquire and observe if public address system is used routinely or for emergencies only.
4. Observe for adequate lighting necessary for safety and comfort of residents;
5. Observe for room temperature – maintained at comfortable temperature for resident living (60°F during sleeping hours; 68°F during waking hours). If it appears very cold or hot in the building, ask the licensee/administrator or designee about the heating or cooling system;
6. Observe for general maintenance and housekeeping;
7. Observe and inquire regarding resident or facility pets;
8. Observe for safe storage of housekeeping supplies, including hazardous supplies and equipment (considering the resident population);
9. Observe handwashing area for staff and observe staff washing hands if occurs during the tour;
10. Conduct initial kitchen tour and observe for general cleanliness and sanitation practices; and
11. Observe and inquire regarding any construction in the facility.

N. If the BH provides intermittent nursing services, observe for:
1. Storage, cleaning and handling of nursing equipment;
2. Soiled utility area; and
3. Medication storage area.

O. Observe Exterior environment:
1. Walk outside – around the property of the BH;
2. Note the area for garbage and refuse;
3. Observe for rodent/pest issues;

4. Observe exterior exits;

5. Observe for resident access to outside without staff assistance;

6. Note any areas with restricted egress and determine exit is consistent with resident care and service needs; and

7. Observe for stairs, ramps, siderails for maintenance and safety.

* If EARC – Specialized Dementia Services Contract, observe for wall or fence surrounding outside area at least 72 ft high.

P. If the facility has a state contract, refer to (Attachment N and Attachment O) for specific structural requirements for each contract.

Q. Observe and inquire regarding the required posting of:

1. Complaint Resolution Unit/Ombudsman phone number sign;

2. Current BH license; and

3. Copy of the most recent full inspection by the department, cover letter and plan of correction (if applicable).

R. Document tour information on (Attachment I) and/or (Attachment L).

S. Completion of tour

1. Thank the licensee/administrator or designee for the tour;

2. Request the completed Resident Characteristic Roster (Attachment D);

3. Inform the licensee/administrator or designee that the team will be meeting briefly;

4. Inform the licensee/administrator or designee that the team will be conducting a resident group meeting, or indicate what step is planned next in the process;

5. Inquire if the licensee/administrator or designee have any questions at that time; and

6. Proceed to the Resident Group Meeting.
Residential Care Services
Operational Principles and Procedure For
Boarding Home
FULL INSPECTION PROCESS

RESIDENT GROUP MEETING

I. Purpose

The purpose of the resident group meeting is to introduce the licensing team to the residents and provide a brief explanation for the purpose of the visit. The group meeting also provides the opportunity for residents to share information and provide the licensing staff another source of data.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Principles

A. The resident group meeting is conducted with members of the resident council or with an informal group of residents.

B. No staff members or resident family members are routinely present at the group meeting, unless specifically requested and approved by the residents.

C. The size of the group may vary.

D. The group meeting may follow the tour or may be later in the process depending on the availability of the residents, activities ongoing in the facility, or other factors.

E. The RCS staff may all be present for the group meeting, but one team member facilitates the group meeting.

F. Data collection consists of interviews and observations.

G. The group meeting should be conducted in a setting that is both confidential and easily accessed by residents.

IV. Procedures

A. Post signs after the entrance conference to announce the inspection and the resident group meeting. Posting should be in areas of the building conspicuous to residents.

B. Inform residents of the meeting with informal introductions during the tour.

C. Prior to the resident group meeting, document any particular issues or concerns identified during the pre-inspection preparation, entrance, and/or tour on the resident group meeting form (Attachment E).
D. Roles and responsibilities are reviewed with the licensing team prior to the meeting.

E. Conduct the resident group meeting in a private setting that is easily accessible to residents.

F. Boarding homes with residents in both an open setting and restricted egress (dementia unit) may require a resident meeting in each setting to ensure all residents have an opportunity to participate and promote resident safety.

G. The licensing team may need to request the assistance of facility staff to escort residents to and from the meetings.

H. The BH team member responsible to facilitate the resident group meeting should make introductions to the resident group.

I. Communicate the purpose of the meeting and the visit to the residents.

J. Establish rapport initially, letting the residents direct the conversation.

K. Refer to the Resident Characteristic Roster (Attachment D) as needed to identify residents.

L. If the residents have nothing to say, follow the general area suggested for discussion as directed on (Attachment E) using open-ended questions to facilitate more information.

M. Identify residents who express concerns or appear to have unmet or special care and service needs.

N. Thank the residents for attending and review how to contact the team during the inspection and how to contact the department.
SAMPLE SELECTION

I. Purpose

The purpose of the sample selection is to select a sample of residents in the boarding home that best represent the resident population regarding care and service needs.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Operational Principles

A. The determination of the final resident sample is a team decision.

B. The preliminary resident sample selection is obtained through several phases of the inspection including:

1. Pre-inspection preparation;
2. Entrance;
3. Tour; and
4. Resident Group Interview.

C. The resident sample is focused on resident care and service needs.

D. The resident sample should include residents that:

1. Are identified as interviewable
2. Are identified as non-interviewable
3. Receive nursing services (if provided by the BH)
4. Are identified as state pay, if applicable
5. Have a specialty designation (if provided by the BH)
6. Receive basic services
7. Receive one or more of the services listed under general responsibility for safety and well-being
8. Are observed to have unmet needs

9. Are most at risk for abuse and neglect, i.e., residents with dementia, infrequent visitors, behavioral issues, or require high level of care

E. The Resident Characteristic Roster, (Attachment D) is an important source of information regarding the care and service needs of the residents in the boarding home. The licensee/administrator or designee uses the roster to identify the following care and service needs of each resident:

1. Nursing services
2. Medication services
3. Mobility/Falls/Amputation
4. Behavior/psycho Social Issues
5. Dementia/Alzheimer’s
6. Exit seeking/Wandering
7. Cognitive Impairments
8. DDD/Mental Health
9. Language/Communication Issues
10. Vision Deficit/Blindness
11. Diabetic
12. Assistance with ADL’s
13. Wounds/Skin Issues
14. Incontinence
15. Special Dietary needs
16. Weight loss or weight gain
17. Dialysis
18. Pay status
19. Recent Hospitalization
20. Oxygen/Respiratory therapy
21. Home Health or Hospice

F. Data collection for determining the resident sample may include interviews, observations and/or record review.

G. Residents identified in the pre-inspection preparation process may be included as a sample resident after conducting the entrance, tour and resident group meeting.

H. The licensee/administrator or designee and facility staff are an important resource of information in selecting the resident sample.

I. Information from the licensee/administrator or facility staff on interviewable and non-interviewable status of residents, or identifying any residents that should not be interviewed and the reason why, is important prior to sample selection.

J. The resident sample selection may require further changes including substitution of sample residents and expanding the sample during the inspection.

IV. Procedures

A. Preliminary sample selection during the Pre-inspection preparation:
1. Identify any residents specifically addressed for care and service issues in any complaint or follow up visit since the last inspection.

