



RTF Stakeholder Meeting Agenda

July 13th, 2016

9:00-Noon

[Kent Regional Office](#)

20425 72nd Avenue S, Building 2, Room 309

Kent, WA 98032

Call-in: [877-351-4402](tel:877-351-4402) Passcode: 1505703

Type of Meeting: Rules Workshop

Meeting Facilitator: Julie Tomaro

Invitees: Open public meeting

I. Introductions

II. Review Agenda and Meeting Objectives

III. Review of last meeting

The following revisions will be made to the draft language based on stakeholder comments:

337-020- (1)(a) Striking the word “professional” so it will read, “assist the department during surveys and investigations in a cooperative manner.” It was stated that “professional” was too subjective.

337-045- (1)(d)(ii) Striking “made known to residents and staff” so it will read “Implement the requirements of chapter 246-337 WAC and ensure they are:....made known to staff”

337-045- (2)(6) Striking “electronic pager” so it will read, “ Be available at all times either in person, by telephone or electronic means.”

337-045- (3) (b)- Keep existing language rather than strike out the word “monitored.” It was stated that “monitored” could mean something different than supervised and/or evaluated.

337-045- (3)(c)- Keep existing language because it is more detailed than just stating “demonstrate competency.”

337-050- (4) (b)- Clarify that blood borne pathogen/ HIV training be required for direct care staff as well as any staff who may come in contact with blood or body fluids.

337-050- (5)(d)- Add that current job descriptions must be signed. This is consistent with DBHR rules.

337-050- (5) (e)- Add that disclosure statements and backgrounds checks are completed within the previous three months of the hire date AND annually thereafter. This is consistent with DBHR rules.

337-050- (5) (J)- Add that performance evaluations must be completed and signed annually. This is consistent with DBHR rules.

337-055- Clarifying that the WATCH report is required for the administrator, but other Washington

background checks may be used for other staff. This is consistent with DBHR rules.

Revisions being considered based on stakeholder comments:

337-020- Adding language requiring DOH to send statements of deficiency by certified mail so that date of receipt by the facility can be verified.

337-045- Subsection 5- Stakeholder's felt that language may be too prescriptive other's asked for more clarity such as defining a medication error. Additional research will be done to determine what quality improvement language is used in rules for other facility types.

337-050- Subsection (5)(c)- clarifying whether or not transcripts are required to verify education vs a copy of a degree or training certificate.

Additional notes:

337-010- Stakeholder's agree that change of location should be a license amendment vs requiring an entirely new license. Credentialing program will need to verify that this could work.

337-020- It was suggested to increase the amount of time a facility has to respond to a statement of deficiency from 10 days to 30 days. 10 days is the standard for all facility types licensed by DOH.

IV. Rules Review

a) Resident Care Services ([WAC 246-337-080](#))

- Subsections 1-7 remain largely unchanged from current language other than having been reorganized.
- In regard to subsection 5, medical emergencies or a threat to life, it was suggested to look into the definition of medical emergency. The reason for this suggestion stemmed from 42 CFR and consenting for treatment. An example given was that a facility was told that a person had to be unconscious for it to be considered an emergency in which they could not consent to treatment. DBHR indicated that this example was a misinterpretation of 42 CFR and a medical emergency could be any condition for which a person's life may be at risk. Sharing of medical information with other medical providers would not be considered a violation of 42 CFR in an emergency situation.
- In regard to medical and clinical levels of care, current rule language ties nurse staffing and health assessments to the specific service category held by the facility. Because it is being proposed to broaden the service categories/types to simply mental health, substance use disorder, or co-occurring the language in this section must be revised. The draft shared breaks nurse staffing and health assessment requirements down based on what is happening in the RTF.
 - A facility in which medications management is initiated and staff administer medications, or the facility provides restraint and seclusion would be considered a medical facility and would need to have 24 hour on-site nursing availability, a RN on site at least four hours per week and available on-call, and have a nurse or health care prescriber complete a health assessment and medical history unless a recent assessment was performed and available.
 - A facility in which medication management is initiated and patients self-administer medications, or the facility provides mental health services would need to have a nurse available at least by phone 24 hours per day and have a nurse or health care prescriber complete a health assessment and medical history unless a recent assessment was performed and available.
- Stakeholder feedback on Medical vs clinical included:

- Medications are not initiated by a RTF so language would need to be clarified. One suggestion was to say “medication management on behalf of the RTF”.
 - One suggestion was to clarify that medication management initiated by the RTF means the prescriber is an employee of the RTF. Larger organizations may have staff that are employees of an organization and provide services at multiple locations so this language would not make sense in that scenario.
 - Current rule language allows for 24 hour nurse availability by phone and only requires a nurse to be on-site during acute detox. Stakeholders stated requiring a nurse onsite 24 hrs per day for facilities providing a medical level of care would be an increased cost and would prefer to keep language allowing nurses to be available by phone. One suggestion was to clarify when nurses need to be onsite, for example during acute detox and when medications are being administered. A stakeholder mentioned that other facility types use med technicians, CNAs and MAs to administer meds so requiring a nurse to be onsite during medication administration may potentially cause a barrier to RTFs looking into more cost effective medication administration options.
 - One stakeholder asked if performing a health assessment was within the scope of practice for a LPN. Assessments are within the scope of practice for a LPN, however, the LPN cannot write a care plan based on the assessment. The information would need to be shared with a RN or medical prescriber for developing a care plan.
 - Stakeholders requested clarifying that non-medical or non-clinical facilities would not need nursing staff or to perform a health assessment.
 - Stakeholders questioned why a facility providing mental health services with no medication management would need to be considered clinical and have nursing availability. Current language and previously stakeholdered language requires any facility providing MH services to have the availability of a nurse and to perform a health assessment.
- b) Care Plans ([WAC 246-337-100](#))
- Stakeholders did not voice any concerns over language. DBHR would like to keep language regarding work assignments given to residents somewhere in the chapter.
- c) Medication Management ([WAC 246-337-105](#))
- Stakeholder’s expressed frustration and confusion related to automated drug dispensing device (ADDDs) and health care entity licensing rules. Unfortunately these are pharmacy rules and are outside the scope of this project.
 - ARNPs are able to purchase drugs from a licensed wholesaler and should be added next to “physician” under 1(a)(ii).
 - ADDDs are not always owned, but may be leased. Add “lease” next to “owned” under 2(b)(i).
 - Stakeholders asked if electronic signatures are okay for medication orders. DOH pharmacy program described the process for receiving certification in order to use electronic signatures. Some language can be added to the RTF rule to direct licensees to certification requirements.
 - Current rule language requires verbal and telephone orders to be signed within 7 days. Previous stakeholdering proposed shortening it to 72 hrs. One stakeholder

requested that it be left at 7 days and other stakeholders suggested that 96 hrs would be better. The DEA may have specific requirements that could be used in this rule.

- One stakeholder asked how non licensed staff are able to count controlled substances for inventory purposes if they are not allowed to touch the medications.
- d) Restraint and Seclusion ([WAC 246-337-110](#))
- Restraint and seclusion is not based on gender so remove from 1(c).
 - During the one hour face-to-face assessment in (10), stakeholder's suggested changing "appropriateness of intervention" to "appropriateness of continuing the intervention imposed on the resident" or something similar.
 - In regard to proposed language in 13(h) stakeholders would like it clarified that the names of staff present in the debrief session do not need to be shared with the resident.
 - In regard to notifying parents or legal guardians stakeholders suggested adding language to match DBHR requiring the facility to reasonably attempt to contact parents within 2 hrs of use of restraint or seclusion.
 - Stakeholders were concerned with the logistics of requiring ALL staff involved in the intervention to be present for a staff debriefing and resident debriefing within 24 hours. This is difficult because of shift work. Would it be possible to debrief on each shift rather than having a single debriefing?
 - Discussion was had regarding whether or not a threshold for requiring facilities to have a restraint and seclusion room could be put in rule. An example used was facilities providing services to person who are involuntarily committed. Stakeholders stated that not all evaluation and treatment facilities use restraint and seclusion and this would put an undue cost burden on them if they were required to build a restraint and seclusion room. Stakeholder's and DOH will continue to brainstorm whether or not a threshold could be defined in rule.
 - Stakeholder's did not have concerns over proposed construction requirements for restraint and seclusion rooms.

V. Wrap-up and follow-up plan

- The next meeting will be in Kent on the CenterPoint Campus, but in a meeting room by Alki Bakery from 9-12.
- Rules that will be reviewed include:
 - Infection control
 - Health and safety
 - Emergency disaster plans
 - Resident rights
 - Resident records
 - Accepting a child with a parent
 - Food and nutrition
 - Pets

PREPROPOSAL STATEMENT OF INQUIRY

DEPARTMENT OF HEALTH

[Filed October 31, 2012, 10:14 a.m.]

Subject of Possible Rule Making: [Chapter 246-337 WAC](#), Residential treatment facility (RTF), revise and update rules to align with current law and industry practices.

Statutes Authorizing the Agency to Adopt Rules on this Subject: [RCW 71.12.670](#).

Reasons Why Rules on this Subject may be Needed and What They Might Accomplish: RTF rules were adopted in 2005. Since that time, federal and state regulatory changes have occurred and services delivery models have been evolving. The department initiated rule making in September 2010 to begin updating the RTF rules to align with these changes. In 2011, legislation passed (SHB 1170) requiring triage facilities to be licensed as RTFs. The department will also evaluate current industry practices and determine whether rule making is necessary to establish minimum health and safety standards for new service models that may be operating as RTFs.

Other Federal and State Agencies that Regulate this Subject and the Process Coordinating the Rule with These Agencies: The department of social and health services, division of behavioral health and recovery, certifies treatment services for chemical dependency and mental health.

The Washington state patrol, state fire marshall [marshal], inspects licensed RTFs.

The department of early learning licenses childcare for RTFs providing treatment for parents accompanied by children.

The RTFs must meet board of pharmacy and Drug Enforcement Administration requirements for handling controlled substances.

The RTFs must meet board of health food services requirements.

The department will collaborate and consult extensively with these agencies during this rules process.

Process for Developing New Rule: Collaborative rule making.

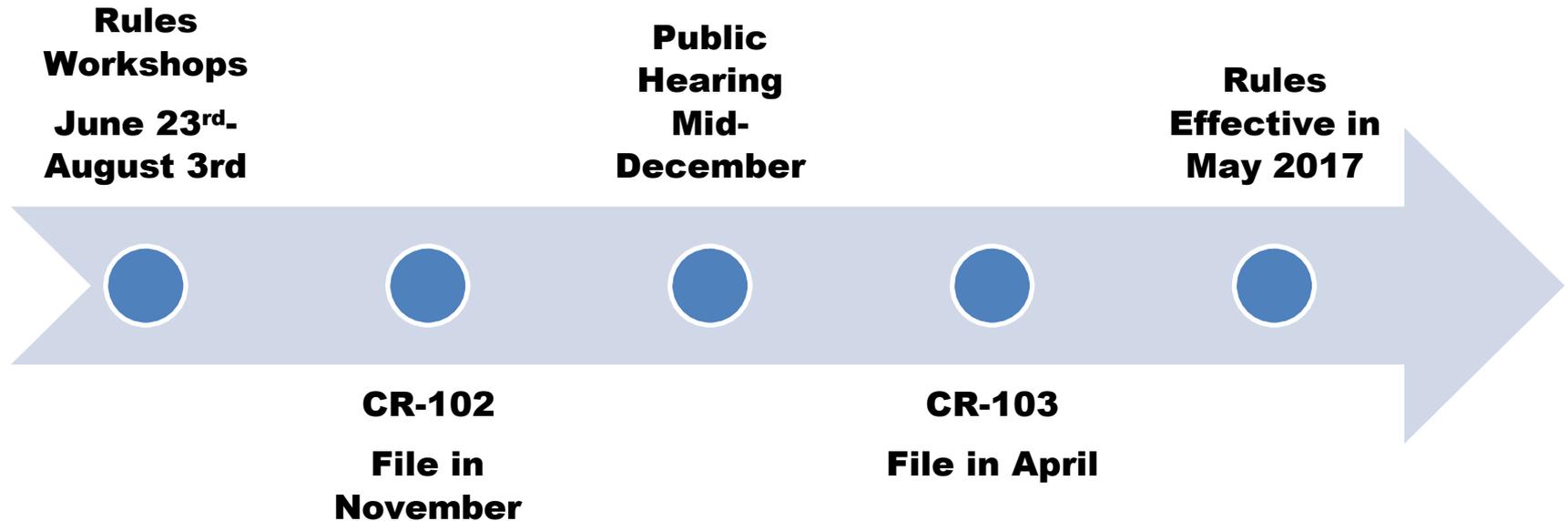
Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication. Interested parties can participate in the updating of the rule and the decision to adopt the updated rule before publication by joining RESIDENTIAL_TREATMENT@LISTSERV <http://listserv.wa.gov/cgi-bin/wa?AO=Residential> and by contacting Barbara Runyon, Nursing Consultant Advisor, Health Professions and Facilities, 111 Israel Road S.E., Tumwater, WA 98501-7852, e-mail barbara.runyon@doh.wa.gov, phone (360) 236-2937, fax (360) 236-2321. The department will notify all licensees and organizations who have expressed an interest in rule-making activities. Interested parties may also submit written comments for consideration.

October 31, 2012

Mary C. Selecky

Secretary

RTF Chapter Revision Timeline



33) "**Residential treatment facility**" or "**RTF**" means a facility providing twenty-four hour on site care for the evaluation, stabilization, or treatment of residents for substance use, mental health, or co-occurring disorders.

DRAFT

WAC 246-337-080

Resident care services.

The licensee must establish and implement policies and procedures that describe how the licensee provides residents with care and personal equipment to meet their health care needs to include:

- (1) Admission, transfer, discharge, and referral processes that are limited to residents for whom a facility is qualified by staff, services, equipment, building design and occupancy to give safe care;
- (2) A health care screen of each resident conducted or available on admission including a Tuberculosis risk and symptom screening;
- (3) Provision of health care services to include:
 - a. Referral of residents for health care provided outside of the facility, such as but not limited to laboratory, dental, ambulatory care or specialty services;
 - b. Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations.
 - c. Assisting residents to keep health care appointments.
 - d. Access to a health assessment by a health care prescriber, any time a resident exhibits signs and symptoms of an injury, illness or abnormality for which a medical diagnosis and treatment are indicated; and
 - e. Access to Tuberculosis testing if high-risk or symptomatic of Tuberculosis.
- (4) Monitoring residents and reporting abnormal symptoms to include:
 - a. Criteria for determining the degree of medical stability of residents;
 - b. Observing residents for signs and symptoms of illness or trauma; and
 - c. Reporting abnormal signs and symptoms according to an established protocol.
- (5) Medical emergencies or a threat to life to include:
 - a. Criteria requiring immediate transfer to a hospital;
 - b. How staff transmits resident medical and related data in the event of a transfer;
 - c. How to notify the legal guardian, personal representative or next of kin in the event of an emergency, threat to life, serious change in the resident's condition, transfer of a resident to another facility, or death; and
 - d. When to consult with internal or external resource agencies or persons e.g. poison control, fire department and police
- (6) Emergency, prenatal, and postnatal care services for pregnant residents that
- (7) Provisions for each resident's personal care items and durable medical equipment including storing and labeling each resident's personal care items separately, preventing contamination and access by other residents.
- (8) Level of care provided:

Licensees initiating medication management in the RTF, have staff administer medication, initiate restraint or seclusion, or provide mental health services to residents are providing a medical or clinical level of care.

