



# How to Understand & Apply WACs in Your AFH

Presented by:

Karen Cordero, Director of Education & Support,  
Molly Noble & Brenna Botsford  
Education & Support Specialists

# Overview

- Resident Assessments
- Reporting Requirements
- Medication Systems
- Resident Rights
- Medical Devices
- Contacting Emergency Medical Services
- Discussion: Why challenging situations are not “one WAC fits all”

# Resident Assessment Scenario

Resident arrives at your home and their assessment does not accurately reflect the resident who just arrived.

1. Resident needs awake night staff
  2. Resident has behaviors not documented on assessment
  3. Resident needs two people for assistance
- What is your plan?

# WAC 388-76-10330 Resident Assessment

The adult family home must:

- (1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home;
- (2) Not admit a resident without an assessment except in cases of a genuine emergency;
- (3) Ensure the assessment contains all of the information required in WAC 388-76-10335 unless the assessor can not:
  - (a) Obtain an element of the required assessment information; and
  - (b) The assessor documents the attempt to obtain the information in the assessment.
- (4) Be knowledgeable about the needs and preferences of each resident documented in the assessment.

# Additional WAC's

- WAC [388-76-10335](#) Resident assessment topics
- WAC [388-76-10350](#) Assessment—Updates required
- WAC [388-76-10510](#) Resident Rights-Basic Rights

# Resident Assessment Best Practice

- Decline to admit resident (extreme/unsafe situations only)
- Review assessment with case manager
- Review the assessment with the resident/resident representative
- PAN (Planned Action Notice) received/  
Resident/representative have appeal rights?
- Request significant change
- If the care needs exceed what you can provide safely- transfer and discharge notice
- If the care is exceptional request an ETR

# Reporting Requirement Scenario

A resident with a diagnosis of dementia has an unwitnessed fall. A caregiver finds the resident on the floor by her bed.

- What is your plan?

# WAC 388-76-10225 Reporting Requirement

- (1) The adult family home must ensure all staff:
  - (a) Report suspected abuse, neglect, exploitation or abandonment of a resident:
    - (i) As required by chapter [74.34](#) RCW;
    - (ii) To the department by calling the complaint toll-free hotline number; and
    - (iii) To the local law enforcement agency when required by RCW [74.34.035](#).
  - (b) Report the following to the department by calling the complaint toll-free hotline number:
    - (i) Any actual or potential event requiring any resident to be evacuated;
    - (ii) Conditions that threaten the provider's or entity representative's ability to continue to provide care or services to each resident; and
    - (iii) A missing resident.
- (2) 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.
- (4) 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.



# Additional WACs

- WAC [388-76-10670](#) Prevention of abuse
- WAC [388-76-10673](#) Abuse and neglect reporting—Mandated reporting to department—Required.
- WAC [388-76-10675](#) Adult family home rules and policies related to abuse – Required.
- WAC [388-76-10680](#) Staff behavior related to abuse

# Reporting Requirement Best Practice

- If you ask the question – “Do I need to call this in?” You should probably call the incident in
- Complaint Resolution Unit (DSHS Hotline):
  - Online:  
<https://fortress.wa.gov/dshs/altsaapps/OCR/facilityOCR.FacRptInputFacility.executeLoad.action>
  - By phone: 800-562-6078
- Complete incident log
- Notify all parties

# Medication Systems Scenario

Family regularly brings in over-the-counter medications for their loved one without telling you and without doctor's orders. You find hydrocortisone cream, aspirin, cough syrup, tums, cough drops, and other medication unlocked and throughout the resident's room.

- What is your plan?

# WAC [388-76-10430](#)

## Medication System

- (1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.
- (2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:
  - (a) Assessment indicates the amount of medication assistance needed by the resident;
  - (b) Negotiated care plan identifies the medication service that will be provided to the resident;
  - (c) Medication log is kept current as required in WAC [388-76-10475](#);
  - (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

# Additional WACS

- WAC [388-76-10435](#) Medication Refusal
- WAC [388-76-10440](#) Medication-Assessment
- WAC [388-76-10460](#) Medication-NCP
- WAC [388-76-10463](#) Medication-Psychopharmacologic
- WAC [388-76-10485](#) Medication storage

# Medication Best Practice

- Store all medications appropriately
- Document at the time the medication is given
- Document/report refusals
- Keep Physicians orders/medication lists
- Contract with LTC Pharmacy
  - Serves as a resource, sets up med logs, audits
- Audit med logs monthly, take action as needed
- Staff training-initial and ongoing
  - Tips on encouraging/cueing clients to take meds as prescribed
  - How to document if med is refused
  - What to do if med error occurs
  - Review medication policies and procedures often and update as needed

# Resident Right Scenario

A resident's family wants them to eat healthy/ no sugar diet and have a strict bedtime of 8PM. There is no medical or documented rationale for this. The resident prefers sweets and later bedtime.

- What is your plan?

# WAC 388-76-10510 Resident rights—

## Basic rights

The adult family home must ensure that each resident:

- (1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;
- (2) Is treated with courtesy, dignity, and respect;
- (3) Continues to enjoy basic civil and legal rights;
- (4) Has the opportunity to exercise control over life decisions, such as making the resident's own choices about daily life, participation in services or activities, care, and privacy;
- (5) Has the opportunity to engage in religious, political, civic, recreational, and other social activities of their choice;
- (6) Is cared for in a manner that enhances or maintains the resident's quality of life;
- (7) Is cared for in an environment that is safe, clean, comfortable, and homelike; and
- (8) Has the freedom to have and use their personal belongings to the extent possible.



