



RTF Stakeholder Meeting Agenda

August 5th, 2016

9:00-3:00

Department of Social and Health Services-Oak Room

[6639 Capitol Way S.W.](#)

[Tumwater, WA 98504](#)

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. Review Agenda and Meeting Objectives

II. Review of last meeting

WAC 246-337-065- In subsection (5) the language was changed to “within one business day of becoming aware of the incident...” Stakeholder request was to also include clarification that reporting is only necessary when the serious or undesirable outcomes occur in the facility.

In subsection (d)- per stakeholder request, changed the language to “injuries resulting in an inpatient hospital stay.”

WAC 246-337-070- In subsection (2) (e) clarifying language was added to make it clear that the facility must have provision for emergency medication necessary to sustain life and power for critical functions. One stakeholder asked if critical functions needed to be defined, the group consensus was that it would be up to each facility to define it in their policies and procedures.

WAC 246-337-075- Per stakeholder request, removed the language in (1)(c) that required facilities to provide contacts for ombudsman and advocacy groups. Also removed language in (2)(c) regarding mental health advanced directives as it only applies to Medicaid facilities and it’s already in their contract.

WAC 246-337-085- Subsection 5 was added but still needs some reworking. The goal is not to prohibit facilities from accepting a child just because they provide detox or mental health services, but the child’s parent could not be receiving those services and the child would have to be physically separated from those programs and residents in those programs. A stakeholder suggestion was to state that the parent must be able to care for the child.

WAC 246-337-090- Subsection (7) was simplified and requires a facility to provide modified diets if prescribed or indicated by an authorized health care prescriber or

registered dietician.

Subsection 9 language was rewritten so that only staff and residents who prepare food for group consumption need a food handler's permit and medical clearance. Those who only work in the kitchen don't need the permit or medical clearance. Stakeholder suggestion is to clarify that "work" does not include food preparation.

WAC 246-337-095- A new subsection (2) was added to clarify that health care records can be integrated into a resident's treatment plan so long as the requirements of this section are met.

WAC 246-337-155- Language was rewritten to clarify that service animals are required to be permitted on the premises but therapy animals and pets are optional. Stakeholder suggestion was to take out the word "certified" service animal. Another comment was that only dogs and miniature ponies can be service animals.

WAC 246-337-080- Language in subsection 2- overall stakeholders were okay with the requirements of the language in subsection 2. There was some confusion of the word "allow" as in "allow facility staff to administer medication to the resident." Stakeholder's also asked that to have the language reviewed to make sure it wouldn't inadvertently require level one facilities to use restraint and seclusion.

In (2)(b)(i)(B)- Stakeholder's believe that the reason mental health services currently requires availability of a nurse is because of the potential for medication management. If this is accurate and "mental health" were taken out of the language patient safety would not be jeopardized because facilities in which medications are initiated or adjusted would still have to meet staffing requirements.

Subsection (2)(c) was added per stakeholder request in order to provide clarity on what would/wouldn't be required if they weren't a level 1 or level 2 facility.

Stakeholder's had concerns regarding designating "levels" as it can be confused with ASAM criteria. There were also concerns that the way it is worded, particularly using "designated" could give the impression it's more desirable to be a level 1. It is likely that "levels" will be removed from the language and it will be rewritten to say if you do X, Y, and Z you need this type of staffing, or if you do 1, 2, and 3, then you need this type of staffing.

III. Rules Review

a) Construction review ([WAC 246-337-040](#))

This section was re-written in chronological order of how facilities go through the construction review process.

The only new requirement is found in subsection 4 which would require facilities to request and attend a presubmission conference for projects costing \$250K+. The majority of stakeholders liked this language. A few felt it should be optional. Most stakeholder's were concerned with the language regarding construction documents "that are no less than fifty percent complete" (see page 16). They wondered how this is determined and if they would be turned away if DOH determined they were not 50% complete.

Another option to having this requirement in rule is to have it in a guidance document. Some stakeholder's prefer it in rule and others would prefer it in a guidance document.

The title of the section needs to be revised as it does not only pertain to "submission requirements."

There was concern that subsections (5) (e) and (f) were new requirements.

Construction review program stated that these are not new requirements, they are reworded to clarify what is expected of facilities. It was requested to further define “interim life safety measure” within the subsection.

Subsections (7) (a) and (d) are repeats of language used earlier in the section and need to be removed.

b) Cleaning, maintenance and refuse ([WAC 246-337-115](#))

Minor wording was changed. Subsection (3) was moved to 246-337-125.

c) Facility, environment and space ([WAC 246-337-120](#))

Minor wording was changed. Much of the content in the section was moved to 246-337-120.

d) Toilet rooms and bathrooms ([WAC 246-337-125](#))

This section was renamed and construction content from other section was moved to this section.

New requirements include (7)(d) requiring a sink in the medication storage room for new construction. The seclusion room language in subsection (8) is the same language that was previously discussed during the July stakeholder meetings. Additional work will be done on this language pertaining to requiring certain facilities to have a seclusion room. Requiring seclusion rooms will not be based on accepting involuntary residents. “If applicable” will be added to the title of subsection (8).

Regarding subsection (6) stakeholder’s request modification of language to require housekeeping rooms only on levels occupied by residents.

e) Water, sewage and waste ([WAC 246-337-130](#))

Minor editing done.

f) Heating, ventilation and air conditioning ([WAC 246-337-135](#))

Reference to the most current version of building code included.

g) Lighting ([WAC 246-337-140](#))

Minor editing done.

h) Laundry ([WAC 246-337-145](#))

Minor editing and reorganization done.

i) Resident rooms ([WAC 246-337-150](#))

Minor editing done. Removed language in subsection (2)(e) so that facilities do not have to have sleeping rooms with windows that open for fire exit or ventilation. This is not appropriate for most facilities and there are other fire, life, safety options in the FLS building code.

j) Definitions ([WAC 246-337-005](#))

Several definitions were removed because they were no longer used in the chapter or they were not helpful.

In subsection (6), chemical dependency was removed as it is now referred to as substance use.

In subsection (7), everything was removed since the chapter will no longer refer to service categories.

“Child” or “minor” definition was added since there was a definition for “adult”

“Controlled substance” definition was added per previous stakeholdering.

“Co-occurring services” definition was added. DBHR is working on co-occurring rules which will define the term “co-occurring.” Rather than risk having to change the definition it is best to define “co-occurring services” by referencing DBHR WACs.

“DSHS-DBHR” was defined and it is noted that this may need to change if DBHR certification program gets moved to another agency.

“Facility” definition had added language regarding multiple buildings under a single RTF license. It was suggested that a definition of “campus” be created. Sample language may be taken from assisted living facilities rules.

A definition of “health care plan” and “treatment plan” was requested of stakeholder’s. There was not a consensus of how to define these terms. Stakeholder’s suggested calling it an “individual service plan” to match DBHR terms. DBHR does not have a definition but does have rule language listing the requirements of the plan. There are definition of individual service plans that exist outside of WAC that stakeholder’s will submit as suggestions. Language throughout the chapter would need to be updated to individual service plan.

“Health care prescriber” definition was added.

“Health care screen” definition language is more specific for clarity.

“Medication error” definition was reworded for clarity.

“Mental health services” was defined in the same manner as “co-occurring services”.

“Restraint” was defined using the federal regulation definition (see the CMS document in the back of the packet). The language stating what restraint does not include was taken from the Corrections RCW. Stakeholders stated they were very happy with this proposed draft of the definition.

“Seclusion” was defined using the federal regulation definition.

“Substance use disorder services” was defined in the same manner as “co-occurring” and “mental health” services. DBHR suggested taking out “...alcoholism, drug addiction, or dependence...” and replacing it with “substance related disorders.” Stakeholders stated they preferred the current draft language and “substance related disorders” is feels circular.

IV. Wrap-up and follow-up plan

In early September a clean, organized draft of proposed language will be sent out via the listserv and stakeholders will be given approximately one month to comment on the proposed language. Based on these comments final draft rule language will be developed and sent out with the CR-102 proposal. This draft will be used for the public hearing and there will be an opportunity to submit official public comments that will be recorded.

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.

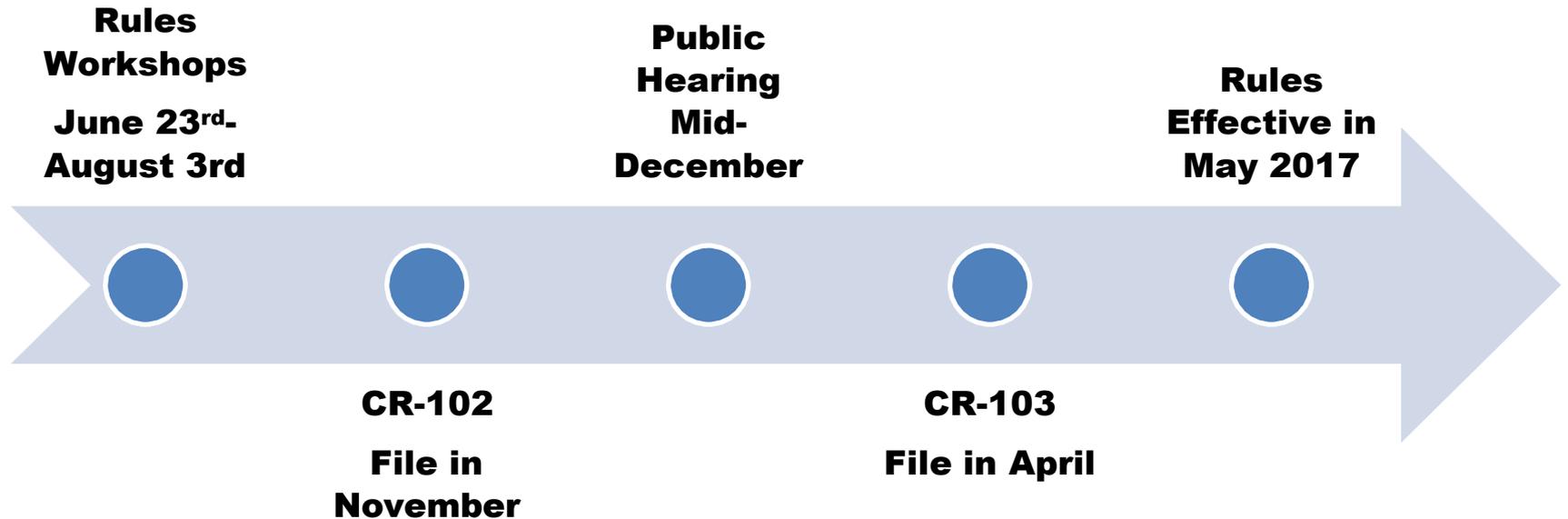
Interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication. Interested parties can participate in the updating of the rule and the decision to adopt the updated rule before publication by joining RESIDENTIAL_TREATMENT@LISTSERV <http://listserv.wa.gov/cgi-bin/wa?AO=Residential> 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



WAC 246-337-065

Health and safety ~~Safety and security.~~

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

(1) ~~Management of disorderly residents, visitors and/or staff. Coordination of interagency and intra-agency services, if any, to meet and provide for resident health care needs.~~

Comment [jtomaro1]: Previously stakeholderd

(2) ~~The provision of health care services.~~ The safety and healthcare needs of residents

Comment [jtomaro2]: Already covered in 080

Comment [jtomaro3]: In 080

during transportation including:

(a) Disorderly residents;

(b) Minimum qualifications for transport staff; and

(c) Any additional equipment in transport vehicles to ensure safety such as car seats for infants and children and first aid kits.

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

Comment [jtomaro4]: Moved and reworded.

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

Comment [jtomaro5]: Moved

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

(a) Controlling all entrances and exits; and access to and egress (elopement and evacuation) from the RTE; and

Comment [jtomaro6]: Previous stakeholding

(b) Conducting resident searches.

(b) Investigating, and recording all security incidents.

Comment [jtomaro7]: Added in during previous stakeholding

(56) 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. Within one business day of becoming aware of the incident, reporting to the department serious or undesirable outcomes including:

Comment [jtomaro8]: This would be captured in the new quality improvement language.

(a) Allegations of abuse;

(b) Death;

(c) Suicide;

(d) Injuries resulting in an inpatient hospital stay; and

(e) Disruption of services through internal or external emergency or disaster events.

Comment [jtomaro9]: Changed per stakeholder request to "business day of becoming aware"

Comment [jtomaro10]: Changed per stakeholder request from "hospital care" to "inpatient hospital stay"

Comment [jtomaro11]: Reworded. Not new requirements.

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

WAC 246-337-070

Emergency disaster plan.

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

(1) The emergency disaster plan must:

(a) Be specific to the RTF facility; 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-Include~~ emergency phone numbers ~~to be adjacent to appropriate phones.~~

(2) The emergency disaster plan must identify:

(a) ~~Who is~~ The person responsible for each aspect of the plan;

(b) ~~Procedures for accounting~~ A system to account for all residents and staff during and after the emergency;

(c) ~~How the premises will be evacuated, if necessary.~~ Evacuation procedures and the meeting location after evacuation;

(d) ~~How to address~~ Care of residents with special needs during and after an emergency;

(e) Provision ~~of~~ for emergency medications necessary to sustain life, food, water, clothing, shelter, heat and power for critical functions, for three days;

(f) How family members will be contacted; and

(g) ~~Transportation arrangements if necessary~~ Arrangements for transportation.

(3) The ~~licensee must evaluate the effectiveness of the emergency plan.~~ emergency disaster plan must include an evaluation including:

(a) Review at least annually and revise as needed;

~~(a)~~ At least annually, ~~C~~ conduct and document, at least annually, emergency drills for residents and staff; ~~and~~

~~(b)~~ A ~~D~~ debriefing and evaluate evaluation of the plan after each emergency incident or drill; ~~and~~

~~(c)~~ At least annually, review and revise (as needed) the emergency plan..-

(4) Emergency 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 Available to meet staff and residents' needs; ~~and~~ and

~~(d)~~ Within expiration dates.

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.]

Comment [jtomaro1]: Changed with previous stakeholdering

Comment [jtomaro2]: Clarified per stakeholder request

Comment [jtomaro3]: Added for clarification. Current language specifies 3 days for food and water.

