

CHAPTER 11: Residential Inspection and Quality Assurance Program (RIQAP)

AL TSA Residential Care Services, Standard Operating Procedures Manual



Overview

The “Field Analysis” portion of the application process includes an on-site pre-occupancy inspection to determine if an applicant meets the licensing requirements for their particular facility. In Residential Care Services (RCS), the Residential Inspection and Quality Assurance Program (RIQAP) is responsible for completing pre-occupancy inspections in adult family homes (AFHs), assisted living facilities (ALFs), and enhanced services facilities (ESFs). In addition, for ESFs, RIQAP conducts an early quality assurance (QA) visit after licensure, once the facility has residents.

The pre-occupancy inspection must comply with the following applicable state and federal regulations:

- [Title 42 §441.530 Home and Community-Based Setting](#)
- [RCW 19.27.031 - State Building Code](#)
- [Chapter 70.129 RCW – Long-Term Care Resident Rights](#)
- [Chapter 74.34 RCW Abuse of Vulnerable adults](#)
- [Chapter 51-51 WAC – State Building Code](#)
- [Chapter 388-76 WAC – Adult Family Home minimum licensing requirements](#)
- [Chapter 388-78A WAC – Assisted Living Facility Licensing Rules](#)
- [Chapter 388-110 WAC – Contracted Residential Care Services](#)
- [Chapter 388-113 WAC – Disqualifying Crimes and Negative Actions](#)
- [Chapter 388-107 WAC – Licensing Requirements for Enhanced Services Facilities](#)
- [Chapter 388-112A WAC – Residential Long-Term Care Services Training](#)

Note: Throughout this document, the terms Administrator, Provider, Licensee, Unit Manager (UM) and Administrative Assistant (AA) can also refer to their designee.

Unit Manager Responsibility

The RIQAP unit manager will conduct the following activities in relation to this procedure:

1. Train staff and ensure they can demonstrate they understand this procedure.
2. Conduct periodic reviews of this procedure to ensure staff are following it correctly.
3. Request training or clarification from leadership as needed.

These procedures are in addition to [DSHS Administrative Policies](#), as they are specific to RCS. These procedures will be reviewed for compliance and accuracy at least every five years.

Contacts

- RIQAP Unit Manager (UM), [Amena Jones](#), (360) 725-2575
- [RCS Policy Unit General Contact](#) (**internal** RCS use)
- RCSPolicy@dshs.wa.gov (**external** RCS use)
- [RCS Quality Improvement Unit General Contact](#)

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Part I: Adult Family Home Pre-Occupancy

A. General Guidelines

Purpose

An applicant for an adult family home (AFH) license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the AFH licensing process.

The RCS Director, or designee, has the authority to:

- Grant an AFH license;
- Deny the application for an AFH license; or
- Approve the recommendation for voiding an application and closing the application file;

Pre-Occupancy Licensing Inspection “Working Papers” files will be kept in the RCS Records Management Tool (RMT).

Procedure

1. The Licenser will:
 - a. Review the application file.
 - b. Assemble supplies that may be needed prior to inspection: such as: thermometer, measuring equipment, and calculator. Copies of RCWs and WACs pertaining to AFHs can be accessed during inspection from the internet or from an electronic folder stored on the laptop desktop.
2. The RIQAP Manager will:
 - a. Receive the file from the Business Analysis and Applications Unit (BAAU).
 - b. Complete the application intake process by utilizing the AFH pre-occupancy licensing working papers.
 - c. Review available data systems which have relevant information about the applicant or entity representative or both, including review of credentials.
 - d. Recommend licensure if the applicant meets the state minimum licensing requirements; or
 - e. Recommend denying the license if they do not meet the requirements.
 - 1) In general, the RIQAP unit manager (UM) will recommend offering the applicant the opportunity to withdraw their application before the denial process begins.
 - f. An applicant must complete the application process and be licensed within 12 months from the date the Department received the application. The UM may recommend voiding the application if the applicant is not licensed within 12 months from the date the Department received the application. The UM may also decide to extend the 12-month deadline in response to a written request from the applicant.