The reviewed and authorized by a health care prescriber as needed and at least every two years .The

Comment [jtomaro1]: Reworded, but no change in requirements.

Comment [jtomaro2]: Moved within section

Comment [jtomaro3]: Moved within section and combined with TB screening requirement

Comment [jtomaro4]: Reworded but no change in requirement.

Comment [jtomaro5]: Clarified "for which a medical diagnosis and treatment are indicated". No change in requirement.

Comment [jtomaro6]: Clarified but no change in requirement

Comment [jtomaro7]: Reworded but no change in requirement

Comment [jtomaro8]: Reworded. No change in requirement.

Comment [jtomaro9]: Clarified

Comment [jtomaro10]: Reworded. No change in requirement.

Comment [jtomaro11]: New concept. Will differentiate facility requirements based on the level of care in the facility, not on the service categories.

Comment [jtomaro12]: Not a new requirement but limits the need for prescriber reviews to only medical and clinical facilities. Those only providing counseling do not need policies and procedures reviewed by a prescriber.

policies and procedures must define how nursing staff will be utilized in the facility by describing hours on site, availability by phone, supervision, monitoring, training, medication and restraint or seclusion oversights, treatment planning, health screenings, and health assessments.

a. Medical level of care

i. Facilities providing a medical level of care are those that provide medication management initiated by the RTF in which staff administers medication, or restraint and seclusion is used in the facility. These facilities must have a licensed nurse on site 24 hours per day, seven days per week. A health care prescriber or a registered nurse who is responsible for supervising resident care and nursing services shall be on site at least four hours per week and available on call to the licensed practical nurse.

ii. A health assessment and medical history is conducted and completed by a health care prescriber or nurse following admission to a RTF providing a medical level of care, unless a current health assessment was performed and is available upon admission.

b. Clinical level of care

i. Facilities providing a clinical level of care are those providing medication management initiated by the RTF in which residents self-administer medication, or provide mental health services (without restraint and seclusion). These facilities must have a licensed nurse available at least by phone 24 hours per day, seven days per week and available to meet the health care needs of the residents.

ii. A health assessment and medical history is conducted and completed by a health care prescriber or nurse following admission to a RTF providing a clinical level of care, unless a current health assessment was performed and is available upon admission.

Comment [jtomaro13]: Not a new requirement, but clarifies what is required in policies and procedures.

Comment [jtomaro14]: Currently all MH are required to have 24 hr. nursing at least by phone. While residents go through acute detox the nurse must be on-site. This would broaden that to include facilities who have staff administering the medications to residents (vs. residents taking their own meds) and facilities that initiate restraint and seclusion have on-site nursing. This previously went through stakeholding.

Comment [jtomaro15]: Not a new requirement. Clarifies that a prescriber can supervise resident care, not just a nurse.

Comment [jtomaro16]: Currently required of acute detox and MH; however, any time medications or restraint and seclusion are initiated there should be a health assessment completed.

Comment [jtomaro17]: Some RTFs may initiate medications and have patients self-administer with no nursing staff so this could be a change for some facilities.

Comment [jtomaro18]: No change in requirement

Comment [jtomaro19]: Previously went through stakeholding.

Comment [jtomaro20]: Currently required of all MH facilities, but may be required of CD facilities who initiate self-administered medications

~~(+) Policies and procedures: The licensee must establish and implement policies and procedures that describe how residents are provided care and personal equipment to meet their health care needs including:~~

~~(a) Admission, transfer, discharge and referral process.~~

~~(b) Addressing how the licensee provides or makes provision for health care services.~~

~~(c) Addressing the action of RTF personnel when medical emergencies or a threat to life arises when a physician or authorized health care provider is not present including:~~

~~(i) Having current policies and procedures signed by a physician or authorized health care provider, reviewed as needed and at least biennially;~~

~~(ii) How resident medical and related data shall be transmitted in the event of a transfer;~~

~~(iii) Need for the notification of legal guardian or next of kin, the department or other regulatory agencies in the event of a serious change in the resident's condition, transfer of a resident to another facility, elopement, death, or when unusual circumstances occur; and~~

~~(iv) When to consult with internal or external resource agencies or persons e.g., poison control, fire department and police.~~

~~(d) Addressing how the RTF must provide for each resident's need for personal care items and durable medical equipment.~~

Comment [jtomaro21]: P&Ps should address emergency response regardless of whether a physician or provider is present. Also, emergency procedures don't necessarily need to be signed by a medical provider.

~~(e) Addressing provisions for transfer and appropriate prenatal and postnatal care services for pregnant residents.~~

~~(f) Addressing how a licensee providing twenty four hours per day nursing service functions provides systems for supervision, assessment and delegation in accordance with applicable statute and rules including chapter 18.79 RCW, Nursing care.~~

~~(g) Addressing how a licensee providing acute detoxification services must ensure resident health and safety including:~~

~~(1) A licensed nurse must be on-site when a resident is receiving acute detoxification services;~~

~~(11) Registered nurse responsible for supervising resident care nursing services shall be on-site at least four hours per week and available on-call to the licensed practical nurse; and~~

~~(111) Policies and procedures for acute detoxification services approved by an authorized health care provider.~~

~~(h) Addressing how licensees providing subacute detoxification services must ensure resident health and safety, including:~~

~~(i) Implementing policies and procedures establishing agreements with authorized health care providers or hospitals that includes:~~

~~(A) Criteria for determining the degree of medical stability of a potential resident in a subacute detoxification facility;~~

~~(B) Monitoring the resident after being admitted;~~

~~(C) Reporting abnormal symptoms according to established criteria;~~

~~(D) Criteria requiring immediate transfer to a hospital; and~~

~~(E) Resident discharge or transfer criteria;~~

~~(ii) Monitoring of residents by a staff including observing a resident for signs and symptoms of illness or trauma; and~~

~~(iii) Observing the resident to self administer his or her own medication as prescribed by the resident's health care provider.~~

~~(2) Delivery of resident care services: The licensee must ensure the provision of or for that resident care services to meet the health care needs of the resident including:~~

~~(a) Admission is limited to residents for whom a facility is qualified by staff, services, equipment, building design and occupancy to give safe care.~~

~~(b) A health care screen of each resident that is to be conducted upon admission and updated as changes occur or when additional health care needs are identified.~~

~~(c) A completed comprehensive health assessment and medical history that is to be conducted by a health care provider following admission to an RIF, unless a current comprehensive health assessment or review was performed and is available upon admission to an RIF providing mental health or acute detoxification services.~~

~~(d) A health assessment by a health care provider, any time a resident exhibits signs and symptoms of an injury, illness or abnormality for which medical diagnosis and treatment are indicated.~~

~~(e) Access to and availability of authorized health care providers to develop and implement the resident plan of care.~~

~~(f) Sufficient numbers of trained personnel who are available to provide health care according to the resident's health care plan.~~

Comment [jtomaro22]: See changes regarding medical vs clinical

Comment [jtomaro23]: JULIE COME BACK TO THIS

Comment [jtomaro24]: See changes medical vs clinical

~~(e) Provision for or access by referral to health care for residents admitted to the RIF including, but not limited to:~~

~~(i) Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations;~~

~~(ii) Assisting residents to keep health care appointments.~~

~~(iii) Medication administration or observing the resident self-administer his or her own medication as prescribed by the resident's authorized health care provider.~~

~~(iv) Incorporating resident's health care needs and behavioral needs into the resident's overall health care plan;~~

~~(v) Emergency health care.~~

~~(h) Provision for twenty-four hours per day nursing service functions to include availability by phone; when the RIF provides mental health inpatient evaluation and treatment, mental health adult residential treatment, mental health child long-term inpatient treatment, mental health child inpatient evaluation and treatment, and/or chemical dependency acute detoxification.~~

~~(i) Provision is made either on the premises, through a contract laboratory or through a health care provider for service(s) required by the resident.~~

~~(j) Storing and labeling each resident's personal care items separately preventing contamination and access by other residents.~~

~~(3) **Documentation:** The licensee must ensure documentation of health care received or provided in the resident's health care record.~~

~~[Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-080, filed 7/20/05, effective 8/20/05.]~~

Comment [jtomaro25]: See changes medical vs. clinical

Comment [jtomaro26]: Moved to 095

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WAC 246-337-080

Resident care services.

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 - a. Referral of residents for health care provided outside of the facility, such as but not limited to laboratory, dental, ambulatory care or specialty services;
 - b. Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations.
 - c. Assisting residents to keep health care appointments.
 - d. Access to a health assessment by a health care prescriber, any time a resident exhibits signs and symptoms of an injury, illness or abnormality for which a medical diagnosis and treatment are indicated; and
 - e. Access to Tuberculosis testing if high-risk or symptomatic of Tuberculosis.
- (4) Monitoring residents and reporting abnormal symptoms to include:
 - a. Criteria for determining the degree of medical stability of residents;
 - b. Observing residents for signs and symptoms of illness or trauma; and
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- (5) Medical emergencies or a threat to life to include:
 - a. Criteria requiring immediate transfer to a hospital;
 - b. How staff transmits resident medical and related data in the event of a transfer;
 - c. How to notify the legal guardian, personal representative or next of kin in the event of an emergency, threat to life, serious change in the resident's condition, transfer of a resident to another facility, or death; and
 - d. When to consult with internal or external resource agencies or persons e.g. poison control, fire department and police
- (6) Emergency, prenatal, and postnatal care services for pregnant residents that address the needs of a mother and child after delivery.
- (7) Provisions for each resident's personal care items and durable medical equipment including storing and labeling each resident's personal care items separately, preventing contamination and access by other residents.
- (8) Level of care provided:

Licensees initiating medication management in the RTF, have staff administer medication, initiate restraint or seclusion, or provide mental health services to residents are providing a medical or clinical level of care.

Licensees providing a medical or clinical level of care must have policies and procedures reviewed and authorized by a health care prescriber as needed and at least every two years. The

policies and procedures must define how nursing staff will be utilized in the facility by describing hours on site, availability by phone, supervision, monitoring, training, medication and restraint or seclusion oversights, treatment planning, health screenings, and health assessments.

a. Medical level of care

- i. Facilities providing a medical level of care are those that provide medication management initiated by the RTF in which staff administers medication, and/or restraint and seclusion is used in the facility. These facilities must have a licensed nurse on site 24 hours per day, seven days per week. A health care prescriber or a registered nurse who is responsible for supervising resident care and nursing services shall be on site at least four hours per week and available on call to the licensed practical nurse.
- ii. A health assessment and medical history is conducted and completed by a health care prescriber or nurse following admission to a RTF providing a medical level of care, unless a current health assessment was performed and is available upon admission.

b. Clinical level of care

- i. Facilities providing a clinical level of care are those providing medication management initiated by the RTF in which residents self-administer medication, and/or provide mental health services (without restraint and seclusion). These facilities must have a licensed nurse available at least by phone 24 hours per day, seven days per week and available to meet the health care needs of the residents.
- ii. A health assessment and medical history is conducted and completed by a health care prescriber or nurse following admission to a RTF providing a clinical level of care, unless a current health assessment was performed and is available upon admission.

WAC 246-337-100

Health care plan.

The licensee must ensure -development and implementation of a comprehensive health care plan for each resident that:

(1)Is based on:

(a)Initial health on admission; and

(b) Health assessment(s).

(2)Are prepared by one or more staff involved in the resident’s care with participation by the resident and by either his or her legal representative or parent when minors are involved;

(3)Are updated as additional needs are identified during treatment; and

(4) Include a discharge health care plan.

~~ensure that an individual health care plan is developed and implemented for each resident based on health assessment(s) on admission and updated as additional needs are identified during treatment that includes the following:~~

~~(1) The health care plan must be prepared by one or more staff involved in the resident's care with participation by the resident and by either his or her legal representative or parent when minors are involved;~~

~~(2) An initial or provisional health care plan addressing the health care needs of the resident on admission to a RTE;~~

~~(3) A discharge (aftercare) health care plan if the resident will require less than a fourteen-day treatment, if appropriate; and~~

~~(4) A comprehensive health care plan developed by participants providing health care to the resident addressing and including, but not limited to:~~

~~(a) Health care needs;~~

~~(b) Implementation, modification and review of health care needs documented in the health care plan and health care record;~~

~~(c) Needs of a mother and child during pregnancy and after delivery, if applicable;~~

~~(d) Work assignments given to residents as part of their health care plan, if applicable; and~~

~~(e) Discharge health care needs.~~

[Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-100, filed 7/20/05, effective 8/20/05.]

Comment [jtomaro1]: Moved

Comment [jtomaro2]: Doesn't add value

Comment [jtomaro3]: All healthcare plans should have discharge plans

Comment [jtomaro4]: Reworded

Comment [jtomaro5]: Already in 080

Comment [jtomaro6]: JULIE CHECK WHERE THIS MOVED

Comment [jtomaro7]: Already covered

DRAFT

WAC 246-337-100

Health care plan.

The licensee must ensure development and implementation of a comprehensive health care plan for each resident that:

- (1) Is based on:
 - (a) Initial health on admission; and
 - (b) Health assessment(s).
- (2) Are prepared by one or more staff involved in the resident's care with participation by the resident and by either his or her legal representative or parent when minors are involved;
- (3) Are updated as additional needs are identified during treatment; and
- (4) Include a discharge health care plan.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-100, filed 7/20/05, effective 8/20/05.]

DRAFT

Medication management.

The licensee is responsible for ensuring policies and procedures that assure control and appropriate use of all drugs within the RTF in accordance with all applicable state and federal regulations. The policies and procedures are developed, approved, reviewed and implemented by a licensed health care prescriber and the RTF administrator, and shall be consistent with the rules of this chapter, and address all aspects of this section.

(1) Procurement.

