

WAC 246-335 Deficiency Checklist Home Health Category

For Complete text, refer to 246-335 WAC

Agency Name			
Surveyor Name			
Survey Date	Survey Date		
 Check if NO Deficiencies 	- Circle if Deficiencies	N/A - Not applicable	

Z	HH WAC 246-335 Language	
	WAC 246-335-505 Applicability	
990	The requirements in WAC 246-335-505 through 246-335-560 apply to all in-home services agencies licensed to	
	provide home health services.	
WAC 2	246-335-515 Plan of Operation - The applicant or licensee must develop and implement a plan of operation which includes:	
995	(1) A description of the organizational structure;	
1000	(2) Personnel job descriptions according to WAC 246-335-525(2);	
1005	(3) Responsibilities of contractors and volunteers;	
1010	(4) Services to be provided;	
1015	(5) The days and hours of agency operation;	
1020	(6) Criteria for management and supervision of home health services throughout all approved service areas, which	ch
	include: The applicant or licensee must develop and implement a plan of operation which includes: (a) How the i	nitial
	assessment and development of the plan of care will be completed per WAC 246-335-540;	
1025	(6)(b) How supervision of personnel and volunteers and monitoring of services provided by contractors will occu	r
	which meet the requirements of WAC 246-335-545;	
1030	(6)(c) How performance evaluations for personnel and volunteers and evaluation of services provided by contract	ctors
	will be conducted per WAC 246-335-525 (16) and (17); and	
1035	(6)(d) How the quality improvement program required in WAC 246-335-555 will be applied throughout all approve	ved
	service areas.	
1040	(7) A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable	to
	meet the patient's needs;	
1045	(8) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation	on
	according to WAC 246-335-550 (7) and (8);	
1050	(9) Time frames for filing documents in the patient records;	
1055	(10) Emergency preparedness that addresses service delivery when natural disasters, man-made incidents, or pu	<mark>ıblic</mark>
	health emergencies occur that prevent normal agency operation. Include, at minimum: Risk assessment and	
	emergency planning, communication plan, coordination of service delivery with emergency personnel to meet	
1000	emergent needs of patients, and staff training; (44) The applicant as linear association of the state of the	
1060	(11) The applicant or licensee must identify an administrator. The administrator must be a home health employe and possess education and experience required by the agency's policies. The administrator is responsible to: (a)	ee
	Oversee the day-to-day operation and fiscal affairs of the agency;	
1065	(11)(b) Implement the provisions of this section;	
1003	(11)(c) Designate in writing an alternate to act in the administrator's absence;	
	(11)(d) Provide management and supervision of services throughout all approved service areas according to	
1075	subsection (6) of this section ;	
1080	(11)(e) Arrange for necessary services;	
1085	(11)(f) Keep contracts current and consistent with WAC 246-335-525(4);	
1090	(11)(i) Reep contracts current and consistent with WAC 246-355-325(4), (11)(g) Serve as a liaison between the licensee, personnel, con-tractors and volunteers;	
1090	(11)(g) serve as a haison between the licensee, personner, con-tractors and volunteers; (11)(h) Ensure personnel, contractors and volunteers are currently credentialed by the state of Washington, whe	n .
1032	appropriate, according to applicable practice acts and consistent with WAC 246-335-525(5);	:11
	appropriate, according to applicable practice acts and consistent with WAC 246-335-325(5);	

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1100	(11)(i) Ensure personnel, contractors and volunteers comply with the licensee's policies and procedures;
1105	(11)(j) Implement a quality improvement process consistent with WAC 246-335-555;
1110	(11)(k) Manage recordkeeping according to WAC 246-335-550;
1115	(11)(I) Ensure supplies and equipment necessary to patient care are available, maintained, and in working order;
1120	(11)(m) Ensure the accuracy of public information materials; and
1125	(11)(n) Ensure current written policies and procedures are accessible to personnel, contractors, and volunteers during
	hours of operation.
1130	(12) The licensee must continue to update its plan of operation to reflect current practice, services provided by the
	agency, and state and local laws.
