

Transforming
Lives







Adult Family Home Council Forums

“A meeting where ideas and views on a particular issue can be exchanged” – Webster

**All-State Session
November 15, 2023**



Housekeeping

 <p>Audience will be in listen only mode</p>	<p>Questions can be typed in the chat There will be a Q&A session at the end of the presentation</p> 
<p>Facilitators self-mute your lines when not speaking</p> 	 <p>A Q&A document will be produced with answers to questions that we may not have answers for today</p>
 <p>Slides will be emailed to you by the association after the presentation</p>	<p>Send questions after the training to association or kristin.ferrell@dshs.wa.gov</p> 

Today's Purpose

Provider Resource Reminders

Staffing Updates

Deficiency Trends

Audits & Record Keeping

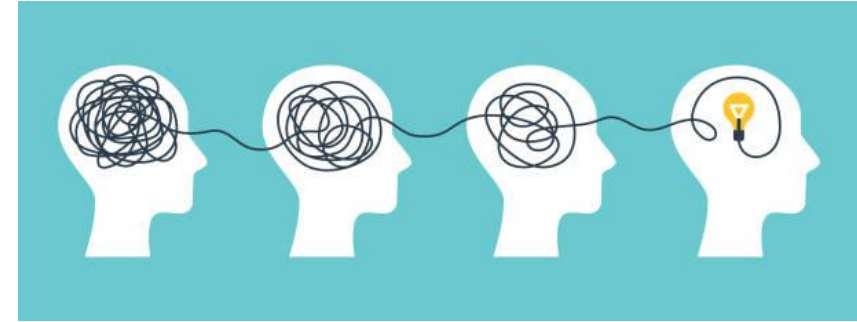
IPC Education – Candida auris

Provider Questions

Chat Questions *(as time allows)*

Transforming
Lives

Learning Objectives



- **Department Relationships**

- AL TSA/DDA/HCS/APS/RCS
- Staffing Updates

- **Deficiency Trends**

- Ideas to improve your processes

- **Focused Review**

- Federal Audits & Record Keeping
- Candia auras Introduction

- **Provider Questions**

- Brings awareness to areas for improvement



Provider Resource Reminders

BHST & LTC QIP

Behavioral Health Quality Improvement Consultants (BQIC)

- **Offers technical assistance to our community providers who give services and supports to those individuals transitioning from local/state psychiatric hospitals or those providers who currently serve individuals with behavioral health challenges.**
- **BQIC's long-term success is for people with behavioral challenges to live in home and community-based settings.**
- **BQIC's offer expertise within community settings by using a person-centered approach in working with providers to address unique and complex needs of residents while navigating within the regulatory framework.**
- **BQIC's are available to all providers who are providing care and services to a resident who has challenging behaviors, regardless of the individual's funding source.**

BHST Training

- **Trainings give an overview of a Behavioral Health Topic.**
- **Trainings balance and integrate regulations with coaching and teaching strategies on a Behavioral Health topic.**
- **Trainings are not focused on specific cases.**
- **Trainings are between 1-2 hours in length.**
- **Continuing Education Credits may be available for certain trainings.**
- **We have a library of trainings. However, trainings can be “made to order.”**
- **Trainings are presented on a web platform and are conducted as a live instructor-based training.**
- **Multiple staff can attend, and trainings can occur in different sessions to meet the needs of staff availability.**

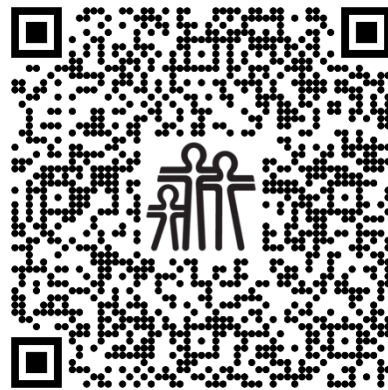
Making a Referral to the RCS Behavioral Health Support Team

For **Consultations** all we need is:

1. Confirmation that you've spoken with the facility, and they are interested in our services
2. A voicemail or email with the resident name & date of birth
3. The name of the facility + the name and phone number of the best point of contact at the facility
4. A brief explanation of the challenges

Email: RCSBHST@dshs.wa.gov

Phone: (360) 725-3445



For **Trainings** check out our training calendar at:

[Behavioral Health Support Training Calendar | DSHS \(wa.gov\)](#)

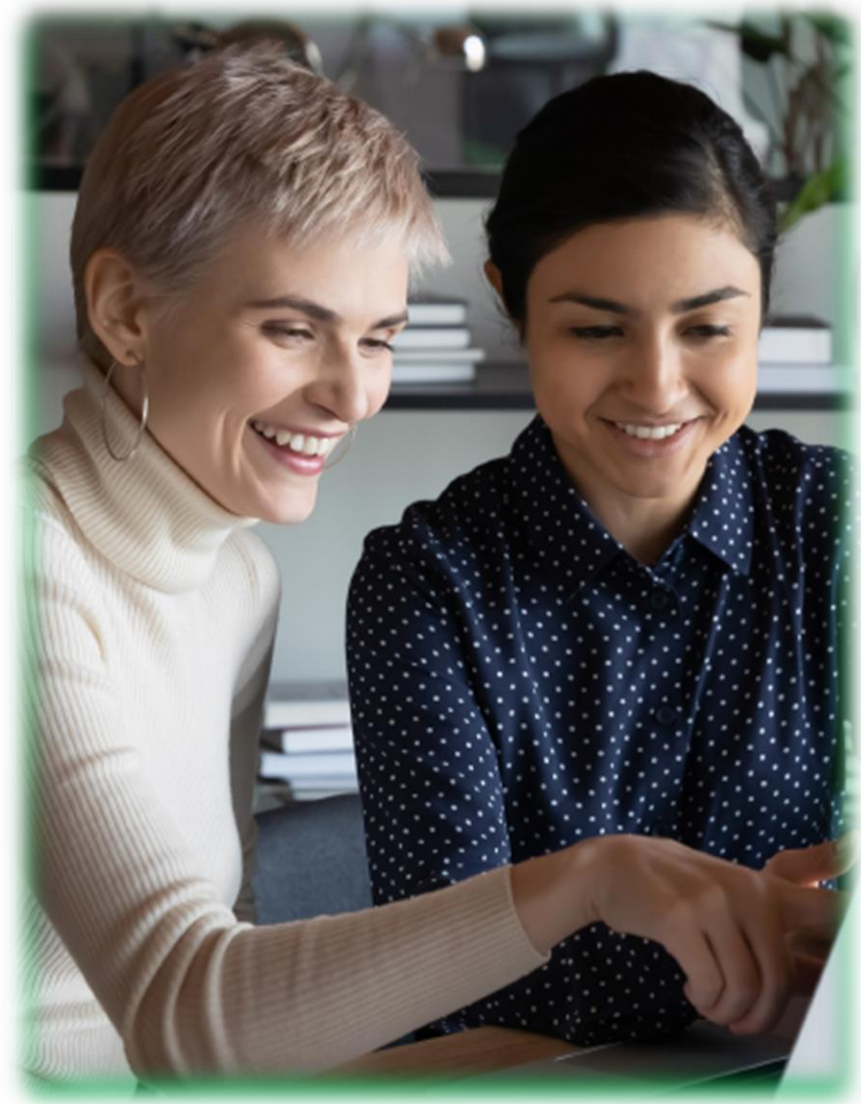
For any training related questions please email:

Email: ALTSABHSTTraining@dshs.wa.gov

Website: [Behavioral Health Support for Providers](#)

Long Term Care Quality Improvement Program

The LTC QIP is a free and
voluntary, non-regulatory
program offered by
Residential Care Services (RCS)



Quality Improvement Program (LTC QIP)

LTC QIP Settings

- Nursing Homes
- Assisted Living Facilities
- **Adult Family Homes**
- AFH Early Inspection Quality Improvement Visits
- CCRSS (Supported Living)

LTC QIP Protocols

- Medication Management Systems
- Fall Systems
- Infection Prevention and Control
- Wound Prevention & Management
- AFH Early Licensing Inspection Quality Improvement Overview
- Supported Living Specific Protocol - Client Health Services Support

LTC QIP Program Goal

Provide education and support to LTC providers through:

- Focused reviews and visits
- Analysis of care systems
- Identification of provider goals and action plans
- Provision of resources

So that providers can:

- Prevent harm to vulnerable adults in their care
- Strengthen care and documentation systems
- Improve regulatory compliance



LTC QIP Visit Sequence

Off-Site Visit: Virtual visit takes approximately 1 hour via Microsoft Teams



On-Site Visit: 3 - 4 hours in the AFH includes observation, interview, and record review



Off-Site Exit Conference: virtual visit takes approximately 1 hour via Microsoft Teams



Follow Up Visit: 4-6 months later; virtual via Microsoft Teams

How can a NH or ALF Receive a LTC QIP Visit?

