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# Skilled Nursing and Assisted Living Facilities

## Regulatory Overview and Scope of Services

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## What we will cover in this presentation:

- Overview of long term care facilities in Washington State
- Skilled Nursing Facility regulatory requirements and oversight
- Assisted Living Facility regulatory requirements and oversight

# Licensed LTC Settings in Washington

## Assisted Living Facilities

- 52% are over the age of 85
- 34% have Alzheimer's disease or other form of dementia



Source: CDC/NCHS, National Study of LTC Providers, 2013-2014

# Assisted Living Facilities

## Assistance with ADLs-Washington State

- 55% need help with bathing
- 32% need help with walking
- 42% need help with dressing
- 36% need help with toileting
- 29% need help with transfer
- 21% need help with eating

Source: CDC/NCHS, National Study of LTC Providers, 2013-2014

# Licensed LTC Settings in Washington Skilled Nursing Facilities

## Admissions

Average Age 77.7

Average ADL Dependent Score 8.2

## Long Stays (>100 days)

Average Age 79.2

Average ADL Dependent Score 9.0

\*ADL score is based on the four “late loss” ADLs (bed mobility, transfer, toilet use, and eating). Individual ADL scores range from 0 (least dependent) through 16 (most dependent).

Source: CMS Certification and Survey Enhanced Reporting (CASPER), CMS MDS, and Nursing Home Compare



# Licensed LTC Settings in Washington

## Resident Rights RCW 70.129

- It is the intent of the Legislature that individuals who reside in long-term care facilities receive appropriate services, be treated with courtesy, and *continue to enjoy their basic civil and legal rights*.
- It is also the intent of the Legislature that long-term care facility residents have the opportunity to *exercise reasonable control over life decisions*. The Legislature finds that choice, participation, privacy, and the *opportunity to engage in religious, political, civic, recreational, and other social activities* foster a sense of self-worth and enhance the quality of life for long-term care residents.

# Department of Social & Health Services (DSHS)

- **Aging and Long-term Support Administration**
- Behavioral Health Administration
- Children's Administration
- Developmental Disabilities Administration
- Economic Services Administration
- Rehabilitation Administration
- Financial Services Administration
- Services and Enterprise Support Administration



# Residential Care Services

- RCS is responsible for the licensing and oversight of adult family homes, assisted living facilities, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, and certified community residential services and supports.

# Adult Family Home

- An AFH is a residential home licensed to care for two to six adults not related by blood or marriage to the person or persons providing the services.
- The AFH provides room and meals, laundry, supervision, assistance with activities of daily living and personal care. Some homes provide nursing or other special care.
- A licensed AFH is generally at a residential home address.
- An adult family home is a single family residence, a duplex unit, or other type of dwelling for one or two families.
- 3,043 currently licensed in Washington

# Other Residential Licensed Settings

- Enhanced Service Facilities (ESF)
- Community Residential Services and Supports Providers
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID)

# Skilled Nursing Facility (SNF) aka Nursing Homes

- **"Skilled nursing facility (SNF)"** or **"Medicare-certified skilled nursing facility"** means a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under section 1819(a) of the federal Social Security Act.
- **"Nursing facility (NF)"** or **"Medicaid-certified nursing facility"** means a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under section 1919(a) of the federal Social Security Act. All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.

# Oversight and Inspection of SNF

- Full Survey conducted no more than every 15 months, with a state average of 12 months.
- Unannounced
- Average 7-8 days
- Team of 3-5 surveyors, consisting of RN and ancillary long term care inspectors (RD, SW)
- Conduct both state and federal inspection

# Oversight and Inspection of SNF

- Written report of deficiencies/violations found
- Facility must submit a plan of correction to the state agency within 10 calendar days
- The facility will receive a follow up inspection to ensure corrections made and no further violations exist
- Facilities are required to be in compliance with all state and federal regulations at all times
- Deficiency/survey reports are publicly disclosable and available online

# Complaint/Incident Investigation

- All facility staff are mandatory reporters of abuse, neglect, and exploitation
- All residents regardless of age and diagnosis are vulnerable adults
- Reports/complaints to the Department are triaged through a centralized Complaint Resolution Unit (CRU) and sent to Field Offices for investigation



# Complaint/Incident Investigation

- Complaints can be made online at <https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults>
- Toll-free complaint hotline
  - 1-800-562-6078

# Complaint/Incident Investigation

- RCS will respond onsite to 100% of public complaints/reports that fall under their authority
- Referrals made to other agencies, Departments, law enforcement, etc.
- Response time is prioritized based on nature of complaint and resident risk/outcome

# CFR §483.35 Nursing Services

The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).

