

Long-Term Care

in Washington State

A Toolkit for Local Health Jurisdictions



DOH 420-499 June 2023

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Glossary of acronyms

AFH – Adult Family Home

ALF – Assisted Living Facility

AL TSA – Aging and Long-Term Support Administration

CCRSS - Certified Community Residential Services and Supports

CRU – Complaint Resolution Unit

DSHS – Department of Health and Human Services

DOH – Department of Health

DSHS – Department of Social and Health Services

ESF – Enhanced Service Facility

ESP – Essential Support Person

ICF/IID – Intermediate Care Facilities for Individuals with Intellectual Disabilities

LHJ – Local Health Jurisdiction

LTC – Long-Term Care

NH – Nursing Home

RCS – Residential Care Services

RCW – Revised Code of Washington

SNF – Skilled Nursing Facility

WAC – Washington Administrative Code

Introduction

The Washington State Department of Social and Health Services (DSHS) and the Department of Health (DOH) have collaborated with the State Office of the Long-term Care Ombuds and representatives of long-term care facilities to develop a comprehensive toolkit.

This toolkit is designed to:

- Be a resource to help local health jurisdictions (LHJs) support Washington's long-term care system.
- Equip LHJs with information and guidance for establishing and enforcing public health measures in long-term care facilities and developmental disability settings.
- Ensure vulnerable people living in these facilities get the highest level of care and protection.

The toolkit covers several important areas:

- Long-term care settings across the state
- State and federal resident rights
- Legal protections that safeguard the well-being and dignity of people living in long-term care facilities and developmental disability settings.
- How LHJs should report cases of abuse and neglect in long-term care settings.
- LHJs' increased responsibility to report abuse when visitation may be limited due to various factors, such as public health emergencies.

By incorporating the information in this toolkit into your practices, you can contribute to comprehensive emergency preparedness and foster a more compassionate long-term care environment for vulnerable adults. The overarching goal of this effort is to promote the health, safety, and overall quality of life for long-term care residents.

Long-Term Care Facilities

Long-term care facilities are state licensed or certified settings that help vulnerable adults with daily living, health care, and more.

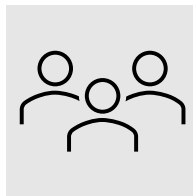
Types of LTC Facilities:

- [Nursing homes \(NHs\)](#)
- [Assisted living facilities \(ALFs\)](#)
- [Enhanced services facilities \(ESFs\)](#)
- [Adult family homes \(AFHs\)](#)

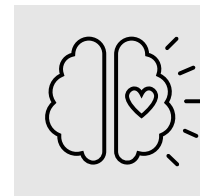
Long-term care facilities vary in many ways. Including:



State regulations



Types of people served



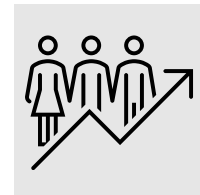
Memory care



Building size



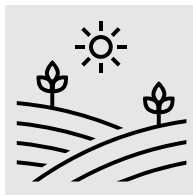
Nursing care & specialty care



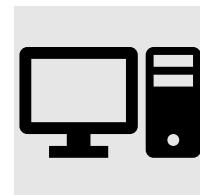
Developmental disabilities



Services



Mental health



Available technology

Who lives in these facilities?

“Residents” or “Clients” who:

- Voluntarily live in these facilities.
- May receive none, some, or all the services that are provided.
- May have complicated personal care needs and behavioral challenges.
- Need support with activities of daily living.
- May have age related illnesses, underlying health conditions, developmental disabilities, and/or medical disabilities.
- May need increased supervision or require specialized memory care.
- Have any of the above and may also benefit from increased socialization and activities.

Services required at long-term care facilities:

Services	Requirements			
	Nursing Homes	Assisted Living Facilities	Enhanced Service Facilities	Adult Family Homes
Licensed **	✓	✓	✓	✓
Medical Director	✓	✗	✗	✗
Director of Nursing	✓	✗	RN 20 hrs./wk. Lic. Nurse 24/7	✗
Infection Preventionist**	✓	✗	✗	✗
Minimum Staffing Requirements	✓	Sufficient Staffing*	2 Staff/All Times	Sufficient Staffing*
Social Services	✓	✗	✗	✗
Rehabilitative Services	✓	✗	Behavioral Health Rehabilitation	✗
Activities Program	✓	✓	✓	✗
Pharmacy/Medical Services	✓	✓	✓	✓
Meals/Nutrition Services	✓	✓	✓	✓
Laundry Services	✓	✓	✓	✓
Outside Agency Contracts	✓	✓	✓	✓

*Sufficient staffing is how many staff are needed to meet the assessed needs of the residents in a facility and carry out the facility's legal requirements. The actual number of staff will vary depending on resident needs.