	5-335-520 Delivery of Services - The applicant or licensee must develop and operationalize delivery of services policies
	edures that describe:
1135	(1) Admission, transfer, discharge, and referral processes: (a) In order to minimize the possibility of patient
	abandonment, patients must be given at least a forty-eight hour written or verbal notice prior to discharge that will
	be documented in the patient record;
1140	(1)(b) Forty-eight hour notice is not required if home health agency worker safety, significant patient noncompliance,
	or patient's failure to pay for services rendered are the reason(s) for the discharge;
1145	(1)(c) A home health agency discharging a patient that is concerned about their ongoing care and safety may submit a
	self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate
1150	safety concerns;
1150	(2) Specific home health services, including any nonmedical services, available to meet patient or family needs as
4455	identified in plans of care;
1155	(3) Home health services starting within seven calendar days of receiving and accepting a physician or practitioner
	referral for services. Longer time frames are permitted when one or more of the following is documented: (a) Longer
1150	time frame for the start of services is requested by physician or practitioner;
1160	(3)(b) Longer time frame for the start of services is requested by the patient, designated family member, legal
44.65	representative, or referral source; or
1165	(3)(c) Start of services was delayed due to agency having challenges contacting patient, designated family member, or
1170	legal representative;
1170	(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance and medication administration;
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11/5	(5) Coordination of care, including: (a) Coordination among services being provided by a licensee having an additional
1180	home care or hospice service category; and (b) Coordination with other agencies when the care being provided impacts patient health.
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	(6) Actions to address patient, or family communication needs; (7) Utilization of telehealth or telemedicine for patient consultation purposes or to acquire patient vitals and other
1190	health data in accordance with state and federal laws;
1195	(8) Management of patient medications and treatments in accordance with appropriate practice acts;
1200	(9) Emergency care of the patient;
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1205 1210	(10) Actions to be taken upon death of a patient; (11) Providing back-up care to the patient when services cannot be provided as scheduled. Back-up care which
1210	requires assistance with patient ADLs or patient health services must be provided by staff with minimum health care
	credentialing. Non credentialed staff may provide back-up care only when assisting a patient with IADLs or in
	emergency situations;
1215	(12) Actions to be taken when the patient has a signed advanced directive;
1220	(13) Actions to be taken if a patient has a signed POLST form. Any section of the POLST form not completed implies
	full treatment for that section. Also include: In the event of a patient medical emergency and agency staff are
	present, provide emergency medical personnel with a patient's signed POLST form;
1225	(14) Nurse delegation according to the following: (a) Delegation is only permitted for stable and predictable patients
	requiring specific nursing tasks that do not require clinical judgment;
1230	(14)(b) A licensee with an approved home health service category only may use their RN on staff for patient nurse
	delegation needs;
1235	(14)(c) A licensee with approved home health and home care service categories may provide nurse delegation in the
	following ways: (i) Use an RN from their home health side to contract with and delegate to their home care side; or
1240	(14)(c)(ii) Transfer a home care client needing delegation to the agency's home health side;
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brocess. If the tasks are ones considered by the nursing quality assurance commission to be simple care tasks, such as bodo pressure monitoring, personal care services, disabetic insulin device set up, and verbal verification of insulin dosage for sight-impaired individuals, the DSHS training is not required. WAC 246-335-525 Personnel. Contractor and Volunteer Policies – The applicant or licensee must develop and operationalize personnel. contractor, and volunteer policies and procedures that describe: 1250	1245	(14)(d) Home health aides must complete the DSHS nurse delegation class prior to participating in the delegation
wAC 246-335-525 Personnel, Contractor and Volunteer Policies - The applicant or licensee must develop and operationalize personnel, contractor, and volunteer policies and procedures that describe: 1250 (1) Employment criteria regarding discrimination consistent with chapter 49.60 RCW; 1255 (2) Job descriptions that contain responsibilities and are consistent with chapter 49.60 RCW; 1256 (3) References for personnel, contractors and volunteers; 1260 (3) References for personnel, contractors and volunteers; 1261 (4) Contracting process when using a contractor. The contract should include, at minimum, a description of the duties the contractor will perform, and a statement indicating that the contractor, not the employer, is responsible for withholding any necessary taxes. As with personnel and volunteers; 1270 (5) Credentials of health care professionals that are current and in good standing; 1275 (6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable persons, according to RCW 34.34.33.0 through 43.43.842 and the following; (3) Criminal history background checks must be processed through the Washington state patrol; 1280 (5) (c) All criminal history background checks and disclosure statements required under this chapter must be renewed within two years from the date of the previous check; 1290 (7) Character, completence, and suitability determination conducted for personnel, contractors, volunteers, and students whose back-ground check sensults reveal non disqualifying convictions, pending charges, or negative actions, factors to conside when making a determination include, but are not limited to(a). Whether there is a reasonable, sood riath belief that they would be unable to meet the care needs of the patient; 1290 (7) (6) Patienr of offenses or other behaviors that may put the patien		process. If the tasks are ones considered by the nursing quality assurance commission to be simple care tasks, such as
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4255	(40)(1)
1355	(10)(c) Personnel and contractors hired by an in-home services licensee prior to March 1, 2018, who held a nursing
	assistant registration and have maintained their registration and employment with the licensee are not required to
	become credentialed as a nursing assistant certified.