(a) Timely procurement of drugs shall be achieved in one or more of the following ways:

- (i) A licensed pharmacy provides patient specific drugs by prescription order to the RTF;
- (ii) A physician purchases drugs from a licensed wholesaler and is responsible for the drugs;
- (iii) The RTF is listed as a hospital pharmacy associated clinic under a hospital pharmacy license in accordance with chapter 246-873A WAC;
- (iv) The RTF holds a health care entity license and purchased drugs consistent with chapter 246-904 WAC;
- (v) The resident brings their prescribed medication with them to the RTF.

(2) Storage and security.

(a) Storage of drugs that shall include limits on access to drugs to those staff authorized to assist, administer, or dispense drugs and addresses security, safety, sanitation, temperature, light, moisture and ventilation, and hand washing facilities. All drugs shall be stored in accordance with United States Pharmacopeia standards and all applicable state and federal regulations.

(b) Automated drug dispensing devices (ADDDs) may be used to store drugs if:

- (i) The ADDDs is owned by a physician who maintains sole responsibility for the drugs; or
- (ii) The RTF holds a HCE license and complies with chapters 246-872 and 246-904 WAC; or
- (iii) The RTF is operated in connection with a hospital and complies with chapter 246-872 WAC.

(3) Inventory.

(a) Documenting receipt of drugs;

(b) Documenting inventory of legend drugs and controlled substances including:

- (i) Inventory and documentation of all controlled substances stocked by a facility at least biennially;
- (ii) Keep all controlled substance records for a minimum of two years;
- (iii) Two authorized staff shall verify shift counts of controlled substances when transfer of accountability occurs. If an ADDD is used, staff must follow the policies and procedures developed for the ADDD;

Comment [ST1]: Not new requirements. Reworded for clarity that the licensee is responsible for policies and procedures for drugs.

Comment [ST2]: Took existing “topics” that were scattered throughout the section and organized them according to topic (procurement, storage and security, Inventory, and documentation).

Comment [ST3]: New language. This is the current way that drugs can legally be procured by the RTF

Comment [ST4]: Not new requirements with the exception of adding a hand washing sink which CRS is already requiring.

Comment [ST5]: New language for clarity around ways an RTF can have a ADDDs

- (iv) If the controlled substance counts or inventory indicate a pattern of loss (disappearances and unaccounted for discrepancies) of controlled substances, the discrepancy shall be reported to the department.
- (c) Documenting the disposal of legend drugs and controlled substances.
- (4) Prescribing and administering drugs.
- (a) Establishing and maintaining an organized system that ensures accuracy in receiving, transcribing and implementing orders for medication administration that ensures residents receive the correct medication, dosage, route, time, and reason;
- (b) Ensuring an authorized health care prescriber signs all written orders for legend drugs, controlled substances and vaccines. The prescriber shall sign all orders including telephone or verbal orders for legend drugs, controlled substances and vaccines as soon as possible, but no later than seventy-two hours after the telephone or verbal order.
- (c) Ensuring a prescriber approves the use of self-administered nonprescription drugs and staff provide the nonprescription drugs according to prescriber instructions.
- (i) A prescriber must develop an approved list of nonprescription drugs acceptable for residents that includes the parameters of use for each drug; and
- (ii) A prescriber must review and approve the list annually.
- (d) Establishing policies and procedures addressing the way(s) medications are administered such as:
- (i) Staff administered medication in which licensed staff operating within their scope of practice remove the drug from the container and provide it to the resident for ingestion or otherwise administer the drug to the resident;
- (ii) Observed self-administration of medication in which residents obtain their container of medication from a supervised and secure storage area, remove the dose needed, ingest or otherwise take the medication as directed on the label while being observed by staff;
- (iii) Independent self-administration of medication in which residents obtain their container of medication from either a supervised and secure storage area or from their personal belongings, remove the dose needed, ingest or otherwise take the medication as directed on the label without being observed by staff;
- (iv) Involuntary antipsychotic medication administration consistent with WAC 388-865-0570.
- (e) Reporting and addressing medication errors, adverse effects, and side effects;
- (f) A written policy and procedure for the use, receipt, storage and accountability for residents receiving Methadone from an outpatient Methadone clinic, if applicable;
- (g) A written policy and procedure for drugs given to a patient on temporary leave from the facility.
- (5) Documentation.
- All medications administered, observed being self-administered, or involuntarily administered must be documented on the medication administration record, including the following:
- (a) Name and dosage of medication;
- (b) Parameters of use;
- (c) Date medication order was initiated;
- (d) Date medication order was discontinued;
- Comment [ST6]:** New language that was previously stakeholdered. No change from previous stakeholdering
- Comment [ST7]:** Existing language
- Comment [ST8]:** Added controlled substances for clarity
- Comment [ST9]:** Previously stakeholdered and changed from 7 days to 72 hours
- Comment [ST10]:** Existing language but takes out according to the label and leaves only prescriber instructions
- Comment [ST11]:** New language based on ALF rules.
- Comment [ST12]:** New language for safety
- Comment [ST13]:** Previously stakeholdered
- Comment [ST14]:** Added for clarity
- Comment [ST15]:** Added for clarity

- (c) Time;
- (d) Route;
- (e) Staff or resident initials indicating medication was administered, observed being self-administered;
- (f) Notation if medication was refused, held, wasted or not administered or observed being self-administered;
- (g) Allergies;
- (h) Resident response to medication given "as needed" (PRN); and
- (i) Medical staff notification of errors, adverse effects, side effects.

(6) Having a current drug reference resource available for use by RTF staff.

[Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-105, filed 7/20/05, effective 8/20/05.]

WAC 246-337-105

Medication management.

The licensee is responsible for the control and use of all medications within the RTF, including:

~~(1) Ensuring policies and procedures and medication protocols are developed, approved, reviewed and implemented by licensed health care providers, administration and pharmacist (as needed). The policies and procedures must be consistent with the rules of the department and the pharmacy quality assurance commission and address all aspects of medication administration, including the following:~~

- ~~(a) Timely procurement;~~
- ~~(b) Medication administration;~~
- ~~(c) Prescribing;~~
- ~~(d) Proper storage conditions addressing security, safety, sanitation, temperature, light, moisture and ventilation;~~
- ~~(e) Use of nonprescription drugs:~~
 - ~~(i) List of drugs available;~~
 - ~~(ii) Parameters of use;~~
- ~~(f) Receipt;~~
- ~~(g) Proper labeling;~~
- ~~(h) Disposal;~~
- ~~(i) Medication brought into RTF by a resident;~~
- ~~(j) Accountability;~~
- ~~(k) Starter supply of psychotropic, detoxification and emergency drugs not for a specific resident;~~

~~(l) Emergency allergy response kit of prepackaged medications and supplies for the treatment of anaphylactic shock; and~~

~~(m) Medications for short term authorized absence (pass) from the RTF, where applicable.~~

~~(2) Establishing and maintaining of an organized system that ensures accuracy in receiving, transcribing and implementing policies and procedures for medication administration, including ensuring residents receive the correct medication, dosage, route, time, and reason.~~

~~(3) Documentation of all medications administered or self administered, including the following data:~~

~~(a) Name and dosage of medication;~~

~~(b) Start/stop date;~~

~~(c) Time;~~

~~(d) Route;~~

~~(e) Staff or resident initials indicating medication was administered, self administered or issued;~~

~~(f) Notation if medication was refused, held, wasted or not administered or self administered;~~

~~(g) Allergies;~~

~~(h) Resident response to medication when given as necessary or as needed (PRN);~~

~~(i) Medical staff notification of errors, adverse effects, side effects; and~~

~~(j) Within established parameters for nonprescription drugs.~~

~~(4) Ensuring written orders are signed by an authorized health care provider with prescriptive authority for all legend drugs and vaccines. Verbal orders for legend drugs and vaccines must be signed by the prescriber as soon as possible, but no later than seven days after the verbal order.~~

~~(5) Ensuring use of nonprescription drugs that are self administered are:~~

~~(a) Within parameters established for nonprescription drugs; and~~

~~(b) According to established list.~~

~~(6) Having a current established drug reference resource available for use by RTF staff.~~

~~[Statutory Authority: 2013 c 19 and RCW 71.12.670, WSR 15 09 108, § 246 337 105, filed 4/20/15, effective 5/21/15. Statutory Authority: Chapter 71.12 RCW, WSR 05 15 157, § 246 337 105, filed 7/20/05, effective 8/20/05.]~~

Medication management.

The licensee is responsible for ensuring policies and procedures that assure control and appropriate use of all drugs within the RTF in accordance with all applicable state and federal regulations. The policies and procedures are developed, approved, reviewed and implemented by a licensed health care prescriber and the RTF administrator, and shall be consistent with the rules of this chapter, and address all aspects of this section.

(1) Procurement.

(a) Timely procurement of drugs shall be achieved in one or more of the following ways:

- (i) A licensed pharmacy provides patient specific drugs by prescription order to the RTF;
- (ii) A physician purchases drugs from a licensed wholesaler and is responsible for the drugs;
- (iii) The RTF is listed as a hospital pharmacy associated clinic under a hospital pharmacy license in accordance with chapter 246-873A WAC;
- (iv) The RTF holds a health care entity license and purchased drugs consistent with chapter 246-904 WAC;
- (v) The resident brings their prescribed medication with them to the RTF.

(2) Storage and security.

(a) Storage of drugs that shall include limits on access to drugs to those staff authorized to assist, administer, or dispense drugs and addresses security, safety, sanitation, temperature, light, moisture and ventilation, and hand washing facilities. All drugs shall be stored in accordance with United States Pharmacopeia standards and all applicable state and federal regulations.

(b) Automated drug dispensing devices (ADDDs) may be used to store drugs if:

- (i) The ADDDs is owned by a physician who maintains sole responsibility for the drugs;
or
- (ii) The RTF holds a HCE license and complies with chapters 246-872 and 246-904 WAC;
or
- (iii) The RTF is operated in connection with a hospital and complies with chapter 246-872 WAC.

(3) Inventory.

(a) Documenting receipt of drugs;

(b) Documenting inventory of legend drugs and controlled substances including:

- (i) Inventory and documentation of all controlled substances stocked by a facility at least biennially;
- (ii)) Keep all controlled substance records for a minimum of two years;
- (iii)) Two authorized staff shall verify shift counts of controlled substances when transfer of accountability occurs. If an ADDD is used, staff must follow the policies and procedures developed for the ADDD;

- (iv) If the controlled substance counts or inventory indicate a pattern of loss (disappearances and unaccounted for discrepancies) of controlled substances, the discrepancy shall be reported to the department.
- (c) Documenting the disposal of legend drugs and controlled substances.
- (4) Prescribing and administering drugs.
 - (a) Establishing and maintaining an organized system that ensures accuracy in receiving, transcribing and implementing orders for medication administration that ensures residents receive the correct medication, dosage, route, time, and reason;
 - (b) Ensuring an authorized health care prescriber signs all written orders for legend drugs, controlled substances and vaccines. The prescriber shall sign all orders including telephone or verbal orders for legend drugs, controlled substances and vaccines as soon as possible, but no later than seventy-two hours after the telephone or verbal order.
 - (c) Ensuring a prescriber approves the use of self-administered nonprescription drugs and staff provide the nonprescription drugs according to prescriber instructions.
 - (i) A prescriber must develop an approved list of nonprescription drugs acceptable for residents that includes the parameters of use for each drug; and
 - (ii) A prescriber must review and approve the list annually.
 - (d) Establishing policies and procedures addressing the way(s) medications are administered such as:
 - (i) Staff administered medication in which licensed staff operating within their scope of practice remove the drug from the container and provide it to the resident for ingestion or otherwise administer the drug to the resident;
 - (ii) Observed self-administration of medication in which residents obtain their container of medication from a supervised and secure storage area, remove the dose needed, ingest or otherwise take the medication as directed on the label while being observed by staff;
 - (iii) Independent self-administration of medication in which residents obtain their container of medication from either a supervised and secure storage area or from their personal belongings, remove the dose needed, ingest or otherwise take the medication as directed on the label without being observed by staff;
 - (iv) Involuntary antipsychotic medication administration consistent with WAC 388-865-0570.
 - (e) Reporting and addressing medication errors, adverse effects, and side effects;
 - (f) A written policy and procedure for the use, receipt, storage and accountability for residents receiving Methadone from an outpatient Methadone clinic, if applicable;
 - (g) A written policy and procedure for drugs given to a patient on temporary leave from the facility.
- (5) Documentation.

All medications administered, observed being self-administered, or involuntarily administered must be documented on the medication administration record, including the following:

 - (a) Name and dosage of medication;
 - (b) Parameters of use;
 - (c) Date medication order was initiated;
 - (d) Date medication order was discontinued;

- (c) Time;
- (d)) Route;
- (e) Staff or resident initials indicating medication was administered, observed being self-administered;
- (f) Notation if medication was refused, held, wasted or not administered or observed being self-administered;
- (g) Allergies;
- (h)) Resident response to medication given "as needed" (PRN); and
- (i) Medical staff notification of errors, adverse effects, side effects.

(6) Having a current drug reference resource available for use by RTF staff.

[Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-105, filed 7/20/05, effective 8/20/05.]

DRAFT

WAC 246-337-110

Use of seclusion and restraint.

Any RTF that utilizes restraint or seclusion must have policies and procedures addressing the application, use, and management of restraint equipment. At admission, the facility must inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the facility's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program. The facility shall obtain an acknowledgment, in writing, from the resident, or in the case of a minor, the resident's parent(s) or legal guardian(s) and provide a copy of the facility policy to the resident and in the case of a minor, the resident's parent(s) or legal guardian(s).

Comment [YB(1)]: Per 42 CFR 483.356(c)(a)(3)(4)
Per survey team
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The facility must ensure that restraint or seclusion is:

- (1) Safe, based on:
 - (a) Assessment of behavior;
 - (b) The resident's chronological and developmental age; (c) Gender;
 - (d) Physical, medical and psychiatric condition; and
 - (e) Personal history.

~~ensure that restraint or seclusion is performed in compliance with chapters 70.96A, 71.05, 71.34 RCW, this chapter, and other applicable federal and state laws and rules. Restraint and seclusion must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, the resident's chronological and developmental age, size, gender, physical, medical and psychiatric condition, and personal history.~~

Comment [jtomaro2]: Moved to subsections

~~(2) Used~~(1) ~~The licensee may use seclusion or restraint only in emergency situations needed to ensure the physical safety of the individual resident or other residents or staff of the facility, and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.~~

~~(2) Seclusion and restraint procedures must be implemented in the least restrictive manner possible in accordance with a written modification to the resident's health care plan and discontinued when the behaviors that necessitated the restraint or seclusion are no longer in evidence.~~

Comment [jtomaro3]: Moved

~~(3) "Whenever needed" or "as needed" (PRN) orders for use of seclusion or restraint are prohibited.~~

Comment [jtomaro4]: Moved

~~(3) Authorized by a~~A physician or other authorized health care provider ~~must authorize use of the restraint or seclusion~~ within one hour of initiating the restraint or seclusion.