# CFR §483.35(a) Sufficient Staff

The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:

- licensed nurses and other nursing personnel, including but not limited to nurse aides.
- the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.

## WAC 388-97-1080 - Nursing services

The nursing home must ensure that a sufficient number of qualified nursing personnel are available on a twenty-four hour basis seven days per week to provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident as determined by resident assessments and individual plans of care.

The nursing home must:

- Designate a registered nurse or licensed practical nurse to serve as charge nurse who is accountable for nursing services on each shift; and
- Have a full time director of nursing service who is a registered nurse.

Large nonessential community providers (61 beds or more) must have a registered nurse on duty directly supervising resident care twenty-four hours per day, seven days per week.

(Essential community providers and small nonessential community providers (<60 beds) must have a **registered nurse on duty who directly supervises resident care a minimum of sixteen hours per day, seven days per week, and a registered nurse or a licensed practical nurse on duty who directly supervises resident care the remaining eight hours per day, seven days per week.**

# Medical Director

Each SNF must designate a physician to serve as Medical Director.

- The Medical Director is responsible for the implementation of resident care policies; and
- The coordination of medical care in the facility
- Serves as part of the facility's Quality Assurance and Performance Improvement program

# Physician Services

- A physician must personally approve in writing a recommendation that an individual be admitted to a skilled nursing facility.
- Each resident must remain under the care of a physician.
- A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident's immediate care and needs.



# Physician Services

- The skilled nursing facility must ensure that each resident is supervised by a physician, and
- That another physician supervises the medical care of residents when their attending physician is not available.
- The facility must provide or arrange for the provision of physician services 24 hours day in case of emergency.

# Physician Services

- The physician must review the resident's total program of care, including medications and treatments, at each visit.
- Write, sign, and date progress notes at each visit; and
- Sign and date all orders with the exception of influenza and pneumococcal vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications.

# Frequency of Physician Visits

- The residents must be seen by a physician at least once every 30 days for the first 90 days after admission, and at least every 60 days thereafter.
- A physician visit is considered timely if it occurs not later than 10 days after the date the visit was required.
- At the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist in accordance with the regulations.

# Pharmacy Services

The facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.

# Pharmacy Services

The facility must employ or obtain the services of a licensed pharmacist who—

- Provides consultation on all aspects of the provision of pharmacy services in the facility.
- Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and
- Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.

# Pharmacy Services

The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.

- The review must include a review of the resident's medical chart and the pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon.

# Pharmacy Services

The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his/her rationale in the resident's medical record.



# Physician Notification

A facility must **immediately** inform the resident; **consult with the resident's physician**; and notify, consistent with his/her authority, the resident's representative(s) when there is—

- An accident involving the resident which results in injury and has the potential for requiring physician intervention;
- A significant change in the resident's physical, mental, or psychosocial status;
- A need to alter treatment significantly (a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment); or
- A decision to transfer or discharge the resident from the facility.

# Philosophy of Community-Based Settings

Community-based care that promotes:

- Resident choice and independence
- Privacy and respect
- Dignity
- Homelike atmosphere
- Not a medical model

# Assisted Living Facilities

**"Assisted living facility"** means any home or other institution, providing housing, basic services, and assuming general responsibility for the safety and well-being of the residents, and may also provide domiciliary care

Provide care to 7 or more individuals

May be converted homes or large multi-story facilities in residential neighborhoods

# Assisted Living Facilities

- The ALF must provide housing and basic services including:
  - Housekeeping
  - Meals
  - Nutritious snacks
  - Laundry
  - Activities

# Assisted Living Facilities

The ALF must assume general responsibility for each resident and must promote each resident's health, safety, and well-being consistent with the resident negotiated service plan.