Comment [jtomaro4]: Moved in section

Comment [jtomaro5]: Clarifies how often to do the drills

Comment [jtomaro6]: This is already specified in (2)(e)

WAC 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 and are based on the services provided in the RTF.~~ This process must address, at a minimum, how the RTF will:

- ~~(1)~~ ~~(1)~~ Inform each resident ~~or his or her personal representative, designee, or parent/guardian~~ 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, of the following:~~
 - ~~(a) All rights, treatment methods, and rules applicable to the proposed health care of the resident;~~
 - ~~(b) The estimated cost of treatment;~~
 - ~~(c) The name address and telephone number of the department;~~
 - ~~(d) How to file a complaint with the department without interference, discrimination, reprisal or facility knowledge; and~~
 - ~~(e) Use of applicable emergency interventions such as:
 - ~~(i) Behavior management;~~
 - ~~(ii) Restraint and/or seclusion, if used in the facility;~~
 - ~~(iii) Special treatment intervention such as room or personal searches;~~
 - ~~(iv) Restrictions of rights; and~~
 - ~~(iv) Confidentiality parameters based on terms of admission or confinement.~~~~
- ~~(2)~~ Treat each resident with dignity by ensuring each resident has the right to:
 - ~~(a) Be free of abuse, including withholding 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 health care and treatment;~~
 - ~~(e) Review or have their personal representative, designee, or parent/guardian review the resident's files in accordance with chapter 70.02 RCW.~~
- ~~(f) Refuse to perform services for the benefit of the RTF unless agreed to by the resident, documented in the individual health care plan and in accordance with applicable law;~~
- ~~(g) Have a safe and clean environment; and~~
- ~~(h) Be free from invasion of privacy. Document that each resident received a written copy of his or her rights on or before admission.~~
- ~~(3)~~ Document that each resident, or his or her personal representative, designee, or parent/guardian receives a written copy of his or her resident rights that includes all items in subsection 2 of this section on or before admission. ~~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)~~ Protect the confidentiality of:
 - ~~(a) Treatment and personal information when communicating with individuals not associated or listed in the resident's treatment plan or on the confidentiality disclosure form ;~~
 - ~~(b) Residents when visitors or other non-residents are in the facility; and~~

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Comment [jtomaro1]: Moved from above

Comment [jtomaro2]: Moved, no change in requirement

Comment [jtomaro3]: Per stakeholder request, took out requirement to provide contact info for advocacy groups and ombudsman.

Comment [jtomaro4]: Currently in 020-moved to resident rights

Comment [jtomaro5]: Limited to facilities using restraint and seclusion

Comment [jtomaro6]: Previously stakeholder language based on current language in (3).

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Comment [jtomaro7]: Per stakeholder request, removed "that considers their medical and/or mental health advance directives, if such a directive exists" since it only applies to Medicaid facilities and is in their contract.

Comment [jtomaro8]: No new requirement, just moved.

Comment [jtomaro9]: No new requirement, just moved. Added parent/guardian language

Comment [jtomaro10]: Existing language

~~(c) Residents receiving substance use disorder services in accordance with 42 CFR, 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.~~

~~(57) Comply with reporting requirements of suspected incidents of child or adult abuse and neglect in accordance with chapters 26.44 and 74.34 RCW.~~

~~(68) Account for each resident's assets, including allowance, earnings from federal or state sources and expenditures.~~

~~(79) 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.]

Comment [jtomaro11]: New language but not new requirement

Comment [jtomaro12]: Julie will make more specific

WAC 246-337-085

Accepting a child with a parent in treatment.

A ~~chemical dependency substance use disorder~~ facility that accepts a child with a parent in treatment must assure ~~a licensed child care center provides child care services for the child 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) During hours the parent is not in treatment the facility must have a parent responsible for the child's care under the following conditions:~~

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

~~(b) A parent may designate another resident to care for a child, if the designation is in writing and includes a specified time period, any special instructions, and the parent, designee and staff member sign an approval of the designation.~~

~~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;~~

~~(45) Obtain a health history for each child following admission and, if needed based on the health history, develop with the parent a plan of care for each child that addresses the child's health care needs including medications.;~~

~~(5) A child of a resident who is receiving withdrawal management or mental health services may not be accepted into the facility. If the facility provides withdrawal management or mental health services those services and residents receiving those services must be kept separate from the child milieu.~~

~~(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.]

Comment [jtomaro1]: Removes requirement of RTF to provide healthcare beyond what is required of a licensed child care center.

Comment [jtomaro2]: Moved and reworded requirements from below.

Comment [jtomaro3]: I'M NOT SURE HOW TO WORD THIS.

WAC 246-337-090

Food and nutrition services.

The licensee must ensure ~~that nutritionally adequate and appetizing meals that~~ meet resident nutritional needs, and are stored, prepared and served in accordance with chapter 246-215 WAC.

The licensee shall:

(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.~~

(2) ~~Post current food handlers permits in the kitchen.~~

(3) ~~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;~~

(4) ~~Consider age, gender, developmental age, activities and health conditions when developing meals.~~

(5) ~~Make reasonable accommodations for cultural and religious preferences.~~

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

(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 if prescribed or indicated by an authorized health care provider, prescriber or registered dietician;~~

(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.~~

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

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

Comment [jtomaro1]: Existing language

Comment [jtomaro2]: Existing language

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Comment [jtomaro3]: Existign language

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Comment [jtomaro4]: Existing

Comment [jtomaro5]: Per stakeholder request, simplified and added registered dietician.

Comment [jtomaro6]: Reworded, no new requirement

Comment [jtomaro7]: Reworded so that staff working in the kitchen don't need medical screening, and clarified that residents performing food prep for group consumption must have a card.

~~(106) Menus must be dated, available and conspicuously posted one week or more in advance.~~ Date, make available and conspicuously post menus at least one week 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.

~~(711) Prepare food on site or have food provided by a licensed food establishment under chapter 246-215 WAC, Food and Drug Administration (FDA), or United State Department of Agriculture (USDA) , with which the RTF has a signed contract or agreement and a written plan of action should food be in an unacceptable condition .~~ 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.~~

~~(120) Use commercial appliances if the kitchen provides meals for more than sixteen residents. A licensed RTF with sixteen or fewer residents may use domestic or home-type kitchen appliances. Domestic and home type equipment must meet sanitation requirements of the Food Code, 246-215 WAC.~~ 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.]

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Comment [jtomaro8]: Not a new requirement just added references

Comment [jtomaro9]: No changes in requirement

DRAFT

WAC 246-337-095

Resident health care records.

The licensee must ensure the RTF meets the following requirements:

- (1) ~~(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) ~~Health care records can be integrated into a resident's treatment plan so long as the requirements of this section are met.~~
- (3) 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 health care record information in a standardized manner. 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 or date of birth, sex, marital status, date of admission, voluntary or other commitment, name of ~~physician~~ medical prescriber, 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;~~
 - ~~(f)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;
 - ~~(iii), medical/nursing services, and treatment provided, resident's response to treatment and any adverse reactions and resolution of medical issues~~ Health care services and treatment provided, including resident's response to treatment and any adverse reactions and resolution of health care issues;
 - ~~(iiiiv)~~ Use of restraint or seclusion consistent with WAC 246-337-110;

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Comment [jtomaro1]: Need new citation. Ask DBHR.

Comment [jtomaro2]: Added per stakeholder request to clarify that health care plan can be integrated into the treatment plan.

Comment [jtomaro3]: Captured in subsection 5

Comment [jtomaro4]: Julie insert citation

Comment [jtomaro5]: Broadened to include other prescribers

Comment [jtomaro6]: moved

~~(iv)~~ Staff actions or response to health care needs;

(vi) 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~~Summary of resident's physical and mental history, as applicable;

(B) Condition upon discharge;

(C) List of current medications;

(C) Recommendations for services, follow-up or continuing care; and

(D) Date and time of discharge.

(10) ~~Retaining~~Retains 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~~ing 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.]

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WAC 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.~~

The licensee must protect the health and safety of residents when certified service animals are on the premises, and if therapy animals, or pets are allowed on the premises by developing and implementing policies and procedures that address:

- (1) Animal immunizations;
- (2) Animal behavior;
- (3) The handling and cleanup of animal waste; and
- (4) Addressing animal healthcare needs.

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

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WAC 246-337-080

Resident care services.

The licensee must establish and implement policies and procedures that describe how the licensee meets the residents' health care needs and satisfies the requirements of this section according to the facilities level care designation.

- (1) The licensee must describe how the residents' health care needs are met by:
 - (a) Limiting admission, transfer, discharge, and referral processes to residents for whom a facility is qualified by staff, services, equipment, building design and occupancy to give safe care;
 - (b) Conducting or accepting a current health care screen of each resident upon admission including a Tuberculosis risk assessment and symptom screening;
 - (c) Referring residents for health care provided outside of the facility, such as but not limited to laboratory, dental, ambulatory care or specialty services;
 - (d) Assisting residents in following all prescribed treatments, modified diets, activities or activity limitations;
 - (e) Assisting residents to keep health care appointments;
 - (f) Providing access to a health assessment by a health care prescriber any time a resident exhibits signs or symptoms of an injury, illness or abnormality for which a medical diagnosis and treatment are indicated;
 - (g) Providing access to Tuberculosis testing if the resident is high-risk or symptomatic of Tuberculosis;
 - (h) 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;
 - (i) Addressing medical emergencies or a threat to life to include:
 - a. Criteria requiring immediate transfer to a hospital;
 - b. How staff transmits the resident's 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 such as poison control, fire department and police;
 - (j) Providing access to emergency, prenatal, and postnatal care services for pregnant residents and their infants; and
 - (k) Assuring provisions of 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.
- (2) The licensee must meet the staffing requirements determined by the facilities level of care designation according to the conditions of this subsection.

- (a) Level 1.
 - (i) To be designated as a level 1, the licensee must:
 - (A) Have a health care prescriber initiate or adjust medication for residents as part of the residents treatment plan, and allow facility staff to administer medication to the resident; or
 - (B) Use restraint and seclusion.
 - (ii) Level 1 facilities shall meet the following staffing requirements:
 - (A) A nurse or a prescriber available on site during medication administration or while restraint and seclusion is being used, and available by phone twenty-four hours per day, seven days per week; and
 - (B) A prescriber or registered nurse who is responsible for the supervision of resident care and nursing services, available on site at least four hours per calendar week.
 - (b) Level 2.
 - (i) To be designated as a level 2, the RTF must:
 - (A) Have a health care prescriber initiate or adjust medication for residents as part of the residents treatment plan, and only allow residents to self-administer medication; or
 - (B) Provide mental health services.
 - (ii) Level 2 facilities shall have a nurse or a prescriber available at least by phone 24 hours per day, seven days per week.
 - (c) Level 3. A facility not meeting any of the conditions of subsections (a)(i) or (b)(i) of this subsection shall be designated as a level 3 facility. Such facilities shall not be required to provide the minimum health care staffing described in subsections (a)(ii) or (b)(ii) of this subsection.
- (3) In addition to all other requirements of this section, level 1 and level 2 facilities shall:
 - (a) Perform a health assessment and medical history for each resident. A prescriber or nurse shall conduct and complete the assessment and history following the resident's admission to the RTF unless a current health assessment and medical history was performed and available to the RTF upon admission;
 - (b) Develop and implement the policies and procedures explaining how nursing staff will be utilized including:
 - (i) Scheduling of hours on site and availability by phone;
 - (ii) Supervision, monitoring and training of other staff;
 - (iii) Medication management;
 - (iv) Treatment planning;
 - (v) Health assessments and medical history; and
 - (vi) If applicable, restraint or seclusion; and
- (4) Licensees of level 1 or level 2 facilities shall have all policies and procedures required by this section reviewed and authorized by a health care prescriber as needed but and at least every two years.

WAC 246-337-040

~~— Review of construction documents and functional program. Construction review services – Submission requirements~~

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~~(1)(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.

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~~(2).~~ The requirements of chapter 246-337 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.

~~(3)~~ Standards for design and construction. Construction shall comply with:

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~~(a)~~ The State Building Code as adopted by the state building code council under the authority of chapter 19.27 RCW; and

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~~(b)~~ The requirements in this chapter for new construction.

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~~(4)~~ Preconstruction. The applicant or licensee must request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete.

~~(5)~~ Construction document review. The applicant or licensee must submit accurate and complete construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. The construction documents must include:

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~~(a)(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 service provided, types of residents to be served, and how the needs of the residents will be met including a narrative description of, but not limited to:

~~(ai)~~ Program goals;

~~(iib)~~ Staffing and health care to be provided;

~~(iiie)~~ Infection control;

~~(ivd)~~ Security and safety;

~~(ve)~~ Seclusion and restraint;

~~(vif)~~ Laundry;

~~(viig)~~ Food and nutrition; ~~and~~

~~(viiih)~~ Medication; ~~and~~

~~(x??)~~ Houskeeping.

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

Comment [jtomaro1]: New language but not a new requirement.

~~(4)~~ Construction documents must include:

~~(ba)~~ Drawings prepared, stamped, and signed by an architect ~~or engineer~~ 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

Comment [jtomaro2]: Added for clarity

~~(c)(b)~~ Drawings ~~with shall contain~~ 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~~.

(e) An interim life safety measures plan to ensure the health and safety of occupants during construction and renovation.

(f) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(6) Resubmittals. The facility will respond in writing when the department requests additional or corrected construction documents:

(7) Construction. Comply with the following requirements during the construction phase: -

(a) The licensee or applicant will not begin construction until the department has approved construction documents or granted authorization to begin construction.

~~(5) A license may not be issued for a new RTE, a new facility within an RTE, or changes in resident bed capacity or licensed service category(ies) for a currently licensed RTE, 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) Make adequate provisions for the health, safety, and comfort of residents during construction projects.~~

~~(e) The facility will allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications.~~

~~(8) Project closeout. The facility will not use any new or remodeled areas until:~~

~~(a) The department has approved construction documents; and~~

~~(b) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and~~

~~(c) The facility notifies the department when construction is completed and includes:~~

~~(i) A copy of the local jurisdiction's approval for occupancy; and~~

~~(ii) The completion date;~~

~~(iii) The actual construction cost; and~~

~~(iv) Additional information as required by the department.~~

Comment [jtomaro3]: Already in licensing WAC 020

- ~~(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.]