~~(4) If the order for restraint or seclusion is verbal, the verbal order must be received by a nurse.~~

Comment [jtomaro5]: New language to match fed regs

~~(5) Prohibit the use of "whenever needed" or "as needed" PRN orders for seclusion or restraint.~~

~~(6) Restraint and seclusion cannot be used simultaneously in persons under 21 years of age.~~

Comment [jtomaro6]: Request to be added by surveyors per 42 CFR 483.356

~~(7) Implemented in the least restrictive manner possible and discontinued when the behaviors that necessitated the restraint or seclusion have subsided.~~

~~(8) Staff shall continuously observe and monitor residents in seclusion or restraint by:~~

- (a) An assigned staff member (face to face); or
- (b) By staff using both direct sight video and two way audio communications.
- (9) The health care prescriber must:
 - (a) Limit each order of restraint or seclusion as follows:
 - (i) Adults: Four hours;
 - (ii) Children and adolescents ages nine to seventeen: Two hours;
 - (iii) Children under nine years of age: One hour; and
 - (iv) Must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention

Comment [jtomaro7]: New language to match fed regs

- ~~(5) Each order of restraint or seclusion is limited in length of time to: --~~
 - ~~(a) **Adults:** Four hours;~~
 - ~~(b) **Children and adolescents ages nine to seventeen:** Two hours; and~~
 - ~~(c) **Children under nine years of age:** One hour.~~

Comment [jtomaro8]: Reorganized

~~(b6) A physician or an authorized health care provider, authorized by the licensee, may~~
 Only renew the original order in accordance with these limits for up to a total of twenty-four hours.

~~(c7) A physician or an authorized health care provider must Examine the resident, before the restraint or seclusion exceeds more than twenty-four hours. For each subsequent twenty-four hour period of restraint or seclusion, repeat the examination.~~

~~This procedure must be repeated for each subsequent twenty four hour period of restraint or seclusion.~~

~~(108) Within one hour of initiation of restraint or seclusion, an authorized health care provider must conduct a face to face assessment of the physical and psychological well being of the resident. A health care prescriber or registered nurse must, within one hour of initiation of restraint or seclusion, conduct a face-to-face assessment of the resident including, but not limited to, the residents physical and psychological status, behavior, appropriateness of intervention, and any complications resulting from the intervention of the resident and consult the ordering health care prescriber.~~

Comment [jtomaro9]: Already required. More prescriptive.

~~(19) The resident's clinical record must include the following documentation should restraint or seclusion be used--The licensee must include the following documentation in the residents' health care record when using restraint or seclusion:~~

- (a) ~~Order for the restraint or seclusion including name of the physician or authorized health care provider authorizing restraint or seclusion~~health care prescriber;
- (b) Date/time order obtained;
- (c) The specific intervention ordered including length of time and behavior that would terminate the intervention;
- (d) Time restraint or seclusion began and ended;
- (e) Time and results of one hour assessment;

~~(f) Resident behavior prior to initiation of restraint or seclusion;~~

~~(g) Any injuries sustained during the restraint or seclusion; and~~

~~(h) Post intervention debriefing with resident to discuss precipitating factors leading to the need for intervention.~~

Comment [jtomaro10]: Moved

~~(1210) Conduct and document at a minimum of every fifteen minutes, to include: Safety health checks must be conducted and documented at a minimum of every fifteen minutes, to include:~~

- (a) ~~Resident's B~~behavior;
- (b) Food/nutrition offered;
- (c) Toileting; and
- (d) Physical condition.

~~(11) Staff shall continuously observe and monitor residents in seclusion or restraint by an assigned staff member (face to face) or by staff using both video and audio equipment.~~

~~(13) Additional documentation must include:~~

~~(f) Resident behavior prior to initiation of restraint or seclusion;~~

~~(g) Any injuries sustained during the restraint or seclusion; and~~

~~(h) Post intervention debriefing with resident including the names of staff who were present for the debriefing, and any changes to the resident's treatment plan that result from the debriefing.~~

~~(i) In the case of a minor, notification of parent(s) or legal guardian(s) including the date and time of notification and the name of the staff person provide the notification.~~

~~(124) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of~~

~~(a) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;~~

~~(b) Alternative techniques that might have prevented the use of the restraint or seclusion;~~

~~(c) The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and~~

~~(d) The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion. Staff involved in the restraint or seclusion will debrief and address effectiveness and safety issues.~~

~~(15) Within 24 hours after the use of the restraint or seclusion, staff involved and the resident must have a face-to face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and the staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.~~

~~(163) Provide restraint or seclusion safely in a room that:~~

~~The licensee must ensure that restraint and seclusion is carried out in a safe environment.~~

~~This room must:~~

- (a) ~~Is Be~~-designed to minimize potential for stimulation, escape, hiding, injury, or death;
- (b) ~~Have-Has~~ a maximum capacity of one resident;
- (c) ~~Have-Has~~ a door that opens outward;

Comment [jtomaro11]: Moved and reworded

Comment [jtomaro12]: moved

Comment [jtomaro13]: Request to be added by survey team per 42 CFR 483.370(c)

Comment [jtomaro14]: Request to be added by survey team per 42 CFR 483.366

Comment [jtomaro15]: Already required just more prescriptive to match federal regs

Comment [jtomaro16]: Debriefing with resident already required but language is more prescriptive to match federal regs.

(d) ~~Have-Has~~ a staff-controlled, lockable, adjoining toilet room. If lockable by key, the key must be readily accessible by staff;

(e) ~~Have-Has~~ a minimum of three feet of clear space on three sides of the bed; and

(f) ~~Have-Has~~ negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.

(174) Restraint equipment must be clean and in good repair.

[Statutory Authority: Chapter 71.12 RCW. WSR 05-15-157, § 246-337-110, filed 7/20/05, effective 8/20/05.]

DRAFT

WAC 246-337-110

Use of seclusion and restraint.

Any RTF that utilizes restraint or seclusion must have policies and procedures addressing the application, use, and management of restraint equipment. At admission, the facility must inform both the incoming resident and, in the case of a minor, the resident's parent(s) or legal guardian(s) of the facility's policy regarding the use of restraint or seclusion during an emergency safety situation that may occur while the resident is in the program. The facility shall obtain an acknowledgment, in writing, from the resident, or in the case of a minor, the resident's parent(s) or legal guardian(s) and provide a copy of the facility policy to the resident and in the case of a minor, the resident's parent(s) or legal guardian(s).

The facility must ensure that restraint or seclusion is:

- (1) Safe, based on:
 - (a) Assessment of behavior;
 - (b) The resident's chronological and developmental age;
 - (c) Gender;
 - (d) Physical, medical and psychiatric condition; and
 - (e) Personal history.
 - (2) Used only in emergency situations and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.
 - (3) Authorized by a physician or other authorized health care provider within one hour of initiating the restraint or seclusion.
 - (4) If the order for restraint or seclusion is verbal, the verbal order must be received by a nurse.
 - (5) Prohibit the use of "whenever needed" or "as needed" PRN orders for seclusion or restraint.
 - (6) Restraint and seclusion cannot be used simultaneously in persons under 21 years of age.
 - (7) Implemented in the least restrictive manner possible and discontinued when the behaviors that necessitated the restraint or seclusion have subsided.
 - (8) Staff shall continuously observe and monitor residents in seclusion or restraint by:
 - (a) An assigned staff member (face to face); or
 - (b) By staff using both direct sight video and two way audio communications.
 - (9) The health care prescriber must:
 - (a) Limit each order of restraint or seclusion as follows:
 - (i) Adults: Four hours;
 - (ii) Children and adolescents ages nine to seventeen: Two hours;
 - (iii) Children under nine years of age: One hour; and
 - (iv) Must be available to staff for consultation, at least by telephone, throughout the period of the emergency safety intervention
- (b) Only renew the original order in accordance with these limits for up to a total of twenty-four hours.

(c) Examine the resident before the restraint or seclusion exceeds more than twenty-four hours. For each subsequent twenty-four hour period of restraint or seclusion, repeat the examination.

(10) A health care prescriber or registered nurse must, within one hour of initiation of restraint or seclusion, conduct a face-to-face assessment of the resident including, but not limited to, the residents physical and psychological status, behavior, appropriateness of intervention, and any complications resulting from the intervention of the resident and consult the ordering health care prescriber.

(11) The licensee must include the following documentation in the residents' health care record when using restraint or seclusion:

- (a) Order for the restraint or seclusion including name of the health care prescriber;
- (b) Date/time order obtained;
- (c) The specific intervention ordered including length of time and behavior that would terminate the intervention;
- (d) Time restraint or seclusion began and ended; and
- (e) Time and results of one hour assessment.

(12) Conduct and document at a minimum of every fifteen minutes, to include:

- (a) Resident's behavior;
- (b) Food/nutrition offered;
- (c) Toileting; and
- (d) Physical condition.

(13) Additional documentation must include:

- (f) Resident behavior prior to initiation of restraint or seclusion;
- (g) Any injuries sustained during the restraint or seclusion; and
- (h) Post intervention debriefing with resident including the names of staff who were present for the debriefing, and any changes to the resident's treatment plan that result from the debriefing.
- (i) In the case of a minor, notification of parent(s) or legal guardian(s) including the date and time of notification and the name of the staff person provide the notification.

(14) Within 24 hours after the use of restraint or seclusion, all staff involved in the emergency safety intervention, and appropriate supervisory and administrative staff, must conduct a debriefing session that includes, at a minimum, a review and discussion of

- (a) The emergency safety situation that required the intervention, including discussion of the precipitating factors that led up to the intervention;
- (b) Alternative techniques that might have prevented the use of the restraint or seclusion;
- (c) The procedures, if any, that staff are to implement to prevent any recurrence of the use of restraint or seclusion; and
- (d) The outcome of the intervention, including any injuries that may have resulted from the use of restraint or seclusion.

(15) Within 24 hours after the use of the restraint or seclusion, staff involved and the resident must have a face-to face discussion. This discussion must include all staff involved in the intervention except when the presence of a particular staff person may jeopardize the wellbeing

of the resident. Other staff and the resident's parent(s) or legal guardian(s) may participate in the discussion when it is deemed appropriate by the facility. The facility must conduct such discussion in a language that is understood by the resident and by the resident's parent(s) or legal guardian(s). The discussion must provide both the resident and the staff the opportunity to discuss the circumstances resulting in the use of restraint or seclusion and strategies to be used by the staff, the resident, or others that could prevent the future use of restraint or seclusion.

(16) Provide restraint or seclusion safely in a room that:

(a) Is designed to minimize potential for stimulation, escape, hiding, injury, or death;

(b) Has a maximum capacity of one resident;

(c) Has a door that opens outward;

(d) Has a staff-controlled, lockable, adjoining toilet room. If lockable by key, the key must be readily accessible by staff ;

(e) Has a minimum of three feet of clear space on three sides of the bed; and

(f) Has negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.

(17) Restraint equipment must be clean and in good repair.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-110, filed 7/20/05, effective 8/20/05.]

DRAFT

Chapter 246-337 WAC

RESIDENTIAL TREATMENT FACILITY

[Chapter Listing](#)

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246-337-001

Scope and purpose.

(1) This chapter implements chapter [71.12 RCW](#) and sets the minimum health and safety standards for licensure and operations of twenty-four hour private, county or municipal residential treatment facilities (RTF) providing health care services to persons with mental disorders or substance abuse.

(2) Additionally, these rules apply to residential treatment facilities licensed by the department of health under chapter [71.12 RCW](#) and certified by the department of social and health services under chapter [71.05 RCW](#) (Mental illness), chapter [70.96A RCW](#) (Treatment for alcoholism, intoxication and drug addiction), and chapter [71.34 RCW](#) (Mental health services for minors).

(3) These rules are intended to supplement other applicable federal, state and local laws, rules and ordinances. If any provision of this chapter is more restrictive than local codes and ordinances this chapter shall prevail over any less restrictive provision.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-001, filed 7/20/05, effective 8/20/05.]

246-337-005

Definitions.

For the purpose of this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

(1) "**Administrator**" means an individual person responsible for managing the day-to-day operations of the RTF.

(2) "**Adult**" means an individual age eighteen years or older.

(3) "**Approved**" means approved by the department, unless otherwise specified.

(4) "**Authorized**" means mandated or permitted, in writing, by the administrator to perform an act that is within a health care provider's lawful scope of practice, or that was lawfully delegated to the health care provider or to the unlicensed staff member.

(5) "**Bathroom**" means a room containing at least one bathtub or shower.

(6) "**Chemical dependency**" means alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires.

(7) "**Chemical dependency RTF**" means all or part of an RTF certified by DSHS under chapter [70.96A RCW](#), that provides twenty-four hour evaluation, stabilization and treatment services for persons with chemical dependency within one or more of the following service categories:

(a) "**Acute detoxification**" as defined in chapter [388-805 WAC](#);

(b) "**Subacute detoxification**" as defined in chapter [388-805 WAC](#);

(c) "**Intensive inpatient services**" as defined in chapter [388-805 WAC](#);

(d) "**Long-term treatment services**" as defined in chapter [388-805 WAC](#);

(e) "**Recovery house services**" as defined in chapter [388-805 WAC](#).

(8) "**Child**" or "**minor**" means an individual under the age of eighteen.

(9) "**Communicable disease**" means a disease caused by an infectious agent that can be transmitted from one person, animal, or object to another individual by direct or indirect means including transmission via an intermediate host or vector, food, water or air.

(10) "**Confidential**" means information that may not be disclosed except under specific conditions permitted or mandated by law or legal agreement between the parties concerned.

(11) "**Construction**" means:

(a) The erection of a facility;

(b) An addition, modification, alteration or change of an approved use to an existing facility;

or

(c) The conversion of an existing facility or portion of a facility for use as a RTF.

(12) "**DASA**" means division of alcohol and substance abuse, within DSHS.

(13) "**Department**" means the Washington state department of health.

(14) "**DSHS**" means the Washington state department of social and health services.

(15) "**Emergency health care**" means services provided consistent with the health care needs of the resident for an acute illness, injury, or unexpected clinical event as determined by an authorized health care provider.

(16) "**Facility**" means a building or portion of a building.

(17) "**First aid**" means care for a condition that requires immediate assistance from an individual trained and certified in first-aid procedures.

(18) "**Hand hygiene**" means handwashing, antiseptic hand wash, or antiseptic hand or surgical hand antisepsis.

(19) "**Health**" means a state of complete physical and mental well-being and not merely the absence of disease or infirmity.

(20) "**Health assessment**" means a systematic examination of the person's body conducted by an authorized health care provider.