Nursing Homes (NH)

Nursing homes (NH) are sometimes referred to as Skilled Nursing Facilities (SNF). They provide a wide range of medical and personal care services, typically including:

- 24-hour nursing care and supervision.
- Help with everyday activities.
- Rehabilitation services, such as physical, occupational, and speech therapy.



Most residents living in nursing homes have a semi-private room, meaning:

- They share a room with another resident.
- A curtain separates the beds.
- There is a shared bathroom.

Meals and activities take place in communal dining rooms and activity rooms.

Who provides care and services at nursing homes?

- Medical director ([WAC 388-97-1700](#))
- Infection Preventionists
- Registered and Licensed Practical Nurses
- Registered and Certified Nursing Assistants
- Physical and Occupational Therapists
- Kitchen/dietary staff
- Housekeeping
- Administrators and office personnel

What rules are nursing homes required to follow?

Standards for the licensure, maintenance and operation of nursing homes can be found in [chapter 18.51 RCW](#).

- The [Center for Medicare and Medicaid Services](#) oversees state certification of NHs.
- The Department of Social and Health Services (DSHS) Aging and Long-Term Support Administration (AL TSA) Residential Care Services (RCS) Division provides regulation and licensure for NHs ([chapter 388-97 WAC](#)).
- [42 C.F.R. Part 488, Subpart E](#) requires DSHS to conduct an unannounced full health survey or inspection at least every 15 months.

See [Appendix B: Infection Prevention and Control](#) for rules nursing homes must follow for infection prevention and control.

Assisted Living Facilities (ALF)

Assisted living facilities (ALF) are larger buildings with multiple apartments or rooms designed to offer communal dining and group activities. They can have anywhere from 7-200 residents. Residents living in assisted living generally need help with daily care, but not as much help as a nursing home provides.



An ALF provides housing, meals, laundry, social activities, supervision, and varying levels of help with care, including:

- Health support services or intermittent nursing services.
- Specialized care for people with mental health issues, developmental disabilities, or dementia.

Who provides care and services at assisted living facilities?

- Administrators
- Direct Care Staff/Certified Home Care Aides
- Kitchen/Dietary
- Housekeeping

ALFs are **not required** to have:

- Infection Preventionist
- Medical Director
- Activities staff
- Registered Nurses, Licensed Practical Nurses

What rules are assisted living facilities required to follow?

Assisted living facilities are licensed by the state. Standards for the licensure, maintenance and operation can be found in [chapter 18.20 RCW](#).

- DSHS, ALTA, and RCS provide regulation and licensure for ALFs ([chapter 388-78A WAC](#)).
- DSHS inspects all ALFs at least every 18 months with an annual average of 15 months.
- See [Appendix B: Infection Prevention and Control](#) for rules ALFs must follow for infection prevention and control.

Enhanced Services Facilities (ESF)

Enhanced service facilities (ESF) are an option for individuals whose complicated personal care and behavioral challenges do not require a psychiatric hospital setting. Residents may have no other placement option due to their complex behavior, medical, chemical dependency and/or mental health needs. ESFs:



- Focus on psychiatric stabilization and behavioral rehabilitation.
- Serve patients referred from state psychiatric and community psychiatric hospitals.
- Offer behavioral health, personal care services, and nursing at a level that is not generally provided in other LTC settings.

Who provides care at enhanced services facilities?

An ESF must have:

- Enough staff to provide care and services consistent with each resident's needs.
- At least two staff on duty when residents are present.
- A Registered Nurse on duty at least 20 hours/week on site and on call when not present.
- A Licensed Nurse on duty whenever a registered nurse is not on site.
- A mental health professional available and on site at least eight hours a day, and on call when not present.

ESF staff must have training in mental health and dementia specialized trainings ([chapter 388-112A WAC](#)). They may also have specialized training for developmental disabilities.

ESFs are not required to have an Infection Preventionist or a Medical Director.

What rules are ESFs required to follow?