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WAC 246-337-040

Construction review services – Submission requirements

- (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 requirements of chapter 246-337 WAC in effect at the time the application and fee are submitted to the department, and project number is assigned by the department, apply for the duration of the construction project.
- (3) Standards for design and construction. Construction shall comply with:
 - (a) The State Building Code as adopted by the state building code council under the authority of chapter [19.27 RCW](#); and
 - (b) The requirements in this chapter for new construction.
- (4) Preconstruction. The applicant or licensee must request and attend a presubmission conference for projects with a construction value of two hundred fifty thousand dollars or more. The presubmission conference shall be scheduled to occur for the review of construction documents that are no less than fifty percent complete.
- (5) Construction document review. The applicant or licensee must submit accurate and complete construction documents for proposed new construction to the department for review within ten days of submission to the local authorities. The construction documents must include:
 - (a) A written functional program, in accordance with [RCW 71.12.470](#), outlining the types of service provided, types of residents to be served, and how the needs of the residents will be met including a narrative description of:
 - (i) Program goals;
 - (ii) Staffing and health care to be provided;
 - (iii) Infection control;
 - (iv) Security and safety;
 - (v) Seclusion and restraint;
 - (vi) Laundry;
 - (vii) Food and nutrition;
 - (viii) Medication; and
 - (x) Houskeeping.
 - (b) Drawings prepared, stamped, and signed by an architect or engineer 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
 - (c) Drawings shall contain 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; and
 - (ii) An automatic fire alarm system.
- (e) An interim life safety measures plan to ensure the health and safety of occupants during construction and renovation.
- (f) An infection control risk assessment indicating appropriate infection control measures, keeping the surrounding area free of dust and fumes, and ensuring rooms or areas are well ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.
- (6) Resubmittals. The facility will respond in writing when the department requests additional or corrected construction documents;
- (7) Construction. Comply with the following requirements during the construction phase:
 - (a) The licensee or applicant will not begin construction until the department has approved construction documents or granted authorization to begin construction.
 - (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) Make adequate provisions for the health, safety, and comfort of residents during construction projects.
 - (e) The facility will allow any necessary inspections for the verification of compliance with the construction documents, addenda, and modifications.
- (8) Project closeout. The facility will not use any new or remodeled areas until:
 - (a) The department has approved construction documents; and
 - (b) The local jurisdictions have completed all required inspections and approvals, when applicable or given approval to occupy; and
 - (c) The facility notifies the department when construction is completed and includes:
 - (i) A copy of the local jurisdiction's approval for occupancy; and
 - (ii) The completion date;
 - (iii) The actual construction cost; and
 - (iv) Additional information as required by the department.

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

WAC 246-337-115

Cleaning, maintenance and refuse disposal.

Comment [jtomaro1]: Not new requirements, just reworded and organized language

The licensee must ~~maintain ensure that~~ the ~~RTF~~facility, equipment, and furnishings ~~are in a manner that is~~ safe, sanitary, and ~~maintained~~in good repair. The ~~RTF~~licensee shall ~~provide for~~:

(1) ~~Provide S~~sanitary disposal and collection of garbage and refuse, by including:

~~(a) Use of noncombustible waste containers in resident rooms and common use areas;~~

~~(ab) Use of C~~containers constructed of nonabsorbent material, which are water-tight, covered, and adequate to store garbage and refuse ~~generated by the RTF~~;

~~(be) Having a A~~storage area location convenient for resident and staff use;

~~(ce) An~~Having a clean and maintained area ~~and for~~ containers ~~that are cleaned and maintained~~ to prevent:

(i) Entrance of insects, rodents, birds, or other pests;

(ii) Odors; and

(iii) Other nuisances.

~~(d) Having a disposal program for~~

(2)~~Management of~~biohazardous and nonmedical waste ~~in accordance with applicable federal, state and local rules, including the use~~ing of appropriate containers ~~and collection and disposal services. if infectious wastes are generated.~~

~~(3) A locked housekeeping room on each level of the RIF 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 51-15 WAC.~~

Comment [jtomaro2]: Removed per CRS

~~(24) Have A~~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.

~~(35) Have a A~~safe and cleanable area ~~is~~ designated for pouring stock chemicals and cleaning supplies into separate, properly labeled containers if stock chemicals are used.

~~(46) Have A~~an effective pest control program so that the ~~RTF~~facility 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.]

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WAC 246-337-115

Cleaning, maintenance and refuse disposal.

The licensee must maintain the facility, equipment, and furnishings in a manner that is safe, sanitary, and in good repair. The licensee shall:

- (1) Provide sanitary disposal and collection of garbage and refuse, by including:
 - (a) Use of containers constructed of nonabsorbent material, which are water-tight, covered, and adequate to store garbage and refuse;
 - (b) Having a storage area location convenient for resident and staff use;
 - (c) Having a clean and maintained area for containers to prevent:
 - (i) Entrance of insects, rodents, birds, or other pests;
 - (ii) Odors; and
 - (iii) Other nuisances.
 - (d) Having a disposal program for biohazardous and nonmedical waste using appropriate containers disposal services.
- (2) Have 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.
- (3) Have a safe and cleanable area is designated for pouring stock chemicals and cleaning supplies into separate, properly labeled containers if stock chemicals are used.
- (4) Have an effective pest control program so that the facility 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.]

WAC 246-337-120

Facility and, environment, ~~and space~~ requirements.

(1) The licensee must ensure ~~that each RTF~~ the facility, 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:-~~

~~(2) Each RTF shall be~~ facility must be located on a site which is:-

~~(a) Free of standing water; and~~

~~(b) a~~ 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)(3) Develop and implement S~~ systems must be developed and implemented 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.

~~(6) Access and egress control devices to support the policies of the facility.~~

~~(7) Food preparation facilities must be designed to meet [246-215 WAC](#).~~

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

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WAC 246-337-120

Facility and environment requirements.

- (1) The licensee must ensure the facility, exterior grounds, and component parts such as fences, equipment, outbuildings and landscape items are safe, free of hazards, clean, and maintained in good repair.
- (2) Each facility must be located on a site which is accessible by emergency vehicles on at least one street, road or driveway usable under all weather conditions and free of obstructions.
- (3) Systems must be developed and implemented 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.
- (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.
- (6) Access and egress control devices to support the policies of the facility.
- (7) Food preparation facilities must be designed to meet [246-215 WAC](#).

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

WAC 246-337-125

Toilet rooms and bathrooms**Common room requirements.**

The facility shall provide rooms for dining, multipurpose, counseling, therapy and social activities, toileting and bathing as described in this section.

(1) **Common areas.** Provide at least forty square feet per resident for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies.

(2) **Visiting rooms.** At least one private area for visitation of residents and guests.

(3) **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

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

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

(b) An examination light;

(c) Storage units for medical supplies and equipment;

(d) A handwashing sink;

(5) **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.

(6) **A housekeeping room** on each level of the RTF that is equipped with:

(a) Locking doors; and

(b) A utility sink or equivalent means of obtaining and disposing of mop water separate from food preparation and service areas; and

(c) Storage for cleaning supplies and wet mops.

(7) **Medication storage.** A room shall be provided with:

(a) Lockable storage

(b) Refrigeration if needed for pharmaceuticals stored.

(c) Temperature and moisture control appropriate to pharmaceuticals.

(d) In new construction, provide a handwashing sink.

(e) Appropriate lighting.

(8) **Seclusion room**

In new construction or modification, the licensee must ensure that each seclusion room:

(1) Be designed to minimize potential for stimulation, escape, hiding, injury, or death, including:

(a) Walls, ceiling and floors shall be designed to resist impact forces;

(b) Ceilings shall be monolithic without joints or crevices or shall be a minimum of nine feet high;

(c) All permanent building fixtures and details in the room shall be designed to prevent injury to the residents or staff.

(d) Electrical switches and receptacles within the room are prohibited or covered.

(2) Has a maximum capacity of one resident;

(3) Be located and designed to permit visual and audible observation of the resident by direct or electronic means.

(4) Be designed to facilitate entrance, transfer and containment of resident, including:

(a) Have a door that opens outward into a vestibule or controlled area away from the generally populated areas;

(b) Have a staff-controlled, lockable, toilet room that adjoins either the treatment room or vestibule;

(5) Provide appropriate space for the level of treatment being provided, including:

(a) Have a minimum of 60 square feet for seclusion.

(b) Have a minimum of 80 square feet if the room is also used for restraining patients.

(c) If a bed is provided, have a minimum of three feet of clear space on three sides of the bed.

(6) Have negative air pressure with all air exhausted to the exterior of the building with the exhaust fan at the discharge end of the system.

(6) Toilets and bathing rooms. The licensee must ensure that private or common-use toilet rooms and bathrooms are available to residents including:

(a1) 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.

(b3) A minimum of one bathing fixture for every eight residents.

(c4) Rooms containing more than one water closet or more than one bathing area must:

(ia) Be designated for use by one gender, unless it is a toilet specifically designated for children under the age of six years;

(iib) Provide for privacy during toileting, bathing, and dressing through the use of doors or dividers;

(d5) Each toilet room and bathroom must be equipped with:

(ia) Water resistant, smooth, easily cleanable, slip-resistant bathtubs, showers, and floor surfaces;

(iib) Washable walls to the height of splash or spray;

(iiie) Washable cabinets and counter tops;

(ivd) Plumbing fixtures designed for easy cleaning;

(xe) Clean, nonabsorbent toilet seats free of cracks;

(vif) Grab bars installed at each water closet and bathing fixture;

(viig) Shatter resistant mirrors when appropriate;

(viiih) Adequate lighting for general illumination;

(viiiij) One or more hand washing 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;

(xj) Toilet tissue with a reachable mounted tissue dispenser by each toilet.

(e6) Reasonable-Provide access to bath and toilet rooms ~~must be provided~~ by:

(ia) Locating a toilet room and bathing facilities on the same floor or level as the sleeping room of the resident; and

(iib) Providing access without passage through any food preparation area or from one bedroom through another bedroom.

(f7) 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.]

Comment [jtomaro1]: Repeat of down below

WAC 246-337-125

Common room requirements.

The facility shall provide rooms for dining, multipurpose, counseling, therapy and social activities, toileting and bathing as described in this section.

(1) **Common areas.** Provide at least forty square feet per resident for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies.

(2) **Visiting rooms.** At least one private area for visitation of residents and guests.

(3) **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

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

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

(b) An examination light;

(c) Storage units for medical supplies and equipment;

(d) A handwashing sink;

(5) **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.

(6) **A housekeeping room** on each level of the RTF that is equipped with:

(a) Locking doors; and

(b) A utility sink or equivalent means of obtaining and disposing of mop water separate from food preparation and service areas; and

(c) Storage for cleaning supplies and wet mops.

(7) **Medication storage.** A room shall be provided with:

(a) Lockable storage

(b) Refrigeration if needed for pharmaceuticals stored.

(c) Temperature and moisture control appropriate to pharmaceuticals.

(d) In new construction, provide a handwashing sink.

(e) Appropriate lighting.

(8) **Seclusion room**

In new construction or modification, the licensee must ensure that each seclusion room:

(1) Be designed to minimize potential for stimulation, escape, hiding, injury, or death, including:

(a) Walls, ceiling and floors shall be designed to resist impact forces;

(b) Ceilings shall be monolithic without joints or crevices or shall be a minimum of nine feet high;

(c) All permanent building fixtures and details in the room shall be designed to prevent injury to the residents or staff.

(d) Electrical switches and receptacles within the room are prohibited or covered.

(2) Has a maximum capacity of one resident;

(3) Be located and designed to permit visual and audible observation of the resident by direct or electronic means.

(4) Be designed to facilitate entrance, transfer and containment of resident, including:

- (a) Have a door that opens outward into a vestibule or controlled area away from the generally populated areas;
- (b) Have a staff-controlled, lockable, toilet room that adjoins either the treatment room or vestibule;
 - (5) Provide appropriate space for the level of treatment being provided, including:
 - (a) Have a minimum of 60 square feet for seclusion.
 - (b) Have a minimum of 80 square feet if the room is also used for restraining patients.
 - (c) If a bed is provided, have a minimum of three feet of clear space on three sides of the bed.
 - (6) Have negative air pressure with all air exhausted to the exterior of the building with the exhaust fan at the discharge end of the system.
- (6) **Toilets and bathing rooms.** The licensee must ensure that private or common-use toilet rooms and bathrooms are available to residents including:
 - (a) 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.
 - (b) A minimum of one bathing fixture for every eight residents.
 - (c) Rooms containing more than one water closet or more than one bathing area must:
 - (i) Be designated for use by one gender, unless it is a toilet specifically designated for children under the age of six years;
 - (ii) Provide for privacy during toileting, bathing, and dressing through the use of doors or dividers;
 - (d) Each toilet room and bathroom must be equipped with:
 - (i) Water resistant, smooth, easily cleanable, slip-resistant bathtubs, showers, and floor surfaces;
 - (ii) Washable walls to the height of splash or spray;
 - (iii) Washable cabinets and counter tops;
 - (iv) Plumbing fixtures designed for easy cleaning;
 - (v) Clean, nonabsorbent toilet seats free of cracks;
 - (vi) Grab bars installed at each water closet and bathing fixture;
 - (vii) Shatter resistant mirrors when appropriate;
 - (viii) Adequate lighting for general illumination;
 - (ix) One or more hand washing 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;
 - (x) Toilet tissue with a reachable mounted tissue dispenser by each toilet.
 - (e) Provide access to bath and toilet rooms by:
 - (i) Locating a toilet room and bathing facilities on the same floor or level as the sleeping room of the resident; and
 - (ii) Providing access without passage through any food preparation area or from one bedroom through another bedroom.
 - (f) 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.]

WAC 246-337-130

Water supply, sewage and waste disposal.

The licensee must ensure:

(1) ~~that W~~water supply and waste disposal in each facility meet the provisions of chapter 246-290 or 246-291 WAC, whichever applies, ~~including:~~

(~~2~~1) ~~Maintaining T~~tempered water between one hundred and one hundred twenty degrees Fahrenheit in resident areas.

(~~3~~2) ~~Maintaining the P~~plumbing systems free of cross connections.

(~~4~~3) ~~Assuring all S~~ewage 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.

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WAC 246-337-130

Water supply, sewage and waste disposal.

The licensee must ensure:

(1) Water supply and waste disposal in each facility meet the provisions of chapter [246-290](#) or [246-291](#) WAC, whichever applies.

(2) Tempered water between one hundred and one hundred twenty degrees Fahrenheit in resident areas.

(3) Plumbing systems free of cross connections.

(4) 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.

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WAC 246-337-135

Heating, ventilation and air conditioning.

(4)The licensee must ensure: _

(1) ~~that all R~~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 P~~prevent excessive odors and moisture in all areas of the building. The ventilation system must be in compliance with chapter ~~51-5213~~ WAC.

(4)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.]

DRAFT

WAC 246-337-135

Heating, ventilation and air conditioning.

The licensee must ensure:

(1) 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) Prevent excessive odors and moisture in all areas of the building. The ventilation system must be in compliance with chapter [51-52 WAC](#).

(4) 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.]

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

(2) Tamper resistant electrical outlets in e~~E~~ach room or area occupied by children under age five or residents with unsafe behaviors must have tamper resistant electrical outlets.

(3) ~~Each e~~Electrical outlets 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~~ Emergency lighting provided on each floor.

(5) ~~Provide operable~~ Exterior lighting with solar or battery backup provided 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.]

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WAC 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) Protect light bulbs or tubes against breakage by using canned lights, appropriately fitted shields or shatter resistant materials in all areas occupied by residents, and in medication and food preparation areas.

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

(3) Electrical outlets 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) Emergency lighting provided on each floor.

(5) Exterior lighting with solar or battery backup provided 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.]