Identify

- NH or ALF requests a referral via RCSQIP@dshs.wa.gov
- RCS Field Managers/field staff identifies a NH or ALF that would benefit from a LTC QIP visit
- LTC QIP Staff initiate referral based on citation history

Review

- Citation history reviewed for citations in protocol area
- Determine if any Informal Dispute Resolutions, enforcement or plans of correction pending in the protocol area

Contact

- Facility contacted by LTC QIP Specialist to offer a visit
- Visit scheduled if referral accepted by facility

➤ Visits are **Free** & provider participation is **voluntary**

LTC QIP Visits are Confidential

LTC QIP Post On-Site Visit Report to Field Manager

This message is to notify you that **home** received an RCS Long-Term Care Quality Improvement Program (LTC QIP) visit.

LTC QIP Visit Information

- Date of visit:
- Protocol Area Reviewed: **XXXXXX**

Concerns for imminent harm were not identified during the visit.

Regards,

LTC QIP Staff are mandated reporters and are required to report abuse and neglect.

Regulatory system gaps are not shared with anyone other than the provider.

Review of Outcomes of LTC QIP Visits

“This visit gave us a different perspective on what could possibly affect resident multiple falls. I appreciate that the QI nurses were able to make observations and present interventions and resources to us in a non-punitive way. I very much appreciate having been offered this opportunity and do hope that this program continues. I see this program as allowing RCS/DSHS to work WITH the facility to improve measures and reach the ultimate goal for both parties which is the quality care”

**Likert Scale
used by LTC
QIP after
the initial
visit**

PROVIDER OUTCOME	Strongly Disagree	Disagree	Neither Disagree or Agree	Agree	Strongly Agree
New knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X	<input type="checkbox"/>
Changed opinion/values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X
Increased skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X

LTC QIP Webpage and Resource Links

LTC QIP Webpage

<https://www.dshs.wa.gov/altsa/long-term-care-quality-improvement-program>

The LTC QIP webpage has links to:

- **LTC QIP Fact Sheet**
- **LTC QIP Brochure**
- **Dedicated email address for the LTC QIP**

Long-Term Care Quality Improvement Program

The Long-Term Care Quality Improvement Program (LTC QIP) is:

- A quality improvement service for Adult Family Home (AFH), Assisted Living (ALF), Nursing Home (NH) and Supported Living (SL) providers who have had difficulty demonstrating compliance with regulatory requirements.
- An early inspection service for AFH providers with at least 2 residents prior to first licensing inspection.

Residential Care Services created the LTC QIP in response to community and legislative requests to support providers using a non-punitive quality improvement approach. Services are voluntary. Providers are referred to the program through:

LINKS

- Fact Sheet
- Brochure
- If you have program related questions, contact RCSOIP@dshs.wa.gov





How to contact the LTC QIP program

Dedicated Email Address

RCSQIP@dshs.wa.gov

This email box is monitored by LTC QIP Specialists, and a reply will be initiated within 48 business hours.



Department & Staffing Updates

Department of Social & Health Services (DSHS)

- [Aging and Long-Term Support Administration](#) (AL TSA)
- [Behavioral Health Administration](#) (BHA)
- [Developmental Disabilities Administration](#) (DDA)
- [Economic Services Administration](#) (ESA)
- [Facilities, Finance and Analytics Administration](#) (FFA)
- [Services and Enterprise Support Administration](#) (SESA)

Aging and Long-Term Support Administration (ALTSA)

- Residential Care Services (RCS)
- Home and Community Services (HCS)
- Adult protective Services (APS)
- Office of the Deaf and Hard of Hearing (ODHH)
- Management Services Division (MSD)

RCS Leadership Team



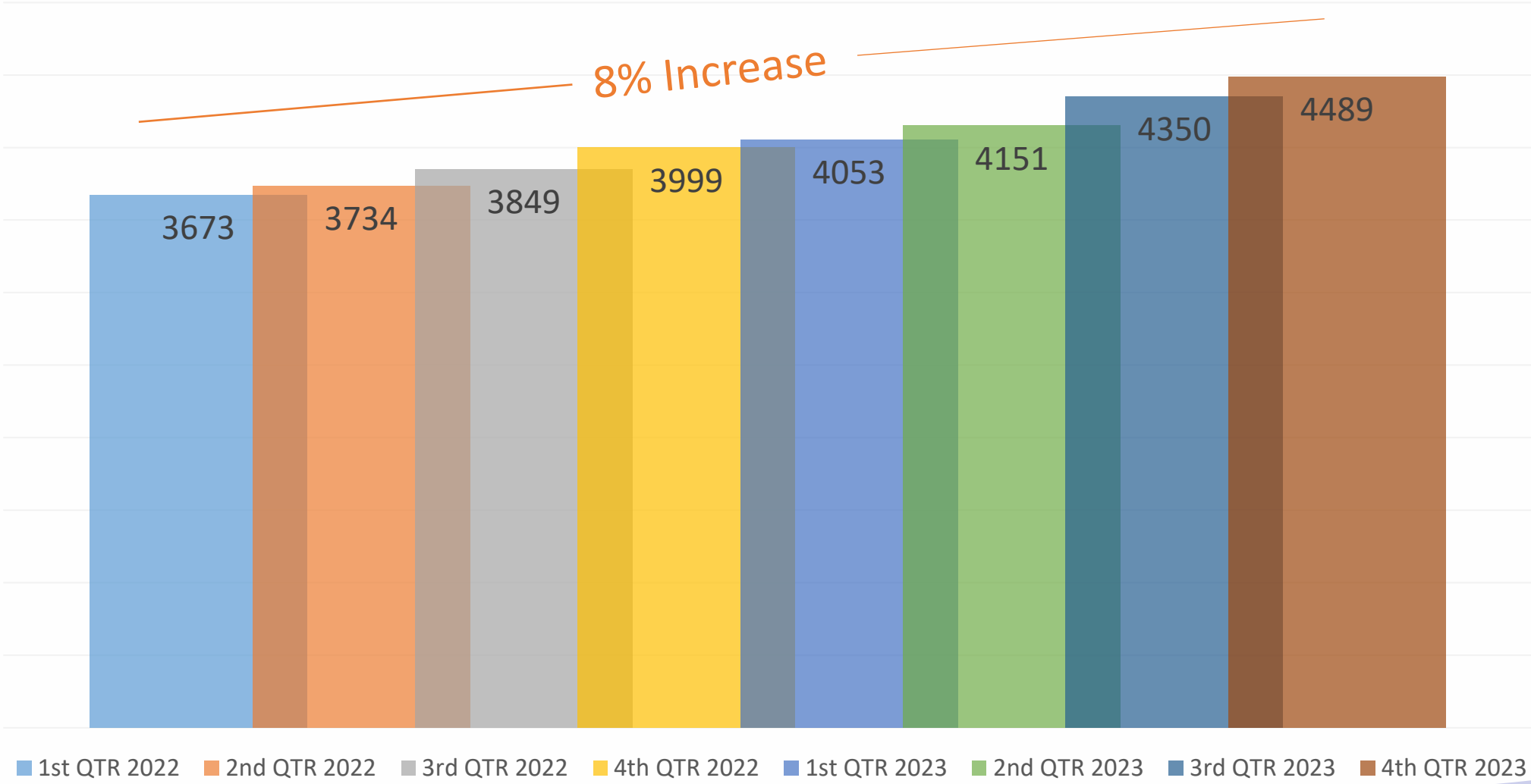
- **Amy Abbott**, Director
- **Bett Schlemmer**, Special Assistant to the Director
- **Anna Facio**, Policy, Training, IDR, and QI Office Chief
- **Frances Wellsbury**, Business Operations Office Chief
- **Mike Tornquist**, HQ Operations Office Chief
- **Jessica Salquist**, Regional Administrator, Region 1
- **Jeb Korzilius**, Regional Administrator, Region 2
- **Rebecca Kane**, Regional Administrator, Region 3