1360	(11) Training on the use of telehealth or telemedicine for patient consultation and the transmission of health data;
1365	(12) Ongoing training pertinent to patient care needs;
1370	(13) Safe food storage, preparation and handling practices consistent with the United States Food and Drug
	Administration's recommendations for "food safety at home" for personnel, contractors, and volunteers involved in
	food preparation services on behalf of patients. Personnel, contractors, and volunteers may not provide patients with
1077	homemade food items or baked goods that they themselves prepared;
1375	(14) Current cardiopulmonary resuscitation (CPR) training consistent with agency policies and procedures for direct
	care personnel and contractors. Internet-based classroom training is permissible but demonstration of skills must be
	hands on and observed by a certified trainer;
1380	(15) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must
	include, at minimum: (a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and
	personal protective equipment;
1385	(15)(b) Availability of personal protective equipment and other equipment necessary to implement client plans of
	care;
1390	(15)(c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB
1330	risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by
	the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new
	employees. If TB testing is required, follow the department's tuberculosis risk assessment form testing
	recommendations;
1395	(15)(c)(ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis
	risk assessment form provided by the department. Based on risk assessment results, determine agency's
	responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested
	negative and have new risk factors since the last assessment; and
1400	(15)(c)(iii) Ensuring workers receive TB related training and education at the time of hire or during new employee
	orientation. Training and education must be consistent with the department's tuberculosis program's online posted
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	designated family member, or legal representative and authorizing practitioner;	1600	
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1605	(2) Ensure each plan of care is developed by appropriately trained or credentialed agency personnel and is based on a
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	patient assessment; (3) Ensure the home health plan of care includes: (a) Current diagnoses and information on health status;
1610 1615	(3)(b)Goals and outcome measures which are individualized for the patient;
1620	(3)(c) Types and frequency of services to be provided;
1625	(3)(d) Palliative care, if applicable;
1630	(3)(e) Use of telehealth or telemedicine, if applicable;
1635	(3)(f) Home medical equipment and supplies used by the patient;
1640	(3)(g) Orders for treatments and their frequency to be provided and monitored by the licensee;
1645	(3)(h) Special nutritional needs and food allergies;
1650	(3)(i) Orders for medications to be administered and monitored by the licensee including name, dose, route, and
1030	frequency;
1655	(3)(j) Medication allergies;
1660	(3)(k) The patient's physical, cognitive and functional limitations;
1665	(3)(I) Discharge and referral plan;
1670	(3)(m) Patient and family education needs pertinent to the care being provided by the licensee;
1675	(3)(n) Indication that the patient has a signed advanced directive or POLST, if applicable. Include resuscitation status
	according to advance directives or POLST, if applicable; and
1680	(3)(o) The level of medication assistance to be provided.
1685	(4) Develop and implement a system to: (a) Ensure and document that the plan of care is reviewed and updated by
	appropriate agency personnel according to the following time frames: (i) For patients requiring acute care services,
	every two months;
1690	(4)(a)(ii) For patients requiring maintenance services, every six months; and
1695	(4)(a)(iii) For patients requiring only professional medical equipment assessment services or home health aide only
	services, every twelve months.
1700	(4)(b) Ensure the plan of care is signed or authenticated and dated by appropriate agency personnel and the
	authorizing practitioner, according to the time frames in (a) of this subsection;
1705	(4)(c) Ensure the signed or authenticated plan of care is returned to the agency within sixty days of the initial date of
	service or date of review and update;
1710	(4)(d) Inform the authorizing practitioner regarding changes in the patient's condition that indicate a need to update
	the plan of care;
1715	(4)(e) Obtain approval from the authorizing practitioner for additions and modifications;
1720	(4)(f) Ensure all verbal orders for modification to the plan of care are immediately documented in writing and signed
	or authenticated and dated by an agency individual authorized within their scope of practice to receive the order and
	signed or authenticated by the authorizing practitioner and returned to the agency within sixty days of the date the verbal orders were received.