(21) "**Health care**" means any care, service, or procedure provided by a health care provider to diagnose, treat, or maintain a resident's physical or mental condition, or that affects the structure or function of the human body.

(22) "**Health care provider**" means an individual who is licensed, registered or certified under Title [18 RCW](#) to provide health care within a particular profession's statutorily authorized scope of practice.

(23) "**Health care screen**" means the process approved by an authorized health care provider to determine the health care needs of a resident.

(24) "**Licensee**" means the person, corporation, association, organization, county, municipality, public hospital district, or other legal entity, including any lawful successors thereto to whom the department issues a RTF license.

(25) "**Medication**" means a legend drug prescribed for a resident by an authorized health care provider, or nonprescription drugs, also called "over-the-counter medications," that can be purchased by the general public without a prescription.

(26) "**Medication administration**" means the direct application of a medication or device by ingestion, inhalation, injection, or any other means, whether self-administered by a resident, or administered by a parent or guardian (for a minor), or an authorized health care provider.

(27) "**Medication self-administration**" or "**self-medication administration**" means a process by which each resident obtains his/her container of medication from a supervised and secure storage area, removes the dose needed and ingests or applies the medication as directed on the label while being observed by staff.

(28) "**Medication error**" includes any failure to administer or receive a medication according to an authorized health care provider's order, or according to the manufacturer's directions for nonprescription drugs.

(29) "**Medication protocol**" means a specific group of orders to be used for specific symptoms for specific residents and authorized by a health care provider.

(30) "**Mental health RTF**" means all or part of a RTF providing twenty-four hour evaluation, stabilization and treatment services for persons with a mental disorder and certified by DSHS under chapters [71.05](#) or [71.34](#) RCW, within one or more of the following service categories:

- (a) "**Adult residential treatment**" as defined in chapter [388-865](#) WAC;
- (b) "**Inpatient evaluation and treatment**" as defined in chapter [388-865](#) WAC;
- (c) "**Child inpatient evaluation and treatment**" as defined in chapter [388-865](#) WAC.
- (d) "**Child long-term inpatient treatment**" as defined in chapter [388-865](#) WAC.

(31) "**Parent**" means:

(a) A biological or adoptive parent who has legal custody of the child, including either parent if custody is shared under joint custody agreement; or

(b) An individual or agency judicially appointed as legal guardian or custodian of the child.

(32) "**Resident**" means an individual (adult or child) admitted to the RTF licensed under this chapter.

(33) "**Residential treatment facility**" or "**RTF**" means a facility for purposes of evaluation and treatment or evaluation and referral of any individual with a chemical dependency or mental disorder.

(34) "**Restraint**" means a continuum of methods used to prevent or limit free body movement.

(35) "**Room**" means a space set apart by floor to ceiling partitions on all sides with all openings provided with doors or windows.

(36) "**Seclusion**" means the involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving.

(37) "**Sink**" means a properly trapped plumbing fixture, capable of holding water, with approved potable hot and cold running water under pressure.

(38) "**Survey**" means an inspection or investigation conducted by the department to evaluate and monitor a licensee's compliance with chapter [71.12](#) RCW and this chapter.

(39) "**Toilet room**" means a room containing a water closet (toilet).

(40) "**WISHA**" means the state of Washington Industrial Safety and Health Act, chapter [49.17](#) RCW, administered by the Washington state department of labor and industries.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-005, filed 7/20/05, effective 8/20/05.]

246-337-010

Initial licensure and renewal process.

(1) **Initial:** An applicant for an initial RTF license must submit to the department, sixty days or more before starting:

(a) A completed application on form(s) provided by the department, signed by the owner or legal designee, including:

(i) The identity of each officer and director, or their equivalent, of the licensee;

(ii) Disclosure statements and criminal history background checks obtained within three months of the application date for the administrator in accordance with chapter [43.43](#) RCW;

(iii) The license fee specified in WAC [246-337-990](#); and

(iv) A reduced floor plan on 8-1/2 x 11 size paper that shows each room within the facility in a manner that is easily seen and understood.

(b) Evidence of applicant's compliance with chapter [71.12 RCW](#) and this chapter including:

(i) The department approved construction documents and functional program plan;

(ii) Documentation of application for certification by DSHS under chapter [71.05 RCW](#) (Mental illness), chapter [70.96A RCW](#) (Treatment for alcoholism, intoxication and drug addiction), or chapter [71.34 RCW](#) (Mental health services for minors);

(iii) Approval of the chief of the Washington state patrol, through the director of fire protection, as required by [RCW 71.12.485](#) and chapter [212-12 WAC](#);

(iv) Compliance with all applicable federal, state and local laws, rules, and codes; and

(v) Completion of an initial on-site survey.

(c) Other information as required by the department.

(2) If the applicant has met all requirements for licensure set forth in subsection (1) of this section, the department shall issue a RTF license (listing the service categories). An RTF license is effective for one year from the date it is issued.

(3) **Renewal:** At least thirty days before the expiration date of the current license, the licensee must submit to the department:

(a) A completed application on form(s) provided by the department;

(b) Disclosure statements and criminal history background checks obtained within three months of the renewal date for the administrator in accordance with chapter [43.43 RCW](#);

(c) The fee specified in [WAC 246-337-990](#);

(d) Documentation satisfactory to the department of licensee's compliance with chapter [71.12 RCW](#) and this chapter, including the following:

(i) Compliance with rules adopted by the chief of the Washington state patrol, through the director of fire protection, as required by [RCW 71.12.485](#) and chapter [212-12 WAC](#);

(ii) Compliance with all applicable federal, state and local laws, and rules; and

(e) Other information as required by the department.

(4) At least sixty days prior to changing any of the license service categories, number of resident beds, location or use of rooms as listed on the licensed room list, or the physical structure of the RTF, the licensee must:

(a) Notify the department in writing of the intended change;

(b) Request the department to determine the need for review by the department's construction review services; and

(c) If the change involves an approved increase in beds, the licensee must pay a fee under [WAC 246-337-990](#);

(5) At least sixty days prior to selling, leasing, renting or otherwise transferring control of a license, that results in a change of the Uniform Business Identifier Number (UBI #), the licensee must submit to the department:

(a) The full name and address of the current licensee and prospective licensee;

(b) The name and address of the licensed RTF and the name under which the RTF will operate;

(c) Date of the proposed change;

(d) Plans for preserving resident records, consistent with [WAC 246-337-095](#); and

(e) Other information required by the department.

(6) A prospective new RTF owner shall apply for licensure by complying with subsection (1) of this section.

(7) A RTF license is not transferable.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-010, filed 7/20/05, effective 8/20/05.]

246-337-015

Service categories.

A licensee may provide services under a single RTF license for one or more of the following service categories:

- (1) Chemical dependency acute detoxification;
- (2) Chemical dependency subacute detoxification;
- (3) Chemical dependency intensive inpatient;
- (4) Chemical dependency long-term treatment;
- (5) Chemical dependency recovery house;
- (6) Mental health adult residential treatment (includes crisis services for twenty-four hours or more);
- (7) Mental health inpatient evaluation and treatment;
- (8) Mental health child long-term inpatient treatment;
- (9) Mental health child inpatient evaluation and treatment.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-015, filed 7/20/05, effective 8/20/05.]

246-337-020

Responsibilities and rights of the licensee and department.

- (1) The licensee must:
 - (a) Comply with chapter [71.12 RCW](#) and this chapter;
 - (b) Maintain and post in a conspicuous place on the premises:
 - (i) A current RTF license; and
 - (ii) The name, address and telephone number of the department, appropriate resident advocacy groups, and description of ombudsman services;
 - (c) Provide services limited to each service category that appears on the RTF license;
 - (d) Maintain the occupancy level at or below the licensed resident bed capacity of the RTF;
 - (e) Cooperate with the department during on-site surveys;
 - (f) Respond to a statement of deficiencies by submitting to the department:
 - (i) Within ten working days of receipt, a written plan of correction for each deficiency cited that includes a target date and is subject to approval by the department; and
 - (ii) A written progress report attesting to the final completion of the correction of deficiencies identified in the plan of correction.
- (2) The department shall:
 - (a) Issue or renew a license when the applicant or licensee meets the requirements in chapter [71.12 RCW](#) and this chapter;

- (b) List, in writing, the service category(ies) the RTF is licensed to provide under this chapter;
 - (c) Verify compliance with RCW [71.12.485](#) and chapter [212-12](#) WAC administered by the Washington state patrol fire marshal fire protection service;
 - (d) Verify compliance with applicable state and local codes;
 - (3) The department may issue a single RTF license to include two or more RTF (campus), if the applicant or licensee:
 - (a) Meets the licensure requirements of chapter [71.12](#) RCW and this chapter; and
 - (b) Operates the multiple RTF as a single integrated system with:
 - (i) Governance by a single authority or body over all buildings;
 - (ii) All services provided by an integrated staff; and
 - (4) Conduct on-site surveys. After completing a survey, the department may:
 - (a) Give the administrator a written statement of deficiencies identifying failure to meet specific requirements of chapter [71.12](#) RCW and this chapter observed during an on-site survey;
 - (b) Obtain, review, and approve written plan of correction with dates to be completed;
 - (c) Review the progress report attesting to correction of deficiencies;
 - (d) Conduct a follow up on-site assessment at the discretion of the department;
 - (e) Document, during an initial survey or as needed, a department-approved room list identifying resident rooms, the dimensions and calculated square footage of each room, the number of approved resident beds, and other information related to the licensed resident bed capacity. This list will be kept as part of the RTF licensure file.
- [Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-020, filed 7/20/05, effective 8/20/05.]

246-337-025

Exemptions and alternative methods.

- (1) An applicant or licensee may request an exemption from any part of this chapter by submitting a written request to the department, including:
 - (a) The specific section, or sections, of rules for which the exemption is requested;
 - (b) An explanation of the circumstances involved;
 - (c) A proposed alternative that would ensure the safety and health of residents meeting the intent of the rule; and
 - (d) Any supporting research or other documentation.
- (2) After review and consideration, the department may grant an exemption if the exemption does not:
 - (a) Negate the purpose and intent of these rules;
 - (b) Place the safety or health of the residents in the RTF in jeopardy;
 - (c) Reduce any fire and life safety or infection control laws or rules; or
 - (d) Adversely affect the structural integrity of a facility.
- (3) The department will send a copy of the exemption decision to the licensee, and shall maintain the exemption as part of the current RTF file. The licensee shall maintain the documented exemption decision on file in the RTF.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-025, filed 7/20/05, effective 8/20/05.]

246-337-030

Retroactivity.

Any construction on or after the effective date of this chapter must comply with this chapter. RTFs that are licensed and operating on the effective date of this chapter may continue to operate without modifications to the facility, unless specifically required under this chapter, or as deemed necessary by either the local building official, the department, other licensing regulators, the state fire marshal, for the general safety and welfare of the occupants and public.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-030, filed 7/20/05, effective 8/20/05.]

246-337-035

Procedures to deny, suspend, modify or revoke a license.

(1) The department may deny, suspend, modify, or revoke a RTF facility license under chapters [71.12](#), [43.70](#), [34.05](#) RCW and [246-10](#) WAC, if the applicant or licensees have:

(a) Been denied a license to operate a health care, child care, group care or personal care facility in this state or elsewhere, had the license suspended or revoked, or been found civilly liable or criminally convicted of operating the facility without a license;

(b) Committed, aided or abetted an illegal act in connection with the operation of any RTF or the provision of health care or residential services;

(c) Abandoned, abused, neglected, assaulted, or demonstrated indifference to the welfare and well-being of a resident;

(d) Failed to take immediate corrective action in any instance of assault, abuse, neglect, or indifference to the welfare of a resident;

(e) Retaliated against a staff member, resident or other individual for reporting suspected abuse or other alleged improprieties;

(f) Failed to comply with any of the provisions of chapter [71.12](#) RCW or this chapter; or

(g) Failed to meet DSHS certification standards under chapters [71.05](#), [70.96A](#) and [71.34](#) RCW.

(2) An applicant or licensee may contest a disciplinary decision or action of the department under RCW [43.70.115](#), chapters [34.05](#) RCW and [246-10](#) WAC.

(3) The department may summarily suspend a license pending a proceeding for revocation or other action if the department determines a deficiency is an imminent threat to a resident's health, safety, or welfare.

(4) In addition to any other rights allowed under applicable law, the department may address violations by an applicant or a licensee of chapter [71.12](#) RCW or this chapter by:

(a) Offering a plan of correction if the department determines that identified deficiencies are not major, broadly systemic, or of a recurring nature. Under this chapter, a "plan of correction" is a proposal devised by the applicant or licensee and approved by the department, that includes specific corrective actions that must be taken to correct identified deficiencies and a time frame

in which to complete them. Implementation is required within the approved time frame, and is subject to verification by the department;

(b) Offering a directed plan of correction if the department determines that identified deficiencies are broadly systemic, recurring, or of a significant threat to public health and safety. Under this chapter, a "directed plan of correction" is a plan of correction based on a statement of deficiencies, and includes specific corrective actions that must be taken and a time frame in which to complete them. Under this chapter, a "statement of deficiencies" is a survey or investigation report completed by the department identifying one or more deficiencies. The final content of the directed plan of correction will be reached during meetings between the department and the licensee, following an initial statement of general requirements by the department. Timelines will be reduced to the minimum necessary, even prior to formalization of the directed plan of correction, to redress problems;

(c) Initiating administrative action, under chapter [34.05 RCW](#), [RCW 43.70.115](#) and chapter [246-10 WAC](#), either as the department's primary alternative, or in the event the department requires corrective action under (a) or (b) of this subsection, and the applicant or licensee fails to correct identified deficiencies to the department's satisfaction within the approved time frame; and/or

(d) Taking administrative action initiated under chapter [34.05 RCW](#):

(i) An administrative action may result in a hearing before a presiding officer and the issuance of formal findings and a directed order;

(ii) The administrative action and any resulting order constitute formal action under the provisions of chapter [34.05 RCW](#).

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-035, filed 7/20/05, effective 8/20/05.]

246-337-040

Review of construction documents and functional program.

(1) Prior to beginning any construction or remodeling, the applicant or licensee must submit an application and fee, if applicable, to the department and receive written authorization by the department to proceed.

(2) The licensee or applicant must submit a written functional program, in accordance with [RCW 71.12.470](#), outlining the service categories and types of residents to be served and how the needs of the residents will be met including, but not limited to:

- (a) Program goals;
- (b) Staffing and health care to be provided;
- (c) Infection control;
- (d) Security and safety;
- (e) Seclusion and restraint;
- (f) Laundry;
- (g) Food and nutrition; and
- (h) Medication.

(3) The licensee or applicant must submit accurate, timely, and complete construction documents that comply with all governing rules.