Residential Care Services Regulatory Oversight

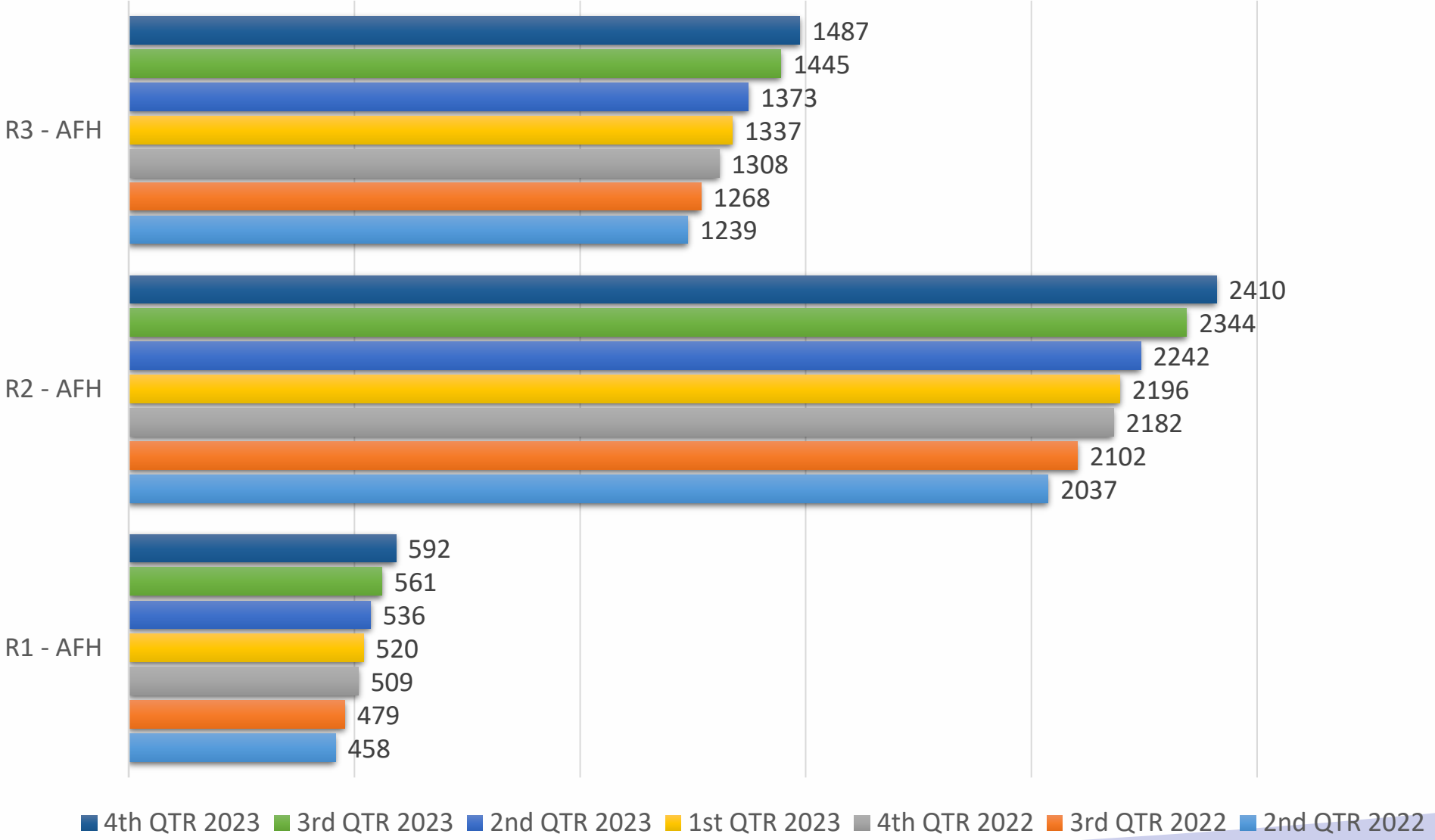
- 
- **198** Nursing Homes
 - **554** Assisted Living Facilities
 - **4489** Adult Family Homes
 - **3** ICF/ID Facilities
 - **204** Supported Living Agencies
 - **9** Enhanced Services Facilities