2. Consult with prior BH licensor(s) and/or complaint investigator(s) if possible.

3. Contact the HCS and/or DDD case management if applicable and the ombudsman during the pre-inspection process.

4. Identify any contracts including dementia specialty.

5. Document any identified resident(s) with concerns and the issue(s).

6. Determine if the resident currently resides in the facility, or their current location, if possible.

B. Preliminary sample selection during the Entrance:

1. Obtain a copy of the resident list (Attachment C).

2. Use the resident list to identify residents during the entrance, tour and resident meeting.

3. Observe residents and conduct informal interviews if appropriate.

4. Provide the licensee/administrator or designee the resident characteristic roster (Attachment D) for them to complete by the end of tour.

C. Preliminary sample selection during the Tour:

1. Conduct observations and interviews with residents during the tour.

2. Document any concerns/issues regarding a specific resident.

3. Identify any resident who expresses concerns or appears to have unmet or special care and service needs.

4. Determine if residents identified in the pre-inspection prep are in the home.

5. Communicate with the facility staff and/or licensee/administrator regarding specific resident concerns or issues as they are observed.

D. Request and review the completed resident characteristic roster (Attachment D).

E. Preliminary sample selection during the Resident Group Interview:

1. Identify and document any residents that voice a concern or issue.

2. Observe residents for behavior issues, care issues and/or unmet needs.

3. Utilize the resident list and/or roster if available to identify residents.

F. If the team finds it is necessary to remove a resident from the sample (e.g., resident refuses to be interviewed, or resident is not available during the inspection process),
attempt to substitute with a resident that best fulfills the reason the first resident was selected.

G. If a pattern or specific area of concern is identified during the inspection (e.g., diabetic management), the sample may be expanded or supplemented to include more residents with the same specific care needs to determine scope. The focus on the expanded sample should be only on the concern identified and any other concerns that are discovered during the review.

H. A closed record review may be conducted when an issue is identified that directly relates to a specific resident no longer in the BH; no current residents reside in the home; or if there is a concern regarding discharge or transfers. Select a closed record as follows:

1. If a care or service need is identified for a specific discharged resident, request that specific closed resident record by the resident name.

2. If no specific resident has been identified but a concern regarding discharge or transfer has been determined, review the resident register for recent discharges.

3. Interviews with other residents and staff may also assist in selecting the closed record; therefore, selection of the closed record may occur later in the process.

4. Obtain a name and contact phone number for family/representative.

5. Obtain a name and contact phone number for the healthcare practitioner (if applicable).

6. Note if the closed record was a state contracted resident and review for discharge and bed hold requirements if appropriate according to 388-110-100.

7. Review the closed record for areas of identified concern and document using (Attachment J) and/or (Attachment L).

8. Review licensor notes/documentation to ensure information is complete for the closed resident record review.

I. Communication with the licensee/administrator, designee and facility staff should be ongoing to ensure information is accurate and complete.

J. Conduct a team meeting following the resident meeting. The licensing team will select the final sample residents for the inspection from the information gathered during the preliminary sample selection phases.

K. Sample size is determined as follows: A facility with a census of 3 – 15 = sample of 4 or more; a facility with a census of 16 – 30 = sample of 5 or more; a facility with a census of 31 – 60 = a sample of 6 or more; and any facility with a census of more than 60 = a sample of 10% or more of the census. Closed record review residents and/or supplemental residents selected are not considered as part of the sample size.

L. Refer to the resident characteristic roster, (Attachment D) to ensure residents selected represent each of the categories identified (as applicable to the facility).
M. Consult with the licensee/administrator, designee or staff if discrepancies are identified on the roster and the observations concerning resident care needs.

N. Document each sample resident name including the identifier (Resident number) and room number on the resident sample list (Attachment F).

O. Determine which team members will conduct interviews with the sample residents.

P. Conduct a brief review of negotiated service agreements for sample residents.
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INTERVIEW

I. Purpose

The purpose of the interview is to collect information about resident life at the boarding home by speaking with residents, licensee/administrator or designee, facility staff and collateral contacts.

II. Authority

RCW 18.20.110
RCW 18.20.125
RCW 18.20.280

III. Operational Principles

A. Interviews will include the following:

1. Resident Interviews
   a. Sampled
   b. Supplemental

2. Facility staff
   a. Administration
   b. Caregivers
   c. Other staff working at the facility
   d. Volunteers

3. Collateral contacts
   a. Family member or resident representative
   b. Outside resources/agencies including case managers, health care practitioners, home health/hospice, law enforcement, etc.

B. The licensing inspection process will include both formal and informal interviews:

1. Formal interviews are structured interviews with the sample residents and may also include interviews with the licensee/administrator or designee, facility staff and collateral contacts.

2. Informal interviews are general conversations with residents, licensee/administrator or designee, facility staff and collateral contacts during any portion of the inspection process to introduce yourself, explain the reason you are there and gather further data.
3. The licensing team is available for contact by any resident requesting to talk to them throughout the inspection.

C. The resident group meeting is another source of informal resident interviews.

D. The focus of the licensing inspection is on the resident therefore, the resident interview is an important source of data collection.

E. Observations of the resident and their environment are conducted during the interview.

F. Pre-visit preparation information, observations and informal interviews conducted during the tour, resident group interview and a brief review of the negotiated service agreement all supply valuable information and points of discussion for the interview with the sample resident, facility staff and/or collateral contacts.

G. Requesting information from the licensee/administrator or designee or facility staff on any resident that should not be interviewed and the reason why is important prior to interviewing and sample selection.

H. A resident has the right to refuse to be interviewed. Collateral contacts may be chosen to replace the interview or a substitution of another resident may be done as addressed in the Resident Sample Selection Process.

I. Residents are informed of the interview process and permission is obtained prior to sharing any information from the interview with the licensee.

J. If a sample resident is non-interviewable or the interviewing capability is limited due issues such as speech impairment, confusion or dementia, collateral contacts should be conducted to obtain further information.

K. A collateral contact interview may also be required if the resident sample selection includes a non-English speaking resident. If no English speaking collateral contact is available, the licensor should obtain the services of an interpreter, which may require a scheduled return visit.

IV. Procedures

A. Conduct informal resident, licensee/administrator or designee and staff interviews throughout the full inspection.

B. Conduct informal interviews with residents during resident group meeting.

C. Select the resident sample for formal resident interviews following the sample selection process during the team meeting.

D. Review the negotiated service agreement for each sample resident briefly (5 minutes) prior to conducting the sample resident interview.

E. Introduce yourself to the resident and briefly explain the reason for the interview and the inspection process if they did not attend the resident meeting.
F. Obtain permission from each sample resident prior to the formal interview.