1725	(5) Home health agencies providing only home health aide services to a patient :(a) May develop a modified plan of
1723	care by providing only the following information on the plan of care: (i) Types and frequency of services to be
	provided;
1730	(5)(a)(ii) Home medical equipment and supplies used by the patient;
1735	(5)(a)(iii) Special nutritional needs and food allergies;
1740	(5)(a)(iv) The patient's physical, cognitive and functional limitations; and
1745	(5)(a)(v) The level of medication assistance to be provided.
1750	(5)(b) Do not require an authorizing practitioner signature on the plan of care.
1755	(6) Home health agencies providing a one-time visit for a patient may provide the following written documentation in
	lieu of the home health plan of care requirements in subsection (3) of this section: (a) Patient name, age, current
	address, and phone number;
1760	(6)(b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-535;
1765	(6)(c) Patient consent for services to be provided;
1770	(6)(d) Authorizing practitioner orders; and
1775	(6)(e) Documentation of services provided.
	WAC 246-335-545 Supervision of Home Health Services
1780	(1) A licensee must employ a director of clinical services;

1785	(2) The director of clinical services must designate in writing a similarly qualified alternate to act in the director's
	absence;
1790	(3) The licensee shall ensure the director of clinical services and the designated alternate completes a minimum of
	ten hours of training annually. Written documentation of trainings must be available upon request by the
	department. Training may include a combination of topics related to clinical supervision duties and the delivery of
	home health services. Examples of appropriate training include, but are not limited to: (a) Agency sponsored in-
	<mark>services;</mark>
1795	(3)(b) Community venues;
1800	(3)(c) Community classes;
1805	(3)(d) Conferences;
1810	(3)(e) Seminars;
1815	(3) (f) Continuing education related to the director's health care professional credential, if applicable; and
1820	(3)(g) Supervisory responsibilities in the event of a natural disaster, man-made incident, or public health emergency.
1825	(4) The director of clinical services or designee must be available during all hours patient care is being provided;
1830	(5) The director of clinical services or designee must ensure: (a) Coordination, development, and revision of written
	patient care policies and procedures related to each service provided;
1835	(5)(b) Supervision of all patient care provided by personnel and volunteers. The director of clinical services may
	delegate staff supervision responsibilities to a registered nurse or other appropriately credentialed professional;
1840	(5)(c) Evaluation of services provided by contractors;
1845	(5)(d) Coordination of services when one or more licensed agencies are providing care to the patient;
1850	(5)(e) Compliance with the plan of care;
1855	(5)(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the patient's condition
	and needs, and report any changes to the director of clinical services or designee; and
1860	(5)(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency
	policy.
1865	(6) The licensee must document supervision including, but not limited to: (a) RN supervision when using the services
	of an RN or LPN, in accordance with chapter 18.79 RCW;
1870	(6)(b) For patients receiving acute care services, supervision of the home health aide services during an on-site visit
	with or without the home health aide present must occur once a month to evaluate compliance with the plan of care
	and patient satisfaction with care. The supervisory visit must be conducted by a licensed nurse or therapist in
1075	accordance with the appropriate practice acts;
1875	(6)(c) For patients receiving maintenance care or home health aide only services, supervision of the home health aide
	services during an on-site visit with or without the home health aide present must occur every six months to evaluate
	compliance with the plan of care and patient satisfaction with care. The supervisory visit must be conducted by a
1000	licensed nurse or licensed therapist in accordance with the appropriate practice acts; and
1880	(7) The licensee using home health aides must ensure: (a) Each home health aide reviews the plan of care and any additional written instructions for the care of each patient prior to providing home health aide services and whenever
	there is a change in the plan of care; and
1885	(7)(b) Each home health aide assists with medications according to agency policy and this chapter.
1003	WAC 246-335-550 Patient Records - The licensee must:
1890	(1) Maintain a current record for each patient consistent with chapter 70.02 RCW;
1895	(2) Ensure that patient records are: (a) Accessible in the licensee's office location for review by appropriate direct
	care personnel, volunteers, contractors, and the department;
1900	(2)(b) Written legibly in permanent ink or retrievable by electronic means;
1905	(2)(c) On the licensee's standardized forms or electronic templates;
1910	(2)(d) In a legally acceptable manner;
1915	(2)(e) Kept confidential;
1920	(2)(f) Chronological in its entirety or by the service provided;
1925	(2)(g) Fastened together to avoid loss of record contents (paper documents); and
1930	(2)(h) Kept current with all documents filed according to agency time frames per agency policies and procedures.