As of 11/7/23

AFH Currently Licensed



Regional Licensing Growth





Region 1 – AFH Staffing

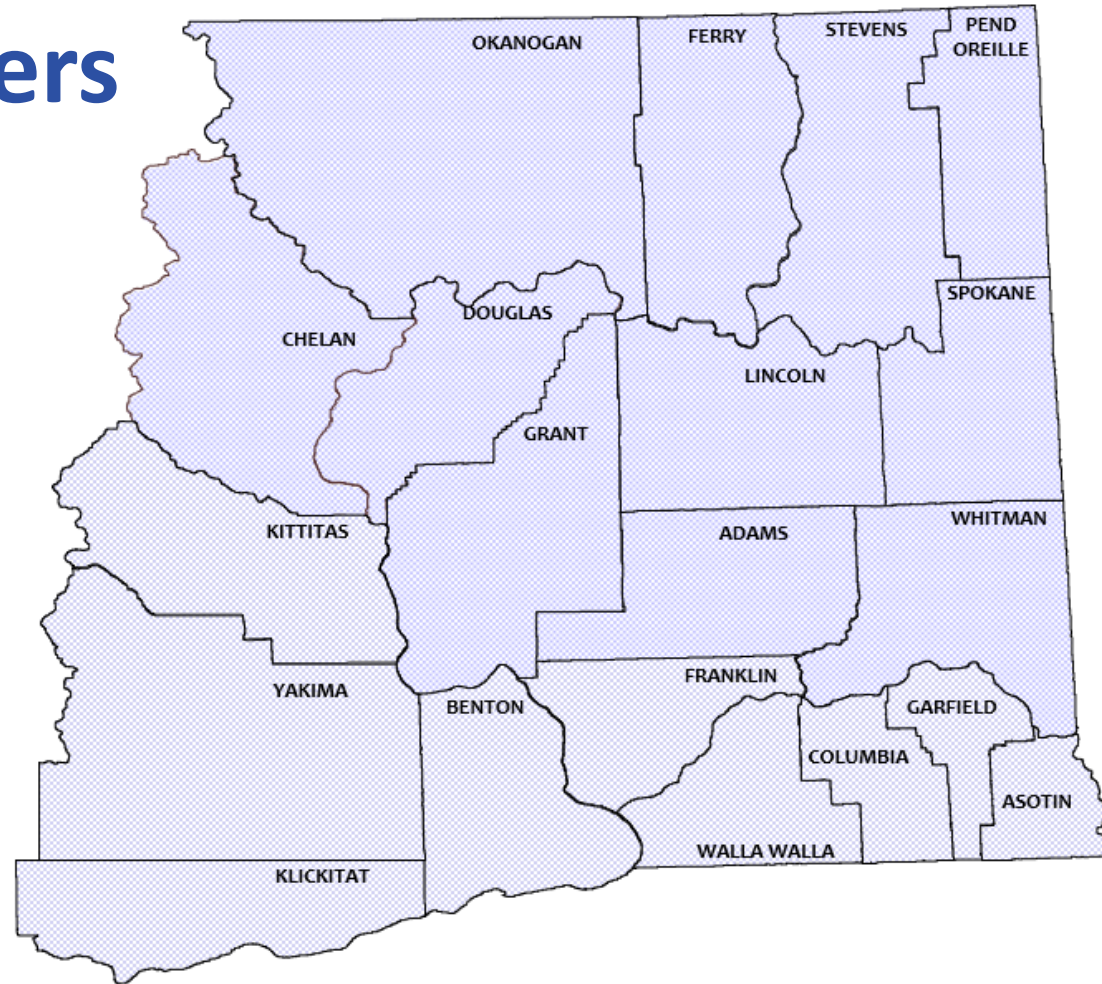
Region 1 Field Managers

Spokane Office

- [Tamara Tredo](#) – AFH
- [Stephanie Jenks](#) – ALF/ESF
- [Khaled "Luda" Tantawy](#) – NH
- [Lori Redford](#) – CCRSS & ICF/IID

Union Gap Office

- [Michelle Closner](#) – AFH
- [Gwin Kaercher](#) – ALF
- [Melly Thompson](#) – NH
- [Jessie Rangel](#) – Field Services Administrator



AFH	592
ALF	149
ESF	4
NH	55
SL	47
ICF/IID	1

As of 11/7/23

Staffing Updates – Unit C, Michelle Closner (Union Gap)

Administrative Assistant

Maria Espinosa

Licensors

Jo Whitney

Melanie Hopkins

Complaint Investigators

Krista Connelly

Lucinda Vautour

Nicole Velazquez

Sarah Clark

Brittney Shull

Tamera Lapierre

Staffing Updates – Unit E, Tamara Tredo (Spokane Valley)

Administrative Assistant

Jennifer Peacock

Scott Sorenson

Licensors

Jacqueline Block

Valorie Bradley

Emily Crook

Selena Clemons (.5

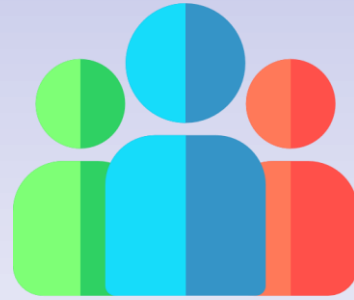
Investigator)

Complaint Investigators

Lisa Pickett

Kortne Reed

Kurt Routzahn



Region 2 – AFH Staffing

Region 2 Field Managers

Arlington Office

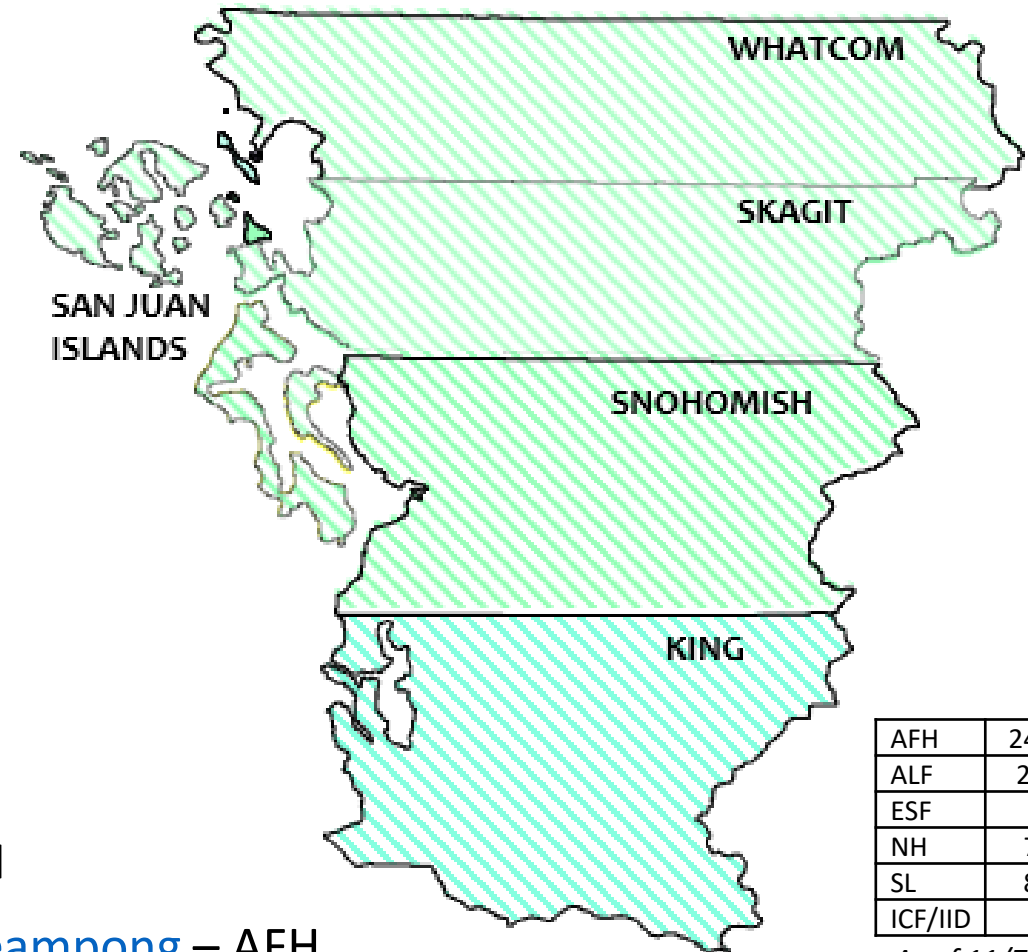
- [Nicholette Flynn](#) – AFH
- [Kim Ripley](#) – ALF
- [Michelle Reynolds](#) – NH
- [Jayne Hill](#) – Field Services Administrator

Lynnwood Office

- [Renee Bourque](#) – AFH
- [Ann Lee-Hunter](#) – AFH
- [Jamie Singer](#) – ALF
- [Arlene Calague](#) – NH

Kent Office

- [Cecile Leano](#) – AFH
- [Lydia Owusu-Acheampong](#) – AFH
- [Laurie Anderson](#) – ALF
- [Susan Loewen](#) – NH
- [Andrea Pearson](#) – CCRSS & ICF/IID



AFH	2410
ALF	238
ESF	1
NH	79
SL	84
ICF/IID	1

As of 11/7/23

Staffing Updates – Unit B, Nicholette Flynn (Arlington)

Administrative Assistant

Debbie Neal

Licensors

Shelly Scarboro

Tricia Lafond-Anderson

Toni Bolo

Complaint Investigators

Jennifer Nichols

Megan Wylie

Patricia Young

Jennifer Hardman

Staffing Updates – Unit E, Cecile Leano (Kent)

Administrative Assistant

Aniko Rivera-Sanchez

Licensors

Lyra Ouano

Liza Flowers

HIRING

Kirsten Biddle

Complaint Investigators

Imelda Cornelio

Jessica Redmond

Deborah Ashley

Jennifer Domingo

Nemy Rose

Staffing Updates – Unit G, Lydia Owusu-Acheampong (Kent)

Administrative Assistant

Patrisha Rankin

Licensors

Maritas Gatan

Susan Aromi

Michelle Grumke

Complaint Investigators

Denetta Uzzell

Ivy Mordo

Sharon Judie

Zee Mabhena

Mavis Downing

Staffing Updates – Unit I, Rene Bourque (Lynnwood)