(4) Construction documents must include:

(a) Drawings prepared, stamped, and signed by an architect licensed by the state of Washington under chapter [18.08 RCW](#). The services of a consulting engineer licensed by the state of Washington may be used for the various branches of the work, if appropriate; and

(b) Drawings with coordinated architectural, mechanical, and electrical work drawn to scale showing complete details for construction, including:

(i) Site plan(s) showing streets, driveways, parking, vehicle and pedestrian circulation, utility line locations, and location of existing and new buildings;

(ii) Dimensioned floor plan(s) with the function of each room and fixed/required equipment designated;

(iii) Elevations, sections, and construction details;

(iv) Schedule of floor, wall, and ceiling finishes;

(v) Schedules of doors and windows - sizes and type, and door finish hardware;

(vi) Mechanical systems - plumbing and heating/venting/air conditioning; and

(vii) Electrical systems, including lighting, power, and communication/notification systems;

(c) Specifications that describe with specificity the workmanship and finishes; and

(d) Shop drawings and related equipment specifications for:

(i) An automatic fire sprinkler system when required by other codes; and

(ii) An automatic fire alarm system when required by other codes.

(5) A license may not be issued for a new RTF, a new facility within an RTF, or changes in resident bed capacity or licensed service category(ies) for a currently licensed RTF, without written approval from the department's construction review services unit and residential care services program.

(6) The applicant or licensee must:

(a) Comply with the standards as adopted by the Washington state building code council;

(b) Assure conformance to the approved plans during construction;

(c) Submit addenda, change orders, construction change directives or any other deviation from the approved plans prior to their installation;

(d) Provide a written construction project completion notice to the department indicating:

(i) The completion date; and

(ii) The actual construction cost;

(e) Make adequate provisions for the health, safety, and comfort of residents during construction projects.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-040, filed 7/20/05, effective 8/20/05.]

246-337-045

Governance and administration.

The licensee must establish a governing body with responsibility for operating and maintaining the RTF. The governing body must provide organizational guidance and oversight to ensure that resources support and staff provides safe and adequate resident care including, but not limited to:

(1) Adopting, periodically reviewing, and updating as necessary, policies that:

(a) Govern the organization and functions of the RTF including:

(i) A brief narrative explaining the scope of services provided;

- (ii) An organization chart specifying the governing body, staff positions, and number of full- or part-time persons for each position; and
 - (iii) A policy addressing that sufficient resources such as personnel, facilities, equipment, and supplies are provided to meet the needs of the population served;
 - (b) Provide a process for communication and conflict resolution for both staff and residents; and
 - (c) Provide clear lines of authority for both management and operation of the RTF.
 - (2) Establishing procedures for selecting and periodically evaluating a qualified administrator to assure that he or she carries out the goals and policies of the governing body. The administrator must:
 - (a) Be qualified through appropriate knowledge, experience and capabilities to supervise and administer the services properly;
 - (b) Be available, or assure that a designated alternate who has similar qualifications is available, one hundred percent of the time, either in person, by telephone or electronic pager (or similar electronic means), to carry out the goals, objectives and standards of the governing body.
 - (3) Establishing written policies and procedures that implement all applicable rules, which are routinely reviewed by the administrator and the governing body to ensure they are kept current, made known to staff, made available at all times to all staff, and are complied with within the RTF.
 - (4) Establishing a personnel system that assures:
 - (a) Personnel records of all employees and volunteers contain written job descriptions consistent with staff responsibilities and standards for professional licensing;
 - (b) Staff are assigned, oriented, trained, supervised, monitored, and evaluated;
 - (c) Staff who provide direct resident care, direct treatment, or manage the safety of a resident are competent by training, experience and capability;
 - (d) Contractors have current contracts on file clearly stating the responsibilities of the contractor;
 - (e) Staff with unsupervised access to residents complies with WAC [246-337-055](#).
 - (5) Establishing a RTF-wide approach to a coordinated quality improvement program for resident care services under chapter [71.12 RCW](#) addressing health and safety.
- [Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-045, filed 7/20/05, effective 8/20/05.]

246-337-050

Management of human resources.

The licensee must ensure residents receive health care by adequate numbers of staff authorized and competent to carry out assigned responsibilities, including:

- (1) A sufficient number of personnel must be present on a twenty-four hour per day basis to meet the health care needs of the residents served; managing emergency situations; crisis intervention, implementation of health care plans; and required monitoring activities.
- (2) Personnel trained, authorized and credentialed (where applicable) to carry out assigned job responsibilities consistent with scopes of practice, resident population characteristics and the resident's individual plan of care/treatment;

(3) The presence of at least one individual trained in basic first aid and age appropriate cardiopulmonary resuscitation twenty-four hours per day.

(4) Written documentation to verify credentials, training, and performance evaluations for each staff member including, but not limited to:

- (a) Employment application/hire date;
- (b) Verification of education, experience and training;
- (c) Current job description;
- (d) Criminal disclosure statement and results of a Washington state patrol background inquiry;
- (e) HIV/AIDS training or verification;
- (f) Current license/certification/registration (if applicable);
- (g) Current basic first aid and age appropriate cardiopulmonary resuscitation training (if applicable);
- (h) Current food and beverage service worker permit (if applicable);
- (i) Current driver's license (if applicable);
- (j) Tuberculosis screening (refer to WAC [246-337-060](#));
- (k) Performance evaluation(s);
- (l) Staff using restraint and seclusion procedures must receive initial and ongoing education and training in the proper and safe use of seclusion and/or restraints;
- (m) Initial orientation and ongoing training to address the safety and health care needs of the population served.

(5) If independent contractors, consultants, students, volunteers and trainees are providing direct on-site residential care, the licensee must ensure their compliance with this section.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-050, filed 7/20/05, effective 8/20/05.]

246-337-055

Personnel criminal history, disclosure, and background inquiries.

The licensee must ensure that all staff, independent contractors, consultants, students, volunteers and trainees with unsupervised access to residents are screened for criminal history disclosure and background requirements consistent with RCW [43.43.830](#) through [43.43.842](#).

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-055, filed 7/20/05, effective 8/20/05.]

246-337-060

Infection control.

The licensee must ensure each resident's care is provided in an environment that prevents the transmission of infections and communicable disease among residents, staff, and visitors including:

- (1) Implementing and maintaining an infection control program by assignment of responsibility for infection control and monitoring to a specified staff member.

(2) Maintaining an infection control program that includes adoption and implementation of written policies and procedures for:

(a) Meeting the standards as outlined in the most recent edition of the department's *Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) Curriculum Manual*, including;

- (i) Hand hygiene;
- (ii) Disinfection;
- (iii) Standard/universal precautions;

(b) Residents with poor hygiene;

(c) Control of bloodborne pathogens in accordance with WISHA, chapter [296-823 WAC](#);

(d) Control of tuberculosis consistent with WISHA, department guidelines, and chapter [246-170 WAC](#);

(e) Exclusion of staff from work who have a communicable disease in an infectious stage; and

(f) Environmental management and housekeeping functions.

(3) Ensuring that staff report notifiable conditions and cooperate with public health authorities to facilitate investigation of a case, suspected case, or outbreak of a notifiable condition, consistent with chapter [246-101 WAC](#).

(4) Providing the equipment necessary to implement the RTF infection control policies and procedures.

(5) Complying with chapter [246-100 WAC](#) "Communicable and certain other diseases."

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-060, filed 7/20/05, effective 8/20/05.]

246-337-065

Health and safety.

The licensee must protect resident health and safety by developing written policies and procedures that are consistent with the requirements of this chapter, and address:

(1) Coordination of interagency and intra-agency services, if any, to meet and provide for resident health care needs.

(2) The provision of health care services.

(3) The provision for transportation for residents in accordance with Washington state laws and rules governing transportation.

(4) Smoking policies and procedures in compliance with applicable Washington state laws and rules.

(5) Security to protect residents, visitors, staff and property including, but not limited to:

(a) Controlling access to and egress (elopement and evacuation) from the RTF; and

(b) Investigating, and recording all security incidents.

(6) Reporting to the department serious or undesirable resident outcomes including, but not limited to, death, suicide, or major disruption of services through internal or external emergency events.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-065, filed 7/20/05, effective 8/20/05.]

246-337-070**Emergency disaster plan.**

(1) The licensee must ensure resident health and safety by establishing and implementing an emergency plan designed for response to internal and external emergency safety situations. The emergency plan must:

- (a) Be specific to the RTF, and each building that comprises the RTF;
- (b) Be communicated to the residents and staff;
- (c) Be coordinated with local emergency plans;
- (d) Address actions the licensee will take if residents cannot return to the facility;
- (e) Be posted or readily available to all staff and residents; and
- (f) Require emergency phone numbers to be adjacent to appropriate phones.

(2) The emergency plan must identify:

- (a) Who is responsible for each aspect of the plan;
- (b) Procedures for accounting for all residents and staff during and after the emergency;
- (c) How the premises will be evacuated, if necessary, and the meeting location after evacuation;

- (d) How to address care of residents with special needs during and after an emergency;
- (e) Provisions for emergency medications, food, water, clothing, shelter, heat and power;
- (f) How family members will be contacted; and
- (g) Transportation arrangements if necessary.

(3) The licensee must evaluate the effectiveness of the emergency plan, including:

- (a) Review at least annually and revise as needed;
- (b) Conduct and document, at least annually, emergency drills for residents and staff; and
- (c) Debrief and evaluate the plan after each emergency incident or drill.

(4) Supplies and first-aid equipment must be:

- (a) In a designated location;
- (b) Readily available to staff during all hours of operation including during transportation of residents;
- (c) Sufficient in type and quantity according to staff and residents' needs; and
- (d) Sufficient to maintain a three-day emergency supply of dry or canned food and water for all staff and residents.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-070, filed 7/20/05, effective 8/20/05.]

246-337-075**Resident rights.**

The licensee must establish a process to ensure resident rights are protected in compliance with chapter [71.12 RCW](#), this chapter, and with chapters [70.96A](#), [71.05](#), and/or [71.34 RCW](#), as applicable, depending on the service categories that are part of the RTF license. This process must address, at a minimum, how the RTF will:

(1) Inform each resident in an understandable manner, his or her personal representative, designee or parent, of all rights, treatment methods, and rules applicable to the proposed health care of a particular resident.

(2) Document that each resident received a written copy of his or her rights on or before admission.

(3) Address use of emergency interventions such as use of youth behavior management guidelines, restraint and/or seclusion, the use of special treatment interventions, restriction of rights and parameters of confidentiality.

(4) Allow residents, their personal representatives, and parents, to review resident files in accordance with chapter [70.02 RCW](#).

(5) Ensure that each resident is treated in a manner that respects individual identity, human dignity and fosters constructive self-esteem by ensuring each resident has the right to:

(a) Be free of abuse, including being deprived of food, clothes or other basic necessities;

(b) Be free of restraint and/or seclusion, except as provided in [WAC 246-337-110](#);

(c) Participate or abstain from social and religious activities;

(d) Participate in planning his or her own health care and treatment that considers their own medical and/or mental health advance directives;

(e) Refuse to perform services for the benefit of the RTF unless agreed to by the resident, as a part of the individual health care plan and in accordance with applicable law;

(f) Inform each resident of the cost of treatment;

(g) Inform each resident in writing of the department contact information, including telephone number and mailing address;

(h) Inform each resident that the resident may file a complaint with the department regarding the RTF's noncompliance with any part of this chapter, without interference, discrimination or reprisal. The resident may choose whether to notify the RTF of the complaint;

(i) Promote a healthy, safe, clean and comfortable environment;

(j) Protect each resident from invasion of privacy: Provided that reasonable means may be used to detect or prevent items that may be harmful or injurious to the resident or others, from being possessed or used on the premises.

(6) Protect the confidentiality of treatment and personal information when communicating with individuals not associated or listed in the resident individual's treatment plan or confidentiality disclosure form.

(7) Comply with reporting requirements of suspected incidents of child or adult abuse and neglect in accordance with chapters [26.44](#) and [74.34 RCW](#).

(8) Account for each resident's assets, including allowance, earnings from federal or state sources and expenditures.

(9) Assist each resident, upon request, in sending written communications of the fact of the resident's commitment in the RTF to friends, relatives, or other persons.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-075, filed 7/20/05, effective 8/20/05.]

246-337-080

Resident care services.

(1) **Policies and procedures:** The licensee must establish and implement policies and procedures that describe how residents are provided care and personal equipment to meet their health care needs including:

(a) Admission, transfer, discharge and referral process.

(b) Addressing how the licensee provides or makes provision for health care services.

(c) Addressing the action of RTF personnel when medical emergencies or a threat to life arises when a physician or authorized health care provider is not present including:

(i) Having current policies and procedures signed by a physician or authorized health care provider, reviewed as needed and at least biennially;

(ii) How resident medical and related data shall be transmitted in the event of a transfer;

(iii) Need for the notification of legal guardian or next of kin, the department or other regulatory agencies in the event of a serious change in the resident's condition, transfer of a resident to another facility, elopement, death, or when unusual circumstances occur; and

(iv) When to consult with internal or external resource agencies or persons e.g., poison control, fire department and police.

(d) Addressing how the RTF must provide for each resident's need for personal care items and durable medical equipment.

(e) Addressing provisions for transfer and appropriate prenatal and postnatal care services for pregnant residents.

(f) Addressing how a licensee providing twenty-four hours per day nursing service functions provides systems for supervision, assessment and delegation in accordance with applicable statute and rules including chapter [18.79 RCW](#), Nursing care.

(g) Addressing how a licensee providing acute detoxification services must ensure resident health and safety including:

(i) A licensed nurse must be on-site when a resident is receiving acute detoxification services;

(ii) Registered nurse responsible for supervising resident care nursing services shall be on-site at least four hours per week and available on-call to the licensed practical nurse; and

(iii) Policies and procedures for acute detoxification services approved by an authorized health care provider.

(h) Addressing how licensees providing subacute detoxification services must ensure resident health and safety, including:

(i) Implementing policies and procedures establishing agreements with authorized health care providers or hospitals that includes:

(A) Criteria for determining the degree of medical stability of a potential resident in a subacute detoxification facility;

(B) Monitoring the resident after being admitted;

(C) Reporting abnormal symptoms according to established criteria;

(D) Criteria requiring immediate transfer to a hospital; and

(E) Resident discharge or transfer criteria;

(ii) Monitoring of residents by a staff including observing a resident for signs and symptoms of illness or trauma; and

(iii) Observing the resident to self-administer his or her own medication as prescribed by the resident's health care provider.