1935	(3) Except as provided in subsection (4) of this section, include documentation of the following in each record: (a)
1000	Patient's name, age, current address and phone number;
1940	(3)(b) Patient's consent for services, care, and treatments;
1945	(3)(c) Payment source and patient responsibility for payment;
1747	1 (3/(3) i dyment source and patient responsibility for payment,

1950	(3)(d) Initial assessment when providing home health services, except when providing home health aide only services
	under WAC 246-335-540(5);
1955	(3)(e) Plan of care according to WAC 246-335-540, depending upon the services provided;
1960	(3)(f) Signed or electronically authenticated and dated notes documenting and describing services provided during
	each patient contact;
1965	(3)(g) Observations and changes in the patient's condition or needs;
1970	(3)(h) For patients receiving home health, with the exception of home health aide only services per WAC 246-335-
	540(5), authorized practitioner orders and documentation of response to medications and treatments ordered;
1975	(3)(i) Supervision of home health aide services according to WAC 246-335-545(7); and
1980	(3)(j) Other documentation as required by this chapter.
1985	(4) For patients receiving a one-time visit, provide the documentation required in WAC 246-335-540(6) in lieu of the
	requirements in subsection (3) of this section;
1990	(5) Consider the records as property of the licensee and allow the patient access to his or her own record; and
1995	(6) Upon request and according to agency policy and procedure, provide patient information or a summary of care
	when the patient is transferred or discharged to another agency or facility.
2000	(7) The licensee must keep patient records for: (a) Adults - Three years following the date of termination of services;
2005	(7)(b) Minors - Three years after attaining age eighteen, or five years following discharge, whichever is longer; and
2010	(7)(c) Patient death - Three years following the last date or termination of services if patient was on services when
	death occurred.
2015	(8)(a) Store patient records in a safe and secure manner to prevent loss of information, to maintain the integrity of
	the record, and to protect against unauthorized use;
2020	(8)(b) Maintain or release records in accordance with chapter 70.02 RCW; and
2025	(8)(c) After ceasing operation, retain or dispose of patient records in a confidential manner according to the time
	frames in subsection (7) of this section.
WAC 2	46-335-555 Quality Improvement Program - Every home health licensee must develop and operationalize a quality
improv	ement program to ensure the quality of care and services provided throughout all approved service areas including, at a
minimu	m:
2030	(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints
	regarding services provided;
2035	(2) A method to identify, monitor, evaluate, and correct problems identified by patients, families, personnel,
	contractors, or volunteers; and
2040	(3) A system to assess patient satisfaction with the overall services provided by the agency.
	46-335-560 Home Medical Supplies and Equipment - This section applies to home health agencies providing or
	ting for medical supplies or equipment services.
2045	(1) The applicant or licensee must develop and implement policies and procedures to: (a) Maintain medical supplies
	and equipment;
2050	(1)(b) Clean, inspect, repair and calibrate equipment per the manufacturers' recommendations, and document the
	date and name of individual conducting the activity;
2055	(1)(c) Ensure safe handling and storage of medical supplies and equipment;
2060	(1)(d) Inform the patient, designated family member, or legal representative of the cost and method of payment for
	equipment, equipment repairs and equipment replacement;
2065	(1)(e) Document the patient, designated family member, or legal representative's approval;
2070	(1)(f) Instruct each patient, designated family member, or legal representative to use and maintain supplies and
	equipment in a language or format the patient or family understands, using one or more of the following: (i) Written
	instruction;
2075	(1)(f)(ii) Verbal instruction; or
2080	(1)(f)(iii) Demonstration.
2085	(1)(g) Document the patient, designated family member, or legal representative understanding of the instructions
	provided;
2090	(1)(h) Replace supplies and equipment essential for the health or safety of the patient; and
2095	(1)(h)(i) Identify and replace equipment recalled by the manufacturer.
2100	(2) If the applicant or licensee contracts for medical supplies or equipment services, develop and implement policies
	and procedures to ensure that contractors have policies and procedures consistent with subsection (1) of this section.
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