Administrative Assistants

Tina Beattie

Licensors

Hang Lu

Twyla Robinson

Rodolfo Baylon

Complaint Investigators

Spomenka Hodzic

Tekeste Demissie

Debebe Kelia

Tekie Meazawork

Nylay Quist

Staffing Updates – Unit K, Ann Lee-Hunter (Lynnwood)

Administrative Assistant

Tina Beattie

Licensors

Rivi Perez

Alfredo Brown

Jimmie Jordan

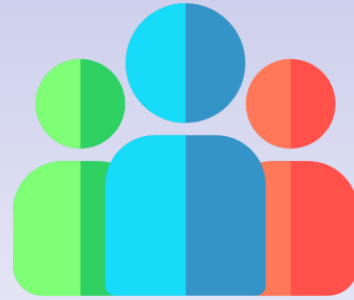
Complaint Investigators

Ellen Schooler

Hien Tran-McGuire

Ywen Dah Liou

Alina Zaharie



Region 3 – AFH Staffing

Region 3 Field Managers

Lakewood Office

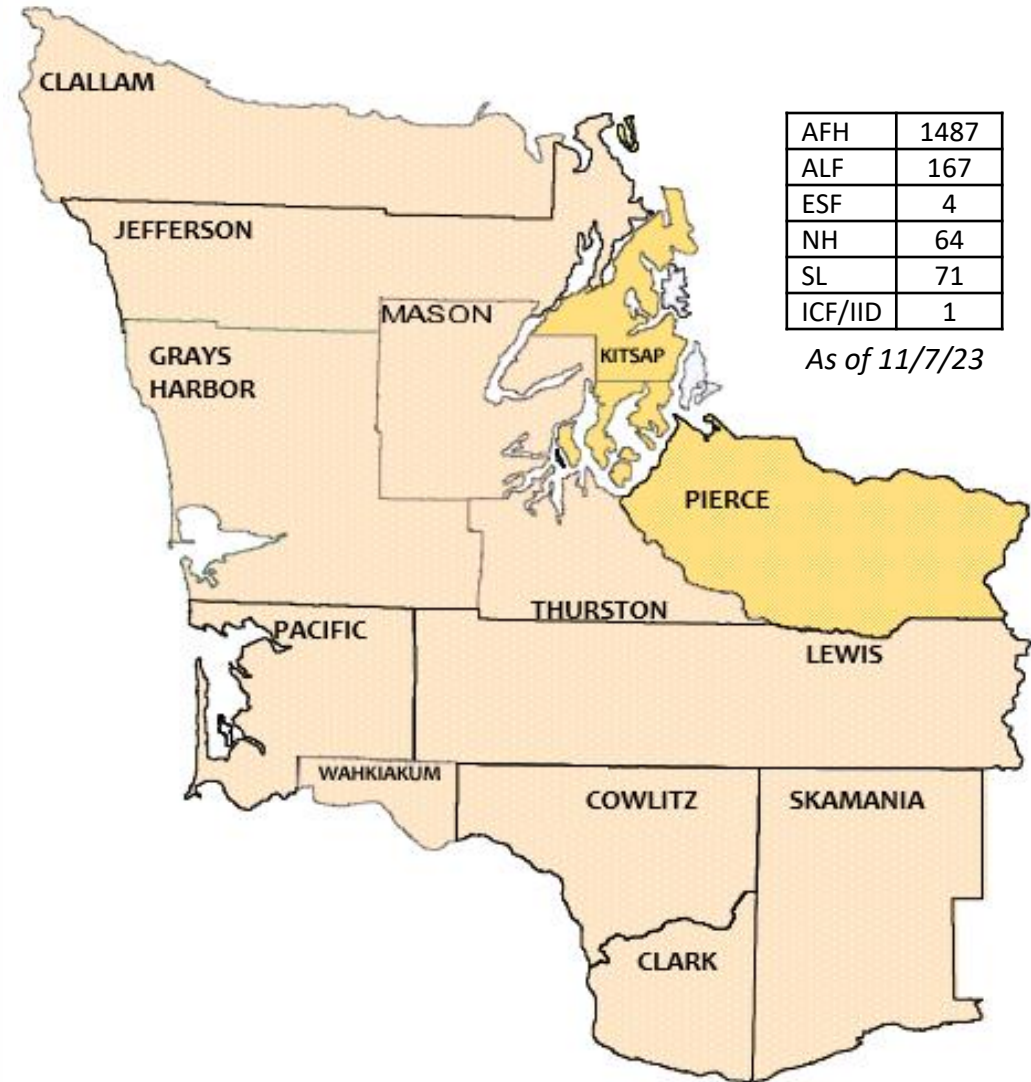
- [Lisa Cramer](#) — AFH
- [Manfay Chan](#) — ALF
- [Tammey Thompson](#) — NH

Tumwater Office

- [Jennifer LeMaster](#) — AFH
- [Cory Cisneros](#) — ALF/ESF
- [Sonya Conway](#) — NH

Vancouver Office

- [Michael Burdick](#) — AFH & ALF/ESF
- [Arika Brasier](#) — CCRSS & ICF/IID
- Jody Just – Field Services Administrator



Staffing Updates – Unit A, Lisa Cramer (Lakewood)

Administrative Assistant

Nicole Allen

Licensors

Gary Fuentebella

Emily Vincent

Scotti Bower

Ibe Hatch

Brian Takagi

Complaint Investigators

Tabitha Tubbs

Lisa Charette

Keyondra Okeke

Angela Conklin

Nadine Shon (on-call)

Staffing Updates – Unit F, Michael Burdick (Vancouver)

Administrative Assistant

Darrin Opdycke

Licensors

Sarah Bjork

Olga Goyzman

Hongyan Cluer

Shawn Swanstrom

Complaint Investigators

Robert Hennig

Rochelle Bobbe

Priscilla Changa

Staffing Updates – Unit G, Jennifer LeMaster (Tumwater)

Administrative Assistant

Sally (Suki) Morris

Licensors

Daphne Gill

Allen Baldaray

Colleen Arthur

Andi Underwood

Complaint Investigators

Laura Newberry

Alex Ulbrickson

Dianna Howard

Jody Tuckett



AFH Deficiency Trends

August 2023 – Present

Chapter Description	NEWLY LISTED	Chapter Section	Frequency
Notice of rights and services		WAC 388-76-10530	303
Adult family home—Personnel records		WAC 388-76-10198	153
Safety and maintenance		WAC 388-76-10750	145
Background checks		WAC 388-76-10165	139
License—Adult family home—Compliance required		WAC 388-76-10015	137
Resident rights—Notice—Policy on accepting Medicaid as a payment source		WAC 388-76-10522	136
Medication system		WAC 388-76-10430	124
Resident rights—Personal property and storage space		WAC 388-76-10650	108
Resident rights—Department standardized disclosure forms		WAC 388-76-10532	100
Tuberculosis—Two step skin testing		WAC 388-76-10285	93



Federal Audits and Recordkeeping

CMS Audit

Background:

The Centers For Medicaid and Medicare Services (CMS) audits Medicaid payments every three years through the Payment Error Rate Measurement (PERM) program.

- CMS reviews a sample of DSHS records and provider records.
- When records are unavailable or don't support Medicaid payment, DSHS must repay the "error" (improper payment).

Issue – Records Unavailable

During a recent CMS audit, some providers could not produce the negotiated care plans requested.



Impact – AFH Providers

- **DSHS may collect an overpayment from providers when DSHS must repay CMS due to provider error**
- **AFHs risk losing their Medicaid contract for not complying with terms of agreement.**



Repeated Errors and Repayment

When CMS finds repeated errors over time, CMS can require DSHS to pay a “projected” amount, which represents the errors CMS would find if they audited every record.