(2) **Delivery of resident care services:** The licensee must ensure the provision of or for that resident care services to meet the health care needs of the resident including:

- (a) Admission is limited to residents for whom a facility is qualified by staff, services, equipment, building design and occupancy to give safe care.
- (b) A health care screen of each resident that is to be conducted upon admission and updated as changes occur or when additional health care needs are identified.
- (c) A completed comprehensive health assessment and medical history that is to be conducted by a health care provider following admission to an RTF, unless a current comprehensive health assessment or review was performed and is available upon admission to an RTF providing mental health or acute detoxification services.
- (d) A health assessment by a health care provider, any time a resident exhibits signs and symptoms of an injury, illness or abnormality for which medical diagnosis and treatment are indicated.
- (e) Access to and availability of authorized health care providers to develop and implement the resident plan of care.
- (f) Sufficient numbers of trained personnel who are available to provide health care according to the resident's health care plan.
- (g) Provision for or access by referral to health care for residents admitted to the RTF including, but not limited to:
 - (i) Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations.
 - (ii) Assisting residents to keep health care appointments.
 - (iii) Medication administration or observing the resident self-administer his or her own medication as prescribed by the resident's authorized health care provider.
 - (iv) Incorporating resident's health care needs and behavioral needs into the resident's overall health care plan;
 - (v) Emergency health care.
- (h) Provision for twenty-four hours per day nursing service functions to include availability by phone; when the RTF provides mental health inpatient evaluation and treatment, mental health adult residential treatment, mental health child long-term inpatient treatment, mental health child inpatient evaluation and treatment, and/or chemical dependency acute detoxification.
 - (i) Provision is made either on the premises, through a contract laboratory or through a health care provider for service(s) required by the resident.
 - (j) Storing and labeling each resident's personal care items separately preventing contamination and access by other residents.
- (3) **Documentation:** The licensee must ensure documentation of health care received or provided in the resident's health care record.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-080, filed 7/20/05, effective 8/20/05.]

246-337-085

Accepting a child with a parent in treatment.

A chemical dependency facility that accepts a child with a parent in treatment must assure child care services are provided for the child and the services of a health care provider who is responsible for developing health care policies, provides consultation and monitors the child's health care. The facility shall:

(1) Operate or arrange for child care licensed by DSHS under chapter [388-295 WAC](#), Minimum licensing requirements for child day care centers, chapter [388-151 WAC](#), School-age child care center minimum licensing requirements, chapter [388-155 WAC](#), Minimum licensing requirements for family child day care homes which the children will attend during treatment hours of the parent;

(2) Allow an infant under one month of age to be cared for by the staff of the RTF to supplement care by the mother;

(3) Allow the parent to be responsible for the care of his/her own child during the hours the parent is not in treatment, with the following conditions:

(a) The parent's management of the child is subject to the policies and procedures of the RTF;

(b) A parent may designate another resident to care for a child, if the designation is in writing and includes:

(i) A specified time period;

(ii) Any special instructions; and

(iii) Is signed by the parent, designee and staff member who approves of the designation;

(4) Establish policies and procedures addressing the chronological and developmental needs of the children to be accepted;

(5) Obtain a health history for each child following admission;

(6) Develop with the parent a plan of care for each child that addresses the child's health care needs including medications.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-085, filed 7/20/05, effective 8/20/05.]

246-337-090

Food and nutrition services.

The licensee must ensure that nutritionally adequate and appetizing meals that meet resident needs are stored, prepared and served in accordance with chapter [246-215 WAC](#).

(1) The licensee shall provide:

(a) Food and dietary services managed by a person knowledgeable in food services, and, when needed, consultative services provided by a registered dietician;

(b) Food and water daily, supplying at least one hundred percent of the current nationally recommended dietary allowance for meals and snacks, adjusted for:

(i) Age, gender, development, activities and health conditions; and

(ii) Reasonable accommodations for cultural and religious preferences.

(2) The licensee shall provide at least three meals at regular intervals without more than fourteen hours between the last meal of the day and the first meal of the next day.

(3) If modified food plans are needed for residents receiving detoxification services or who have other nutritional needs, the licensee must:

(a) Provide modified diets, nutrient supplements and concentrates to residents as prescribed by an authorized health care provider;

(b) Limit modified meal content or frequency to no more than forty-eight hours without an authorized health care provider's orders; and

(c) Notify staff of any resident with food allergies or other medical conditions, symptoms of allergic reactions to watch for, and emergency measures to take if they occur.

(4) The licensee must allow sufficient time for residents to consume meals.

(5) The licensee must designate at least one individual having a current food and beverage service worker's permit to monitor and oversee food handling at the RTF; and require that all residents who do not have food and beverage worker permits, but have been medically screened and cleared to work in the kitchen, be oriented and supervised by staff with current food and beverage worker permits at all times when working in the kitchen.

(6) Menus must be dated, available and conspicuously posted one week or more in advance. The licensee must:

(a) Keep records of all food served, and substitutions;

(b) Retain menu records of food served for at least three months.

(7) All food must be prepared on-site unless the licensee has a signed contract or agreement with a food establishment.

(8) Each licensee must keep on file:

(a) A description of how food will be handled, prepared and stored; and

(b) A written plan of action should food be in an unacceptable condition.

(9) Staff must follow manufacturer's instructions in operating kitchen equipment.

(10) A licensed RTF with sixteen or fewer residents may use domestic or home-type kitchen appliances.

(11) An RTF with more than sixteen residents must use commercial appliances.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-090, filed 7/20/05, effective 8/20/05.]

246-337-095

Resident health care records.

The licensee must ensure the RTF meets the following requirements:

(1) Develop and implement procedures for maintaining current health care records as required by chapter [70.02 RCW](#) and [RCW 71.05.390](#) or by applicable laws.

(2) Make health care records accessible for review by appropriate direct care staff, the resident and the department in accordance with applicable law.

(3) Ensure health care records are legibly written or retrievable by electronic means.

(4) Document medical information on the licensee's standardized forms.

(5) Record health care information by the health care provider or direct care staff with resident contact to include typed or legible handwriting in blue or black ink, verified by signature or unique identifier, title, date and time.

(6) Maintain the confidentiality and security of health care records in accordance with applicable law.

(7) Maintain health care records in chronological order in their entirety or chronological by sections.

(8) Keep health care records current with all documents filed according to the licensee's written timeline policy.

(9) Inclusion of the following, at a minimum, in each record:

- (a) Resident's name, age, sex, marital status, date of admission, voluntary or other commitment, name of physician, diagnosis, date of discharge, previous address and phone number, if any;
 - (b) Resident's receipt of notification of resident's rights and responsibilities, if applicable;
 - (c) Resident's consent for health care provided by the RTF;
 - (d) A copy of any authorizations, advance directives, powers of attorney, letters of guardianship, or other similar documentation provided by the resident;
 - (e) Original reports, where available or, if not available, durable, legible copies of original reports on all tests, procedures, and examinations performed on the resident;
 - (f) Health assessments;
 - (g) Health care plan, including the names, relationship to the resident and addresses of those individuals the resident states with whom the RTF may freely communicate regarding the health care of the resident without violating the resident's right to confidentiality or privacy of health care information;
 - (h) Dated and signed (or initialed) notes describing health care provided for each contact with the resident pertinent to the resident's health care plan including, but not limited to:
 - (i) Physical and psychosocial history;
 - (ii) Medication administration, medical/nursing services, and treatment provided, resident's response to treatment and any adverse reactions and resolution of medical issues;
 - (iii) Use of restraint or seclusion consistent with WAC [246-337-110](#);
 - (iv) Instructions or teaching provided to resident in connection with his or her health care;
 - and
 - (v) Discharge summary, including:
 - (A) Concise review of resident's physical and mental history, as applicable;
 - (B) Condition upon discharge;
 - (C) Recommendations for services, follow-up or continuing care; and
 - (D) Date and time of discharge.
 - (10) Retaining the health care records at least six years beyond resident's discharge or death date, whichever occurs sooner, and at least six years beyond the age of eighteen.
 - (11) Destroying the health care records in accordance with applicable law and in a manner that preserves confidentiality.
- [Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-095, filed 7/20/05, effective 8/20/05.]

246-337-100

Health care plan.

The licensee must ensure that an individual health care plan is developed and implemented for each resident based on health assessment(s) on admission and updated as additional needs are identified during treatment that includes the following:

- (1) The health care plan must be prepared by one or more staff involved in the resident's care with participation by the resident and by either his or her legal representative or parent when minors are involved;
- (2) An initial or provisional health care plan addressing the health care needs of the resident on admission to a RTF;

(3) A discharge (aftercare) health care plan if the resident will require less than a fourteen-day treatment, if appropriate; and

(4) A comprehensive health care plan developed by participants providing health care to the resident addressing and including, but not limited to:

(a) Health care needs;

(b) Implementation, modification and review of health care needs documented in the health care plan and health care record;

(c) Needs of a mother and child during pregnancy and after delivery, if applicable;

(d) Work assignments given to residents as part of their health care plan, if applicable; and

(e) Discharge health care needs.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-100, filed 7/20/05, effective 8/20/05.]

246-337-105

Medication management.

The licensee is responsible for the control and use of all medications within the RTF, including:

(1) Ensuring policies and procedures and medication protocols are developed, approved, reviewed and implemented by licensed health care providers, administration and pharmacist (as needed). The policies and procedures must be consistent with the rules of the department and the pharmacy quality assurance commission and address all aspects of medication administration, including the following:

(a) Timely procurement;

(b) Medication administration;

(c) Prescribing;

(d) Proper storage conditions addressing security, safety, sanitation, temperature, light, moisture and ventilation;

(e) Use of nonprescription drugs:

(i) List of drugs available;

(ii) Parameters of use;

(f) Receipt;

(g) Proper labeling;

(h) Disposal;

(i) Medication brought into RTF by a resident;

(j) Accountability;

(k) Starter supply of psychotropic, detoxification and emergency drugs not for a specific resident;

(l) Emergency allergy response kit of prepackaged medications and supplies for the treatment of anaphylactic shock; and

(m) Medications for short term authorized absence (pass) from the RTF, where applicable.

(2) Establishing and maintaining of an organized system that ensures accuracy in receiving, transcribing and implementing policies and procedures for medication administration, including ensuring residents receive the correct medication, dosage, route, time, and reason.

- (3) Documentation of all medications administered or self-administered, including the following data:
- (a) Name and dosage of medication;
 - (b) Start/stop date;
 - (c) Time;
 - (d) Route;
 - (e) Staff or resident initials indicating medication was administered, self-administered or issued;
 - (f) Notation if medication was refused, held, wasted or not administered or self-administered;
 - (g) Allergies;
 - (h) Resident response to medication when given as necessary or as needed (PRN);
 - (i) Medical staff notification of errors, adverse effects, side effects; and
 - (j) Within established parameters for nonprescription drugs.
- (4) Ensuring written orders are signed by an authorized health care provider with prescriptive authority for all legend drugs and vaccines. Verbal orders for legend drugs and vaccines must be signed by the prescriber as soon as possible, but no later than seven days after the verbal order.
- (5) Ensuring use of nonprescription drugs that are self-administered are:
- (a) Within parameters established for nonprescription drugs; and
 - (b) According to established list.
- (6) Having a current established drug reference resource available for use by RTF staff.
- [Statutory Authority: 2013 c 19 and RCW [71.12.670](#). WSR 15-09-108, § 246-337-105, filed 4/20/15, effective 5/21/15. Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-105, filed 7/20/05, effective 8/20/05.]

246-337-110

Use of seclusion and restraint.

Any RTF that utilizes restraint or seclusion must ensure that restraint or seclusion is performed in compliance with chapters [70.96A](#), [71.05](#), [71.34](#) RCW, this chapter, and other applicable federal and state laws and rules. Restraint and seclusion must be performed in a manner that is safe, proportionate and appropriate to the severity of the behavior, the resident's chronological and developmental age, size, gender, physical, medical and psychiatric condition, and personal history.

(1) The licensee may use seclusion or restraint only in emergency situations needed to ensure the physical safety of the individual resident or other residents or staff of the facility, and when less restrictive measures have been found to be ineffective to protect the resident or others from harm.

(2) Seclusion and restraint procedures must be implemented in the least restrictive manner possible in accordance with a written modification to the resident's health care plan and discontinued when the behaviors that necessitated the restraint or seclusion are no longer in evidence.

(3) "Whenever needed" or "as needed" (PRN) orders for use of seclusion or restraint are prohibited.

(4) A physician or other authorized health care provider must authorize use of the restraint or seclusion within one hour of initiating the restraint or seclusion.

(5) Each order of restraint or seclusion is limited in length of time to:

(a) **Adults:** Four hours;

(b) **Children and adolescents ages nine to seventeen:** Two hours; and

(c) **Children under nine years of age:** One hour.

(6) A physician or an authorized health care provider, authorized by the licensee, may only renew the original order in accordance with these limits for up to a total of twenty-four hours.

(7) A physician or an authorized health care provider must examine the resident, before the restraint or seclusion exceeds more than twenty-four hours. This procedure must be repeated for each subsequent twenty-four hour period of restraint or seclusion.

(8) Within one hour of initiation of restraint or seclusion, an authorized health care provider must conduct a face-to-face assessment of the physical and psychological well-being of the resident.

(9) The resident's clinical record must include the following documentation should restraint or seclusion be used:

(a) Order for the restraint or seclusion including name of the physician or authorized health care provider authorizing restraint or seclusion;

(b) Date/time order obtained;

(c) The specific intervention ordered including length of time and behavior that would terminate the intervention;

(d) Time restraint or seclusion began and ended;

(e) Time and results of one hour assessment;

(f) Resident behavior prior to initiation of restraint or seclusion;

(g) Any injuries sustained during the restraint or seclusion; and

(h) Post intervention debriefing with resident to discuss precipitating factors leading to the need for intervention.

(10) Safety health checks must be conducted and documented at a minimum of every fifteen minutes, to include:

(a) Behavior;

(b) Food/nutrition offered;

(c) Toileting; and

(d) Physical condition.

(11) Staff shall continuously observe and monitor residents in seclusion or restraint by an assigned staff member (face-to-face) or by staff using both video and audio equipment.

(12) Staff involved in the restraint or seclusion will debrief and address effectiveness and safety issues.

(13) The licensee must ensure that restraint and seclusion is carried out in a safe environment. This room must:

(a) Be designed to minimize potential for stimulation, escape, hiding, injury, or death;

(b) Have a maximum capacity of one resident;

(c) Have a door that opens outward;

(d) Have a staff-controlled, lockable, adjoining toilet room;

(e) Have a minimum of three feet of clear space on three sides of the bed; and

(f) Have negative pressure with an independent exhaust system with the exhaust fan at the discharge end of the system.

(14) Restraint equipment must be clean and in good repair.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-110, filed 7/20/05, effective 8/20/05.]

246-337-115

Cleaning, maintenance and refuse disposal.