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WAC 246-337-145

Laundry.

The licensee must:

(1) ~~Ensure that~~ laundry facilities and, 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, and maintained according to the manufacturer's instructions, including:

Comment [jtomaro1]: Moved from below

(2) ~~The licensee must~~ Provide laundry and linen services on the premises, or by commercial laundry.

(3) ~~The licensee must~~ Handle, clean, and store linen according to acceptable methods of infection control including preventing contamination from other sources. The licensee must:

Comment [jtomaro2]: Repeated down below

(a) (4) Provide separate areas for handling and processing clean laundry and soiled laundry;

(b) ~~Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;~~

Comment [jtomaro3]: Added to 3

(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 grossly soiled laundry;

(e) ~~Ensure that damp textiles or fabrics are not left in machines for longer than twelve hours;~~

(f) ~~Ensure that~~ Remove gross soil is removed from laundry before ~~washing and proper~~ washing and drying procedures are used; and

(g) ~~Ensure that~~ Handle 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.~~

Comment [jtomaro4]: Moved to sub 1

(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. A resident's personal laundry, separate from other laundry, may be washed 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, whenever the licensee washes:

Comment [jtomaro5]: Moved up from below

(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) Ventilate laundry rooms and areas to the exterior including areas or rooms where holding soiled laundry for processing by offsite commercial laundry services.

(10) Locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.

(11) All laundry areas must be arranged to reduce the chances of soiled laundry contaminating clean laundry and equipped with:

Comment [jtomaro6]: Per CRS changed language from "where residents do personal laundry" to "all laundry areas".

(a) A utility sink;

(b) A table or counter for folding clean laundry; and

(c) At least one washing machine and one clothes dryer.

~~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.]

Comment [jtomaro7]: Moved under sub 8

Comment [jtomaro8]: Moved up

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WAC 246-337-145

Laundry.

The licensee must:

(1) Ensure laundry facilities and equipment are clean, in good repair, adequate to meet the needs of residents, and maintained according to the manufacturer's instructions.

(2) Provide laundry and linen services on the premises, or by commercial laundry.

(3) Handle, clean, and store linen according to acceptable methods of infection control including preventing contamination from other sources.

(4) Provide separate areas for handling and processing clean laundry and soiled laundry;

(5) Ensure all staff wear appropriate personal protective equipment and use appropriate infection control practices when handling grossly soiled laundry;

(6) Remove gross soil from laundry before washing and drying

(7) Handle contaminated textiles and fabrics with minimum agitation to avoid contamination of air, surfaces and persons.

(8) 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. A resident's personal laundry, separate from other laundry, may be washed 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.

(9) Ventilate laundry rooms and areas to the exterior including areas or rooms where holding soiled laundry for processing by offsite commercial laundry services.

(10) Locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.

(11) All laundry areas must be equipped with:

(a) A utility sink;

(b) A table or counter for folding clean laundry; and

(c) At least one washing machine and one clothes dryer.

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

WAC 246-337-150

Resident rooms, furnishings and storage.

(1) The ~~RTF~~ licensee 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:~~

(2) ~~The licensee shall design sleeping rooms including that include::~~

(a) ~~Provision of 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.

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

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

(d) 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.

(e) 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 ~~(if appropriate);~~ and

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

(f) Sleeping rooms equipped with:

(i) One or more noncombustible waste containers;

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

(iii) 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;

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

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

(B) A bed ~~of appropriate size~~ ~~thirty-six or more inches wide for adults and appropriate size for children, spaced thirty-six inches apart.~~

(C) Each bed 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;~~

Comment [jtomaro1]: Take out per CRS

Comment [jtomaro2]: Moved from down below

Comment [jtomaro3]: Moved up

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

(~~I~~A) Sleep equipment having secure latching devices; and

(~~II~~B) A mattress that is:

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

(~~IV~~A) Waterproof and easily sanitized; and

(~~V~~A) Free of crib bumpers, stuffed toys or pillows;

(~~E~~A) A youth bed or regular bed for children twenty-five months and older;

(~~F~~A) If bunk beds are used, prohibit children six years of age or less ~~are prohibited~~ from ~~utilizing~~ using the upper bunk.

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

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WAC 246-337-150

Resident rooms, furnishings and storage.

(1) The licensee shall ensure that residents have an accessible, clean, well-maintained room with sufficient space, light, and comfortable furnishings for sleeping and personal activities including:

(2) The licensee shall design sleeping rooms including:

(a) Provision of 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.

(b) If a bunk bed is used, provide a minimum access aisle of five feet along at least one side of the bunk bed.

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

(d) 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.

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

(i) 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;

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

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

(f) Sleeping rooms equipped with:

(i) One or more noncombustible waste containers;

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

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

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

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

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

(C) Each bed equipped with:

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

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

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

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

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

(I) Sleep equipment having secure latching devices; and

(II) A mattress that is:

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

(?) Waterproof and easily sanitized; and

(?) Free of crib bumpers, stuffed toys or pillows;

(E) A youth bed or regular bed for children twenty-five months and older;

(F) If bunk beds are used, prohibit children six years of age or less from using the upper bunk.

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

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WAC 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~~**Residential Treatment Facility (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) **"Child"** or **"minor"** means an individual under the age of eighteen.~~

~~(10) **"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.~~

~~(11) **"Confidential"** means information that may not be disclosed except under specific conditions permitted or mandated by law or legal agreement between the parties concerned.~~

~~**"Controlled substance"** means a drug, substance, or immediate precursor of such drug or substance, so designated under or pursuant to chapter 69.50 RCW, in the uniform controlled substances act and includes Schedules I-V as set forth in federal or Pharmacy Quality Assurance Commission state laws.~~

~~(12) **"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.~~

~~(13) **"DASA"** means division of alcohol and substance abuse, within DSHS.~~

~~(14) **"Co-occurring services"** means services certified by DSHS-DBHR under chapter 388-877B and 388-865 to evaluate, stabilize, or treat one or more residents for both a mental health and substance use disorder.~~

~~(15) **"Department"** means the Washington state department of health.~~

Comment [jtomaro1]: Not used in chapter

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~~(14)~~ **"DSHS-DBHR"** means the Washington state department of social and health services- division of behavioral health and recovery.

~~(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.

~~(126)~~ **"Facility"** means a building, ~~or~~ portion of a building, or multiple buildings under a single RTF license.

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

~~(138)~~ **"Hand hygiene"** means handwashing, antiseptic hand wash, or antiseptic hand or surgical hand antiseptics.

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

~~(1420)~~ **"Health assessment"** means a systematic examination of the person's body conducted by a Medical Doctor (MD), Doctor of Osteopathy (DO), Naturopathic Doctor (ND), Physicians Assistant (PA), Advanced Registered Nurse Practitioner (ARNP), registered Nurse (RN), or Licensed Practical Nurse (LPN) who are operating within their scope of practice. an authorized health care provider.

~~(1521)~~ **"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.

~~(16)~~ **"Health care plan"** means.....

~~(217)~~ **"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.

~~(18)~~ **"Health care prescriber"** means a Medical Doctor (MD), Doctor of Osteopathy (DO), Naturopathic Doctor (ND), Physicians Assistant (PA), Advanced Registered Nurse Practitioner (ARNP) who by law can prescribe drugs in Washington State.

~~(1923)~~ **"Health care screen"** means a systematic interview or use of a questionnaire approved by a health care provider to determine the health history and care needs of a resident. means the process approved by an authorized health care provider to determine the health care needs of a resident.

~~(204)~~ **"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.

~~(215)~~ **"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.

~~(226)~~ **"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.

~~(237)~~ **"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, or otherwise takes the medication as directed on the label while being observed by staff.

Comment [jtomaro2]: Not used in chapter

Comment [jtomaro3]: Not used in chapter

Comment [jtomaro4]: Not used in chapter

Comment [h5]: Clarified who an authorized provider could be

Comment [jtomaro6]: clarified

Comment [jtomaro7]: Independent and observed self administration are defined within the section.

(248) "**Medication error**" ~~includes residents failing to receive the correct medication, medication at the correct time, the correct dose of medication, or medication by the correct route, 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.~~

(259) "**Medication protocol**" means a specific group of orders to be used for specific symptoms for specific residents and authorized by a health care ~~provider~~prescriber. ~~If the protocol has medications included, the medication administration record would reflect the medications, dosages and parameters for use.~~

~~(3026) "Mental health RTF services" means services certified by DSHS-DBHR under 388-865 to evaluate, stabilize, or treat one or more residents for 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.~~

(2734) "**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.

(2832) "**Resident**" means an individual (~~adult or child~~) admitted to the RTF licensed under this chapter.

(329) "**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, a facility for purposes of evaluation and treatment or evaluation and referral of any individual with a chemical dependency or mental disorder.~~

(3430) "**Restraint**" means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the resident's condition. ~~Restraint does not include momentary periods of minimal physical restriction by direct person-to-person contact, without the aid of mechanical or chemical restraint, accomplished with limited force and designed to:~~

(a) Prevent a resident from completing an act that would result in potential bodily harm to self or others or damage property;

(b) Remove a disruptive resident who is unwilling to leave the area voluntarily; or

(c) Guide a resident from one location to another. ~~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.~~

(3631) "**Seclusion**" means the involuntary confinement of a resident alone in a room or area from which the resident is physically prevented from leaving. ~~Seclusion may only be used for the management of violent or self-destructive behavior.~~

(32) "**Substance use disorder services**" means services certified by DSHS-DBHR under Chapter 388-877B to evaluate, stabilize, or treat one or more residents for alcoholism, drug

Comment [jtomaro8]: Not used in chapter. We do use service type MH and CD- do those need to be defined?

Comment [jtomaro9]: We spell out legal guardian and custodian etc in chapter. Would it be better to define and just use "parent" in chapter?

Comment [jtomaro10]: Federal definition and Corrections RCW 72.09.015

Comment [jtomaro11]: Federal definition

~~addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires. (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.]

DRAFT

WAC 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 Residential Treatment Facility (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) "Child" or "minor" means an individual under the age of eighteen.
- (6) "**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.
- (7) "**Confidential**" means information that may not be disclosed except under specific conditions permitted or mandated by law or legal agreement between the parties concerned.
- "**Controlled substance**" means a drug, substance, or immediate precursor of such drug or substance, so designated under or pursuant to chapter 69.50 RCW, in the uniform controlled substances act and includes Schedules I-V as set forth in federal or Pharmacy Quality Assurance Commission state laws.
- (8) "**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.
- (9) "**Co-occurring services**" means services certified by DSHS-DBHR under chapter 388-877B and 388-865 to evaluate, stabilize, or treat one or more residents for both a mental health and substance use disorder .
- (10) "**Department**" means the Washington state department of health.
- (11) "**DSHS-DBHR**" means the Washington state department of social and health services-division of behavioral health and recovery.
- (12) "**Facility**" means a building, portion of a building, or multiple buildings under a single RTF license.
- (13) "**Hand hygiene**" means handwashing, antiseptic hand wash, or antiseptic hand or surgical hand antiseptis.
- (14) "**Health assessment**" means a systematic examination of the person's body conducted by a Medical Doctor (MD), Doctor of Osteopathy (DO), Naturopathic Doctor (ND), Physicians Assistant (PA), Advanced Registered Nurse Practitioner (ARNP), registered Nurse (RN), or Licensed Practical Nurse (LPN) who are operating within their scope of practice.
- (15) "**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.
- (16) "**Health care plan**" means.....

(17) "**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.

(18) "Health care prescriber" means a Medical Doctor (MD), Doctor of Osteopathy (DO), Naturopathic Doctor (ND), Physicians Assistant (PA), Advanced Registered Nurse Practitioner (ARNP) who by law can prescribe drugs in Washington State.

(19) "**Health care screen**" means a systematic interview or use of a questionnaire approved by a health care provider to determine the health history and care needs of a resident..

(20) "**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.

(21) "**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.

(22) "**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.

(23) "**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, applies, or otherwise takes the medication as directed on the label.

(24) "**Medication error**" includes residents failing to receive the correct medication, medication at the correct time, the correct dose of medication, or medication by the correct route.

(25) "**Medication protocol**" means a specific group of orders to be used for specific symptoms for specific residents and authorized by a health care prescriber. If the protocol has medications included, the medication administration record would reflect the medications, dosages and parameters for use.

26**Mental health services** means services certified by DSHS-DBHR under 388-865 to evaluate, stabilize, or treat one or more residents for a mental disorder.(27) "**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.

(28) "**Resident**" means an individual admitted to the RTF licensed under this chapter.

(29) "**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.

(30) "**Restraint**" means any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or a drug or medication when it is used as a restriction to manage the resident's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the resident's condition. Restraint does not include momentary periods of minimal physical restriction by direct person-to-person contact, without the aid of mechanical or chemical restraint, accomplished with limited force and designed to:

(a) Prevent a resident from completing an act that would result in potential bodily harm to self or others or damage property;

(b) Remove a disruptive resident who is unwilling to leave the area voluntarily; or

(c) Guide a resident from one location to another.

(31) "**Seclusion**" means the involuntary confinement of a resident alone in a room or area from which the resident is prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

(32) "**Substance use disorder services**" means services certified by DSHS-DBHR under Chapter 388-877B to evaluate, stabilize, or treat one or more residents for alcoholism, drug addiction, or dependence on alcohol and one or more other psychoactive chemicals, as the context requires .

(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.

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

DRAFT

WAC 246-337-015

Facility Type. A licensee must provide one or more of the following services in the RTF:

- (1) Mental health services;
- (2) Substance use disorder services; or
- (3) Co-occurring services

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

DRAFT

CMS Manual System
Pub. 100-07 State Operations
Provider Certification

**Department of Health &
Human Services (DHHS)**
**Centers for Medicare &
Medicaid Services (CMS)**

A-0159

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e) (1) Definitions. (i) A restraint is—

(A) Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or

Interpretive Guidelines §482.13(e)(1)(i)(A)

*This restraint definition applies to **all** uses of restraint in **all** hospital care settings. Under this definition, commonly used hospital devices and other practices could meet the definition of a restraint, such as:*

- Tucking a patient's sheets in so tightly that the patient cannot move;*
- Use of a "net bed" or an "enclosed bed" that prevents the patient from freely exiting the bed. **EXCEPTION:** Placement of a toddler in an "enclosed" or "domed" crib;*
- Use of "Freedom" splints that immobilize a patient's limb;*
- Using side rails to prevent a patient from voluntarily getting out of bed; or*
- Geri chairs or recliners, **only** if the patient cannot easily remove the restraint appliance and get out of the chair on his or her own.*

NOTE: *Generally, if a patient can easily remove a device, the device would not be considered a restraint. In this context, "**easily remove**" means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the patient's physical condition and ability to accomplish objective (e.g., transfer to a chair, get to the bathroom in time).*

Survey Procedures §482.13(e)(1)(i)(A)

- *Determine whether the hospital's policy and procedures employ a definition or description of what constitutes a restraint that is consistent with the regulation.*
- *While touring hospital units look for restraints in use. Where a restraint is in use, check the medical record for appropriate documentation.*
- *Interview hospital staff to determine whether they know the definition of a restraint.*

A-0160

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(1)(i)(B) [A restraint is -] A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Interpretive Guidelines §482.13(e)(1)(i)(B)

Drugs or medications that are used as part of a patient's standard medical or psychiatric treatment, and are administered within the standard dosage for the patient's condition, would not be subject to the requirements of standard (e). These regulations are not intended to interfere with the clinical treatment of patients who are suffering from serious mental illness and who need therapeutic doses of medication to improve their level of functioning so that they can more actively participate in their treatment. Similarly, these regulations are not intended to interfere with appropriate doses of sleeping medication prescribed for patients with insomnia, anti-anxiety medication prescribed to calm a patient who is anxious, or analgesics prescribed for pain management. The regulatory language is intended to provide flexibility and recognize the variations in patient conditions.