ESFs are licensed by the state as outlined in [chapter 70.97 RCW](#).

- DSHS, ALTA, and RCS provide regulation and licensure for ESFs ([chapter 388-107 WAC](#)).
- An ESF may only admit residents that require daily care by or under the supervision of a mental health professional, chemical dependency professional, or nurse ([WAC 388-107-0030](#)).
- DSHS inspects ESFs every 18 months, with an annual average of fifteen months ([RCW 70.97.160](#)).
- Standards for the licensure, maintenance and operation in [chapter 70.97 RCW](#).
- See [Appendix B: Infection Prevention and Control](#) for rules ESFs must follow for infection prevention and control.

Adult Family Homes

Adult family homes (AFH) are typically in residential neighborhoods. In each house there are multiple rooms for residents. There are currently over 4,000 licensed adult family homes in Washington that are independently licensed to care for two to eight residents. These homes provide housing, food, medication services, laundry, necessary supervision, and 24-hour help with activities of daily living, personal care, and social services.



Who provides care and services for adult family homes?

AFHs have direct care staff who are required to have home care aide (HCA) certification. AFHs:

- Must always have a staff member on site that assumes responsibility for residents' safety and well-being.
- May contract with a nurse to provide nursing services.
- Have no requirement to have a nurse on site.
- Employ providers who offer varying levels of care based on their professional skills and qualifications.

Each home must have one person (Provider or Resident Manager) responsible for managing the overall delivery of care to all residents.

AFHs are **not** required to have an Infection Preventionist (IP) or a Medical Director.

An AFH health care provider may have a specialty certification or other contracts noted on their license, including mental health, dementia, or developmental disabilities.

What rules are adult family homes required to follow?

AFHs are licensed by the state as outlined in [chapter 70.128 RCW](#).

- DSHS, ALTA, and RCS provide regulation and licensure for AFHs ([chapter 388-76 WAC](#)).
- The AFH health care provider is ultimately responsible for the day-to-day operations of each licensed adult family home ([RCW 70.128.130](#)).
- DSHS inspects AFHs every 18 months, with an annual average of 15 months ([RCW 70.128.070](#)).
- See [Appendix B: Infection Prevention and Control](#) for rules AFHs must follow for infection prevention and control.

Resident rights

Resident rights are:

- Legal rights that apply to all people who live in long-term care facilities.
- **In addition to** constitutionally protected civil rights and all other legal rights.

State and federal resident rights

State	Federal
Washington State Resident Rights, chapter 70.129 RCW	CMS Resident Rights, 42 C.F.R. §483.10 Resident rights (See LTC Residents' Rights & Quality of Care)
Apply to residents in nursing homes, assisted living facilities, enhanced services facilities, and adult family homes.	The Americans with Disabilities Act
	Apply to residents in nursing homes.

Washington state resident rights include:

- The Right to Advocacy, Access, and Visitation ([RCW 70.129.100](#))
- The Right to Quality of Life ([RCW 70.129.140](#))
- The Right to an Essential Support Person ([RCW 70.129.190](#))

Due Process

- LTC residents keep their constitutional right to due process.
- "Due process" means that before the government deprives one of life, liberty, or property, the government must provide **notice, and opportunity to be heard and to object to the deprivation.**
 - Example: Isolation and quarantine ([WAC 246-100-055](#)).
- When applying public health interventions to LTC facilities, residents have the same due process rights as any other Washington resident.

Resources:

State LTC Ombudsman

Long-term care ombudsmen are independent advocates and representatives who work on behalf of long-term care residents. They play a vital role in promoting and protecting residents' rights, dignity, and well-being.

- [Washington State Long-Term Care Ombudsman Program](#)
- [How to find your regional ombudsman](#)
- [Resident Rights - Washington State Long-Term Care Ombudsman Program](#)

Developmental Disability Settings

Also called Certified Community Residential Services and Supports Settings (CCRSS).

Developmental disability settings house adults who need residential support across a broad spectrum of life areas and activities due to developmental or intellectual disabilities.

Types of Certified Community Residential Services and Supports Settings:

- Supported living (own home)
- Group homes
- Group training homes

Supported Living

- Provides services to one to three residents living in their own home.
- Support varies from a few hours a day to 24 hours a day.
- Services are based on individual need and support services can be shared in the household.
- Services support client choice and full access to the greater community.
- Clients pay their own expenses and rent their own homes.