The licensee must ensure that the RTF, equipment and furnishings are safe, sanitary, and maintained in good repair. The RTF shall provide for:

- (1) Sanitary disposal and collection of garbage and refuse, by including:
 - (a) Use of noncombustible waste containers in resident rooms and common use areas;
 - (b) Containers constructed of nonabsorbent material, which are water-tight, covered, and adequate to store garbage and refuse generated by the RTF;
 - (c) A storage area location convenient for resident and staff use;
 - (d) An area and containers that are cleaned and maintained to prevent:
 - (i) Entrance of insects, rodents, birds, or other pests;
 - (ii) Odors; and
 - (iii) Other nuisances.
- (2) Management of biohazardous and nonmedical waste in accordance with applicable federal, state and local rules, including the use of appropriate containers and collection and disposal services if infectious wastes are generated.
- (3) A locked housekeeping room on each level of the RTF that is equipped with:
 - (a) A utility sink or equivalent means of obtaining and disposing of mop water separate from food preparation and service areas; and
 - (b) Storage for cleaning supplies and wet mops which is mechanically ventilated to the outside according to standards adopted by the state building code council, chapter [51-13 WAC](#).
- (4) Adequate storage space for:
 - (a) Clean and soiled equipment and linens;
 - (b) Lockable, shelved storage impervious to moisture, for cleaning supplies, disinfectants and poisonous compounds; and
 - (c) Separate, locked storage for flammable materials or other fire and safety hazards.
- (5) A safe and cleanable area is designated for pouring stock chemicals and cleaning supplies into separate, properly labeled containers if stock chemicals are used.
- (6) An effective pest control program so that the RTF is free of pests such as rodents and insects.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-115, filed 7/20/05, effective 8/20/05.]

246-337-120

Facility, environment, and space requirements.

The licensee must ensure that each RTF, exterior grounds and component parts such as, but not limited to, fences, equipment, outbuildings and landscape items are safe, free of hazards, clean, and maintained in good repair, including:

- (1) Each RTF shall be located on a site which is:
 - (a) Free of standing water; and

(b) Accessible by emergency vehicles on at least one street, road or driveway usable under all weather conditions and free of major potholes or obstructions.

(2) Develop and implement systems for routine preventative maintenance, including:

(a) Heating ventilation and air conditioning, plumbing and electrical equipment;

(b) Certification and calibration of biomedical and therapeutic equipment; and

(c) Documentation of all maintenance.

(3) Rooms shall be provided for dining, multipurpose, counseling, therapy and social activities, including:

(a) At least forty square feet per resident for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies;

(b) A ceiling height of at least seven and one-half feet over the required floor area throughout the RTF;

(c) At least one private area for visitation of residents and guests;

(d) Therapy rooms for individual and group counseling that maintain visual and auditory confidentiality in the ratio of at least one room per twelve residents; and

(e) A medical examination room, when there is routine physical examination of residents within the RTF. The examination room must be equipped with:

(i) An exam table with at least three feet of space on two sides and end of the table for staff access;

(ii) An examination light;

(iii) Storage units for medical supplies and equipment;

(iv) A handwashing sink;

(f) Dining room(s) or area(s) are large enough to accommodate all residents at a single sitting or in no more than three shifts. If the space is used for more than one purpose, that space must be designed to accommodate each of the activities without unreasonable interference with one another.

(4) Equip stairways with more than one riser and ramps with slopes greater than one in twenty with handrails on both sides. Ends of handrails are designed in a manner that eliminates a hooking hazard.

(5) School facilities, excluding child care, serving residents on the same grounds as the RTF must meet all requirements for health and safety and comply with chapter [246-366 WAC](#), Primary and secondary schools.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-120, filed 7/20/05, effective 8/20/05.]

246-337-125

Toilet rooms and bathrooms.

The licensee must ensure that private or common-use toilet rooms and bathrooms are available to residents including:

(1) Provision for a minimum of one toilet (water closet) and handwashing sink for every eight residents, or fraction thereof. Urinals may count for up to one-third of the required toilets in a male-only toilet room.

(2) A toilet and handwashing sink in, or immediately accessible to each bathroom.

(3) A minimum of one bathing fixture for every eight residents.

- (4) Rooms containing more than one water closet or more than one bathing area must:
- (a) Be designated for use by one gender, unless it is a toilet specifically designated for children under the age of six years;
 - (b) Provide for privacy during toileting, bathing, and dressing through the use of doors or dividers;
 - (5) Each toilet room and bathroom must be equipped with:
 - (a) Water resistant, smooth, easily cleanable, slip-resistant bathtubs, showers, and floor surfaces;
 - (b) Washable walls to the height of splash or spray;
 - (c) Washable cabinets and counter tops;
 - (d) Plumbing fixtures designed for easy cleaning;
 - (e) Clean, nonabsorbent toilet seats free of cracks;
 - (f) Grab bars installed at each water closet and bathing fixture;
 - (g) Shatter resistant mirrors when appropriate;
 - (h) Adequate lighting for general illumination;
 - (i) One or more handwashing sink with soap and single use or disposable towels with a mounted paper towel dispenser, unless a blower or equivalent hand-drying device is provided;
 - (j) Toilet tissue with a reachable mounted tissue dispenser by each toilet.
 - (6) Reasonable access to bath and toilet rooms must be provided by:
 - (a) Locating a toilet room and bathing facilities on the same floor or level as the sleeping room of the resident; and
 - (b) Providing access without passage through any food preparation area or from one bedroom through another bedroom.
 - (7) If a toilet room or bathing facility adjoins a bedroom, the bathing facility is restricted to use by those residents residing in the adjoining bedrooms.
- [Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-125, filed 7/20/05, effective 8/20/05.]
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246-337-130

Water supply, sewage and waste disposal.

The licensee must ensure that water supply and waste disposal in each facility meet the provisions of chapter [246-290](#) or [246-291](#) WAC, whichever applies, including:

- (1) Maintaining tempered water between one hundred and one hundred twenty degrees Fahrenheit in resident areas.
- (2) Maintaining the plumbing systems free of cross connections.
- (3) Assuring all sewage and waste water drain into a public sewer system in compliance with applicable laws and rules, or meet the requirements of chapters [246-272](#) and [173-240](#) WAC, and local laws and rules.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-130, filed 7/20/05, effective 8/20/05.]

246-337-135

Heating, ventilation and air conditioning.

(1) The licensee must ensure that all rooms used by residents are able to maintain interior temperatures between sixty-five degrees Fahrenheit and seventy-eight degrees Fahrenheit year-round.

(2) Direct evaporative coolers may not be used for cooling. In existing facilities, no new or replacement evaporative coolers may be used after adoption of these rules. Facilities currently using direct evaporative coolers (swamp coolers or similar equipment) shall follow manufacturer's instructions and develop and implement a written preventive maintenance program.

(3) All areas of the building must be ventilated to prevent excessive odors and moisture. The ventilation system must be in compliance with chapter [51-13 WAC](#). Facilities licensed prior to July 1991 may continue to use windows for ventilating toilet rooms, bathrooms, and janitor rooms if the windows are equipped with sixteen gauge mesh screens.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-135, filed 7/20/05, effective 8/20/05.]

246-337-140

Lighting, emergency lighting, and electrical outlets.

The licensee must ensure that lighting, emergency lighting, and electrical outlets are adequate and safe including:

(1) Light fixtures are protected against light bulb breakage by using appropriately fitted shields, bulbs, or tubes manufactured with shatter resistant materials in all areas occupied by residents, including common areas, and in medication and food preparation areas.

(2) Each room or area occupied by children under age five or residents with unsafe behaviors must have tamper resistant electrical outlets.

(3) Each electrical outlet within six feet of a sink or wet area must be of the ground fault interrupter type or be controlled by a ground fault circuit interrupter.

(4) Provide emergency lighting on each floor.

(5) Provide operable exterior lighting with solar or battery backup at the exit and entry doors.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-140, filed 7/20/05, effective 8/20/05.]

246-337-145

Laundry.

The licensee must ensure that laundry facilities, equipment, handling and processes ensure linen and laundered items provided to residents are clean, in good repair and adequate to meet the needs of residents including:

(1) The licensee must provide laundry and linen services on the premises, or by commercial laundry.

(2) The licensee must handle, clean, and store linen according to acceptable methods of infection control. The licensee must:

- (a) Provide separate areas for handling clean laundry and soiled laundry;
- (b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;
- (c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources;
- (d) Ensure all staff wears appropriate personal protective equipment and uses appropriate infection control practices when handling laundry;
- (e) Ensure that damp textiles or fabrics are not left in machines for longer than twelve hours;
- (f) Ensure that gross soil is removed before washing and proper washing and drying procedures are used; and
- (g) Ensure that contaminated textiles and fabrics are handled with minimum agitation to avoid contamination of air, surfaces and persons.

(3) The licensee must use and maintain laundry equipment according to manufacturers' instructions.

(4) The licensee must use washing machines that have a continuous supply of hot water with a temperature of one hundred forty degrees Fahrenheit, or that automatically dispense a chemical sanitizer and detergent or wash additives as specified by the manufacturer, whenever the licensee washes:

- (a) Licensee's laundry;
- (b) Licensee's laundry is combined with resident's laundry into a single load; or
- (c) More than one resident's laundry is combined into a single load.

(5) The licensee or a resident washing an individual resident's personal laundry, separate from other laundry, may wash the laundry at temperatures below one hundred forty degrees Fahrenheit provided chemicals suitable for low temperature washing at proper use concentration and according to the cleaning instructions of the textile, fabric or clothing are used.

(6) The licensee must ventilate laundry rooms and areas to the exterior including areas or rooms where soiled laundry is held for processing by offsite commercial laundry services.

(7) The licensee must locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.

(8) If the licensee provides a laundry area where residents may do their personal laundry, the laundry area must be arranged to reduce the chances of soiled laundry contaminating clean laundry and equipped with:

- (a) A utility sink;
- (b) A table or counter for folding clean laundry;
- (c) At least one washing machine and one clothes dryer; and
- (d) Mechanical ventilation to the exterior.

[Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-145, filed 7/20/05, effective 8/20/05.]

246-337-150

Resident rooms, furnishings and storage.

The RTF shall ensure that residents have an accessible, clean, well-maintained room with sufficient space, light, and comfortable furnishings for sleeping and personal activities including, but not limited to:

(1) Sleeping rooms designed to provide at least a three-foot clear access aisle from the entry door, along at least one side of each bed, and in front of all storage equipment.

(2) If a bunk bed is used, a minimum access aisle of five feet shall be provided along at least one side of the bunk bed.

(3) Room identification and resident capacity per sleeping room consistent with the approved room list and evacuation floor plan.

(4) Direct access to a hallway, living room, lounge, the outside, or other common use area without going through a laundry or utility area, a bath or toilet room, or another resident's bedroom.

(5) Each sleeping room having one or more outside windows that:

(a) Is easily opened if necessary for fire exit or ventilation;

(b) Is marked with a solid color or barriers to prevent residents from accidentally walking into them if clear glass windows or doors extend to the floor;

(c) Has adjustable curtains, shades, blinds, or equivalent installed at the windows for visual privacy; and

(d) Is shatterproof, screened, or of the security type as determined by the resident needs.

(6) Sleeping rooms equipped with:

(a) One or more noncombustible waste containers;

(b) An individual towel and washcloth rack or an equivalent method to provide clean towels and washcloths;

(c) Storage facilities for storing a reasonable quantity of clothing and, when requested by the resident, storage in a lockable drawer, cupboard, locker, or other secure space somewhere in the building;

(d) Furniture appropriate for the age and physical condition of each resident, must be provided, including:

(i) A chair, which may be used in either the bedroom or a group room interchangeably;

(ii) A bed of appropriate size equipped with:

(A) A mattress that is clean, in good repair, and fits the frame;

(B) One or more pillows that are clean, and in good repair for each resident over two and one-half years;

(C) Bedding that includes a tight-fitting sheet or cover for the sleeping surface, and a clean blanket or suitable cover; and

(D) Bedding that is in good repair, changed weekly or more often as necessary to maintain cleanliness;

(iii) A bed thirty-six or more inches wide for adults and appropriate size for children, spaced thirty-six inches apart;

(iv) A single level nonstacking crib, infant bed, bassinet or playpen for children twenty-four months and younger meeting chapter [70.111 RCW](#), and including:

(A) Sleep equipment having secure latching devices; and

(B) A mattress that is:

(I) Snug-fitting to prevent the infant from becoming entrapped between the mattress and crib side rails;

(II) Waterproof and easily sanitized; and

- (III) Free of crib bumpers, stuffed toys or pillows;
- (v) A youth bed or regular bed for children twenty-five months and older;
- (vi) If bunk beds are used, children six years of age or less are prohibited from utilizing the upper bunk.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-150, filed 7/20/05, effective 8/20/05.]

246-337-155

Pet management and safety.

The licensee must ensure the health and safety of residents and all service animals, therapy animals, and pets when allowed on the premises.

[Statutory Authority: Chapter [71.12 RCW](#). WSR 05-15-157, § 246-337-155, filed 7/20/05, effective 8/20/05.]

246-337-990

Licensing fees.

A licensee must submit the following fees to the department:

FEE TYPE	AMOUNT
Administrative processing/ initial application fee	\$204.00
License bed fee (per bed)	\$190.00
Annual renewal fee (per bed)	\$190.00
Late fee (per bed)	\$33.00 (up to \$660.00)
Follow-up compliance survey fee or a complete on-site survey fee resulting from a substantiated complaint	\$1,320.00

(1) The department shall refund fees paid by the applicant for initial licensure if:

(a) The department has received an application but has not conducted an on-site survey or provided technical assistance. The department shall refund two-thirds of the fees paid, less a fifty dollar processing fee;

(b) The department has received an application and has conducted an on-site survey or provided technical assistance. The department shall refund one-third of the fees paid, less a fifty dollar processing fee.

(2) The department will not refund fees paid by the applicant if:

(a) The department has conducted more than one on-site visit for any purpose;

(b) One year has elapsed since the department received an initial licensure application, and the department has not issued a license because the applicant failed to complete requirements for licensure; or

(c) The amount to be refunded as calculated by subsection (1)(a) or (b) of this section is ten dollars or less.

[Statutory Authority: RCW [43.70.250](#), [70.38.105](#), [18.46.030](#), [70.127.090](#), [43.70.040](#). WSR 08-12-036, § 246-337-990, filed 5/30/08, effective 7/1/08. Statutory Authority: RCW [43.70.250](#). WSR 06-21-108, § 246-337-990, filed 10/17/06, effective 11/17/06; WSR 05-23-099, § 246-337-990, filed 11/17/05, effective 12/18/05. Statutory Authority: Chapter [71.12](#) RCW. WSR 05-15-157, § 246-337-990, filed 7/20/05, effective 8/20/05.]