Whether or not an order for a drug or medication is PRN (Latin abbreviation for pro re nata - as needed; as circumstances require) or a standing-order does not determine whether or not the use of that drug or medication is considered a restraint. The use of PRN or standing-order drugs or medications is only prohibited if the drug or medication meets the definition of a drug or medication used as a restraint.

Criteria used to determine whether the use of a drug or medication, or combination of drugs or medications is a standard treatment or dosage for the patient's condition includes all of the following:

- *The drug or medication is used within the pharmaceutical parameters approved by the Food and Drug Administration (FDA) and the manufacturer for the indications that it is manufactured and labeled to address, including listed dosage parameters;*
- *The use of the drug or medication follows national practice standards established or recognized by the medical community, or professional medical associations or organizations; and,*
- *The use of the drug or medication to treat a specific patient’s clinical condition is based on that patient's symptoms, overall clinical situation, and on the physician's or other licensed independent practitioner’s (LIP) knowledge of that patient's expected and actual response to the medication.*

*Another component of “standard treatment or dosage” for a drug or medication is the expectation that the standard use of a drug or medication to treat the patient's condition enables the patient to more effectively or appropriately function in the world around them than would be possible without the use of the drug or medication. If the overall effect of a drug or medication, or combination of drugs or medications, is to reduce the patient's ability to effectively or appropriately interact with the world around the patient, then the drug or medication is **not** being used as a standard treatment or dosage for the patient's condition.*

As with any use of restraint or seclusion, staff must conduct a comprehensive patient assessment to determine the need for other types of interventions before using a drug or medication as a restraint. For example, a patient may be agitated due to pain, an adverse reaction to an existing drug or medication, or other unmet care need or concern.

There are situations where the use of a drug or medication is clearly outside the standard for a patient or a situation, or a medication is not medically necessary but is used for patient discipline or staff convenience (neither of which is permitted by the regulation).

- **EXAMPLE 1:** *A patient has Sundowner's Syndrome, a syndrome in which a patient's dementia becomes more apparent at the end of the day rather than at the beginning of the day. The patient may become agitated, angry, or anxious at sundown. This may lead to wandering, pacing the floors, or other nervous behaviors. The staff finds the patient’s behavior bothersome, and asks the physician to order a high dose of a sedative to “knock out” the patient and keep him in bed. The patient has no medical symptoms or condition that indicates the need for a sedative. In this case, for this patient, the sedative is being used inappropriately as a restraint for staff convenience. Such use is not permitted by the regulation.*

A drug or medication that is not being used as a standard treatment for the patient’s medical or psychiatric condition, and that results in restricting the patient’s freedom of movement would be a drug used as a restraint.

In addition, the regulation does not permit a drug or medication to be used to restrain the patient for staff convenience, to coerce or discipline the patient, or as a method of retaliation. While drugs or medications can be a beneficial part of a carefully constructed, individualized treatment plan for the patient, drug and medication use should be based on the assessed needs of the individual patient, and the effects of drugs and medications on the patient should be carefully monitored.

- **EXAMPLE 2:** *A patient is in a detoxification program. The patient becomes violent and aggressive. Staff administers a PRN medication ordered by the patient’s physician or other LIP to address these types of outbursts. The use of the medication enables the patient to better interact with others or function more effectively. In this case, the medication used for this patient is not considered a “drug used as a restraint.” The availability of a PRN medication to manage outbursts of specific behaviors, such as aggressive, violent behavior is standard for this patient’s medical condition (i.e., drug or alcohol withdrawal). Therefore, this patient’s medication does not meet the definition of “drug used as a restraint” since it is a standard treatment or dosage for the patient’s medical or psychiatric condition. The use of this medication for this patient is not affected by standard (e).*

*If a drug or medication is used as a standard treatment (as previously defined) to address the assessed symptoms and needs of a patient with a particular medical or psychiatric condition, its use is **not** subject to the requirements of this regulation. However, the patient would still need to receive assessments, monitoring, interventions, and care that are appropriate for that patient’s needs.*

The regulation supports existing State laws that provide more vigorous promotion of the patient’s choice and rights. Therefore, when a State’s law prohibits the administration of drugs against the wishes of the patient without a court order, the State law applies.

Survey Procedures §482.13(e)(1)(i)(B)

- *Determine whether the hospital’s policies and procedures employ a definition or description of what constitutes the use of drugs or medications as a restraint that is consistent with the regulation.*
- *Interview hospital staff to determine whether they can identify when the use of a drug or medication is considered a chemical restraint.*

A-0161

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(1)(i)(C) - A restraint does not include devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort).

Interpretive Guidelines §482.13(e)(1)(i)(C)

The devices and methods listed here would not be considered restraints, and, therefore, not subject to these requirements. These devices and methods are typically used in medical-surgical care.

*Use of an **IV arm board** to stabilize an IV line is generally not considered a restraint. However, if the arm board is tied down (or otherwise attached to the bed), or the entire limb is immobilized such that the patient cannot access his or her body, the use of the arm board would be considered a restraint.*

*A **mechanical support** used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be possible without the use of such a mechanical support is not considered a restraint. For example, some patients lack the ability to walk without the use of leg braces, or to sit upright without neck, head, or back braces.*

*A medically necessary **positioning or securing device** used to maintain the position, limit mobility, or temporarily immobilize the patient during medical, dental, diagnostic, or surgical procedures is not considered a restraint.*

***Recovery from anesthesia** that occurs when the patient is in a critical care or postanesthesia care unit is considered part of the surgical procedure; therefore, medically necessary restraint use in this setting would not need to meet the requirements of the regulation. However, if the intervention is maintained when the patient is transferred to another unit, or recovers from the effects of the anesthesia (whichever occurs first), a restraint order would be necessary and the requirements of standard (e) would apply.*

*Many types of **hand mitts** would not be considered restraint. However, pinning or otherwise attaching those same mitts to bedding or using a wrist restraint in conjunction with the hand mitts would meet the definition of restraint and the requirements would apply. In addition, if the mitts are applied so tightly that the patient's hand or fingers are immobilized, this would be considered restraint and the requirements would apply. Likewise, if the mitts are so bulky that the patient's ability to use their hands is significantly reduced, this would be considered restraint and the requirements would apply.*

NOTE: *Because this definition of physical restraint does not name each device and situation that can be used to immobilize or reduce the ability of the patient to*

move his or her arms, legs, body or head freely, it promotes looking at each patient situation on a case-by-case basis.

In addition, if a patient can easily remove a device, the device would not be considered a restraint. In this context, “easily remove” means that the manual method, device, material, or equipment can be removed intentionally by the patient in the same manner as it was applied by the staff (e.g., side rails are put down, not climbed over; buckles are intentionally unbuckled; ties or knots are intentionally untied; etc.) considering the patient’s physical condition and ability to accomplish the objective (e.g., transfer to a chair, get to the bathroom in time).

***Age or developmentally appropriate protective safety interventions** (such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers) that a safety-conscious child care provider outside a health care setting would utilize to protect an infant, toddler, or preschool-aged child would not be considered restraint or seclusion for the purposes of this regulation. The use of these safety interventions needs to be addressed in the hospital’s policies or procedures.*

Physical Escort

A physical escort would include a “light” grasp to escort the patient to a desired location. If the patient can easily remove or escape the grasp, this would not be considered physical restraint. However, if the patient cannot easily remove or escape the grasp, this would be considered physical restraint and all the requirements would apply.

Physical holding

*The regulation permits the physical holding of a patient for the purpose of conducting routine physical examinations or tests. However, patients do have the right to refuse treatment. See [§482.13\(b\)\(2\)](#). This includes the right to refuse physical examinations or tests. Holding a patient in a manner that restricts the patient's movement against the patient’s will is considered restraint. This includes holds that some member of the medical community may term “**therapeutic holds.**” Many deaths have occurred while employing these practices. Physically holding a patient can be just as restrictive, and just as dangerous, as restraining methods that involve devices. Physically holding a patient during a forced psychotropic medication procedure is considered a restraint and is **not** included in this exception.*

For the purposes of this regulation, a staff member picking up, redirecting, or holding an infant, toddler, or preschool-aged child to comfort the patient is not considered restraint.

Physical Holding for Forced Medications

The application of force to physically hold a patient, in order to administer a medication against the patient’s wishes, is considered restraint. The patient has a right to be free of restraint and, in accordance with [§482.13\(b\)\(2\)](#), also has a right to refuse medications, unless a court has ordered medication treatment. A court order for medication treatment

only removes the patient's right to refuse the medication. Additionally, in accordance with State law, some patients may be medicated against their will in certain emergency circumstances. However, in both of these circumstances, health care staff is expected to use the least restrictive method of administering the medication to avoid or reduce the use of force, when possible. The use of force in order to medicate a patient, as with other restraint, must have a physician's order prior to the application of the restraint (use of force). If physical holding for forced medication is necessary with a violent patient, the 1-hour face-to-face evaluation requirement would also apply.

*In certain circumstances, a patient may consent to an injection or procedure, but may not be able to hold still for an injection, or cooperate with a procedure. In such circumstances, and at the patient's request, staff may "hold" the patient in order to safely administer an injection (or obtain a blood sample, or insert an intravenous line, if applicable) or to conduct a procedure. This is **not** considered restraint.*

Side rails

A restraint does not include methods that protect the patient from falling out of bed. Examples include raising the side rails when a patient is: on a stretcher, recovering from anesthesia, sedated, experiencing involuntary movement, or on certain types of therapeutic beds to prevent the patient from falling out of the bed. The use of side rails in these situations protects the patient from falling out of bed and, therefore, would not be subject to the requirements of standard (e).

However, side rails are frequently not used as a method to prevent the patient from falling out of bed, but instead, used to restrict the patient's freedom to exit the bed. The use of side rails to prevent the patient from exiting the bed would be considered a restraint and would be subject to the requirements of standard (e). The use of side rails is inherently risky, particularly if the patient is elderly or disoriented. Frail elderly patients may be at risk for entrapment between the mattress or bed frame and the side rail. Disoriented patients may view a raised side rail as a barrier to climb over, may slide between raised, segmented side rails, or may scoot to the end of the bed to get around a raised side rail and exit the bed. When attempting to leave the bed by any of these routes, the patient is at risk for entrapment, entanglement, or falling from a greater height posed by the raised side rail, with a possibility for sustaining greater injury or death than if the patient had fallen from the height of a lowered bed without raised side rails. In short, the patient may have an increased risk for a fall or other injury by attempting to exit the bed with the side rails raised. The risk presented by side rail use should be weighed against the risk presented by the patient's behavior as ascertained through individualized assessment.

When the clinician raises all four side rails in order to restrain a patient, defined in this regulation as immobilizing or reducing the ability of a patient to move his or her arms, legs, body, or head freely to ensure the immediate physical safety of the patient, then the requirements of this rule apply. Raising fewer than four side rails when the bed has segmented side rails would not necessarily immobilize or reduce the ability of a patient to move freely as defined in the regulation. For example, if the side rails are segmented

*and all but one segment are raised to allow the patient to freely exit the bed, the side rail is not acting as a restraint and the requirements of this rule would not apply. Conversely, if a patient is not physically able to get out of bed regardless of whether the side rails are raised or not, raising all four side rails for this patient would not be considered restraint because the side rails have no impact on the patient's freedom of movement. In this example, the use of all four side rails would not be considered restraint. Therefore, the requirements of this rule would **not** apply.*

When a patient is on a bed that constantly moves to improve circulation or prevents skin breakdown, raised side rails are a safety intervention to prevent the patient from falling out of bed and are not viewed as restraint.

*When a patient is placed on **seizure precautions** and all side rails are raised, the use of side rails would not be considered restraint. The use of padded side rails in this situation should protect the patient from harm; including falling out of bed should the patient have a seizure.*

Placement in a crib with raised rails is an age-appropriate standard safety practice for every infant or toddler. Therefore, placement of an infant or toddler in the crib with raised rails would not be considered restraint.

*If the patient is on a **stretcher** (a narrow, elevated, and highly mobile cart used to transport patients and to evaluate or treat patients), there is an increased risk of falling from a stretcher without raised side rails due to its narrow width, and mobility. In addition, because stretchers are elevated platforms, the risk of patient injury due to a fall is significant. Therefore, the use of raised side rails on stretchers is not considered restraint but a prudent safety intervention. Likewise, the use of a seat belt when transporting a patient in a wheelchair is not considered restraint.*

Survey Procedures §482.13(e)(1)(i)(C)

- *Determine whether the hospital's policies and procedures employ a definition or description of what constitutes a restraint that is consistent with the regulation.*
- *While touring hospital units look for bed side rail use to determine whether it is consistent with the definition of a restraint. Where bed side rails are being used as a restraint, check the medical record for appropriate documentation.*
- *Interview hospital staff to determine whether they know the definition of a restraint, particularly with respect to use of bed side rails.*

A-0162

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(1)(ii) - Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.

Interpretive Guidelines §482.13(e)(1)(ii)

*Seclusion may **only** be used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.*

Seclusion is not just confining a patient to an area, but involuntarily confining the patient alone in a room or area where the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether the door is actually locked or not. In this situation, the patient is being secluded.

A patient physically restrained alone in an unlocked room does not constitute seclusion.

Confinement on a locked unit or ward where the patient is with others does not constitute seclusion.

Timeout is not considered seclusion. *Timeout is an intervention in which the patient consents to being alone in a designated area for an agreed upon timeframe from which the patient is not physically prevented from leaving. Therefore, the patient can leave the designated area when the patient chooses.*

Survey Procedures §482.13(e)(1)(ii)

- *Determine whether the hospital's policy and procedures employ a definition or description of what constitutes seclusion that is consistent with the regulation.*
- *While touring hospital units look for cases where a patient is in seclusion.*
- *Interview hospital staff to determine whether they know the definition of seclusion.*

A-0164

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(2) - Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.