G. Conduct formal interviews in a setting that promotes confidentiality.

H. Obtain permission of each sample resident before sharing information with the licensee/administrator or designee.

I. Document the information from the formal interviews using the following attachment as a guide:
   1. Sample resident interview: Attachment G
   2. Licensee/administrator interview: Attachment L
   3. Facility staff interview: Attachment L or Attachment G for specific resident
   4. Collateral contact interview: Attachment H

J. Address the following areas for the resident interview:
   1. Services and needs
   2. Preferences and choice
   3. Safety and well-being
   4. Environment
   5. Meals and food services
   6. Healthcare services
   7. Resident rights
   8. Activities
   9. Abilities
   10. Additional requirements according to state contract (Attachment N), including personal care items

K. If the resident is non-interviewable or cannot give reliable or sufficient information, conduct a collateral contact interview to obtain more information.

L. Residents with dementia or other diagnoses should be included in the interview process. Observations and collateral contact interviews are an important source of supporting information.

M. Sample residents identified as contracted for Enhanced Adult Residential Care Service – Specialized Dementia Care (EARC – SDC) will require further observations and interview questions regarding specific requirements of the contract (refer to Attachment N).

N. Notify the Field Manager if an interpreter is required for a sample resident.

O. Identify any staff or collateral contacts you need to follow up with to conduct a more formal interview and the issue/concern as needed.

P. Let the resident, licensee/administrator, facility staff and/or collateral contact lead the interview.

Q. Use open-ended questions and active listening skills for all interviews. Speak slowly and clearly.
R. Clarify any statements that appear unclear or need further explanation.

S. Continue to observe throughout the interview.

T. Keep documentation during the interview to a minimum and complete the information directly following the interview.

U. Conclude all interviews allowing the resident, licensee/administrator or designee, staff or collateral contact to ask questions or provide any additional information.

V. Leave a contact number and an explanation of the process.

W. If a follow up interview is anticipated, inform the interviewee that you may need to contact them again and inquire as to their availability.
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OBSERVATION OF CARE

I. Purpose

The purpose of observation of care is to provide the licensor with an opportunity to observe and gather information regarding the delivery of resident care. The observation of care will focus on ensuring the care provided is:

- Appropriate for the resident’s needs;
- Consistent with the negotiated service agreement;
- Performed by qualified and trained staff; and
- Uphold resident rights for quality of life, dignity, privacy and choice.

II. Authority

RCW 18.20.110  
RCW 18.20.230  
RCW 18.20.270  
RCW 18.20.280

III. Operational Principles

A. Observations of residents occur throughout the inspection process, both formally and informally.

1. Informal observations are observations of the resident’s general appearance and can occur at any time during the inspection.

2. Formal observations are observations specific to a resident and/or care issue and require a more structured and planned setting for the observation.

B. Observation of care provides objective information regarding resident care needs, including intermittent nursing care, provision of care; staff to resident interaction; staff training; and possible complications regarding special care needs of a resident.

C. Further data collection may be required to support, clarify or invalidate the observations.

D. Resident dignity, choice, quality of life and right to privacy should be respected at all times.

E. Residents may be identified for potential observation of care through any part of the inspection process including the pre-inspection preparation, the resident list, resident group meeting, resident, collateral or staff interviews, and ongoing observations.
IV. Procedures

A. Identify any resident as a potential for observation of care regarding specific care issues noted during the pre-inspection preparation (i.e. a resident mentioned in a recent complaint report or identified as having care issues by the case manager).

B. Document any care issues noted during the licensing file review and interviews in the pre-inspection preparation.

C. Observations of the general appearance of the residents during the inspection process include:
   1. Personal hygiene including oral hygiene, grooming, body odors, nail care and hair care;
   2. Skin condition;
   3. Behavior issues and level of cognition;
   4. Mobility;
   5. Functional risk factors such as positioning, vision deficit, restraints; and
   6. Appropriate clothing for season, dignity and comfort.

D. Note any residents who express problems or concerns or those residents who appear to have unmet care needs.

E. Review of the resident characteristic roster (Attachment D) and/or residents, staff and collateral interviews may also identify care issues requiring more formal observations.

F. Identify if any of the residents with care issues are receiving services through a state contract and refer to (Attachment N) to ensure all required care and services are met including:
   * If EARC – Specialized Dementia Services Contract, identify residents needing bathing and/or toileting assistance or feeding assistance and conduct interviews and observations to determine level of care and if needs are being met.

G. Continue informal observation of residents throughout the inspection.

H. Document informal observations and issues regarding resident outcomes (actual or potential).

I. Conduct formal observations when a care issue is identified.

J. Obtain permission from a resident identified as having care issues, if possible, to observe the caregiver providing any assistance with personal care.

K. Do not touch or examine a resident or provide hands-on care. Request the licensee or staff provide the direct care if the resident agrees.
L. Ensure the health and dignity of the resident is addressed at all times. Respect the resident’s right to refuse.

M. During the formal observation of care, focus on the resident and observe for the following:

1. The resident response to the care provided:
   a. Behavior
   b. Level of comfort

2. The caregiver/staff performing the care:
   a. Technique and knowledge
   b. Staff to resident interaction
   c. Demonstration of appropriate infection control practices
   d. Appropriate assistance provided for level of care needed by the resident
   e. Physical care provided using safe practices and appropriate handling
   f. Inclusion of resident’s participation in the care task to the maximum of their potential

3. RCS registered nursing staff should conduct all care observations that require clinical or nursing experience such as wound care, incontinence care, pressure sore, or injury.

4. Document formal observations including description of observation, resident name, caregiver/provider name, date, time and location of observation. Documentation may be done on any of the appropriate attachments.
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ABUSE PREVENTION REVIEW

I. Purpose

The purpose of abuse prevention review is to determine the licensee practices are in compliance with the regulations and statutes regarding the mandatory reporting and prevention of abuse.

II. Authority

RCW 18.20.110
RCW 18.20.180
RCW 18.20.280
RCW 74.34
RCW 70.129.130

III. Operational Principles

A. Abuse includes sexual abuse, mental abuse, physical abuse, and exploitation of a resident.

B. Gathering information regarding abuse prevention is an ongoing task throughout the full inspection process.

C. The primary focus of the abuse prevention task is on ensuring the quality of life, welfare and safety for all residents.

D. Data collection for abuse prevention comes from the following sources:

1. Observations

2. Interviews
   a. Resident
   b. Licensee/Administrator or designee and staff
   c. Collateral contact

3. Review of documentation

E. Issues regarding abuse may be identified prior to the on-site visit in the pre-inspection preparation.

F. Mandatory reporting will be addressed in the inspection process by observation of postings and interviews regarding staff knowledge and practice.
G. If an issue of possible abuse is identified during the full inspection, the issue will be investigated at the time of the inspection.

H. Resident dignity, choice, quality of life and right to privacy should be respected at all times.

IV. Procedures

A. Refer to the entrance, tour and environmental observation for observations of posting the department toll-free complaint number contacts.

B. Observe staff to resident interactions for respect of resident rights and dignity.

C. Observe resident response to staff for unusual behaviors such as fear or intimidation.

D. Observe residents throughout the inspection for behaviors or psychosocial issues that would be a potential abuse and/or safety issue for other residents.

E. Include residents in the sample selection that are identified as potentially vulnerable for abuse, such as residents with dementia and/or behavior issues.