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B. AFH Application Intake

Purpose

The purpose of application intake is to provide direction for the intake of an AFH license application file received from the BAAU and assignment to the RIQAP Licensor for the initial licensing inspection.

Procedure

1. The RIQAP unit manager will:
 - a. Assign application to a licensor.
 - b. Enter applicant information into the RIQAP electronic tracking system.
 - c. Set-up the AFH initial working papers for licensor.
 - d. Notify the licensor of the new file assignment.

Note: If the Resident Manager or Co-Provider changes from original application, notify the BAAU. BAAU will gather all the necessary information on the new Resident Manager or Co-Provider. The licensor should not stop the inspection process.

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C. Pre-Inspection Preparation

Purpose

The purpose of AFH pre-occupancy inspection preparation is to gather and analyze information regarding the AFH prior to entrance on-site.

Procedure

1. The Licensor will:
 - a. Create an electronic file folder for the applicant's pre-occupancy licensing inspection.
 - 1) Review the file packet for completeness.
 - 2) Identify any issues or missing documents or records.
 - 3) Review the building inspection checklist.
 - b. Contact the applicant by email to schedule and confirm initial inspection – record results on AFH pre-occupancy electronic working papers.
 - 1) Discuss any issues or concerns with the application file.
 - 2) Request copies of any missing information/forms needed to review prior to inspection.
 - 3) Offer the AFH applicant/Entity Representative a phone (with video) meeting; during the meeting, the licensor will:
 - a) Explain the inspection process;
 - b) Inform the applicant that everything must be ready before the onsite visit; and
 - c) Review the [AFH Initial Inspection Preparation Checklist](#).
 - 4) Schedule the onsite visit only if the applicant assures you that the house and all systems are ready.
 - 5) Inform applicant to notify you immediately if a problem occurs and the applicant will need to re-schedule the pre-occupancy inspection.
 - 6) Follow up the email conversation by:
 - a) Drafting a confirmation letter, which includes the time and date of scheduled inspection and marks any documents that need to be submitted.
 - b) Send letter by email.
 - c) Send the AFH Initial Inspection Preparation Checklist with the confirmation letter.
 - c. If the applicant cannot be reached by email after three attempts, record results on the [AFH Electronic Initial Licensing Working Papers](#) and:
 - 1) Draft the “unable to contact” letter;
 - 2) Send letter by RCS process for proof of service; and
 - 3) Save a copy of the “unable to contact” letter for the electronic working file.
 - d. If the applicant states during the initial email communication they are not ready for the pre-occupancy inspection, record results on AFH Electronic Initial Licensing Working Papers and:
 - 1) Notify the UM about the postponement;
 - 2) Draft the “agreeing to postpone” letter;

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- 3) Send letter by email; and
- 4) Save a copy for the electronic working file.
- e. Notify the UM of the need to postpone.
 - 1) As contact occurs, enter dates, and contact with applicant on AFH Electronic Initial Licensing Working Papers.
- f. Complete preparation for pre-occupancy visit:
 - 1) Review all working papers, application documents, and information received from applicant;
 - 2) Assemble supplies (paper/pen, etc.) and equipment pack (thermometer, measuring equipment, calculator, etc.).
 - 3) Prepare laptop or electronic device for the inspection:
 - a) Ensure battery is fully charged and most recent updates are installed;
 - b) Electronic inspection documents are named, saved and organized for quick access during the inspection.

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D. Entrance Conference/Document Review

Purpose

The entrance conference provides the licensor an opportunity to explain the pre-occupancy inspection process, gather initial data regarding operation of the home, review the resident record system, and discuss the applicant's systems and processes for resident care.