Interpretive Guidelines §482.13(e)(2)

A comprehensive assessment of the patient must determine that the risks associated with the use of the restraint or seclusion is outweighed by the risk of not using the restraint or seclusion. Less restrictive interventions do not always need to be tried, but less restrictive interventions must be determined by staff to be ineffective to protect the patient or others from harm prior to the introduction of more restrictive measures. Alternatives attempted or the rationale for not using alternatives must be documented.

The underpinning of this regulation is the concept that safe patient care hinges on looking at the patient as an individual and assessing the patient's condition, needs, strengths, weaknesses, and preferences. Such an approach relies on caregivers who are skilled in individualized assessment and in tailoring interventions to the individual patient's needs after weighing factors such as the patient's condition, behaviors, history, and environmental factors.

Resources are available to assist clinicians in identifying less restrictive interventions. For example, the American Psychiatric Association (APA), American Psychiatric Nurses Association (APNA), and the National Association of Psychiatric Health Systems (NAPHS), with support from the American Hospital Association (AHA), have sponsored the publication of a document entitled, "Learning from Each Other—Success Stories and Ideas for Reducing Restraint/Seclusion in Behavioral Health." This document, published in 2003, was developed through dialogue with clinicians in the field and included extensive input from behavioral healthcare providers throughout the country who have been working to reduce the use of restraint and seclusion and to improve care within their facilities. To access this document and other useful resources, visit the web sites of the sponsoring organizations: <http://www.naphs.org>; <http://www.psych.org>; <http://www.apna.org>; <http://www.aha.org>.

Survey Procedures §482.13(e)(2)

- *Do physician's or other LIP's orders specify the reason for restraint or seclusion, the type of restraint, and the duration of restraint or seclusion?*

- *Does the severity of the behavior justify seclusion or restraint usage by identifying an immediate and serious danger to the physical safety of the patient or others?*
 - *Is there evidence that the hospital considers factors other than the individual patient in determining causes for the need for restraints or seclusion (i.e., environmental factors)?*
 - *Does the medical record include documentation of an individual patient assessment and a revision of the plan of care?*
 - *Does the medical record reflect changes in behavior and staff concerns regarding safety risks to the patient, staff, or others prompting use of seclusion or restraints?*
 - *Did the patient’s behavior place the patient or others at risk for harm? Was the patient’s behavior violent or self-destructive?*
 - *Were other, less restrictive interventions tried and documented, or is there evidence that alternatives were considered and determined to be insufficient?*
-

A-0165

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(3) - *The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient, a staff member, or others from harm.*

Interpretive Guidelines §482.13(e)(3)

Resources are available to assist clinicians in identifying less restrictive restraint or seclusion interventions. For example, the American Psychiatric Association (APA), American Psychiatric Nurses Association (APNA), and the National Association of Psychiatric Health Systems (NAPHS), with support from the American Hospital Association (AHA), have sponsored the publication of a document entitled, “Learning from Each Other—Success Stories and Ideas for Reducing Restraint/Seclusion in Behavioral Health.” This document, published in 2003, was developed through dialogue with the field and extensive input from behavioral healthcare providers throughout the country who have been working to reduce the use of restraint and seclusion and to improve care within their facilities. To access this document and other useful resources, visit the web sites of the sponsoring organizations: <http://www.naphs.org>; <http://www.psych.org>; <http://www.apna.org>; <http://www.aha.org>

Survey Procedures §482.13(e)(3)

- *Is there clear documentation in the patient's medical record describing the steps or interventions used prior to the use of the needed restraint or seclusion? That is, what documentation is in the medical record to explain the rationale for the use of restraint or seclusion?*
- *Is there documentation that less restrictive measures were tried or considered?*
- *Is the restraint or seclusion intervention the least restrictive intervention that meets the patient's clinical needs and protects the safety of the patient, staff, or others?*
- *Did the staff determine that less restrictive alternatives would not meet the patient's clinical needs, or protect the patient's safety or the safety of others?*
- *Do ongoing documented assessments demonstrate that the restraint or seclusion intervention is needed at this time (or at a time in the past) and that the restraint or seclusion intervention remains the least restrictive way to protect the patient's safety?*
- *If the time of restraint or seclusion use is lengthy, look for evidence that the symptoms necessitating the use of restraint or seclusion have persisted. Is there evidence to indicate that the staff have evaluated whether or not the restraint or seclusion can be safely discontinued?*

A-0166

§482.13(e)(4) - The use of restraint or seclusion must be --

(i) in accordance with a written modification to the patient's plan of care.

Interpretive Guidelines §482.13(e)(4)(i)

The use of restraint or seclusion (including drugs or medications used as restraint as well as physical restraint) must be documented in the patient's plan of care or treatment plan. The use of restraint or seclusion constitutes a change in a patient's plan of care.

The regulation does not require that a modification to the patient's plan of care be made before initiating or obtaining an order for the use of restraint or seclusion. The use of a restraint or seclusion intervention should be reflected in the patient's plan of care or treatment plan based on an assessment and evaluation of the patient. The plan of care or

treatment plan should be reviewed and updated in writing within a timeframe specified by hospital policy.

Survey Procedures §482.13(e)(4)(i)

- *Determine whether the hospital's procedures are consistent with the requirements of this regulation. Does the plan of care or treatment reflect a process of assessment, intervention, and evaluation when restraint or seclusion is used?*
 - *Is there evidence of assessment of the identified problem or of an individual patient assessment?*
 - *Does the patient's plan of care reflect that assessment?*
 - *What was the goal of the intervention?*
 - *What was the described intervention?*
 - *Who is responsible for implementation?*
 - *Was the patient informed of the changes in his or her treatment plan or plan of care?*
 - *Did the physician or other LIP write orders that included a time limit? Were these orders incorporated into the plan of care?*
 - *After the discontinuation of the restraint or seclusion intervention, was this information documented in an update of the plan of care or treatment plan?*
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A-0167

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[The use of restraint or seclusion must be --]

§482.13(e)(4)(ii) - implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.

Interpretive Guidelines §482.13(e)(4)(ii)

Restraint or seclusion must be implemented appropriately and safely, and reflect hospital policy in accordance with State law.

The use of restraint or seclusion must never act as a barrier to the provision of other interventions to meet the patient's needs.

Survey Procedures §482.13(e)(4)(ii)

- Review the hospital's policies and procedures to determine if they reflect current standards of practice regarding safe and appropriate restraint and seclusion techniques. Are there any references to State law statutes or any indication State laws were reviewed and incorporated?*
- Review a sample of patient medical records that include patients who required the use of restraint or seclusion for the management of both violent, self-destructive behaviors, and non-violent, non-self-destructive behaviors.*
- After restraints were applied, was an assessment immediately made to ensure that restraints were properly and safely applied?*
- Were the hospital policies and procedures followed?*
- Was the use of restraint or seclusion effective in achieving the purpose for which it was ordered? If not, were timely changes made?*
- Was there any evidence of injury to the patient?*

A-0168

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(5) - The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §481.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.

Interpretive Guidelines §482.13(e)(5)

Hospitals must have policies and procedures for the initiation of restraint or seclusion that identify the categories of LIPs that are permitted to order restraint or seclusion in that hospital, consistent with State law.

The regulation requires that a physician or other LIP responsible for the care of the patient to order restraint or seclusion prior to the application of restraint or seclusion. In some situations, however, the need for a restraint or seclusion intervention may occur so quickly that an order cannot be obtained prior to the application of restraint or

*seclusion. In these **emergency application situations**, the order must be obtained either during the emergency application of the restraint or seclusion, or immediately (within a few minutes) after the restraint or seclusion has been applied. The failure to immediately obtain an order is viewed as the application of restraint or seclusion without an order. The hospital should address this process in its restraint and seclusion policies and procedures. The policies and procedures should specify who can initiate the emergency application of restraint or seclusion prior to obtaining an order from a physician or other LIP.*

Licensed Independent Practitioner (LIP)

For the purpose of ordering restraint or seclusion, an LIP is any practitioner permitted by State law and hospital policy as having the authority to independently order restraints or seclusion for patients.

A resident who is authorized by State law and the hospital's residency program to practice as a physician can carry out functions reserved for a physician or LIP by the regulation. A medical school student holds no license, and his/her work is reviewed and must be countersigned by the attending physician; therefore, he or she is not licensed or independent. A medical school student is not an LIP.

Protocols

A protocol cannot serve as a substitute for obtaining a physician's or other LIP's order prior to initiating each episode of restraint or seclusion use. If a hospital uses protocols that include the use of restraint or seclusion, a specific physician or LIP order is still required for each episode of restraint or seclusion use. The philosophy that serves as a foundation for the regulation is that restraint or seclusion use is an exceptional event, not a routine response to a certain patient condition or behavior. Each patient must be assessed, and interventions should be tailored to meet the individual patient's needs. The creation of a protocol can run counter to this philosophy if it sets up the expectation that restraint or seclusion will be used as a routine part of care. The use of restraint or seclusion is a last resort when less restrictive measures have been determined ineffective to ensure the safety of the patient, staff or others, should not be a standard response to a behavior or patient need.

Survey Procedures §482.13(e)(5)

- Review hospital policies and medical staff by-laws to ascertain clinical practice guidelines that describe the responsibilities of medical staff and clinicians who are privileged to order restraint and seclusion.*
- Do the hospital's written policies identify what categories of practitioners the State recognizes as an LIP or as having the authority to order restraint and seclusion?*

- *Does the hospital have written policies indicating which practitioners are permitted to order restraint or seclusion in the facility?*
- *Do the hospital's written policies conform to State law?*
- *Does the hospital have established policies for who can initiate restraint or seclusion?*
- *Does the hospital utilize protocols for the use of restraint or seclusion? If so, is the use of protocols consistent with the requirements of the regulation?*
- *Do the medical records reviewed identify the physician or LIP who ordered each use of restraint or seclusion?*
- *During the medical record review, verify that a physician or LIP order was obtained prior to the initiation of restraint or seclusion. When emergency application of restraint or seclusion was necessary, verify that a physician or LIP order was obtained immediately (within a few minutes) after application of the restraint or seclusion.*

A-0169

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(6) - Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN).

Interpretive Guidelines §482.13(e)(6)

This regulation prohibits the use of standing or PRN (Latin abbreviation for pro re nata - as needed; as circumstances require) orders for the use of restraint or seclusion. The ongoing authorization of restraint or seclusion is not permitted. Each episode of restraint or seclusion must be initiated in accordance with the order of a physician or other LIP. If a patient was recently released from restraint or seclusion, and exhibits behavior that can only be handled through the reapplication of restraint or seclusion, a new order would be required. Staff cannot discontinue a restraint or seclusion intervention, and then re-start it under the same order. This would constitute a PRN order. A "trial release" constitutes a PRN use of restraint or seclusion, and, therefore, is not permitted by this regulation.

When a staff member ends an ordered restraint or seclusion intervention, the staff member has no authority to reinstitute the intervention without a new order. For example, a patient is released from restraint or seclusion based on the staff's assessment of the patient's condition. If this patient later exhibits behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others that can only be handled through the use of restraint or seclusion, a new order would be required.

NOTE: *A temporary, directly-supervised release, however, that occurs for the purpose of caring for a patient's needs (e.g., toileting, feeding, or range of motion exercises) is **not** considered a discontinuation of the restraint or seclusion intervention. As long as the patient remains under direct staff supervision, the restraint is not considered to be discontinued because the staff member is present and is serving the same purpose as the restraint or seclusion.*

The use of PRN orders for drugs or medications is only prohibited when a drug or medication is being used as a restraint. A drug or medication is deemed to be a restraint only if it is not a standard treatment or dosage for the patient's condition, and the drug or medication is a restriction to manage the patient's behavior or restricts the patient's freedom of movement. Using a drug to restrain the patient for staff convenience is expressly prohibited.

EXCEPTIONS

- ***Geri chair.*** *If a patient requires the use of a Geri chair with the tray locked in place in order for the patient to safely be out of bed, a standing or PRN order is permitted. Given that a patient may be out of bed in a Geri chair several times a day, it is not necessary to obtain a new order each time.*
- ***Raised side rails.*** *If a patient's status requires that all bedrails be raised (restraint) while the patient is in bed, a standing or PRN order is permitted. It is not necessary to obtain a new order each time the patient is returned to bed after being out of bed.*
- ***Repetitive self-mutilating behavior.*** *If a patient is diagnosed with a chronic medical or psychiatric condition, such as Lesch-Nyham Syndrome, and the patient engages in repetitive self-mutilating behavior, a standing or PRN order for restraint to be applied in accordance with specific parameters established in the treatment plan would be permitted. Since the use of restraints to prevent self-injury is needed for these types of rare, severe, medical and psychiatric conditions, the specific requirements (1-hour face-to-face evaluation, time-limited orders, and evaluation every 24 hours before renewal of the order) for the management of violent or self-destructive behavior do not apply.*

Survey Procedures §482.13(e)(6)

Review a random sample of medical records for patients that have been restrained or secluded. Review orders, progress notes, flow sheets, and nursing notes to:

- *Verify that there is a physician or other LIP order for each episode of restraint or seclusion;*

- Evaluate patterns of use and verify that orders were obtained when necessary;
 - Verify that the documentation specifically addresses the patients' behaviors or symptoms; and,
 - Determine if restraint or seclusion is being improperly implemented on a PRN basis.
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A-0170

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(7) - The attending physician must be consulted as soon as possible if the attending physician did not order the restraint or seclusion.

Interpretive Guidelines §482.13(e)(7)

The attending physician is the MD/DO who is responsible for the management and care of the patient. Hospital medical staff policies determine who is considered the attending physician. The intent of this requirement is to ensure that the physician who has overall responsibility and authority for the management and care of the patient is aware of the patient's condition and is aware of the restraint or seclusion intervention. It is important to consult with the attending physician to promote continuity of care, to ensure patient safety, and to elicit information that might be relevant in choosing the most appropriate intervention for the patient. The attending physician may have information regarding the patient's history that may have a significant impact on the selection of a restraint or seclusion intervention or an alternative intervention, and the subsequent course of treatment. Therefore, consultation should occur as soon as possible. Hospital policies and procedures should address the definition of "as soon as possible" based on the needs of their particular patient population(s). However, any established time frames must be consistent with "as soon as possible."

The hospital CoPs do permit the patient to be under the care of a treating LIP other than a physician. Section 482.12(c)(1) requires every Medicare patient to be under the care of a doctor of medicine or osteopathy; or, within the scope of their respective licenses, a doctor of dental surgery or dental medicine, a doctor of podiatry, chiropractor, or clinical psychologist. The individual overseeing the patient's care may be the attending physician or a health professional practicing with the delegated authority or supervision of a doctor of medicine or osteopathy as permitted by State law and hospital policy.