Group Training Homes and Group Homes

Group Training Homes	Group Homes
<ul style="list-style-type: none">• Community-based, residential facility.• Typically serves five to twelve clients.• 24-hour instruction and support services.• Clients pay for food and shelter based on their monthly income.• Provider owned.	<ul style="list-style-type: none">• Similar services as group training homes.• Licensed as ALFs or AFHs.• Provider owned.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

- Washington state currently has four ICF/IID.
- Federally certified program, RCS contracts with CMS to provide certification surveys and complaint investigations.
- Provide residential support and services to people with developmental disabilities.
- Provide individualized services that support or enhance a client's individual skills and strengths.
- Typically, campuses have multiple cottages, each with multiple bedrooms.
- May also have NH services on campus.

Client Rights

Client: a person who has a developmental disability and who has been determined to be eligible for services under [chapter 71A.16 RCW](#).

Clients with developmental disabilities may live in a licensed LTC facility (such as an AFH).

Client Rights:

- A separate body of rights that apply to people with developmental disabilities who receive services from DSHS.
- Apply to all clients **in addition** to their basic civil rights and LTC resident rights.
- Outlined in [chapter 71A.26 RCW](#).

Due Process

- Clients in developmental disability settings keep their constitutional right to due process.
- “Due process” means that before the government deprives one of life, liberty, or property, the government must provide **notice, and opportunity to be heard and to object to the deprivation**.
 - Example: Isolation and quarantine ([WAC 246-100-055](#)).
- When applying public health interventions, clients have the same due process rights as any other Washington resident.

Reporting Abuse and Neglect

Abuse of a Vulnerable Adult

Vulnerable Adult: A person who meets **any** of the following:








- 60 years of age or older with the functional, mental, or physical inability to care for themselves.
- Has a developmental disability as defined under [RCW 71A.10.020](#).
- Has been admitted to any LTC facility.
- Receives services from home health, hospice, or home care agencies licensed, or required to be licensed, under [chapter 70.127 RCW](#).

Abuse covers many ways someone may harm a vulnerable adult. It is intentional, willful, or reckless action or inaction that inflicts any of the following:

- injury
- unreasonable confinement
- intimidation
- punishment

Types of Abuse

Types of abuse are defined in [RCW 74.34.020](#)

Type of abuse	Definition	Examples
 Physical abuse	Intentional bodily injury.	Slapping, pinching, choking, kicking, shoving, or inappropriately using drugs or physical restraints.
 Mental/emotional abuse	Deliberately causing mental or emotional pain.	Intimidation, coercion, ridiculing, harassment, treating an adult like a child, isolating an adult from family, friends, or regular activity, use of silence to control behavior, and yelling or swearing which results in mental distress,
 Sexual abuse	Nonconsensual sexual contact.	Unwanted touching, rape, sodomy, coerced nudity, and sexually explicit photographing.
 Exploitation	When someone illegally or improperly uses a person or a person's resources or income for their own profit or gain. Can be personal or financial.	Illegally withdrawing money out of someone's account, forging checks, and stealing things from someone's house.
 Neglect	When someone, either through action or inaction, deprives another of the care needed to maintain their physical or mental health.	Not providing basic items such as food, water, clothing, a safe place to live, medicine, or health care.
 Involuntary seclusion	Restricting someone's freedom to interact with others for extended periods of time against their will.	Not allowing someone to see or talk to people they would normally see and talk to. Prohibiting someone from using the phone, sending or receiving personal mail, putting someone in a room and locking the door, placing a chair by a door so someone cannot exit.
 Improper use of a restraint	Anything that restricts or controls a person's movement or behavior for convenience, discipline, or in a manner that is: 1) inconsistent with federal or state licensing or certification requirements for LTC facilities. 2) not medically authorized.	Any physical, mechanical, or chemical interventions that inhibit someone's freedom and prevents them from participating in activities of daily living, negatively impacting their quality of life.

Reporting Abuse of a Vulnerable Adult

When to report:

- When there is reasonable cause to believe that abuse of a vulnerable adult has occurred ([RCW 74.34.035](#)).
- When in doubt, report it.
- You do not need proof to make a report.