EXAMPLE

- An actual error amount is ~\$48 dollars. The projected amount, based on sample size, is ~\$5 million dollars. This example is from a previous audit with one error.

How Can Providers Avoid Errors?

- **AFHs and DSHS must comply with Medicaid contract rules.**
 - **Keep records as required by WAC and Medicaid contract.**
27. Maintenance of Records. The Contractor shall maintain records relating to this Contract and the performance of the services described herein. The records include, but are not limited to, accounting procedures and practices, which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this Contract. All records and other material relevant to this Contract shall be retained for **six (6) years** after expiration or termination of this Contract.
 28. State or Federal Audit Requests. The Contractor is required to respond to State or Federal audit requests for records or documentation, within the timeframe provided by the requestor. The Contractor must provide all cords requested to either State or Federal agency staff or their designees.

References

1. [Chapter 388-76 WAC:](#)
2. AFH Sample contract: [6012XF Client Service Format \(wa.gov\)](#)
3. Dear Provider Letter [022-004.pdf \(wa.gov\)](#)
4. Payment Error Rate Measurement Fast Facts:
<https://www.cms.gov/files/document/perm-fast-facts.pdf>



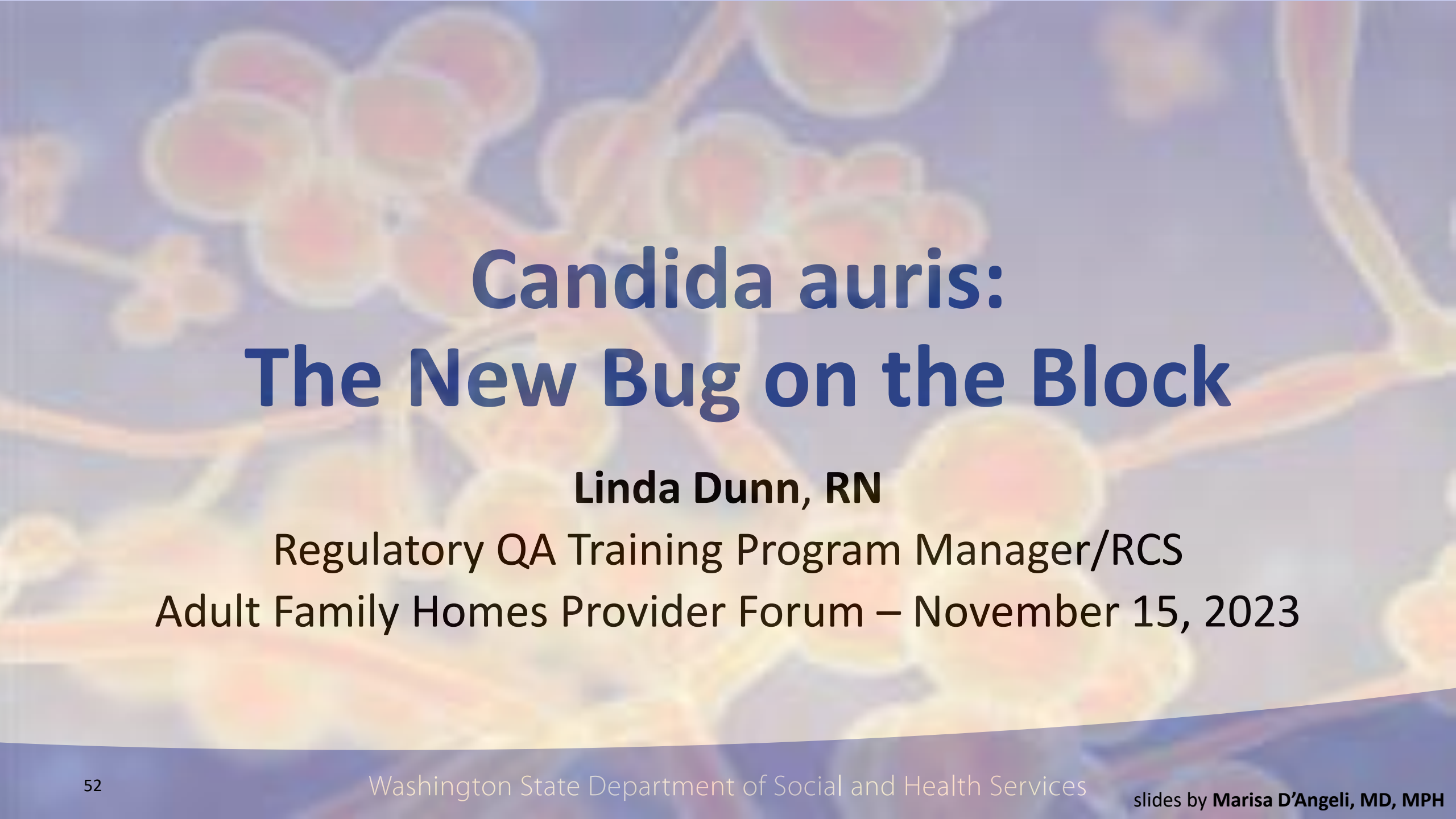
Thank You!

QUESTIONS?

**Please contact your field manager or
RCSpolicy@dshs.wa.gov**



Infection Control Updates

The background of the slide is a microscopic image of Candida auris yeast cells. The cells are spherical and arranged in chains, with some showing budding. The color palette is primarily blue and purple, with some yellow and orange highlights from the cells themselves.

Candida auris: The New Bug on the Block

Linda Dunn, RN

Regulatory QA Training Program Manager/RCS
Adult Family Homes Provider Forum – November 15, 2023

Purpose of Today's Session



Present timely, interactive educational session on Candida auris to **Adult Family Homes** and stakeholders

Learning Objectives



By the end of the micro-lesson, staff will

- Be able to describe *Candida auris* and why it's important
- Know common modes of transmission of *C. auris*
- Be able to identify residents/residents at highest risk for *C. auris*
- Understand what is most important in preventing and controlling the spread of *C. auris*

Terminology

ABHS Alcohol Based Hand Sanitizer

C. auris Candida auris

EPA Environmental Protection Agency

EVS Environmental Services/Housekeeping

HH Hand Hygiene

HAI Healthcare Associated Infections

IPC Infection Prevention and Control

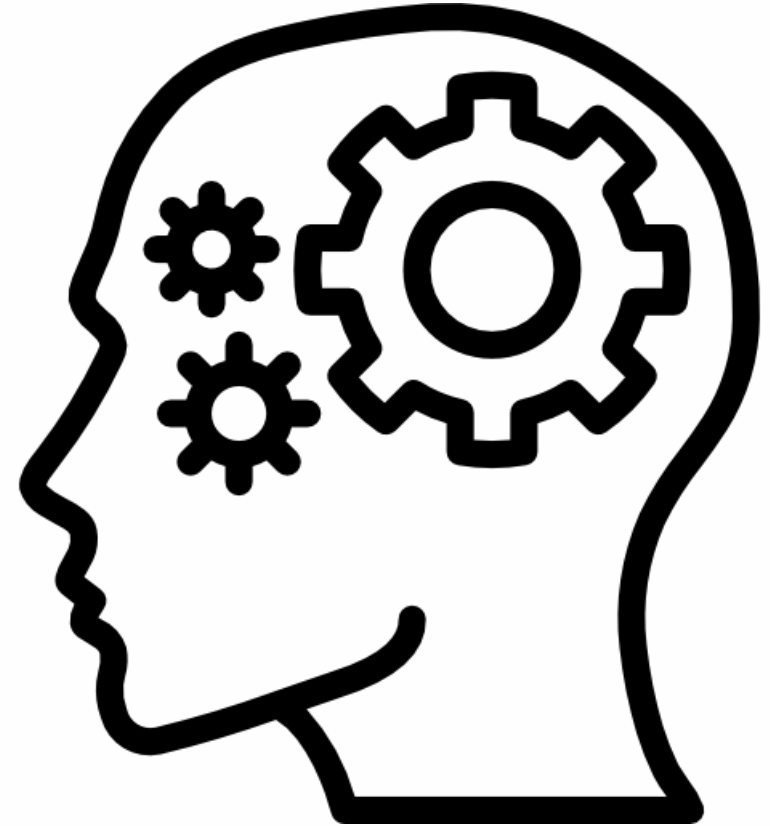
MDRO Multidrug-Resistant Organism


PPE Personal Protective Equipment

Knowledge Check

What do you know about Candida auris?