Procedure

1. The Licensor will:
 - a. Turn on the laptop or electronic device and open the electronic working papers.
 - b. Begin making observations with the exterior of the home on arrival and continue during the entrance conference.
 - c. Document information and observations on the [AFH Electronic Initial Licensing Working Papers](#).
 - d. Introduce yourself and provide the applicant with a business card.
 - e. Explain the purpose of the visit and describe the inspection process.
 - f. Determine if the applicant cannot speak or understand English. Contact the UM with any concerns.
 - g. Determine home's water and sewer system and collect documents verifying systems meet minimum licensing requirements. Document information collected on the AFH Electronic Initial Licensing Working Papers.
 - h. Review the applicant's administrative records such as the medication log, evacuation drill log, accident/injury log and orientation checklist for new staff. Document whether or not the documents meet minimum licensing requirements on the AFH Electronic Initial Licensing Working Papers.
 - i. Ensure the applicant has the required training and background checks. The licensor will record the completed or expiration date as applicable on the AFH Electronic Initial Licensing Working Papers.
 - j. Obtain any required training documentation the applicant has not submitted and document on the AFH Electronic Initial Licensing Working Papers. Request documentation be submitted by the provider in an electronic format.

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- k. Review and discuss with the applicant the sample resident record to ensure the applicant has an organized method of record keeping and the record is kept in a confidential location. Document on the AFH Electronic Initial Licensing Working Papers the record contains at a minimum a place to file the following documents:
 - 1) A name and contact phone number for each sample resident’s family/representative;
 - 2) Healthcare practitioner;
 - 3) A contact person name and phone number of any other agency involved in resident care (i.e., home health, mental health, hospice, etc.);
 - 4) Resident assessment;
 - 5) Preliminary Service Plan;
 - 6) Negotiated Care Plan;
 - 7) Inventory of resident’s belongings;
 - 8) Financial recordkeeping if the applicant plans to maintain the resident’s finances;
 - 9) Legal documents, if applicable; and
 - 10) Other recorded resident information as required by rule.
- l. Complete the “Applicant Interview” section of the AFH Electronic Initial Licensing Working Papers and document the applicant’s responses in this section. Review with applicant areas in which they do not have a clear understanding of the question being asked.
- m. Ask the applicant to describe any special features of the home (e.g., pets, resident rooms on multiple levels of the home, who else resides in the home, etc.).
- n. If the applicant is not home on the scheduled date and time:
 - 1) Contact the applicant to determine if the on-site inspection will need to be re-scheduled.
 - 2) If the applicant is not home for the first scheduled visit, send an email informing the applicant that:
 - a) You arrived on the scheduled inspection date and time and found no one home; and
 - b) The applicant must send a written request to schedule a new inspection date.
 - 3) If the applicant is not home for the second scheduled visit, notify the UM. The UM will present the case to Department Review for further instruction.

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E. Physical Environment

Purpose

During the physical environment inspection, the licensor will inspect the entire home, including the applicant's private areas and any outbuildings to ensure the home meets minimum licensing requirements, determine the home's resident capacity, and identify any potential safety concerns.

Procedure

1. The Licensor will observe the physical environment, including the following:
 - a. **Interior environment:**
 - 1) Record the physical environment observations on Resident Bedroom & Bathroom *and* Interior Physical Environment sections of the [AFH Electronic Initial Licensing Working Papers](#).
 - 2) Observe the home for:
 - a) Homelike atmosphere;
 - b) Good repair and maintenance; and
 - c) Cleanliness (general).
 - 3) Observe areas including but are not limited to:
 - a) Resident bedrooms, common area(s), and outside area;
 - b) Applicant/caregiver living space (including other household members living space if applicable);
 - c) Bathing facilities;
 - d) Kitchen and dining areas;
 - e) Storage for medications and resident records;
 - f) Laundry facility;
 - g) Lighting and heating; and
 - h) Emergency safety.
 - 4) Other safety measures:
 - a) Water temperature;
 - b) Exits; and
 - c) Interior steps and stairways.
 - 5) Infection control practices;
 - a) Availability of washing supplies; and
 - b) Laundry area;
 - 6) Presence of pets.
 - 7) Approval of resident bedrooms:

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- a) Measurements:
 - Identify the resident bedrooms that were inspected and approved by the building inspector;
 - To establish the capacity and usable square footage of the room, measure the room from wall to wall excluding:
 - Closets;
 - Lockers;
 - Wardrobes; and
 - Door swing.
 - b) Single occupancy resident bedroom must not be less than 80 usable square feet;
 - c) Double occupancy resident bedroom must not be less than 120 usable square feet.
 - c) If home has passed the building inspection but fails to meet a regulation, the licenser will contact the UM to discuss next steps.
 - d) Ensure applicant can gain access to any room accessible to residents in which the door locks, by demonstrating their ability to rapidly unlock the door.
- 8) Common use areas:
 - a) Sufficient space, such as a living room and outdoor area for the requested license capacity;
 - b) Accessibility from resident bedrooms; and
 - c) Not used as a sleeping area.
- 9) Kitchen/Dining Areas:
 - a) Cleanliness and sanitation;
 - b) Sufficient dining space to accommodate the requested capacity;
 - c) Resident accessibility; and
 - d) Evaluate potential safety issues.
- 10) Bathing facilities:
 - a) One toilet for every five persons in the home; and
 - b) Evaluate potential safety issues.
- 11) Water temperature must be at least 105° (degrees) and must not exceed 120° Fahrenheit at any faucet with resident access.
- 12) Resident access to potentially hazardous supplies or equipment;
- 13) Lighting and Heating:
 - a) Sufficient lighting in the home, including lighting in the hallways, bedrooms, bathrooms, and common use area(s);
 - b) Minimum of 68° Fahrenheit in the home; and
 - c) Portable heat sources.
- 14) Emergency and disaster preparedness:
 - a) Smoke detectors functioning and located in the following areas:
 - Each resident bedroom;
 - In proximity to the caregiver sleeping area; and

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- One on each level of the home.
 - A “five-pound 2A;10B-C” rated fire extinguisher located on each floor of the home, and either inspected annually or purchased within the last twelve months;
- 15) Emergency lighting;
- 16) First aid supplies and manual;
- 17) The following must be posted in a common use area where they can be easily viewed by residents, resident representatives, the department, and visitors:
- a) The Complaint Resolution Unit (CRU) Hotline/Ombud's phone numbers;
 - b) The emergency evacuation floor plan that is accurate and shows:
 - The evacuation route(s) to exit the home; and
 - Location of windows, hallways, and rooms.
 - c) The Disability Rights of Washington (DRW) poster;
 - d) A location to keep the most current inspection report;
 - e) A statement that the last three years’ inspection reports are available upon request; and
 - f) Place to hang the AFH license.
- b. Exterior environment:**
- 1) Observation of areas accessible to residents. Identify and document any potential safety concerns on the AFH pre-occupancy licensing working papers;
 - 2) Home is located on a well-drained site free from hazardous conditions, excessive noise, dust, smoke or odors;
 - 3) Pathways are clear and even;
 - 4) Steps and ramps have sturdy handrails and are safe;
 - 5) Decks, patios, and porches:
 - a) Have no drop offs; and
 - b) Railings and gates are in place where needed;
 - c) Any body of water (pool, pond, or hot tub) over twenty-four inches deep is enclosed with fences and gates at least forty-eight inches high equipped with audible alarm at the entry point(s) to enclosure;
 - 6) Evaluate potential safety issues, such as boards with nails facing outward, tripping hazards, and broken glass;
 - 7) No obvious indication of rodent or other pest/insect problems; and
 - 8) Ensure non-potable water is marked, if applicable.

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F. Exit

Purpose

The exit occurs at the end of the preoccupancy inspection. The purpose of the exit conference is for the RIQAP licensor to provide the applicant with information on the results of the inspection, including identifying licensing requirement deficiencies and findings, and to give the applicant an opportunity to present additional information. Because the licensors have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be unexpected by the applicant.