F. Conduct interviews with staff regarding abuse:

   1. What constitutes abuse
   2. Procedures in the facility regarding abuse
   3. Prevention of abuse
   4. Reporting

G. Interview residents for possible concerns of abuse with open-ended questions.

H. Observe for potential abuse issues including the presence of restraints.

I. Document any observations, interviews and/or record review information of possible abuse and review to ensure data is complete.
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MEDICATION SERVICES

I. Purpose

The purpose of the medication service task is to provide the licensor with an overview of the facility’s medication service system.

II. Authority

RCW 18.20.110
RCW 18.20.230
RCW 18.20.270

III. Operational Principles

A. The medication service task should incorporate observations, interviews and record review to ensure the facility has developed and implemented a medication system that promotes the safe delivery of medications for all residents.

B. Data collection is resident outcome focused and includes a review of:

1. Medication storage
   a. Safety
   b. Labeling
   c. Organizers

2. Medication delivery system
   a. Documentation
   b. Assistance/administration
   c. Alterations
   d. Appropriate for resident needs

3. Respect of resident rights
   a. Right to refuse
   b. Individual choice and preference

C. The licensee/administrator or designee and staff are a significant source of information regarding medication services and should be consulted throughout the full inspection process.

D. General observations of medication services should be ongoing throughout the inspection.

E. Observations are an important source of information but further data from interviews and/or record review may be required to support or invalidate a deficient practice.
F. Boarding homes with an Assisted Living, Enhanced Adult Residential Care or Enhanced Adult Residential Care – Specialized Dementia Care contract must provide medication administration for contracted residents that need that service.

G. A formal medication observation may be necessary to observe a medication pass, if potential or actual negative resident outcome regarding medication service delivery is identified.

IV. Procedures

A. Identify and document any medication issues from the pre-inspection preparation.

B. Select sample residents that include the range of medication services provided by the boarding home (resident self-administration; assistance; and/or administration).

C. Review resident characteristic roster (Attachment D) and identify any sample residents with AL or EARC contracts receiving medication assistance or administration.

D. Identify if the facility provides for family assist or administration with medications.

E. Review the resident characteristic roster (Attachment D) and identify residents receiving medication administration and note if nurse delegation is provided.

F. Observe medication storage area during tour and at other times during the inspection for the following:
   1. Medications are secure for residents not capable of self storage;
   2. Medication is properly labeled;
   3. Medications for a specific resident are stored together and are kept separate from other resident medications and/or food or toxic chemicals;
   4. Storage area is locked, accessible only to designated, responsible staff; and
   5. Medications are stored according to medication label recommendations, (example: KEEP REFRIGERATED).

G. Conduct interviews to address medication storage with residents, including:
   1. System for controlling and securing medications for residents assessed to be capable of self-administration or self-administration with assistance and
   2. Use of medication organizers.

H. Review medication records for sample residents with medication assistance or administration, noting any documentation of refusal and/or no availability of medications.

I. Conduct informal observations of staff during medication assist/administration for:
   1. Staff knowledge and technique;
2. Staff to resident interaction; and

3. Level of assistance is appropriate.

J. Formal observation (a medication pass) may be done by a registered nurse from the licensing team if there is a potential or actual resident negative outcome identified regarding delivery of medications.

K. Interview sample residents regarding medication services and observe residents for level of ability and appropriateness of services.

L. Observe resident room during sample interview for medication issues such as medications on floor or inappropriately stored.

M. Conduct collateral interviews regarding medication services if further data needed.

N. Identify if any sample resident receiving nurse delegation for medication services and interview staff regarding nurse delegation practices for the resident.

O. Conduct sample resident record review noting the negotiated service agreement addresses a medication plan for residents receiving assistance or administration (intermittent nursing services), and any significant changes that impact the medication services for the resident.

ENVIRONMENTAL OBSERVATION

I. Purpose

The purpose of the environmental observation is to provide the licensor with an opportunity to observe the physical features of the boarding home that affect resident care, health, quality of life and safety.

II. Authority

RCW 18.20.110
RCW 18.20.130
RCW 18.20.185 (2)

III. Operational Principles

A. Observations of the environment occur throughout the full inspection process.

B. The entrance and initial tour are the first opportunities to conduct observations of the residents’ environment.

C. Resident interviews also provide an important source of information on the environment and allow the licensor an opportunity to observe the resident room.

D. Resident dignity, choice, quality of life and right to privacy should be respected at all times during the environmental observations.

E. Observations should include further data collection from resident and/or staff interviews and record review to determine a deficient practice.

F. The focus of the environmental observation is on the impact to the residents’ quality of life, health and safety.

G. The licensee and staff are a significant source of information and should be consulted regarding observations of the environment for clarification and enhancement of observations and/or concerns.

H. The contract status of the facility will require specific environmental observations related to Assisted Living Contract or Enhanced Adult Residential Care (EARC), or EARC- Specialized Dementia Care.

IV. Procedures

A. Conduct informal observations regarding the general appearance of the boarding home during the entrance and tour process and throughout the inspection as follows:
1. Conduct general environmental observations on the tour (refer to Tour Process).

2. Observe and inquire if the boarding home has pets.

3. Observe and inquire regarding the communication system and/or any other type of monitoring system used in the home.

4. Observe common areas of resident use for general appearance including:
   a. Day rooms, includes but not limited to: solariums, enclosed porches, recreational rooms, dining rooms and living rooms.
   b. Resident laundry
   c. Common restrooms
   d. Hallways
   e. Stairways

5. General observations of an open resident room may occur, if resident permits, during the tour and more formal observations occur during a resident interview.

6. Observe other areas of the boarding home for location and general appearance (not common use by the residents but could have potential negative effect on the residents), including, but not limited to:
   a. Commercial laundry
   b. Storage of supplies and equipment
   c. Garbage and refuse disposal
   d. Kitchen and food service

7. Observe staff to resident interaction

8. Observe general appearance of residents

* For AL contract observe for:
   a. Homelike smoke-free common areas
   b. Access to outdoor areas
   c. Meeting space for residents and family/friends outside the resident apartment
   d. Access by residents to on-site washing machine and dryer

* For EARC-Specialized Dementia Care contract observe for:
   e. Multiple common areas – varying in size and arrangement
   f. Residential atmosphere – opportunities for privacy, socialization and wandering
   g. At least one outdoor area, accessible to residents without staff assistance

9. Use (Attachment I), or (Attachment L) for documentation of general observations.

10. General observations from all licensors on the inspection team are shared with the licensor responsible for conducting and coordinating the formal environmental observations.
B. Conduct formal observations in the common areas and/or resident rooms for the following areas:

**Information posted**

1. Observe for poster listing name, address and telephone number of the department, appropriate advocacy groups and State and local long-term ombudsman.

