**Licensing FAQ’s**

**Medical equipment**

Q) Can I use bedrails or a wheelchair seatbelt, or other medical equipment?

A) Medical Equipment (WAC 388-76-10650)

The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience. Before a medical device with a known safety risk is used by a resident, the home must ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device; provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device; ensure the resident's negotiated care plan includes how the resident will use the medical device; and ensure the medical device is properly installed.

For any type of wearable medical equipment, the above information plus a doctor’s order/ therapist order is needed. This is for posey mitts, posey vest, posey bed, seatbelts, or other similar medical equipment. If a resident can’t remove it on their own, potentially that piece of equipment could be considered a restraint.

Also document and keep any information that you received from the case manager regarding the equipment.

**Space Heater**

Q) Can I use a space heater?

A) Space Heaters/fireplaces/Stoves (WAC) 388-76-10825)

(1) The adult family home must not use oil, gas, kerosene, or electric space heaters that have not been certified by an organization listed as a nationally recognized testing laboratory.

(2) The adult family home must ensure that stoves and heaters do not block resident, staff, or household member escape routes.

(3) The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.

**Examples of UL stickers**



<https://www.osha.gov/nationally-recognized-testing-laboratory-program/current-list-of-nrtls>

**Baseboard heaters and Wall Heaters**

Follow all stickers on the wall and baseboard heaters. Most warn to keep furniture, curtains, boxes other items 3 to 5 feet away. Follow the warning sticker on the equipment.

**Electric Blanket/Heat Pad/Water Bottle**

Electric blankets can only be used if the resident is cognitive and has the ability to remove the blanket if it gets hot to prevent the skin being burned. The resident can’t be have any cognitive impairments, be paralyzed, use blood thinners, have neuropathy, or have any skin issues.

**Annual Licensing Fee**

Q) When is my annual licensing fee due? Can I pay it online or by phone?

A) Licensing Fees (WAC 388-76-10025). The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW [70.128.060](http://app.leg.wa.gov/RCW/default.aspx?cite=70.128.060). Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year. The home must ensure that the department receives the annual license fee when it is due. If the home does not pay the fee when it is due, the department will impose remedies.

Licensing fees cannot be paid online or by telephone. The licensing fee cannot be paid by debit or credit cards. The licensing fee can only be paid by personal/business/ cashier’s check, or money order. You must write the words “Annual Fee” and your AFH license number on your check to ensure proper posting to your account.

You must pay your licensing fees by mail, by the 15th of the month you were licensed. Checks can be sent to:

 DSHS

 Office of Financial Recovery

 P.O. Box 9501

 Olympia, WA 98507-9501

**Hand Sanitizer/Hand Soap**

Q) Can I keep hand sanitizer and soap out?

A) Keep all toxic substances and hazardous materials in locked storage and in their original containers (WAC 388-76-10750 (7)).

Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision, unless the resident has been assessed as safe to use the substance or material without direct supervision and if the use is documented in the negotiated care plan (WAC 388-76-10750 (8)).

**NCP/Assessment Document**

Q) Can my AFH use a Negotiated Care Plan/ Assessment document (as one document)?

A) Yes. The mixed NCP/Assessment is appropriate to use.

**Rabies Vaccination**

Q) What documentation do I need for Indoor and outdoor pets?

A) All indoor and outdoor cats and dogs will need rabies vaccinations on site. (WAC 388-76-10230)

The same for visiting cats or dogs. You will also need to ensure the animal has a suitable temperament. If you have birds/ferrets etc. they will need any type of vaccines/health records that indicate the animal is in good health.

**Licensing Hours vs Investigating Hours**

Q) When does a licensing visit occur? What about investigations?

A) AFH licensing is usually completed Monday through Friday 8AM to 5PM. Investigations from RCS can occur anytime, any day. Often monitoring visits and other visits related to investigations can happen on holidays and weekends. This is usually related to a serious care issue/staff issue.

APS investigations typically occur Monday through Friday 8AM -5PM, but in emergent situations can occur in evening and weekend hours.

**Supplements**

Q) Do Ensure and boost need approval for use?

A) Ensure and boost do not need approval unless used for therapeutic situations. Per WAC 182-554-300 (2) which states, “For persons who reside in a nursing facility, adult family home, assisted living facility, boarding home, or any other residence where the provision of food is included in the daily rate, oral enteral nutrition products are the responsibility of the facility”. Thickeners are covered for individuals aged 1 year through 20 years.

Q) Does Ensure or Boost need to be on the Medication Administration Record (MAR)?

A) If the Ensure is for therapeutic purpose/doctor ordered then yes, it does need to be on the MAR. If it is a resident’s preferences, then it does not need to be on the MAR.

**N95 Fit Testing**

Q) Do I have to get my staff fit tested for N-95 masks?

A) Labor and Industries requires a respiratory program and N95 fit testing. If you have questions, please contact hai-covid@doh.wa.gov or LNI at eyeonsafety@lni.wa.gov

Employers, including LTCFs, must assess and identify hazards in the work environment and implement measures to reduce risk for their employees.

**Mobility Devices**

Q) What do I need to know about mobility devices/ medical equipment?