# General Responsibility

- Prescribed general low sodium, diabetic or mechanical diets
- Emergency assistance
- Arrange for health care appointments or remind of such appointments
- Coordinate health care services with outside providers
- Assist to obtain assistive devices
- Blood pressure checks
- Medication assistance—includes coaching and preparation of medication

# General Responsibility

Observing and monitoring the resident for changes in the resident's physical, mental, or emotional functioning, evaluating these changes and responding appropriately when there are observable or reported changes.

# Assisted Living Facilities

- Cannot admit or retain a person who requires the frequent presence and frequent evaluation of a registered nurse,
- Except for persons who are receiving hospice care or persons who have a short-term illness that is expected to be resolved within fourteen days.



# Assisted Living Facilities

- May Provide “Domiciliary Care”
- Assistance with ADLs
- Health support services
- Intermittent Nursing Services

Domiciliary Care may be provided directly or indirectly by the Assisted Living Facility

# Assisted Living Facilities

- May Provide:
- Blood glucose testing
- Puree diets
- Calorie controlled diabetic diets
- Dementia care
- Mental health care
- Developmental disabilities care

# Assisted Living Facilities

- May Provide Intermittent Nursing Services
- Medication administration
- Administration of health care treatments
- Diabetic management
- Non-routine ostomy care
- Tube feeding
- Nurse delegation

# Assisted Living Facilities

- **“Assisted living facility”** does not include:
- Independent senior housing
- Independent living units in continuing care retirement communities

# Typical Resident

- \*\*White female- 74%,
- \*\*87 years or older- 54%
- \*\*Mobile, but needs assistance with 2-3 ADLs -52%
- \*\*Meal Prep- 87%
- \*\*Medication Assistance- 81%
- \*\*Has two to three of the Top 10 chronic conditions (HTN, Dementia, Heart Disease)
  
- \*\*Washington has about 530 licensed AL facilities
- \*\*31,000 AL residents
- \*\* Median length of stay is 22months
- \*\* Average cost for private pay resident is \$4600, facilities not required to accept Medicaid

Overview of Assisted Living," published by the American Association of Homes and Services for the Aging, American Seniors Housing Association, Assisted Living Federation of American, National Center for Assisted Living, and National Investment Center for the Seniors Housing & Care Industry, or reflects NCAL's philosophy of assisted living.

Data from the 2010 National Survey of Residential Care Facilities. The National Center for Health Statistics Data Brief No. 91

# Assisted Living License Required

An assisted living facility license is required when any person other than a family member provides housing, one or more basic services, and one or more of the following:

- Assumes general responsibility for the safety and well-being of the residents
- Provides domiciliary care which includes:
- Providing assistance with activities of daily living
- Providing health support services
- Providing intermittent nursing services

The assisted living facility may provide adult day services to nonresident individuals, including independent living residents, on the assisted living facility premises.

# Assisted Living License Not Required

An assisted living facility license is not required for the housing customarily provided under landlord tenant agreements

# Assisted Living License Not Required

An assisted living facility license is not required for one or more of the following items and services that **may**, upon request of the nonresident individual, be provided to a nonresident individual:

- Emergency assistance provided on an intermittent or non-routine basis
- Systems including technology-based monitoring devices employed by independent senior housing, or independent living units in continuing care retirement communities, to respond to the potential need for emergency services
- Blood pressure checks
- Making and reminding of health care appointments
- Nutrition management
- Medication assistance which may include reminding or coaching the nonresident individual, opening the nonresident individual's medication container, using an enabler, and handing prefilled insulin syringes to the nonresident individual
- Nursing assessment services to determine whether referral to an outside health care provider is recommended
- Preadmission assessment, for the purposes of transitioning to a licensed care setting
- Assessment to determine cause of a fall



# Oversight and Inspection of Assisted Living Facilities

- Full inspection conducted no more than every 18 months, with a state average of 15 months. May go up to 24 months if citation free last 3 survey cycles.
- Unannounced and should be unpredictable
- Average 3-4 days
- Team of 2-3 licensors, consisting of RN and ancillary long term care inspectors (RD, SW)

# Oversight and Inspection of Assisted Living Facilities

- Similar process for deficiency reports and follow up inspections
- Same process for complaint/incident reporting and investigation
- Minimal federal oversight through Medicaid recipients as a result of the Affordable Care Act as a Home and Community Based Service.

# WAC 388-78A-2710 - Disclosure of Services

The assisted living facility must disclose to residents, the resident's representative, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure forms.