2. Observe for posting of current boarding home license, last full inspection results and cover letter.

3. Request location of 1. and/or 2. if not readily seen.

**Maintenance and Housekeeping - Interior**

1. Observe furnishings, floors, walls and ceilings;

2. Note the presence of objectionable odors and inquire privately with staff as to cause for odor;

3. Observe housekeeping supply area;
   a. Storage of wet mops
   b. Storage of cleaning supplies
   c. Adequate ventilation

4. Observe laundry - separate areas for clean and soiled linen;

* For AL contract observe for access by state residents to on-site washing machine and dryer.

5. Ask staff about infection control practices;

6. Identify and observe area for storage of nursing supplies and equipment – clean and soiled (If intermittent nursing services are provided);

7. Observe for handwashing areas (observe staff washing hands if possible):
   a. Kitchen;
   b. Bathrooms; and
   c. Nursing supply – clean and soiled areas.

8. Ask about pet policy and observe presence of pets for cleanliness;

9. Note room temperatures during the inspection (Temp – Minimum of 60 EF sleeping and 68 EF waking);

10. Observe for adequate ventilation in resident rooms and common areas;

11. Observe and inquire regarding cleanliness and condition of resident equipment;

12. Observe for adequate lighting for resident use in resident rooms, common areas, stairs and halls;
13. Check that stairs/ramps are in good repair; and
14. Observe handrails/guardrails are properly installed and maintained as required.

Quality of life
1. Observe for respect of resident dignity and privacy:
   a. Shades on resident rooms
   b. Staff knocking before entering resident rooms

* If EARC – Specialized Dementia Contract:
   a. Inquire and observe if resident room is furnished and/or decorated with personal items based on resident needs and preferences.
   b. Inquire and observe if resident has access to their room at all times without staff assistance.

2. Observe and interview staff and residents regarding staff to resident interaction:
   a. Recognition of cultural diversity and preferences;
   b. Use of communication/monitoring system;

* If EARC – Specialized Dementia Contract, inquire and observe if public address system is used and for what purpose (for emergencies only).
   a. Use of restraints; and
   b. Activities.

* If EARC – Specialized Dementia Contract, inquire and observe for daily activities:
   a. Individual activities;
   b. Opportunities for independent, self directed activities;
   c. Group activities; and
   d. Activities that accommodate variations in mood, energy and preferences – based upon individual resident schedules and interests

Safety
1. Observe for prevention of resident access, as appropriate for resident characteristics, to storage of:
   a. Cleaning supplies
   b. Hazardous and toxic materials
   c. Medications

2. Check and document water temperatures of half of resident sample rooms (Attachment G) and 2 common areas (Attachment I) - (below 120 degrees);

3. Observe and interview staff regarding restricted egress;
* If EARC – Specialized Dementia Contract, inquire about policies and procedures addressing wandering, elopements and behavioral issues with dementia residents.

4. Interview staff on safety and disaster preparedness including:
   a. Emergency lighting
   b. First aid supplies
   c. Disaster plan
   d. Staff responsibilities in an emergency
   e. Provisions for essential resident needs – supplies and equipment including food, water, and medications

5. Document findings using Attachment I and Attachment O if contracted. If additional space is needed, use the note page, (Attachment L);

6. Notify the registered nurse(s) on the team if clinical or nursing care issues are identified during the environmental observations, such as wound care, incontinence care, pressure sore, or injury; and

7. If information gathered during environmental observations identifies a fire safety issue, notify the Field Manager and contact CRU to report to State Fire Marshall.

Exterior Environment

1. Walk around building;

2. Observe exterior grounds - safe, sanitary and in good repair;

3. Observe garbage/refuse disposal area;

4. Observe for pests; and

5. Check ramps, stairs, handrails and guardrails for appropriate placement and repair.

* For EARC – Specialized Dementia Care Contract observe for:
   a. At least one outdoor area;
   b. Accessible to residents without staff assistance;
   c. Walls or fence surrounding area is at least 72 inches high;
   d. Protected from direct sunshine and rain throughout the day;
   e. Firm, stable and slip resistance walking surfaces free of abrupt changes and appropriate for wheelchairs and walkers;
   f. Suitable outdoor furniture; and
   g. Plants – No poisonous or toxic plants.
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FOOD SERVICES

I. Purpose
The purpose of the food service task is to provide the licensor with an overview of the boarding home’s food service operation including preparation, storage, sanitation, meal planning, and provisions for resident dietary needs.

II. Authority
RCW 18.20.110
RCW 18.20.130

III. Operational Principles
A. General observations and data collection regarding food services occurs throughout the full inspection process.
B. Observations and data collection regarding food services are resident focused.
C. Dining observation is a part of the food service task and should be conducted at one or more meals.
D. Observation of a meal may require an adjustment in the inspection process to allow time for the observation.
E. The disruption of the resident’s daily routine should be kept to a minimum.
F. The tour is usually the first opportunity to observe the food service environment and general food service practices.
G. Food services should include the consideration of individual resident needs such as:
   1. Preferences;
   2. Alternate choices;
   3. A system for residents to express their comments on food services;
   4. Prescribed diets;
   5. Prescribed nutrient supplements and concentrates;
   6. A variety of daily food choices: and
   7. Assistance with eating.
H. Resident interviews are an important source of information regarding food services.
I. Interviews with the licensee/administrator or designee, caregiver staff, and the food service staff are another important source of information.
J. Collateral interviews may provide the licensor with information and clarification regarding food service issues.

K. The focus of the food service task is on the resident and should include interviewing sample residents regarding individual nutritional needs and preferences including, but not limited to modified or therapeutic diets or feeding tubes.

L. Observations alone do not verify a deficient practice. Further information from interviews and/or record review is needed to clarify or invalidate a finding.

IV. Procedures

A. Identify the RCS team member responsible for conducting the food service task at the pre-inspection preparation team meeting.

B. During the initial tour, all RCS staff will observe the food preparation area for:

1. Cleanliness;

2. Personal hygiene practices of staff; and

3. Condition and type of equipment.

C. Observe resident rooms and corridors noting any presence of trays or dishes outside and clarify with licensee/staff.

D. Review the resident characteristic roster (Attachment D), identify and include any residents with special dietary needs and/or significant weight loss or gain in the sample selection.

* For EARC – Specialized Dementia Care Contract, observe for and identify residents requiring assistance with eating and the level of assistance required (routine or total).

E. The team leader or the licensor responsible for the food service task will make introductions to food service staff, conduct informal interview, establish which staff is the contact, and briefly explain the food service task.

F. If a meal is occurring at time of entrance and/or tour, RCS staff will conduct general observations if more opportunities will occur during the inspection to observe dining. If no other meal observations will occur or many residents will be out of the facility during other meals, the team leader will inform the licensee/administrator or designee that the entrance conference and/or tour will be postponed to conduct a meal observation at that time (refer to Step H. - Dining Observation).

G. The members of the RCS licensing team should share general observations with the licensor responsible for conducting the food service task.

H. Dining Observation:
1. Conduct meal observation while sitting if possible to avoid standing over the residents. Documentation of observations should be minimized during the observation.

2. Observe dining area for adequate seating capacity (50% or more residents per meal setting).

3. Note time of meal and if sufficient time and staff is provided to meet resident needs.

4. Observe meal for food content—nutritious, palatable, alternatives provide if requested by resident, and appropriate for resident needs and abilities.