Reporting checklist:

- Ensure that the victim is safe from harm or further harm.
 - If there is immediate danger contact your local law enforcement or call 911.
- Gather information for your report:
 - Name of the victim and other identifying information when available (e.g., date of birth, address).
 - The nature and extent of the suspected abuse.
 - Evidence (if available) of previous abuse.
 - Any other helpful information.
 - Your contact information. This is so DSHS can follow up with you if needed. DSHS will make every attempt to keep your contact information confidential.
- Report as soon as possible. Either online, by phone, or email:
 - [Online Incident Report](#)
 - 1-800-562-6078
 - dshsalsa.cru@dshs.wa.gov
 - You will have the option of requesting follow up about the investigation outcome.
 - Unless there is a court action, law enforcement has been called in, or you consent to sharing, DSHS will make every attempt to keep your identity confidential.
- Determine if any other parties need to be notified and report as needed.
 - Reasons that law enforcement must be notified are outlined in RCW [74.34.035](#).
 - When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment, you must notify the medical examiner or coroner (RCW [74.34.035](#)).

Optional steps:

- Ask the victim if they would like you to help them connect with an ombudsman.
 - [How to find your regional ombudsmen](#)
 - [Office of Developmental Disabilities Ombudsman](#)
- Ask the victim if they would like you to reach out to their support person. A support person is someone the victim designates to support their well-being and prevent or reduce distress in certain circumstances.
- Work with facility administrators, doctors, and other medical personnel as needed.

What to expect after you make a report:

- DSHS will triage and prioritize the report for investigation via the Complaint Resolution Unit (CRU).
- DSHS will respond to the report.
- A DSHS staff member will contact you, the reporter, for more information.

Resources

State Government Agencies

- [Aging & Disability Resource Centers \(ADRCs\) | DSHS](#)
- [Report Concerns Involving Vulnerable Adults | DSHS](#)
- [Adult Protective Services | DSHS](#)
- [Washington Long-Term Care Ombudsman](#)
- [Washington State Office of the Attorney General](#)

Laws and Regulations

- [Chapter 74.34 RCW: Abuse of Vulnerable Adults](#)

Ombudsmen Resources

- [Advocacy for Long-Term Care Residents](#)
- [File a Complaint](#)
- [Office of the DD Ombuds Staff](#)
- [Request Help – DDOmbuds.org](#)

Other Resources

- [Mandatory Reporting Pamphlet](#)
- [Hotline Poster](#)
- [Your Responsibilities as a Mandated Reporter](#)
- [Partners in Protection: A Guide for Reporting Vulnerable Adult Abuse](#)

Appendix A: Long-Term Care Partners

This section highlights long-term care partners in Washington and the resources they provide.

These partners can help you stay updated on best practices, improve the quality of care, enhance workforce development, and address the unique needs of the long-term care population in Washington.

Comagine Health

“Comagine Health is a non-profit consulting organization contracted by CMS to provide no-cost technical assistance and resources to nursing homes in their quality improvement efforts.

Comagine has subject matter experts on staff covering almost any area a facility is working on, including nurses with infection control and public health backgrounds, National Health and Safety Network support, and regulatory questions. For the LHJ, our current work centers around supporting facilities in their efforts to increase their COVID vaccination rates, respond to COVID outbreaks, and ensuring facilities are developing protocols for the use of therapeutics should they experience an outbreak.”

Contact Comagine Health:

- Nina Sanderson (Improvement Advisor), nsanderson@comagine.org
- Shannon Finegood (Patient Safety Manager), sfinegood@comagine.org

LeadingAge Washington

“LeadingAge Washington represents the interests of not-for-profit and mission-driven organizations dedicated to improving the aging experience of over 50,000 older Washingtonians and their family members, whether in need of safe and affordable housing or healthcare offered in both community and licensed residential settings. On behalf of our member organizations, we advocate for needed funding to support caring and housing for low-income seniors and we advocate for sound policy that promotes a healthy and balanced care environment always with a constant eye towards quality improvement.

We educate member organizations on cutting-edge clinical care practices and changing regulations and we advance innovative solutions designed to meet the growing needs of an aging society. Through various member services programs, we help members use their resources efficiently through our group purchasing program and by insuring against and managing the risk of worker injuries. We are one of 37 state partners with LeadingAge, a national association exclusively representing the interests of not-for-profit organizations that collectively touch the lives of over 2 million people every day. Together we are committed to excellence in everyone’s aging journey, providing the services and resources people need, when they need them, in the place they call home.”