Please type your answers in the chat





CANDIDA AURIS

Deadly fungus

Often drug-resistant

Difficult to identify

Source: CDC

CBS News

56,354 views | Apr 7, 2019, 08:22pm

Candida Auris: Why This Fungus Is An Emerging Threat



Bruce Y. Lee Senior Contributor >
Healthcare

Health

Candida auris: The new superbug on the block

By Lena Ciric
BBC News

17 August 2019

f t e Share

MARY MCKENNA IDEAS 08.13.2019 09:00 AM

The Desperate Race to Neutralize a Lethal Superbug Yeast

Candida auris spreads explosively in hospitals, but little is known about its origins. Figuring that out could help prevent a pandemic.



This superbug is a 'serious global health threat.' Here's what you need to know about Candida auris

Jorge L. Ortiz, USA TODAY Published 8:43 p.m. ET April 10, 2019 | Updated 10:44 a.m. ET April 11, 2019

Deadly 'superbug' fungus slowly invading hospitals

CDC identifies first US cases of drug-resistant fungal infection

By Susan Scutti, CNN

Updated 3:01 PM ET, Fri November 4, 2016



What is *Candida auris*?

Newly identified species of fungus
(2009, Japan, from a resident's ear)

Candida is a common genus of yeast

- *Candida albicans* is a common cause of infections such as thrush and vaginal yeast infections
- Many *Candida* species found in and on the body & most cause no harm

However, *C. auris* is different

Why Are We Concerned About Candida auris?

Usually affects the sickest residents, those:

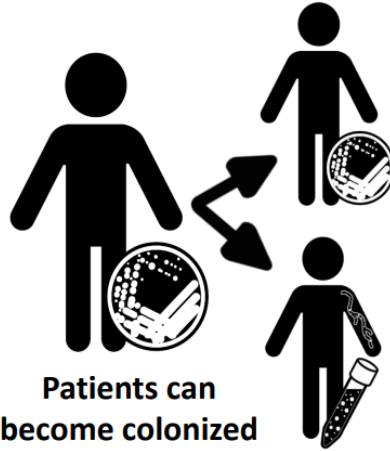
- With indwelling medical devices
- On a ventilator
- Who have needed a lot of antibiotics or antifungals
- Have required frequent or long hospitalizations in healthcare facilities

Not a threat to general public or healthy individuals

Serious Impacts of Candida auris



Highly drug-resistant



Patients can become colonized and develop invasive infections



Spreads in healthcare settings



Difficult to identify in the lab



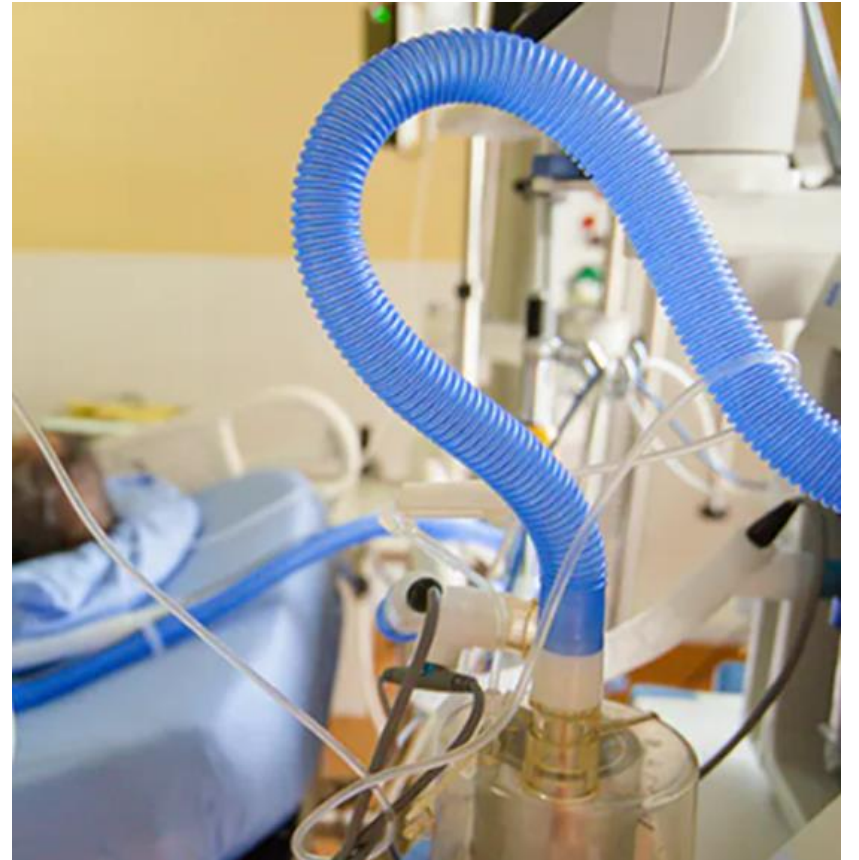
Severe disease and high mortality



Persists in the environment

How Does *C. auris* Spread?

- Usually spreads in healthcare facilities (e.g., hospitals, inpatient acute care settings) in people who have a lot of underlying conditions and have a breach in their normal defenses
- Transmits through contaminated surfaces and medical equipment, contaminated hands



Environmental Cleaning and Disinfection

- *C. auris* requires special cleaning solutions
- Be aware shared equipment can be a risk
- Ensure you are using the right product for the right bug!



Things to Think About When Admitting New Residents

- Do they have any current symptoms of illness?
- Have they had long-term hospitalizations or taken a lot of antibiotics?
- Do they have any indwelling devices?



Fact Sheets

Washington State Department of Health

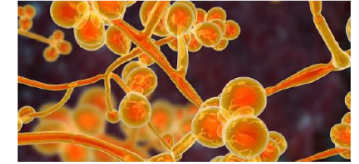
- [Candida auris](#)

Centers for Disease Control and Prevention

- [Candida auris: A Drug-resistant Germ That Spreads in Healthcare Facilities](#) – [Download pdf icon](#)[PDF – 2 Pages]
- [Candida auris Colonization \(Information for residents\)](#) – [Print only version pdf icon](#)[PDF – 1 page]
- [Candida auris Testing \(Information for residents\)](#) – [Print only version pdf icon](#)[PDF – 1 page]
- [Information for Infection Preventionists](#) – [Print only version pdf icon](#)[PDF – 2 pages]
- [Information for Laboratory Staff](#) – [Print only version pdf icon](#)[PDF – 2 pages]

Candida auris

A drug-resistant germ that spreads in healthcare facilities



What is Candida auris?

The germ, *Candida auris*, or *C. auris* for short, is a fungus that can cause life-threatening infections in patients with serious medical problems in hospitals and nursing homes.

What is colonization?

Patients can become colonized with *C. auris*. Colonization means people carry *C. auris* on their bodies but don't have any illness symptoms. Colonization can last for many months and even years. About 1 in 10 patients with *C. auris* colonization go on to develop an infection with *C. auris*.

Why is *C. auris* a problem?