5. Observe quantities eaten by the residents:
   a. Amounts of food left on plates and
   b. Portion sizes adequate.

6. Note if any resident appears to require eating assistance and if assistance is available and appropriate. Clarify resident needs with staff.

7. Interview residents informally during dining or at the end of the meal, if appropriate.

8. Identify any residents that are currently receiving meals in their rooms and note the reason.

I. Formal observation of food services

1. Observe food preparation area for:
   a. Cleanliness
   b. Handling of food by staff
   c. Handwashing facilities
   d. Residents involved in food prep

2. Observe food storage area (Shelves/pantry, refrigerator, freezer) for:
   a. Cleanliness
   b. Storage prevents contamination

3. Interview staff regarding training and orientation for food preparation and observe staff during food prep.

4. Ask for location of menus and accessibility to residents and observe for:
   a. Variety and nutritious content of food
   b. Times of meals and snacks

5. Interview staff regarding modified diets and nutrient supplements/concentrates:
   a. Ask specific resident questions regarding supplements if concerns have been identified
   b. Determine communication between nursing and food service if applicable

6. Observe and interview staff regarding sanitation practices:
a. Temperature control
b. Dishwasher method
c. Handwashing sinks and practices

7. Interview sample residents regarding meals/food services.

8. Review sample resident record for prescribed or non-prescribed nutrient supplements and/or modified or therapeutic diets.

9. Request food handler cards if kept in food service area and review for sample staff.

10. Based on potential or actual outcomes and deficiencies identified regarding food services, further observations and review may be necessary.

11. Use (Attachment I) or (Attachment L) for documentation of food service observations. May document further notes regarding state contract issues on (Attachment O).
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RECORD REVIEW

I. Purpose

The purpose of the record review is to collect and review documented data to determine resident care and service needs are met. The record review is also used to obtain information necessary to validate and/or clarify information already obtained through observations and interviews to determine deficient practice. The record review consists of 4 potential areas:

- The resident record – Review of all records pertaining to a specific resident in the boarding home
- The facility record - Review of documentation kept by the facility, such as policies and procedures, and other documents
- The closed resident record – Review of a resident record for a resident no longer present in the home
- The collateral record – Review of outside records, such as hospital records, police records, agency records etc.

II. Authority

RCW 18.20.110
RCW 18.20.125 (1)
RCW 18.20.280

III. Operational Principles

A. The licensing inspection process will include a review of sample resident records including the potential review of collateral records and/or closed records.

B. The focus of the record review will be on determining the quality of life, safety and provision of care and services for the resident.

C. The resident record provides a documented source of information regarding each resident as addressed by the licensee and staff.

D. The resident record review includes the following:

1. A brief review of the Negotiated Service Agreement for each sample resident prior to the formal interview

2. A review of each sample resident record following the formal interview

3. A focused review of a supplemental resident record for a specific issue
E. Information gathered in resident record review is interrelated with observations and interviews. The information acquired during observations and interviews should direct the record review.

F. Information obtained from record review may also require further interviews and observations.

G. Record review should be resident centered and limited to obtaining specific information related to quality of life, safety and provision of care and services for the resident.

H. Record review should consist of reviewing documentation that is necessary to make compliance decisions.

I. The review will focus on documentation since the last six months, but may be expanded if an actual or potential outcome requires further history.

J. A more thorough record review should be done only if there is a probable or actual resident outcome identified that drives a more comprehensive gathering of information, including expanding the resident sample for record review and resident interview.

K. Review of other facility records besides the resident record and staff records is not a routine process but may be required to complete data collection regarding a specific issue, such as, review of incident reports for a resident with recent falls.

L. Review of outside records (collateral records) is not a routine process but may be necessary due to actual or potential negative resident outcome.

M. Closed record review of residents no longer residing at the facility is not a routine process, but may be necessary if an issue is identified that directly relates to a specific resident no longer in the BH or if there is a concern regarding discharge or transfers.

N. Observations and ongoing communication with the facility staff continue throughout the record review process.

IV. Procedures:

Resident Record Review

A. Brief review of the Negotiated Service Agreement

1. Conduct a brief (5 minutes) review of the sample resident Negotiated Service Agreement prior to the formal interview.

2. Document only pertinent information needed to assist with the interview. (Attachment G).

B. Review of the sample resident record:
1. Conduct a more comprehensive review of the sample resident record following the formal resident interview

2. Document the review (Attachment J)

3. Document pertinent information including sample resident name and contact

4. Review the Assessment (if sample resident has been admitted in the last 3 months prior to inspection or there is an outcome or potential outcome that pertains to the assessment). Review may include the following:
   a. Pre-admission assessment
   b. Full assessment
   c. Limited assessment if change of condition
   d. Qualified assessor

* For EARC – Specialized Dementia Care Contract review for full assessment completed semi-annually.

5. Review monitoring of resident’s well-being for the following:
   a. Identifies changes in function
   b. Update negotiated service agreement as needed
   c. Take appropriate action

6. Review the Negotiated Service Agreement (NSA) for the following:
   a. Initial Resident Service Plan (only if sample resident has been admitted in the last 3 months prior to full inspection)
   b. Current NSA is updated and includes a plan to meet resident needs and preferences
   c. Roles and responsibilities for resident, facility staff, family/representative are clearly defined
   d. Resident preferences are identified
   e. Identifies medication assistance or administration
      i. Family assistance or administration of medications
      ii. Alternate plan

7. Review staff notes/progress notes in resident record (if present):
   a. May provide further information
   b. May clarify issue or concern

8. Review medication record:
   a. Appropriate for resident ability and needs
   b. Includes name of resident, name of medication, dosage and dosage frequency, and name of prescriber
   c. Documentation of refusal and further actions

9. If the boarding home provides intermittent nursing services for a sample resident, review for the following:
   a. Nursing service system is developed and implemented
   b. Services are identified and appropriate for resident needs
   c. Changes in resident condition is observed and responded to appropriately
10. If sample resident receives therapeutic or modified diet, medications and/or treatments, review orders if concerns are noted regarding the resident not receiving services appropriately

C. Expanded resident record review: If a pattern or specific area of concern is identified, the sample may be expanded or further supplemental resident records may be reviewed. The focus should be only on the concern identified. (Refer to Sample Selection Process)

D. Continue ongoing communication with staff during the process of record review

E. Based on potential or actual outcomes and deficiencies identified, further observations, interviews and record review may be necessary.

Facility Record Review:

A. Facility documentation that may need to be reviewed if further information is needed to determine compliance include:
   1. Incident/accident documentation
   2. Policies and procedures
   3. Financial records (as related to resident care or services not being met)
   4. Quality Assurance Committee notes (only for the information necessary to determine the existence of a QA committee and that it is operating in compliance with the regulations, or if the licensee offers the QA committee records as evidence of compliance)

B. Review the information/findings on licensor notes and applicable attachments, to determine the information is complete for each sampled resident.

