Residential Care Services (RCS)
Operational Principles and Procedures for
Assisted Living Facilities (ALFs)
FULL INSPECTION

OBSERVATION OF CARE

I. Purpose
To ensure the care provided in the assisted living facility (ALF) is appropriate for
the resident’s needs, consistent with the Negotiated Service Agreement, performed
by qualified and trained staff; and upholds resident rights for quality of life, dignity,
privacy and choice.

II. Authority

III. RCW 18.20.110  RCW 18.20.230
RCW 18.20.270  RCW 18.20.280
RCW 70.129

IV. Operational Principles
A. Citations based upon observations form the basis of the most defensible
citations.
B. Formal and informal observations of residents will occur throughout the
Inspection.
C. Observation of care will provide current 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.
D. RCS registered nursing staff will conduct all care observations that require
clinical or nursing experience such as wound care, incontinence care, pressure
ulcers, injury, personal care and resident’s genitals, rectal areas and the breast
area for females.

V. Procedures
The Licensor will:
A. Conduct informal or general observations of residents at all times during the
inspection and document observations and issues regarding resident outcomes
(actual or potential).
B. Conduct formal observations targeted to care issues of residents when a
specific care issue has been identified. For formal observations:
   1. Observe, if possible, the caregiver providing any assistance with personal
care to the resident identified as having care issues.
   2. Do not touch or examine a resident or provide hands-on care. Request the
licensee or staff to provide the direct care if the resident agrees.
C. 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:
NOTE: 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.

D. 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 forms (Attachments G, L, I, & O).

E. Collect additional data that may be required to support, clarify or invalidate the observations.

VI. Information and Assistance

Data Gathering for Observations

A. Residents may be identified for potential observation of care through any part of the Inspection including the pre-inspection preparation, resident group meeting, on-going observations and interviews with residents, staff and outside contacts:

1. Document any care issues noted during the licensing file review and interviews in the pre-inspection preparation (e.g. a resident mentioned in a recent complaint report or identified as having care issues by the case manager).

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

3. Review of the resident characteristic/sample section form (Attachment D) and/or interviews with residents, ALF staff and outside contacts may also identify care issues requiring more formal observations.

4. Make observations of residents throughout various times and locations of the inspection to provide a more complete perspective of the residents engagement in services and activities at the facility.

EXAMPLE: Note where the residents are, what the residents are doing, appearance, needs being met, assistive devices available or in use, etc. Consider hourly rounds, to support a compliance condition that needs a longer observation period for documenting an apparent issue that may impact the resident consistently throughout the day. For example, residents that have fall histories but have no mobility assist devices to reduce their propensity for fall injuries; residents that have behavioral issues that present in various environments that make it unclear as to whether the behavior is related to their immediate environment medication issues, staffing issues, relationship issues with other residents, etc.

5. Respect each resident’s health, dignity, choice, quality of life and right to privacy at all times. Respect each resident’s right to refuse. If a sample resident refuses to be formally observed for a specific issue, explain again and, if the resident continues to refuse, substitute with another resident with similar issues who is willing to be observed.

NOTE: Only licensors who are registered nurses can observe personal care and make clinical decisions.
What are informal and formal observations?

A. **Informal observations** are observations of the resident’s general appearance and can occur at any time during the inspection. These include, but are not limited to:
   1. Personal hygiene including oral hygiene, grooming, body odors, nail and hair care, clean and intact clothing;
   2. Visible skin condition;
   3. Behavior issues and level of cognition;
   4. Mobility;
   5. Functional risk factors such as positioning, vision and/or hearing deficit, side rail use, restraints;
   6. Appropriate clothing for season, dignity and comfort.
   7. Shoes or other footwear appropriate for safety, comfort or therapeutics; and

B. **Formal observations** are specific to a resident and/or care issue and require a more structured and planned setting for the observation. Observe for the following:
   1. The resident response to the care provided:
      a. Behavior; and
      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, for example: when using “Point-of-Care” devices such as finger-stick devices (e.g. pen-like device) and blood glucose meters.
      
      **NOTE:** Finger-stick devices must not be reused. Blood glucose meters owned by the facility and used for more than one resident must be cleaned, calibrated according to manufacturer’s directions and disinfected after each use. Blood glucose monitor owned by a resident cannot be used for another resident;
      d. Assistance provided as identified in the negotiated care plan and for level of care needed by the resident;
      e. Physical care provided using safe practices and appropriate handling; and
      f. Inclusion of resident’s participation in the care task to the maximum of their ability or care planned potential or as identified in the negotiated care plan.

---

E Irene Owens, Interim Director
ALTSA/Residential Care Services

January 21, 2014
Date