Even though the assisted living facility may disclose that it can provide certain care or services to residents or prospective residents or residents' representative, if any, the assisted living facility **may deny admission to a prospective resident when the assisted living facility determines that the needs of the prospective resident cannot be met**, as long as the assisted living facility operates in compliance with state and federal law, including reasonable accommodation requirements and RCW [70.129.030](#)(3).

## WAC 388-78A-2450 - Staff

Each assisted living facility must provide sufficient, trained staff persons to:

- Furnish the services and care needed by each resident consistent with his or her negotiated service agreement;
- Maintain the assisted living facility free of safety hazards; and
- Implement fire and disaster plans.

# The assisted living facility must:

When one or more residents are present on the assisted living facility premises:

- At least one caregiver, who is eighteen years or older with a current cardiopulmonary resuscitation and first-aid card, is present and available to assist residents at all times
- Ensure all resident care is provided only by staff persons who have the training, credentials and experience to provide the care and services

# WAC 388-78A-2474 - Training and home care aide certification requirements

- The assisted living facility must ensure staff persons meet training requirements in effect on the date hired.
- The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter [388-112A](#) WAC, including but not limited to:
  - *Orientation and safety;*
  - *Basic;*
  - *Specialty for dementia, mental illness and/or developmental disabilities when serving residents with any of those primary special needs;*
  - *Cardiopulmonary resuscitation and first aid; and*
  - *12 hours of Continuing education.*
- The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

# Administrator Qualifications

## WAC 388-78A-2524-2527

- Working as an AL Administrator prior to 2004
- Has a current NH Administrator license
- 3 yrs experience in licensed setting + training program
- Associate degree and 2 yrs experience
- Bachelor's degree and 1 yr experience
- 5 years experience in a licensed setting supervising staff or providing care to vulnerable adults

# WAC 388-78A-2600 - Policies and procedures

The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

- When a resident stops breathing or a resident's heart appears to stop beating, including, any action staff must take related to advance directives and emergency care
- In response to medical emergencies
- When there are urgent situations in the assisted living facility requiring additional staff support
- In the event of an internal or external disaster, consistent with WAC [388-78A-2700](#);
- To supervise and monitor residents, including accounting for residents who leave the premises
- To appropriately respond to aggressive or assaultive residents, including, but not limited to:
  - Actions to take if a resident becomes violent;
  - Actions to take to protect other residents; and
  - When and how to seek outside intervention.



# Monitoring of Residents Well-Being

## WAC 388-78A-2120

### The assisted living facility must:

- Observe each resident consistent with his or her assessed needs and negotiated service agreement;
- Identify any changes in the resident's physical, emotional, and mental functioning that are a:
  - Departure from the resident's customary range of functioning; or
  - Recurring condition in a resident's physical, emotional, or mental functioning that has previously required intervention by others.
- Evaluate, in order to determine if there is a need for further action:
  - related to these identified changes
  - when an accident or incident that is likely to adversely affect the resident's well-being, is observed or reported to staff persons.
- Take appropriate action in response to each resident's changing needs.

# Physician Notification

A facility must immediately consult with the resident's physician, and make reasonable efforts to notify the resident's legal representative or an interested family member when there is:

- An accident involving the resident which requires or has the potential for requiring physician intervention;
- A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).

# Differences Between a Skilled Nursing Facility and an Assisted Living Facility

- No Medical Director
- No physician oversight required
- No physician visits required
- No pharmacy oversight/reviews required
- Not required to have a Director of Nursing or Nurse onsite
- Training/credentialing of staff
- Medication Assistance
- Medication Administration can be done through Nurse Delegation
- No Quality Assurance Committee required

# Resources

- Skilled Nursing Facility Lookup  
<https://fortress.wa.gov/dshs/adsaapps/lookup/NHAdvLookup.aspx>
- CMS NH Compare  
<https://www.medicare.gov/nursinghomecompare/search.html>
- QCOR <https://qcor.cms.gov/main.jsp>
- ALTSA/RCS Website  
<https://www.dshs.wa.gov/altsa/long-term-care-professionals-providers>

# Resources

- Assisted Living Facility Locator

<https://fortress.wa.gov/dshs/adsaapps/lookup/BHAdvLookup.aspx>



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