Closed resident record review:

A. Request closed resident record from licensee or staff by resident name if the issue is resident specific, or a closed record from the last year.

B. Review record for identified concern and document using Attachment J and/or L.

C. Obtain a name and contact phone number for family/representative.

D. Obtain a name and contact phone number for the healthcare practitioner.

E. Review licensor notes to ensure information is complete.

Collateral Record Review:

A. Document a contact name and number or address regarding collateral record.

B. Interview resident and/or licensee/staff to ensure the contact information is accurate.

C. Initiate collateral record review (written request, onsite visits, fax or phone) as soon as possible. The inspection is not complete until the last date of data collection.
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FACILITY STAFF RECORD REVIEW

I. Purpose
The purpose of the facility staff record review is to determine whether the boarding home staff have the appropriate training, experience, qualifications and credentials to provide the care and services appropriate for the residents in the boarding home.

II. Authority
RCW 18.20.110
RCW 18.20.125
RCW 18.20.230
RCW 18.20.270

III. Operational Principles
A. The review of a sample of staff records provides the licensor with information regarding staff orientation, training, credentials and other required screenings.

B. The licensee is responsible for orientation of each staff and ensuring all staff meet the training requirements specified in chapter 388-112 WAC and 388-78A WAC.

C. The licensee is responsible for obtaining documentation regarding each staff’s training and other requirements, including the administrator, and maintaining the following documentation on the BH premises:

1. Training as required by WAC 388-112 including but not limited to, orientation, basic/modified basic training, specialty training, nurse delegation, and continuing education;

2. Cardiopulmonary resuscitation;

3. First aid;

4. HIV/AIDS training;

5. Criminal history disclosure;

6. Food handler card;

7. Tuberculosis test result or x-ray/physician report; and

8. Training as required by WAC 388-110-220 for EARC-SDC contracts.

D. Facility staff record review will be focused on the period of time since the last inspection to present.
E. If the administrator is part of the facility staff sample, the administrator training and qualifications will be included as part of the review.

F. Communication with the licensee/administrator or designee for clarification and further data collection is ongoing to ensure all data is obtained.

G. A record review alone may not provide enough information to confirm or disprove a deficient practice. Further data collection from interview and/or observation may be necessary.

* For EARC – Specialized Dementia Care Contract, the requirement is for awake staff twenty-four hours per day with staffing that is adequate to respond to resident needs and sleeping and waking patterns.

IV. Procedures

A. Request a facility staff list is made at the entrance (Attachment B).

B. Select the facility staff sample at the team meeting based on observations, interviews, and review of the staff list for hire dates and titles.

C. Interview and observe residents for quality of life and provision of care and services.

D. If an administrator record is reviewed, ensure the administrator meets the appropriate administrator training and qualifications as required.

E. Provide the list of staff records requested to the licensee. For two-day inspections, request the records on the day of the review.

F. Review the staff records using (Attachment K).

G. Review staff records for appropriate training and other qualifications as it pertains to their job requirements.

* For EARC – Specialized Dementia Care Contract, review staff record for documentation of at least 6 hours of continuing education per year related to dementia. (May be part of 10 hours required).

H. Communicate findings of incomplete or outdated information to the licensee/administrator or designee to ensure all documentation is available for review.

I. Expand the staff sample if observations, resident interview, licensee/administrator or designee, staff interview and/or record review reveal issues or concerns regarding training or other staff qualifications.

J. Interview residents and staff following the staff review if the findings reveal potential or actual negative outcomes to residents related to staff training and/or qualifications.

Immediately communicate with the licensee/administrator or designee to address any deficient practice related to lack of appropriate training, screening and or qualifications that would place residents at risk of harm.
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EXIT PREPARATION

I. Purpose

The purpose of the exit preparation is to prepare for the exit conference by reviewing and analyzing all information gathered during the on-site inspection visit for the purpose of identification of deficiencies, based on the regulations and/or statutes (WAC, RCW). The exit preparation also provides a system to assist in documenting and prioritizing the identified deficiencies and identify any issues that will require further data collection.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Principles

A. The exit preparation occurs at the end of the inspection prior to the exit.

B. A team meeting is conducted to review and analyze the data collected and determine deficiencies, based on the regulations and/or statutes (WAC, RCW).

C. The determination of deficient practice is focused on the delivery of care and services to the residents.

D. Communication with the licensee/administrator or designee and boarding home staff is ongoing throughout the inspection to facilitate complete data collection and to ensure no “surprises” at the exit conference.

E. The licensee/administrator or designee is notified when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.

F. The exit conference is scheduled prior to the exit preparation with the licensee/administrator or designee and the ombudsman.

G. The RCS team leader/coordinator should facilitate the exit preparation and organize the information to present to the licensee/administrator or designee at the exit in a manner that can be clearly understood.

H. The Attachments used by the licensors during the inspection are designed to assist in recording and organizing the data and contribute to the preparation of the information to be shared at the exit.

I. The exit preparation should be conducted in a setting that is on-site and confidential.
J. The exit preparation is not the final determination of compliance. Further analysis and data collection may continue after the on-site visit including collateral contact interviews, collateral record review and review of documentation.

IV. Procedures

A. Schedule the exit with the licensee/administrator or designee and invite the ombudsman to attend if he/she is available.

B. Conduct a team meeting if more than one RCS staff is present for the inspection.

C. Review all Attachments and documentation from the inspection.

D. Identify concerns/issues based on observations, interviews and/or record review.

E. Identify deficient practice related to specific regulatory requirements.

F. Use Attachment M as a guide and optional tool for exit preparation.

G. Document and prioritize the information – citations before consults and most serious issues presented first.

H. Identify positive comments from residents and document some comments to be shared at the exit with the licensee/administrator or designee.

I. Note if further information will be required after the exit and establish the licensor responsible for that data collection.

J. Review information and deficiencies and identify any negative resident outcomes or the potential for a negative outcome using specific residents from the sample when possible.

K. Follow the enforcement procedures to establish the scope and severity and what specific action is required.
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EXIT

I. Purpose

The purpose of the exit is to provide information on the results of the inspection, the identified deficiencies and findings to the licensee/administrator or designee and to provide the licensee/administrator or designee an opportunity to present additional information.

II. Authority

RCW 18.20.110
RCW 18.20.125

III. Principles

A. The exit conference occurs at the end of the full inspection.

B. The exit conference is conducted with the RCS licensing team and the licensee/administrator or designee. Other participants may include: other facility staff, the ombudsman and residents.

C. RCS staff should maintain frequent contact with the licensee/administrator or designee throughout the inspection process to exchange information. The frequent exchange of information will ensure the licensee/administrator or designee is informed of the issues and findings prior to the exit.

D. Communication at the exit by RCS to the licensee/administrator or designee should also include positive comments from residents that were heard during the inspection.

E. Deficiencies identified by RCS staff at the exit should be regulatory based.

F. The exit conference should be held in a private setting in the facility, observing confidentiality and encouraging dialogue.

