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

REVISITS

I. Purpose:
To determine if the assisted living facility (ALF) is back in compliance with the state licensing laws and rules cited in any previous inspection or complaint investigation.

II. Authority:
RCW 18.20.110
RCW 74.39A.060

III. Operational Principles:
A. Revisit inspections will be brief, focused and purposeful reviews of previously cited deficiencies to evaluate if correction has occurred.
B. Do not delay the revisit waiting for the Informal Dispute Resolution (IDR) results or an attestation of correction.

IV. Procedure
The Field Manager will:
A. Consult with the Licensor or Investigator to determine if the revisit will be done by:
   1. Telephone verification
   2. Documentation/letter verification; or
   3. On-site verification.
B. Track any additional visits/citations once the ALF is initially out of compliance.
C. Include at least one person who did the original inspection or complaint investigation in the revisit, whenever possible.
D. Generally limit the practice of investigating new complaints during revisits. If possible, the revisit is completed before writing new citations.
E. Notify the Compliance Specialist/Assistant Director to strategize further enforcement action steps if the ALF continues to be out of compliance at the second revisit.
F. Only schedule a third revisit after consultation with the Compliance Specialist/Assistant Director.

The Licensor will:
A. Make revisits within 10 to 15 days after the last date of the attestation of correction that the ALF has indicated for compliance. Correction dates should not exceed forty-five (45) days since the last day of the onsite visit, even if the attestation statement was not submitted and is part of an informal dispute resolution request.
B. During the revisit only review information from the time period between the last date on the attestation of correction and the date of the revisit to determine if the deficient practice has been corrected and the ALF is back in compliance.

C. Conduct the onsite revisit:
   1. Considering the following prior to the revisit:
      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; and
      b. The enforcement remedies imposed as a result of the inspection.
   2. Only do the inspection tasks necessary to determine if the deficient practice has been corrected.
   3. Focus the sample selection on residents who are most likely to be at risk of problems/conditions/needs resulting from the deficient practice cited in the original report.
   4. Only review evidence obtained between the ALF’s last date on the attestation and the date of the revisit to make compliance decisions.

D. Upon completion of all revisits:
   1. Record corrected, and new or uncorrected deficiencies in FMS.
   2. Write a new Statement of Deficiencies for any new or uncorrected deficiencies.
   3. Process letter or document review revisits in the same manner as an on-site revisit.
   4. After 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 revisit be conducted.
   5. Follow the decision making and Statement of Deficiency writing processes using Principles of Documentation for any revisit that results in uncorrected deficiencies.
   6. Follow the FMS processes necessary to schedule and complete the revisit.

V. Information and Assistance
A. General:
   1. Citing additional issues not cited in the original visit should be rare and cited only following consultation with the Field Manager.
   2. Base the sample size on the deficient practice cited and the number of residents necessary to review in order to determine compliance. (You will likely need to include more than one resident in the sample in order to have enough information to determine compliance.)
   3. In order to be efficient, you will only complete the inspection tasks related to the deficient practice: e.g. focused preparation, entrance, focused tour, and focused observations and interviews

B. Failed revisit:
   1. When the first revisit results in any deficiency, the field will complete a second revisit before day 90 from the exit date.
C. Telephone only verification:
   1. Correction of the deficiencies may be verified by telephone only under the following situations:
      a. The deficiencies do not have a direct, adverse impact on resident care, e.g. 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; and
      c. The ALF has a good history of compliance with the provision of care and services to residents.
   2. The licensor must document pertinent details of the call to the ALF and a statement indicating if the facility was found back in compliance and places the information in the ALF file along with documents sent by the ALF.

D. Documentation/Letter verification:
   1. The licensor will call the ALF and have a dialogue if/when it may be appropriate to do compliance verification. The licensor can specify what may be acceptable to send in as evidence.
   2. The ALF must submit letter/documentation for each deficiency to show they are back in compliance. This letter or documentation verification must fully address for each deficiency cited, the actions the provider has taken to implement the correction, whether the plan worked, when the correction was achieved and how correction will be maintained. This documentation must be submitted on or before the attested plan of correction date.
   3. Correction of the deficiencies may be verified by letter or documentation submitted by the ALF when:
      a. The deficiencies do not have a direct, adverse impact on resident care, e.g. citations are not associated with a negative or potentially negative resident outcome. The deficient practice issue is such that there are clear, objective criteria for determining compliance.
      b. The ALF has a good history of compliance with the provision of care and services to residents.
      c. The ALF sends evidence of compliance, fully addressing necessary actions taken by the facility to correct deficiencies; including how and when the correction was achieved. Examples of evidence may include documents, such as cardiopulmonary resuscitation/first aid cards, tuberculosis test results, orientation checklists, criminal background check results.
   4. The inspection team reviews ALF documentation and calls the ALF Administrator or designee to discuss the issues in order to determine if sufficient documentation is present to justify reporting the deficiency as corrected, or to recommend to the Field Manager that an onsite revisit inspection be conducted.
5. The inspection team documents pertinent details of the call to ALF and a statement indicating if the ALF was found back in compliance and places the information in the facility file along with documents sent by the facility.

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

1. If documentation or letter verification of correction was not received;
2. For deficiencies with a negative or potentially negative resident outcome;
3. When the documentation submitted by the ALF does not adequately support the conclusion that correction has been achieved;
4. After a finding of a violation for which a stop placement has been imposed, within 15 working days from the request for revisit;
5. For violations that are serious or recurring or uncorrected following a previous citation, and create actual or threatened harm to one or more residents’ well-being, including violations of resident’s rights as soon as appropriate to ensure correction of violation; and
6. At the manager’s discretion.

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