C. auris can spread quickly from person to person in healthcare facilities. *C. auris* can spread from healthcare workers hands, healthcare equipment, and surfaces. *C. auris* is hard for laboratories to identify, is often resistant to many medications used for treatment, and requires special cleaning products. *C. auris* infections can be difficult to treat and even cause death. About 1 in 3 patients with invasive *C. auris* infection die.

Who is more likely to get *C. auris*?

C. auris mainly affects patients who have long-term, serious medical problems. People who have spent a lot of time in healthcare facilities are at the highest risk of becoming colonized or developing an infection with *C. auris*. Other things that increase the risk of *C. auris* infection include:

- Being on a mechanical ventilator (breathing machine) for a long time.
- Having tubes going into the body, such as urinary catheters, central venous catheters, and feeding or breathing tubes.
- Recent treatment with antibiotic or antifungal medications.
- Recent stay at a long-term acute care hospital or skilled nursing facility that provides ventilator care.
- Recent stay at a healthcare facility in another country or in a part of the United States where *C. auris* is spreading.

In general, healthy people, including healthcare workers and family members, do not get *C. auris* colonization or infection.

How does *C. auris* spread to patients?

Patients with infection or colonization with *C. auris* can shed the germs in skin cells and in body fluids. *C. auris* can contaminate healthcare workers hands, clothing, and other items in the healthcare environment – like doorknobs, bed rails, stethoscopes, blood pressure cuffs, and thermometers—and can quickly spread to other patients.

Thank You Questions?

Linda Dunn, RN
Residential Care Services
Regulatory QA Training Program Manager
Linda.Dunn@dshs.wa.gov



Provider Questions

A discussion with your Regional Administrators

Question

With licensors/investigators continuing to work remotely, how is RCS ensuring consistency with training for new RCS employees?

Answer

RCS has a standardized training process which includes computer-based learning, virtual interactive trainings and in person/in field training with peer coach and/or field manager.

- The training process takes up to 6 months before a staff is beginning to do work independently.

After that, a field manager is closely overseeing the work.

Question

What is the process for Field Managers to ensure the accuracy of statements of deficiency?

- And the process for ensuring consistency between when an AFH would receive a consultation vs. a citation?

We've received calls from providers with multiple homes in the same region; one home received a consultation for not being fit-tested while the other home received a citation for the same thing.

Answer

Staff follow a written Standard Operating Procedure to determine whether a citation or consultation is warranted.

- There are several variables that can impact whether a citation or consultation is written, including facility history of prior violations, the harm or risk of harm, and whether the violation was corrected immediately.

Field managers also meet regularly within their regions to ensure standardization.

If providers have questions or concerns, they are encouraged to reach out to the field manager immediately upon receipt of the Statement of Deficiencies.

- All Statements of Deficiencies are reviewed by the Field Manager before being approved and sent out to monitor things like consistency in application of regulations.

Question

If a provider notices an error on a statement of deficiencies, when should they reach out to the Field Manager vs. request an IDR?

Answer

Errors like minor typographical mistakes that *do not* change the findings – field manager

Errors in content/disagreement with the findings – IDR

- Providers always have the right to request an IDR within the specified time frames.

Question

What the “new” things licensors are looking for during inspections.

- Some providers confused when licensors ask them for their Respiratory Protection Plan or documentation for fit-testing and Medical Test Site Waivers because they thought these things went away after the public health emergency ended.

Answer

Regulations that have been updated and we are seeing some confusion over include:

- Respiratory Protection Plan/Fit testing- this has not gone away with end of Public Health Emergency as the laws are related to labor laws instead of just regulations/WAC 388-76
- Medical Test Site Waiver
- [Succession plan](#)
- [New requirement to carry professional \(not just commercial\) liability insurance](#)

Question

How is RCS ensuring the quality and clarity of the statement of deficiencies so that a provider understands why they've been cited?

- What should a provider do if they don't understand the SOD as written?

Answer

All SODs are written according to Principles of Documentation, which standardizes writing statewide.

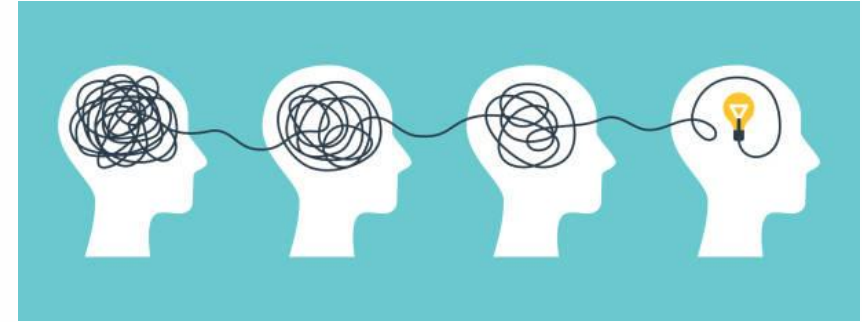
- Field staff receive training on POD during onboarding and work closely with their field managers to ensure SODs meet these requirements.

If a provider does not understand the SOD as written, please reach out to the field manager listed on the SOD as soon as possible.

Chat Questions



Learning Objectives



- **Department Relationships**

- AL TSA/DDA/HCS/APS/RCS
- Staffing Updates

- **Deficiency Trends**

- Ideas to improve your processes

- **Focused Review**

- Federal Audits & Record Keeping
- Candia auras Introduction

- **Provider Questions**

- Brings awareness to areas for improvement

Please let us know what you liked about today's forum. Please let us know what you want to see as improvements.

Send your feedback to Kristin Ferrell @
kristin.ferrell@dshs.wa.gov

We thank you!!

Transforming
Lives

Transforming
Lives

Thank you for attending!

Next Planned Forum

PLANNING 2024 SCHEDULE

AFH Provider Resources (showing pathways)

- **Acronyms List** https://www.dshs.wa.gov/sites/default/files/AL TSA/about/AL TSA_Acronyms.pdf
- **AFH Licensing Frequently Asked Questions** <https://www.dshs.wa.gov/altsa/afh-licensing-faq>
- **Applications** <https://www.dshs.wa.gov/altsa/baau-application-processing-timeline>
- **Application for contracts** <https://www.dshs.wa.gov/altsa/how-do-i-apply-medicaid-contract>
- **Chapter RCW 70.128 ADULT FAMILY HOMES** <https://apps.leg.wa.gov/RCW/default.aspx?cite=70.128>
- **Chapter RCW 70.129 Long-Term Care Resident Rights** <https://app.leg.wa.gov/RCW/default.aspx?cite=70.129>
- **Chapter WAC 388-112A Residential Long Term Care Services Training** <https://app.leg.wa.gov/wac/default.aspx?cite=388-110>
- **Chapter WAC 388-76 WAC Adult Family Home Licensing Rules** <https://app.leg.wa.gov/WAC/default.aspx?cite=388-76>
- **Complaint Investigation SOP** <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/SOP/Complaint%20Investigations.pdf>
- **DSHS Forms** <https://www.dshs.wa.gov/office-of-the-secretary/forms>
- **Enforcement SOP** <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/SOP/Enforcement.pdf>
- **IDR hearings SOP** <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/SOP/Informal%20Dispute%20Resolution.pdf>
- **Inspections SOP (AFH)** <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/SOP/Chapter%2012%20-%20AFH.pdf>
- **Long-term Care Housing, Medicaid, Specialized Dementia Care Program** <https://www.dshs.wa.gov/altsa/long-term-care-services-information>
- **Professional Organizations – BHST** <https://www.dshs.wa.gov/altsa/residential-care-services/behavioral-health-support-providers>
- **Provider Letters (AFH)** <https://www.dshs.wa.gov/altsa/residential-care-services/altsa-provider-letters?type=AFH>
- **Respiratory Protection Program SOP** <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/SOP/Chapter%2028.pdf>
- **Subscribe to GovDelivery for notifications** <https://public.govdelivery.com/accounts/WADSHSAL TSA/subscriber/new>