G. A resident request for confidentiality should be respected when identifying specific resident information at the exit.

H. The issues and findings are communicated in a clear manner using language and examples that are easily understood by those attending the exit.
IV. Procedures

A. The RCS team leader/coordinator should facilitate the exit although the team may be required to discuss specific issues throughout the exit.

B. Share two or three positive resident comments from the inspection with the licensee/administrator or designee.

C. Utilize Attachment M or notes regarding the exit preparation to ensure all issues are addressed at the exit.

D. Identify deficient practices with the appropriate regulation and/or statute (WAC/RCW).

E. Provide examples when appropriate, identifying specific resident issues if possible.

F. Provide the information in an organized, clear manner, identifying citations before consultations, and most serious issues presented first.

G. Provide the licensee/administrator or designee an opportunity to discuss, ask questions and present related additional information.

H. Inform the licensee/administrator or designee of the process following the exit and what to expect, including further data collection, the Informal Dispute Resolution (IDR) process and the Statement of Deficiencies (SOD) report.

I. Clarify that if further information is obtained after the exit, the licensee/administrator will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit.

J. If a deficient practice is identified that requires an immediate plan of correction, notify the Field Manager prior to the exit and obtain the approval to request the plan of correction prior to leaving the home.

K. Ensure the licensee/administrator or designee has a business card and contact phone number for the RCS staff and the appropriate Field Manager.

L. Thank the licensee/administrator or designee for their cooperation with the inspection.
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Follow-Up Visits

I. Purpose:
Follow-up visits are done to determine if the home is back in compliance with the state licensing laws and rules cited in any previous inspection or complaint investigation.

The following principles and procedures are designed to provide staff with consistent direction for follow-up visits.

II. Authority:
RCW 74.39A.060
RCW 18.20.110

III. Operational Principles:
Follow-up visits

A. The field staff will focus the follow-up visit on the areas of deficient practice previously cited.

B. The field staff will not delay the follow-up visit waiting for the Informal Dispute Resolution results or a Plan of Correction (POC).

C. Follow-up visits may be done in one of the following ways:

1. Telephone verification: Correction of the deficiencies may be verified by telephone when:
   a. The deficiencies do not have a direct, adverse impact on resident care, i.e. citations are not associated with a negative or potentially negative resident outcome;
   b. The deficient practice issue is such that there are clear, objective criteria for determining compliance;
   c. The provider has a good history of compliance with the provision of care and services to residents; and
   d. A note recording the pertinent details of the telephone conversation is placed in the facility file.

2. Documentation/letter verification: Correction of deficiencies may be verified by letter or documentation submitted by the provider when:
a. The deficiencies do not have a direct, adverse impact on resident care, i.e. citations are not associated with a negative or potentially negative resident outcome;

b. The home sends a letter that fully addresses the necessary actions taken by the home to implement the POC, including whether their original plan(s) worked and how and when correction was achieved; and

c. The home sends copies of documents as verification, i.e. cardiopulmonary resuscitation/first aid cards, tuberculosis test results, orientation checklists, criminal background check results.

3. **On-site verification:** Corrections of deficiencies must be verified by an on-site visit:

   a. For deficiencies with a negative or potentially negative resident outcome;

   b. When the documentation submitted by the provider does not adequately support the conclusion that correction has been achieved; and

   c. At the manager’s discretion.

C. The field staff will focus follow-up visits on the previously cited deficiencies and whether they have been corrected. Citing additional issues not cited in the original visit should be a rarity and cited only following consultation with the Field Manager.

D. The field staff will generally make follow-up visits within 10 to 15 days after the last date on the POC that the provider has indicated for compliance. During the follow-up visit the field staff will only review information from the time period between the last date of correction on the POC and the date of the follow-up visit to determine if the deficient practice has been corrected and the home is back in compliance.

E. In order to determine if the facility is in compliance the field staff will select a sample of residents most likely to have been affected by the deficient practice cited in any previous inspection or complaint investigation.

F. Field Managers will notify the Compliance Specialist/Assistant Director after a second follow-up visit finds uncorrected deficiencies.

G. The field staff will follow the appropriate tasks of the inspection process necessary to determine home compliance.

H. The field staff will follow the decision making and Statement of Deficiency writing processes for any follow-up visit that results in uncorrected deficiencies.

I. The field staff will follow the FMS processes necessary to schedule and complete the follow-up visit.

**IV. Procedure:**

A. Field Manager will schedule the follow-up visit to be done generally within 10 to 15 days of the facility’s last date of correction on the provider’s plan of correction.

B. Field Manager, in consultation with the licensor or investigator, will determine if the of follow-up visit will be done by:

   1. Telephone verification;
2. Documentation/letter verification; or
3. On-site verification.

C. Conducting the onsite follow-up visit:

1. Prior to the follow-up visit licensors should consider the following:
   a. Current deficient practice issues, including the nature, scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of each cited deficiency;
   b. The provider’s compliance history;
   c. The enforcement remedies imposed as a result of the inspection; and
   d. The likelihood of enforcement remedies being imposed as a result of finding uncorrected deficiencies during a follow-up visit.

2. Whenever possible the follow-up should be done by or include at least one person who did the original inspection or complaint investigation.

3. The licensor assigned to do the follow-up visit will do only the inspection tasks necessary to determine if the deficient practice has been corrected, i.e. focused preparation, entrance, focused tour, and focused observations and interviews. The nature, scope (number of residents impacted or potentially impacted) and severity (seriousness or extent of the impact or potential seriousness or extent of the impact on residents) of the previous citations will determine the extent of the follow-up.

4. The licensor’s focus for the sample selection should be on residents who are most likely to be at risk of problems/conditions/needs resulting from the deficient practice cited in the original report. The sample may, or may not, include the sample residents from the originating inspection/investigation.
   a. The sample size should be based on the deficient practice cited and the number of residents necessary to review in order to determine compliance; and
   b. Generally a review of one resident would not provide the licensor with enough information to determine compliance.

5. Field staff should only review evidence obtained between the provider’s last date on the POC and the date of the revisit to make compliance decisions.

6. The Field Manager will generally limit the practice of investigation new complaints follow-up visits. If possible the follow-up visit should be completed before any new complaint investigation so that the provider is back in compliance before writing new citations.

D. Completion of all follow-up visits:

1. Staff will record corrected, and new or uncorrected deficiencies in FMS.
2. Staff will write a new Statement of Deficiencies for any new or uncorrected deficiencies.
3. Staff will process telephone, letter or document review follow-up visits in the same manner as an on-site follow-up visit.

4. After the telephone call or the letter or document review the licensor will determine if there is enough information to correct deficiencies, or to recommend to the manager that an on-site follow-up be conducted.

E. When the first follow-up visit results in any deficiency the field will complete a second follow-up visit before day 90.

F. If the provider has failed the second follow-up visit the Field Manager will notify the Compliance Specialist/Assistant Director to strategize further enforcement action steps.

G. The Field Manager will only schedule a third follow-up visit after consultation with the Compliance Specialist/Assistant Director.