# Additional WACS

- WAC [388-76-10510](#) through [WAC 388-76-10645](#)

# Resident Rights Best Practice

- Review AFH Policies during the admitting process
- Document the days/time of conversation with the family regarding resident rights/preferences
- Communicate/document conversation/email with case manager and other professionals involved about the discussion with the family

# Medical Devices Scenario

- Family brings in a hospital bed with siderails and says the resident has been using them when she was at home and was just fine doing so.
- What is your plan?

# WAC 388-76-10650 Medical Devices

- (1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.
- (2) Before a medical device with a known safety risk is used by a resident, the home must:
  - (a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;
  - (b) 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;
  - (c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and
  - (d) Ensure the medical device is properly installed.

# Additional WAC's

- WAC [388-76-10655](#) Physical and mechanical restraints.

# Medical Devices Best Practice

- Ensure resident is safe to use the medical device
- Do not use a medical device before an assessment is complete
- Resident/rep informed of risks of using the device
- Document how the medical device is used by the resident in the NCP

# Medical Emergencies—Contacting Emergency Medical Services Scenario

Resident falls and hits their head. Resident assures staff they are fine and tells staff not to call 911. Resident requests AFH staff to call their daughter who is a doctor.

What is your plan?

# **WAC 388-76-10250 Medical emergencies— Contacting emergency medical services—Required**

(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.



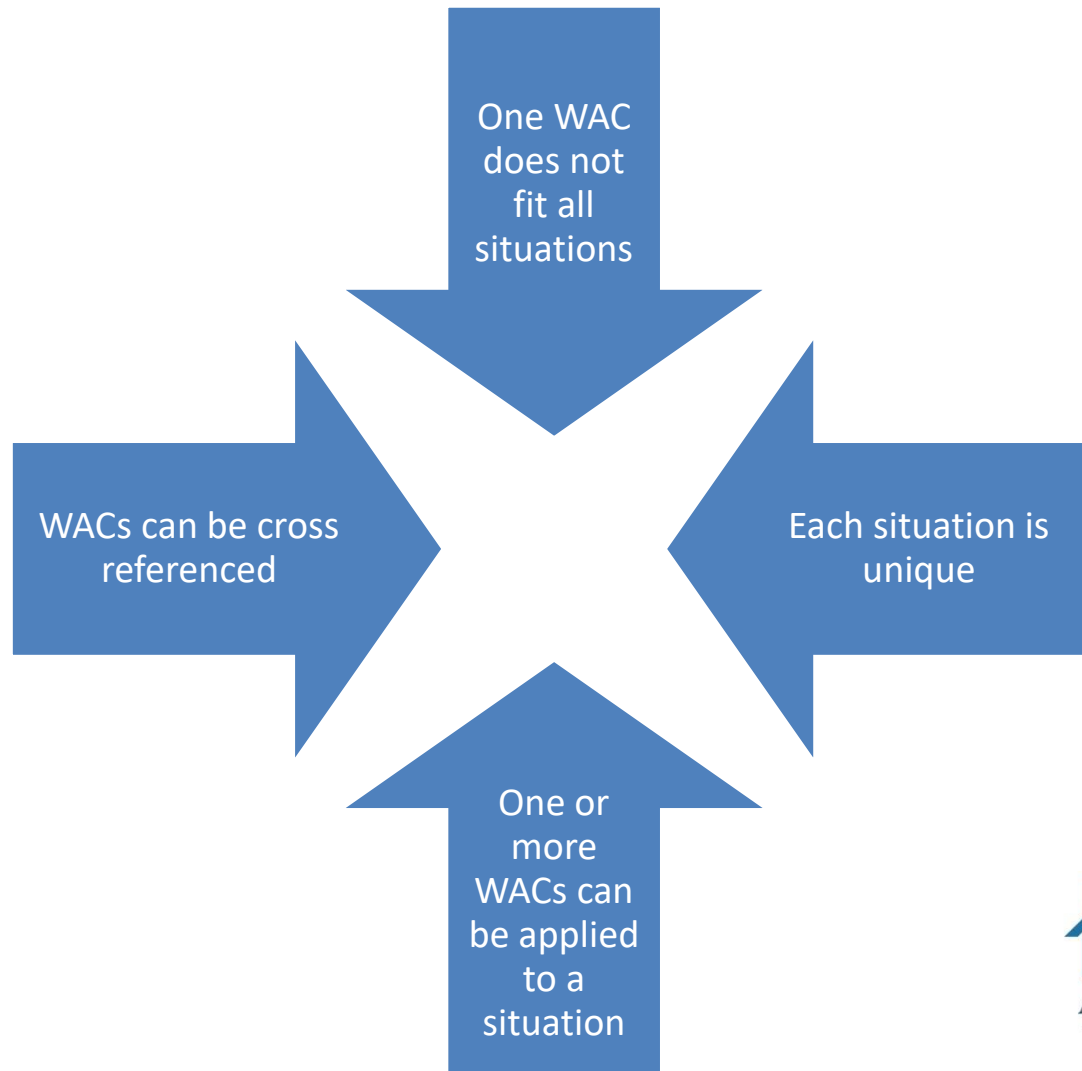
# Additional WACs

- WAC [388-76-10225](#) Reporting requirement.

# Medical Emergencies-Contacting Emergency Medical Services Best Practice

- Every AFH needs a policy
- The policy should be followed
- Emergency personnel need to be contacted regardless of what the resident/representative states
- Make this very clear as part of your admissions process, before any emergency situation arises.

# Does One WAC Fit All Situations?



# Questions

Adult Family Home Council

360-754-3329

[info@adultfamilyhomecouncil.org](mailto:info@adultfamilyhomecouncil.org)