A) Ensure all medical devices are clean, and in working order. Do not deviate from typical use i.e. use a seated walker as a wheelchair or a hoyer lift to push someone through the home.

**Windows**

Q) Can windows be locked or blocked? (WAC 388-76-10795 (1)(a)(b)(i)(ii)(c)(d)(2)(a)(b)(3)

A) 1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:(a) The sill height must not be more than forty-four inches above the finished floor. For homes licensed after July 1, 2007, the department will not approve alternatives to the sill height requirement such as step(s), raised platform(s), or other devices placed by or under the window openings. (b) The opening area must be a minimum of 5.7 square feet, except that the openings of windows in rooms at grade level as defined by the International Residential Code may have a minimum clear opening of 5.0 square feet. The window must also have: (i) A minimum opening height of twenty-four inches; (ii) A minimum opening width of twenty inches; and (c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.

(d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue. (2) When resident bedroom windows are fitted with storm windows, the home must equip the storm windows with release mechanisms that: (a) Easily open from the inside; and (b) Do not require a key or special knowledge or effort to open. (3) The home must ensure that each basement window is kept free from obstructions that might block or interfere with access for emergency escape or rescue.

**Medical Emergency Policy**

Q) Do I always have to call 911? Do I have to do CPR? The resident has a DNR.

A) Contacting emergency medical services—Required. WAC 388-76-10250

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency. This requirement applies: (a) Unless the caregiver, present at the time of the emergency, is a licensed physician or registered nurse acting within his or her scope of practice; (b) Whether or not:

(i) Any order exists directing medical care for the resident;

(ii) The resident has provided an advance directive for medical care; or

(iii) The resident has expressed any wishes involving medical care.

(2) If available, the home must immediately give arriving emergency medical services personnel a copy of: (a) Any order that exists directing medical care for the resident; and (b) The resident's advance directive for medical care. (3) The home must inform the resident of the requirements in this section.

(4) The home is not required to contact emergency medical services when a resident is receiving hospice care by a licensed hospice agency and the: (a) Emergency relates to the expected hospice death; and

(b) Situation is monitored by the hospice agency.

**Reporting**

Q) When do I need to report and incident? Reporting Requirements (WAC 388-76-10225)

A ) The adult family home must ensure all staff: Report suspected abuse, neglect, exploitation or abandonment of a resident: As required by chapter [74.34](http://app.leg.wa.gov/RCW/default.aspx?cite=74.34) RCW;

To the department by calling the complaint toll-free hotline number; and

To the local law enforcement agency when required by RCW [74.34.035](http://app.leg.wa.gov/RCW/default.aspx?cite=74.34.035). Report the following to the department by calling the complaint toll-free hotline number:

Any actual or potential event requiring any resident to be evacuated; Conditions that threaten the provider's or entity representative's ability to continue to provide care or services to each resident; and A missing resident. When there is a significant change in a resident's condition, or a serious injury, trauma, or death of a resident, the adult family home must immediately notify:

(a) The resident's family;

(b) The resident's representative, if one exists;

(c) The resident's health care provider;

(d) Other appropriate professionals working with the resident;

(e) Persons identified in the negotiated care plan; and

(f) The resident's case manager if the resident is a department client.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(a) The local public health officer; and

(b) The department's complaint toll-free hotline number.

The adult family home must notify the department's case management office within twenty-four hours whenever a resident, whose stay is paid for by the department is discharged for more than twenty-four hours on medical leave to a nursing home or hospital.

<https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/AFH%20Guidebook.pdf>

**Licensing inspections and complaint investigations**

Q) Can licensing inspections be rescheduled?

A) Providers do not need to be available during licensing inspections. RCS does not reschedule licensing inspections if a Provider is not available.

Q) Can a licensing inspection and investigation be completed at the same time?

A) Yes. RCS can complete a licensing inspection and complaint investigation at the same time. Typically, when this is completed, the complaint investigation is not complex, and the licensor will choose the resident involved with the concern as a sample.

If it is a more complex complaint, a complaint investigator usually completes the investigation.

APS can complete an investigation as the same time as RCS but their process is a it different from RCS.

**Best Practice Tips**:

* Complete paperwork prior to admitting a resident.
* Try to have some type of organization with staff and resident records.
* Keep background checks for ***everyone*** you ran a background check on in the past 24 months. This includes staff that never started or only stayed one day.
* Document ***everything***. Save email communications and document date/time/topic/name of person you spoke with for telephone calls, text message communications etc.
* Never falsify documents. If you didn’t document. Don’t do it after the Department scanned a copy or had you make a copy.
* Departments communicate with one another and Residential Care Services can pull up the CARE tool and case management notes. To some extent, they know what is going on with your residents.
* If the information in the statement of deficiency does not match the resident/staff list, it is okay to call the licensor or field manager to let them know so that a correction can be made. You can also do this if the WAC doesn’t match the citation.
* Understanding your AFH residents and finding the best match for your existing residents.
* Don’t change your policies to admit someone who might not be a good fit with existing residents.
* If a licensor determines there is failed practice with medical equipment, toxic substances or heaters, typically the licensor will take information directly from the medical equipment, the back of toxic substances, and stickers placed on heaters to write their citation.

**Walker Warning sticker:**