Contact LeadingAge Washington:

- info@LeadingAgeWA.org
- Contact our staff directly: Visit our [staff page](#)

Washington Health Care Association (WHCA)

“Washington Health Care Association (WHCA) is a statewide non-profit organization representing over five hundred assisted living, enhanced service facilities and skilled nursing facilities. WHCA’s mission is to

promote quality long term and post-acute health care and services, while serving as an advocate for providers, staff, and the residents for whom they provide care. A few of WHCA's services include:

- Regulatory Consultation/Representation
- Professional Development
- Worker's Compensation Claims Management & Training Program
- Advocacy
- Information Clearinghouse

WHCA staff provide expertise and insight regarding the long-term care providers we represent as well as the operation, regulation/requirements, and factors/issues that affect long term care. WHCA communicates regularly with our members through various forms of media, including written updates and newsletters as well as events and meetings. Education focused on the needs of long-term care is provided by WHCA utilizing state and nationwide experts through weekly webinars, training events, virtual conferences, and in person conventions. Relationships with legislative and regulatory bodies at both a state and federal level work to advocate, educate and build resources to promote and enhance quality in the long-term care sector."

Contact WHCA:

- Carma Matti-Jackson, President/CEO carmamattijackson@whca.org
- Elena Madrid, Executive Vice President for Regulatory Affairs elenamadrid@whca.org
- Vicki McNealley, Director of Assisted Living vickimcnealley@whca.org

Adult Family Home Council (AFHC)

"The Adult Family Home Council is the legal representative recognized to negotiate the collective bargaining agreement on behalf of the adult family homes of Washington. The AFHC advocates with the legislature, DSHS and other state agencies and local jurisdictions on behalf of adult family homes. In addition, the AFHC supports member homes by providing resources and training covering all aspects of their business. The Council has regional chapters that conduct regular meetings, continuing education and networking opportunities."

Contact the Adult Family Home Council:

- info@adultfamilyhomecouncil.org

Washington State Hospice and Palliative Care Organization (WSHPCO)

"The Washington State Hospice and Palliative Care Organization (WSHPCO) is a 501c3 non-profit, public-benefit organization committed to taking a leadership role in improving end of life care through education and advocacy efforts. We provide information and referral services to the public and professional services to provider member organizations.

WSHPCO maintains a "[Find a Provider](#)" webpage on our website. WSHPCO works with legislators to advocate for legislation and with state agencies to help clarify rules and regulations for provider members. WSHPCO sponsors two educational conferences each year for providers and facilitates several monthly networking and educational meetings to foster collaboration to improve end of life care in the state."

WSHPCO can help LHJs with:

- Questions about the Medicare or Medicaid Hospice benefit and a person’s eligibility for this benefit.
- Sharing information with Hospice providers around the state or in a specific service area.
- Updates to health care provider requirements for infection control or patient visitation regulations.
- Contacting a hospice or palliative care provider member directly and providing assistance if needed.
- Opportunities to share resources with hospice or palliative-care providers (e.g., PPE supplies).
- Various networking, educational or advocacy needs.

Contact the Washington State Hospice and Palliative Care Organization:

- Executive Director: Barb Hansen, MA, RN hansen@wshpco.org
- Director of Association Management: Meg McCauley mccauley@wshpco.org
- Director of Public Policy: Leslie Emerick, lesemerick@lkemerick.com

Appendix B: Infection Prevention & Control

Facility reporting requirements for infection prevention and control

Facility Type and Regulation	Local Public Health	Complaint Resolution Unit (CRU)
<p>Adult Family Homes (AFH) WAC 388-76-10225 Reporting requirement. (3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the AFH must notify:</p>	<p>(a) The local public health officer; and</p>	<p>(b) The department's complaint toll-free hotline number</p>
<p>Assisted Living Facilities (ALF) WAC 388-78A-2610 Infection control. (2) The ALF must: (f) Report communicable diseases in accordance with the requirements in chapter 246-100 WAC</p>	<p>WAC 246-100-021 Responsibilities and duties—Health care providers. Every health care provider, as defined in chapter 246-100 WAC, shall: (3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC. WAC 246-101-010 Definitions, abbreviations, and acronyms. (14) "Health care facility"</p>	<p>WAC 388-78A-2650 Reporting fires and incidents. The ALFs must immediately report to the department's aging and disability services administration: (3) Circumstances which threaten the ALF's ability to ensure continuation of services to residents.</p>