When the attending physician of record is unavailable, responsibility for the patient must be delegated to another physician, who would then be considered the attending physician.

This provision does not specify that consultation with the attending physician be face-to-face. The consultation can occur via telephone.

Survey Procedures §482.13(e)(7)

- *Review the patient's medical record for documentation that the attending physician was notified immediately if the attending physician did not order the restraint or seclusion. Was the attending physician notified "as soon as possible?"*
 - *Review the hospital's policies and procedures regarding consultation with the attending physician if the attending physician did not order the restraint or seclusion.*
 - *Interview staff to determine if actual practice is consistent with written hospital policies and procedures.*
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A-0171

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(8) - Unless superseded by State law that is more restrictive --

- (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the following limits for up to a total of 24 hours:***
- (A) 4 hours for adults 18 years of age or older;***
 - (B) 2 hours for children and adolescents 9 to 17 years of age; or***
 - (C) 1 hour for children under 9 years of age; and***

Interpretive Guidelines §482.13(e)(8)(i)

*Patients of all ages are vulnerable and at risk when restrained or secluded to manage violent or self-destructive behavior. Therefore, time limits have been established for each order for restraint or seclusion used to manage violent or self-destructive behavior. State law may require more restrictive time limits. These time limits **do not** apply to orders for restraint used to manage non-violent or non-self-destructive behavior. However, the requirement that restraint use be ended at the earliest possible time applies to all uses of restraint.*

In the final rule on the use of restraint or seclusion, CMS did not include specific criteria for differentiating between emergency situations where the patient's behavior is violent or self-destructive and jeopardizes the immediate physical safety of the patient, a staff member, or others, and non-emergency use of restraint. Clinicians are adept at

identifying various behaviors and symptoms, and can readily recognize violent and self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others. Asking clinicians to act based on an evaluation of the patient's behavior is no different than relying on the clinical judgment that they use daily in assessing the needs of each patient and taking actions to meet those individual needs.

The regulation identifies **maximum** time limits on the length of each order for restraint or seclusion based on age. The physician or other LIP has the discretion to write the order for a shorter length of time. The length-of-order requirement identifies critical points at which there is mandatory contact with a physician or other LIP responsible for the care of the patient. In addition, the time limits do not dictate how long a patient should remain in restraint or seclusion. Staff is expected to continually assess and monitor the patient to ensure that the patient is released from restraint or seclusion at the earliest possible time. Restraint or seclusion may only be employed while the unsafe situation continues. Once the unsafe situation ends, the use of restraint or seclusion should be discontinued. The regulation explicitly states that the intervention must be discontinued at the earliest possible time, regardless of the length of time identified in the order. For example, if a patient's behavior is no longer violent or self-destructive 20 minutes after the intervention is initiated, then the restraint or seclusion should be discontinued, even if the order was given for up to 4 hours. If restraint or seclusion is discontinued prior to the expiration of the original order, **a new order** must be obtained prior to reinitiating the use of restraint or seclusion.

At the end of the time frame, if the continued use of restraint or seclusion to manage violent or self-destructive behavior is deemed necessary based on an individualized patient assessment, another order is required. When the original order is about to expire, an RN must contact the physician or other LIP, report the results of his or her most recent assessment and request that the original order be renewed (not to exceed the time limits established in the regulation). Whether or not an onsite assessment is necessary prior to renewing the order is left to the discretion of the physician or other LIP in conjunction with a discussion with the RN who is over-seeing the care of the patient. Another 1-hour face-to-face patient evaluation (see §482.13(e)(12) and the related interpretive guidance) is not required when the original order is renewed.

The original restraint or seclusion order may only be renewed within the required time limits for up to a total of 24 hours. After the original order expires, a physician or other LIP must see and assess the patient before issuing a new order.

EXCEPTION: Repetitive self-mutilating behaviors – see interpretive guidance for §482.13(e)(6).

Survey Procedures §482.13(e)(8)(i)

- When restraint or seclusion is used to manage violent or self-destructive behavior, do orders contain the appropriate time frames based on the patient's age? Does the total number of hours covered by an order or its renewal exceed 24 hours?

- *If more restrictive State laws apply, are they being followed?*
 - *Is the renewal order for restraint or seclusion based on a comprehensive individual patient assessment?*
 - *Is there evidence in the patient's medical record that the symptoms necessitating the continued use of restraint or seclusion have persisted?*
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A-0172

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[Unless superseded by State law that is more restrictive --]

§482.13(e)(8)(ii) - After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) of this part and authorized to order restraint or seclusion by hospital policy in accordance with State law must see and assess the patient.

Interpretive Guidelines §482.13(e)(8)(ii)

At a minimum, if a patient remains in restraint or seclusion for the management of violent or self-destructive behavior 24 hours after the original order, the physician or other LIP must see the patient and conduct a face-to-face re-evaluation before writing a new order for the continued use of restraint or seclusion. Twenty-four hours of restraint or seclusion for the management of violent or self-destructive behavior is an extreme measure with the potential for serious harm to the patient.

State laws may be more restrictive and require the physician or other LIP to conduct a face-to-face re-evaluation within a shorter timeframe.

When the physician or other LIP renews an order or writes a new order authorizing the continued use of restraint or seclusion, there must be documentation in the patient's medical record that describes the findings of the physician's or other LIP's re-evaluation supporting the continued use of restraint or seclusion.

EXCEPTION: *Repetitive self-mutilating behaviors – see interpretive guidance for [§482.13\(e\)\(6\)](#).*

Survey Procedures §482.13(e)(8)(ii)

- *If restraint or seclusion is used to manage violent or self-destructive behavior for longer than 24 hours, is there documentation of a new written order, patient*

assessments, and a re-evaluation by a physician or other LIP in the medical record? Does the documentation provide sufficient evidence to support the need to continue the use of restraint or seclusion? Is there evidence in the medical record that the symptoms necessitating the continued use of restraint or seclusion have persisted?

- *Does the patient's plan of care or treatment plan address the use of restraint or seclusion?*
 - *What is the patient's documented clinical response to the continued need for restraint or seclusion?*
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A-0173

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[Unless superseded by State law that is more restrictive --]

§482.13(e)(8)(iii) - Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient may be renewed as authorized by hospital policy.

Interpretive Guidelines §482.13(e)(8)(iii)

Hospitals have the flexibility to determine time frames for the renewal of orders for restraint of the non-violent, non-self-destructive patient. These time frames should be addressed in hospital policies and procedures.

Survey Procedures §482.13(e)(8)(iii)

- *Review the hospital policy on renewal of restraint orders for the management of non-violent, non-self-destructive patient behavior.*
 - *Interview staff and review the medical record documentation to ensure that practice is consistent with the hospital policy.*
-

A-0174

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(9) - Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.

Interpretive Guidelines §482.13(e)(9)

Restraint or seclusion may only be employed while the unsafe situation continues. Once the unsafe situation ends, the use of restraint or seclusion must be discontinued.

Staff members are expected to assess and monitor the patient's condition on an ongoing basis to determine whether restraint or seclusion can safely be discontinued. The regulation requires that these interventions be ended as quickly as possible. However, the decision to discontinue the intervention should be based on the determination that the patient's behavior is no longer a threat to self, staff members, or others. When the physician or LIP renews an order or writes a new order authorizing the continued use of restraint or seclusion, there must be documentation in the medical record that describes the patient's clinical needs and supports the continued use of restraint or seclusion.

The hospital policies and procedures should address, at a minimum:

- *Categories of staff that the hospital authorizes to discontinue restraint or seclusion in accordance with State law; and*
- *The circumstances under which restraint or seclusion is to be discontinued.*

Survey Procedures §482.13(e)(9)

- *Does the hospital have policies and procedures for ending restraint or seclusion? Do the policies include a requirement to end the restraint or seclusion as soon as is safely possible?*
- *Does the medical record contain evidence that the decision to continue or discontinue the use of restraint or seclusion was based on an assessment and re-evaluation of the patient's condition?*
- *Interview staff to determine whether they are aware that use of a restraint or seclusion must be discontinued as soon as is safely possible.*

A-0175

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(10) - The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.

Interpretive Guidelines §482.13(e)(10)

Ongoing assessment and monitoring of the patient's condition by a physician, other LIP or trained staff is crucial for prevention of patient injury or death, as well as ensuring that the use of restraint or seclusion is discontinued at the earliest possible time. Hospital policies are expected to guide staff in determining appropriate intervals for assessment and monitoring based on the individual needs of the patient, the patient's condition, and the type of restraint or seclusion used. The selection of an intervention and determination of the necessary frequency of assessment and monitoring should be individualized, taking into consideration variables such as the patient's condition, cognitive status, risks associated with the use of the chosen intervention, and other relevant factors. In some cases, checks every 15 minutes or vital signs taken every 2 hours may not be sufficient to ensure the patient's safety. In others, it may be excessive or disruptive to patient care (e.g., it may be unnecessary to mandate that a patient with wrist restraints, and who is asleep, be checked every 15 minutes and awakened every 2 hours to take the patient's vital signs). Similarly, depending on the patient's needs and situational factors, the use of restraint or seclusion may require either periodic (e.g., every 15 minutes, every 30 minutes, etc.) or continual (i.e., moment to moment) monitoring and assessment.

Hospital policies should address: frequencies of monitoring and assessment; assessment content (e.g., vital signs, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, skin integrity, etc.); providing for nutritional needs, range of motion exercises, and elimination needs; and mental status and neurological evaluations.

With the exception of the simultaneous use of restraint and seclusion, one-to-one observation with a staff member in constant attendance is not required by this regulation unless deemed necessary based on a practitioner's clinical judgment. For example, placing staff at the bedside of a patient with wrist restraints may be unnecessary. However, for a more restrictive or risky intervention and/or a patient who is suicidal, self injurious, or combative, staff may determine that continual face-to-face monitoring is needed. The hospital is responsible for providing the level of monitoring and frequency of reassessment that will protect the patient's safety.

Hospitals have flexibility in determining which staff performs the patient assessment and monitoring. This determination must be in accordance with the practitioner's scope of clinical practice and State law. For example, assessment and monitoring are activities within a registered nurse's scope of practice. However, some trained, unlicensed staff may perform components of monitoring (e.g., checking the patient's vital signs, hydration and circulation; the patient's level of distress and agitation; or skin integrity), and may also provide for general care needs (e.g., eating, hydration, toileting, and range of motion exercises). Section [482.13\(f\)](#) requires that before applying restraints, implementing seclusion, or performing associated monitoring and care tasks, staff must be trained and able to demonstrate competency in the performance of these actions.

Survey Procedures §482.13(e)(10)

- *Review hospital policies regarding assessment and monitoring of a patient in restraint or seclusion.*
 - *What evidence do you find that the hospital's monitoring policies are put into practice for all restrained or secluded patients?*
 - *Do hospital policies identify which categories of staff are responsible for assessing and monitoring the patient?*
 - *Do hospital policies include time frames for offering fluids and nourishment, toileting/elimination, range of motion, exercise of limbs and systematic release of restrained limbs? Is this documented in the patient's medical record?*

- *Review patient medical records:*
 - *Was there a valid rationale for the decision regarding the frequency of patient assessment and monitoring documented in the medical record?*
 - *Was documentation consistent, relevant, and reflective of the patient's condition?*
 - *Are time frames described for how often a patient is monitored for vital signs, respiratory and cardiac status, and skin integrity checks?*
 - *Is there documentation of ongoing patient monitoring and assessment (e.g., skin integrity, circulation, respiration, intake and output, hygiene, injury, etc)?*
 - *Is the patient's mental status assessed? Is this documented in the medical record?*
 - *Is the patient assessed regarding continued need for the use of seclusion or restraint?*
 - *Is there adequate justification for continued use and is this documented?*
 - *Is the level of supervision appropriate to meet the safety needs of the patient who is at a higher risk for injury (e.g., self-injurious, suicidal)?*

A-00176

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(11) - Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion.

Interpretive Guidelines §482.13(e)(11)

At a minimum, physicians and other LIPs authorized to order restraint and seclusion must have a working knowledge of hospital policy regarding the use of restraint and seclusion.

Hospitals have the flexibility to identify training requirements above this minimum requirement based on the competency level of their physicians and other LIPs, and the needs of the patient population(s) that they serve. Physicians receive training in the assessment, monitoring, and evaluation of a patient's condition as part of their medical school education. However, physicians generally do not receive training regarding application of restraint or implementation of seclusion as part of their basic education. Depending on the level and frequency of involvement that a physician or other LIP has in the performance of these activities, additional training may or may not be necessary to ensure the competency of these individuals in this area. The hospital is in the best position to determine if additional physician or other LIP training is necessary based on the model of care, level of physician competency, and the needs of the patient population(s) that the hospital serves.

Survey Procedures §482.13(e)(11)

- Review the hospital policy regarding restraint and seclusion training requirements for physicians and other LIPs. Are the minimum training requirements addressed?*
- Review medical staff credentialing and privileging files to determine if physicians or other LIPs involved in restraint and seclusion activities have completed the required training.*

A-0178

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(12) - When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1 hour after the initiation of the intervention --

(i) *By a –*

- (A) *Physician or other licensed independent practitioner; or*
- (B) *Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.*

Interpretive Guidelines §482.13(e)(12)(i)

When restraint or seclusion is used to manage violent or self-destructive behavior, a physician or other LIP, or a registered nurse (RN) or physician assistant (PA) trained in accordance with the requirements specified under §482.13(f), must see the patient face-to-face within 1-hour after the initiation of the intervention. This requirement also applies when a drug or medication is used as a restraint to manage violent or self-destructive behavior.

The 1-hour face-to-face patient evaluation must be conducted in person by a physician or other LIP, or trained RN or PA. A telephone call or telemedicine methodology is not permitted.

If a patient's violent or self-destructive behavior resolves and the restraint or seclusion intervention is discontinued before the practitioner arrives to perform the 1-hour face-to-face evaluation, the practitioner is still required to see the patient face-to-face and conduct the evaluation within 1 hour after the initiation of this intervention. The fact that the patient's behavior warranted the use of a restraint or seclusion indicates a serious medical or psychological need for prompt evaluation of the patient behavior that led to the intervention. The evaluation would also determine whether there is a continued need for the intervention, factors that may have contributed to the violent or self-destructive behavior, and whether the intervention was appropriate to address the violent or self-destructive behavior.