	includes (a) ALFs licensed under chapter 18.20 RCW; (c) NHs licensed under chapter 18.51 RCW; (e) ALFs licensed under chapter 70.128 RCW; (h) ESFs licensed under chapter 70.97 RCW	
Enhanced Services Facilities (ESF) WAC 388-107-1100 Licensee's responsibilities. Licensee's responsibilities. (1) The ESF licensee is responsible for: (b) Complying at all times with the requirements of this chapter, chapter 70.97 RCW, and other applicable laws and rules; and	WAC 246-100-021 Responsibilities and duties— Health care providers. Every health care provider, as defined in chapter 246-100 WAC, shall: (3) Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC. WAC 246-101-010 Definitions, abbreviations, and acronyms. (14) "Health care facility" includes (a) ALFs licensed under chapter 18.20 RCW; (c) NHs licensed under chapter 18.51 RCW; (e) AFHs licensed under chapter 70.128 RCW; (h) ESF licensed under chapter 70.97 RCW;	WAC 388-107-0610 Reporting fires and incidents . The ESF must immediately report to the department: (4) Circumstances which threaten the ESF's ability to ensure continuation of services to residents.
Nursing Homes (NH) WAC 388-97-1320 (1) The NH must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection; (2) Under the infection control program, the NH must: (a) Investigate, control, and prevent infections in the facility.	WAC 388-97-1640 (7) The NH must report any case or suspected case of a reportable disease to the appropriate DOH officer and must also notify the appropriate department(s) of other health and safety issues, according to state and local laws.	WAC 388-97-1640 (1) The NH must immediately notify the department's aging and disability services administration of: (b) Any unusual event, having an actual or potential negative impact on residents, requiring the actual or potential implementation of the NH's disaster plan.
*CCRSS and ICF/IID have no requirement to report notifiable conditions to CRU or DOH/LHJ. * 05/01/2023		

Facility Infection Prevention and Control Regulations

Program	Regulation
AFH	WAC 388-76-10255 Infection control . The AFH must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards. WAC 388-76-10400 Care and services . (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident.
ALF	WAC 388-78A-2610 Infection control . (1) The ALF must institute appropriate infection control practices in the facility to prevent and limit the spread of infections. (2) The ALF must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control.
NH	§ 483.80 Infection control F880 . The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

Program	Regulation
ESF	WAC 388-107-0440 Infection control system . (1) The ESF must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
ICF/IID	§483.470(l) Standard: Infection Control W454 (1) The facility must provide a sanitary environment to avoid sources and transmission of infections. Guidance §483.470(l)(1) The facility is clean, and staff have eliminated opportunities for cross-contamination of infections.

Regulations for CCRSS Programs

[WAC 388-101D-0170 Physical and safety requirements](#) (2) The service provider must ensure that the following home safety requirements are met for each client unless otherwise specified in the client's individual support plan: (a) A safe and healthy environment.

[WAC 388-101D-0125 Client rights](#). (5) The right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, neglect, abandonment, and financial exploitation.

[WAC 388-101D-0145 Client services](#). Service providers must provide each client with instruction and/or support to the degree identified in the individual support plan. Instruction and/or support to the client may include, but are not limited to, the following categories: (4) Health and safety activities.

Facility Respiratory Protection Programs

A respiratory protection program (RPP) is required by state and federal law when/if respirators are used in the workplace.

- [OSHA 1910.134 Respiratory Protection](#)
- [WAC 296-842 Respirators](#)

Nine Key Requirements of an RPP:

1. Written program with policies and procedures
2. Program administrator
3. Hazard evaluation and respirator selection
4. Medical evaluation for respirator wearers
5. Fit testing: initial, annual, after any physical changes that affect fit
6. Proper respirator use, storage, maintenance, repair, disposal
7. Training
8. Program evaluation
9. Record keeping

[Fit testing training](#)

[Respiratory protection program for long-term care facilities](#)

Training program resources:

[RPP N95 User Training](#)

[N95 Respirator Fit-testing process](#)

[OSHA Respirator Safety video](#) (don, doff, and seal check)

[OSHA Donning and Doffing an N95 video](#) (YouTube, 2:02)

[OSHA User Seal Check video](#) (YouTube, 4:39)

[Facial hair/ facial jewelry guide \(PDF\)](#)

[A close shave can save \(facial hair poster\) \(PDF\)](#)