EXCEPTION: *Repetitive self-mutilating behaviors – see interpretive guidance for §482.13(e)(6).*

Survey Procedures §482.13(e)(12)(i)

- *Review the hospital policy regarding the 1-hour face-to-face evaluation.*
- *What categories of practitioners does the hospital policy authorize to conduct the 1-hour face-to-face evaluation?*
- *Interview staff to determine if practice is consistent with hospital policy.*

A-0179

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[the patient must be seen face-to-face within 1 hour after the initiation of the intervention --]

§482.13(e)(12)(ii) To evaluate –

- (A) The patient's immediate situation;*
- (B) The patient's reaction to the intervention;*
- (C) The patient's medical and behavioral condition; and*
- (D) The need to continue or terminate the restraint or seclusion.*

Interpretive Guidelines §482.13(e)(12)(ii)

The 1-hour face-to-face evaluation includes both a physical and behavioral assessment of the patient that must be conducted by a qualified practitioner within the scope of their practice. An evaluation of the patient's medical condition would include a complete review of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, drugs and medications, most recent lab results, etc. The purpose is to complete a comprehensive review of the patient's condition to determine if other factors, such as drug or medication interactions, electrolyte imbalances, hypoxia, sepsis, etc., are contributing to the patient's violent or self-destructive behavior.

Training for an RN or PA to conduct the 1-hour face-to-face evaluation would include all of the training requirements at §482.13(f) as well as content to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition (documented training in conducting physical and behavioral assessment); and the need to continue or terminate the restraint or seclusion.

Survey Procedures §482.13(e)(12)(ii):

- Was the 1-hour face-to-face evaluation conducted by a practitioner authorized by hospital policy in accordance with State law to conduct this evaluation?*
- If the 1-hour face-to-face evaluations are conducted by RNs who are not advanced practice nurses (APN), verify that those RNs have documented training that demonstrates they are qualified to conduct a physical and behavioral assessment of the patient that addresses: the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need to continue or terminate the restraint or seclusion.*
- Does documentation of the 1-hour face-to-face evaluation in the patient's medical record include all the listed elements of this requirement?*
- Did the evaluation indicate whether changes in the patient's care were required, and, if so, were the changes made?*

- *Is practice consistent with hospital policy and State law?*
-

A-0180

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(13) - States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (e)(12)(i) of this section.

Interpretive Guidelines §482.13(e)(13)

States are free to have requirements that are more restrictive regarding the types of practitioners who may conduct the 1-hour face-to-face evaluation. Generally, States may have more restrictive requirements as long as they do not conflict with Federal requirements.

Survey Procedures §482.13(e)(13):

- *When preparing for the hospital survey, determine whether there are State provisions governing the use of restraint or seclusion that are more restrictive than those found in this section.*
 - *When State requirements are more restrictive, apply those requirements instead of those found in this section.*
-

A-0182

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(14) - If the face-to-face evaluation specified in paragraph (e)(12) of this section is conducted by a trained registered nurse or physician assistant, the trained registered nurse or physician assistant must consult the attending physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) as soon as possible after the completion of the 1 hour face-to-face evaluation.

Interpretive Guidelines §482.13(e)(14)

When a trained RN or PA conducts the required face-to-face evaluation, he or she must consult the attending physician or other LIP responsible for the patient's care as soon as possible after the completion of the evaluation. Hospital policy should address the expected time frame for and the components of the consultation with the attending

physician or other LIP consistent with “as soon as possible.” This consultation should include, at a minimum, a discussion of the findings of the 1-hour face-to-face evaluation, the need for other interventions or treatments, and the need to continue or discontinue the use of restraint or seclusion. A consultation that is not conducted prior to a renewal of the order would not be consistent with the requirement, “as soon as possible.”

Survey Procedures §482.13(e)(14):

- *Review the relevant hospital restraint and seclusion policy.*
 - *Does the hospital policy clarify expectations regarding the requirement, “as soon as possible”?*
 - *Does documentation in the patient’s medical record indicate consultation with the attending physician or other LIP when the 1-hour face-to-face evaluation was conducted by a trained RN or PA?*
 - *Is practice consistent with hospital policy?*
-

A-0183

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(15) - All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored –

- (i) Face-to-face by an assigned, trained staff member; or**
- (ii) By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient.**

Interpretive Guidelines §482.13(e)(15)

When the simultaneous use of restraint and seclusion is employed, there must be adequate documentation that justifies the decision for simultaneous use as well as vigilance in continuously monitoring the patient so that the patient’s care needs are met. All requirements specified under standard (e) apply to the simultaneous use of restraint and seclusion. The simultaneous use of restraint and seclusion is not permitted unless the patient is continually monitored by trained staff, either through face-to-face observation or through the use of both video and audio equipment. Monitoring with video and audio equipment further requires that staff perform the monitoring in close proximity to the patient. For the purposes of this requirement, “continually” means ongoing without interruption. The use of video and audio equipment does not eliminate the need for frequent monitoring and assessment of the patient.

An individual who is physically restrained alone in his or her room is not necessarily being simultaneously secluded. The individual's privacy and dignity should be protected to the extent possible during any intervention. In fact, the purpose of restraining a patient alone in his or her room may be to promote privacy and dignity versus simultaneously using seclusion and restraint. While this distinction may be difficult to make, it is helpful to consider whether the patient would, in the absence of the physical restraint, be able to voluntarily leave the room. If so, then the patient is not also being secluded. However, if the physical restraint was removed and the patient was still unable to leave the room because the door was locked or staff were otherwise physically preventing the patient from doing so, then the patient is also being secluded.

Staff must take extra care to protect the safety of the patient when interventions that are more restrictive are used. Monitoring must be appropriate to the intervention chosen, so that the patient is protected from possible abuse, assault, or self injury during the intervention.

Survey Procedures §482.13(e)(15):

- *Review the hospital's policy regarding simultaneous use of restraint and seclusion to determine whether it provides for continual monitoring and otherwise complies with all requirements of [§482.13](#).*
- *Conduct document review and staff interviews to determine if practice is consistent with the hospital policy and required uninterrupted audio and visual monitoring is provided as required.*
- *Is the staff member monitoring the patient with video and audio equipment trained and in close proximity to ensure prompt emergency intervention if a problem arises?*
- *Does the video equipment cover all areas of the room or location where the patient is restrained or secluded?*
- *Is the audio and video equipment located in an area that assures patient privacy?*
- *Is the equipment appropriately maintained and in working condition?*

A-0184

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(e)(16) - When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:

- (i) The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior;*

Interpretive Guidelines §482.13(e)(16)(i)

When restraint or seclusion is used to manage violent or self-destructive behavior, the 1 hour face-to-face medical and behavioral evaluation must be documented in the patient's medical record.

Survey Procedures §482.13(e)(16)(i)

Does the patient's medical record include documentation of the 1 hour face-to-face medical and behavioral evaluation when restraint or seclusion is used to manage violent or self-destructive behavior?

A-0185

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

§482.13(e)(16)(ii) - A description of the patient's behavior and the intervention used.

Interpretive Guidelines §482.13(e)(16)(ii)

Documentation that must be included in the patient's medical record when the patient is restrained or secluded includes a description of the patient's behavior and the intervention used. The patient's behavior should be documented in descriptive terms to evaluate the appropriateness of the interventions used. The documentation should include a detailed description of the patient's physical and mental status assessments, and of any environmental factors (e.g., physical, milieu, activities, etc.) that may have contributed to the situation at the time of the intervention.

Survey Procedures §482.13(e)(16)(ii)

- Does the patient's medical record include a clear description of the patient's behavior that warranted the use of restraint or seclusion?*
 - Was the intervention employed appropriate for the identified behavior?*
 - What was the patient's clinical response to the intervention(s)?*
-

A-0186

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

§482.13(e)(16)(iii) - Alternatives or other less restrictive interventions attempted (as applicable).

Interpretive Guidelines §482.13(e)(16)(iii)

The use of restraint or seclusion must be selected only when less restrictive measures have been judged to be ineffective to protect the patient or others from harm. It is not always appropriate for less restrictive alternatives to be attempted prior to the use of restraint or seclusion. When a patient's behavior presents an immediate and serious danger to his- or herself, or others, immediate action is needed. For example, when a patient physically attacks someone, immediate action is needed. While staff should be mindful of using the least intrusive intervention, it is critical that the intervention selected be effective in protecting the patient or others from harm.

Survey Procedures §482.13(e)(16)(iii):

- Does the patient's medical record document any alternatives or less restrictive interventions attempted by staff, if appropriate?*
 - What was the effect of less restrictive interventions, if attempted by staff?*
 - Were the interventions selected appropriate to the targeted patient behaviors?*
 - When an immediate and serious danger to the patient or others occurred, was the more restrictive intervention(s) effective? Could a less restrictive intervention have been used to ensure the safety of the patient, staff or others?*
-

A-0187

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

§482.13(e)(16)(iv) - The patient's condition or symptom(s) that warranted the use of the restraint or seclusion.

Interpretive Guidelines §482.13(e)(16)(iv)

A comprehensive, individualized patient assessment is necessary to identify the most appropriate intervention to effectively manage a patient's condition or symptom(s). When using a restraint or seclusion intervention, the patient's condition or symptom(s) must be identified and documented in the patient's medical record.

Survey Procedures §482.13(e)(16)(iv):

Does the patient's medical record include descriptions of the patient's condition or symptom(s) that warranted the use of restraint or seclusion?

A-0188

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

[When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:]

§482.13(e)(16)(v) - The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.

Survey Procedures §482.13(e)(16)(v):

- Does the patient's medical record include descriptions of the impact of the intervention on the patient behavior that resulted in the use of restraint or seclusion?*
- Does the patient's medical record include a detailed assessment of the patient's response to the intervention and a well-reasoned plan for the continued use of restraint or seclusion?*

A-0194

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(f) Standard: Restraint or seclusion: Staff training requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.

Interpretive Guidelines §482.13(f)

Without adequate staff training and competency, the direct care staff, patients, and others are placed at risk. Patients have a right to the safe application of restraint or

seclusion by trained and competent staff. Staff training and education play a critical role in the reduction of restraint and seclusion use in a hospital.

Survey Procedures §482.13(f)

- Determine whether the hospital has staff training and education program that protects the patient's right to safe implementation of restraint or seclusion.*
 - Observe patients in restraint or seclusion to verify safe application of the restraint or seclusion.*
-

A-0196

(Rev. 37, Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.13(f)(1) Training Intervals - Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion –

- (i) Before performing any of the actions specified in this paragraph;*
- (ii) As part of orientation; and*
- (iii) Subsequently on a periodic basis consistent with hospital policy.*

Interpretive Guidelines §482.13(f)(1)(i) - (iii)

All staff designated by the hospital as having direct patient care responsibilities, including contract or agency personnel, must demonstrate the competencies specified in standard (f) prior to participating in the application of restraints, implementation of seclusion, monitoring, assessment, or care of a patient in restraint or seclusion. These competencies must be demonstrated initially as part of orientation and subsequently on a periodic basis consistent with hospital policy. Hospitals have the flexibility to identify a time frame for ongoing training based on the level of staff competency, and the needs of the patient population(s) served.

Training for an RN or PA to conduct the 1-hour face-to-face evaluation would include all of the training requirements at [§482.13\(f\)](#) as well as content to evaluate the patient's immediate situation, the patient's reaction to the intervention, the patient's medical and behavioral condition, and the need to continue or terminate the restraint or seclusion. An evaluation of the patient's medical condition would include a complete review of systems assessment, behavioral assessment, as well as review and assessment of the patient's history, medications, most recent lab results, etc. The purpose of the 1-hour face-to-face evaluation is to complete a comprehensive review of the patient's condition and determine if other factors, such as drug or medication interactions, electrolyte imbalances, hypoxia, sepsis, etc., are contributing to the patient's violent or self-destructive behavior.

Once initial training takes place, training must be provided frequently enough to ensure that staff possesses the requisite knowledge and skills to safely care for restrained or secluded patients in accordance with the regulations. The results of skills and knowledge assessments, new equipment, or QAPI data may indicate a need for targeted training or more frequent or revised training.

Hospitals are required to have appropriately trained staff for the proper and safe use of seclusion and restraint interventions. It would not be appropriate for a hospital to routinely call upon a law enforcement agency or agencies as a means of applying restraint or initiating seclusion. If hospital security guards, or other non-healthcare staff, as part of hospital policy, may assist direct care staff, when requested, in the application of restraint or seclusion, the security guards, or other non-healthcare staff, are also expected to be trained and able to demonstrate competency in the safe application of restraint and seclusion (in accordance with [§482.13\(f\)](#))

Survey Procedures §482.13(f)(1)(i) - (iii)

- Does the hospital have a documented training program for the use of restraint and seclusion interventions employed by the hospital?*
- Does the hospital have documented evidence that all levels of staff, including agency or contract staff, that have direct patient care responsibilities and any other individuals who may be involved in the application of restraints (e.g., security guards) have been trained and are able to demonstrate competency in the safe use of seclusion and the safe application and use of restraints?*
- Review and verify restraint and seclusion education staff training documentation for all new employees and contract staff.*
- Does the training include demonstration of required competencies?*
- What areas were included in this training program?*

A-0199

§482.13(f)(2) Training Content. - The hospital must require appropriate staff to have education, training, and demonstrated knowledge based on the specific needs of the patient population in at least the following:

- (i) Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion.***

Interpretive Guidelines §482.13(f)(2)(i)

The term “appropriate staff” includes all staff that apply restraint or seclusion, monitor, assess, or otherwise provide care for patients in restraint or seclusion.

All staff, including contract or agency personnel, designated by the hospital as having direct patient care responsibilities are required to receive training in the areas of clinical techniques used to identify patient and staff behaviors, events and environmental factors that may trigger circumstances that require the use of restraint or seclusion. This training should be targeted to the specific needs of the patient populations being served, and to the competency level of staff.

Staff needs to be able to employ a broad range of clinical interventions to maintain the safety of the patient and others. The hospital is expected to provide education and training at the appropriate level to the appropriate staff based upon the specific needs of the patient population being served. For example, staff routinely providing care for patients who exhibit violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others (such as in an emergency department or on a psychiatric unit) generally require more in-depth training in the areas included in the regulation than staff routinely providing medical/surgical care.

Hospitals may develop and implement their own training programs or use an outside training program. However, standard (f) specifies that individuals providing staff training must be qualified as evidenced by education, training, and experience.

Hospitals have the flexibility to develop their own training program to meet the staff training requirements at [§482.13\(f\)](#) or purchase a training program from the outside. CMS does not specify that any particular outside vendor must be used to provide the required training. Each hospital must assess the learning needs and competency of their staff to determine how extensive periodic training and staff competency demonstration must be subsequent to initial training. The training program must be provided to all appropriate staff. Any person monitoring or providing care to a restrained patient must demonstrate the knowledge and abilities required by the regulations.

At a minimum, physicians and other LIPs authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint and seclusion. Hospitals have the flexibility to identify training requirements above this minimum based on the competency level of their physicians and other LIPs and the needs of the patient population that they serve.

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.]

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.]