Procedure

1. The Licensor will:
 - a. Review information from the working papers to identify any concerns, potential issues, and areas not meeting the minimum licensing requirements.
 - b. Document on the Exit Summary Worksheet of the [AFH Electronic Initial Licensing Working Papers](#) why the area(s) identified during the inspection as not meeting minimum licensing requirements do not meet these requirements.
 - c. Document any additional notes or new information on Notes page of the AFH Electronic Initial Licensing Working Papers.
 - d. Inform the applicant of the areas not meeting minimum licensing requirements per [Chapter 388-76 WAC](#).

If the applicant meets the licensing requirements:

1. Calculate the bedroom measurements and mark the resident capacity for each resident bedroom on the Floor Plan Key in the AFH Electronic Initial Licensing Working Papers.
2. Determine each bedroom's evacuation level. Notate on the floor plan key either "I", or "I/A" for each bedroom.

Note: "I" means residents who are "Independent" with evacuation and "I/A" means residents who are "Independent" or need "Assistance" with evacuation.

3. Electronically complete and review [DSHS 16-268 Adult Family Home Post-Licensing Instructions](#) with the applicant.
4. Review and have the applicant sign [DSHS 15-589A Adult Family Home \(AFH\) Licensing Inspection Floor Plan "Key"](#). Email a copy of the Floor Plan Key to the applicant and keep a copy in the electronic licensing file folder.

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If the applicant **does not meet** the licensing requirements:

1. Review the Exit Summary Worksheet(s) of the [AFH Electronic Initial Licensing Working Papers](#) with the applicant. Provide the applicant with an electronic copy of the Exit Summary Worksheet(s).
2. Explain that the applicant may not operate as an AFH or admit more than one resident until they are licensed.
3. Encourage questions from the applicant.

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G. Post Inspection Actions

Purpose

Depending on if the AFH has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection. Additionally, there may be circumstances in which the UM will need to present a file to department review for a decision.

Procedure

1. The Licensor will:

a. If the applicant **meets** the licensing requirements:

- 1) Review entire licensing file to ensure applicant has met the minimum licensing requirements.
- 2) Email the RIQAP UM with the necessary details:
 - a) Name of the home;
 - b) Date the licensor is recommending licensure;
 - c) Number of beds the home will be licensed for (*capacity*);
 - d) If the applicant requested a Medicaid contract (*contract*);
 - e) If the applicant will have any specialty designations in the home;
 - f) Date of first contact for applicant;
 - g) Date of all licensing visits; and
 - h) Any unique issues contained in the application file.
- 3) Finalize the electronic application file. Ensure all documents used for the licensing inspection are together in the electronic file folder.
- 4) Email the assigned Field Manager (FM) with a notation of the home's license number and name in the email subject line. Explain all RIQAP working papers can be accessed via the Secure Tracking and Reporting System (STARS).
- 5) e-Document management steps:
 - a) Prepare email for all licensing working paper documents.

- Subject Line: Four data points, with a space between each data point.

| Facility Type | License # | Facility Name | RIQAP |
|---------------|-----------|---------------|-------|
|---------------|-----------|---------------|-------|

Example: AFH #1234 Shady Glen RIQAP

- Attach to the email all RIQAP electronic documents and working papers relating to the initial inspection.
 - Email body – no message is necessary unless there is a specific message about the attached working papers.
 - Email to RCSPC@dshs.wa.gov
- b) Verify that RIQAP Electronic Working Papers are linked in Perceptive Content.

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- c) Delete copies: Once verified that all initial inspection documents are linked in Perceptive Content, delete inspection documents from the desktop folders, H: drive, or One Drive.
- d) The Outlook Sent folder is the backup document repository for RIQAP inspection documents.
- b. If the applicant **does not meet** the licensing requirements:
 - 1) Contact the RIQAP UM with the necessary details if needed;
- c. Special Considerations:
 - 1) After reviewing the entire licensing application file, or when potential issues are identified during an inspection, the UM may determine the issues are the basis for a [Department Review](#). The UM will prepare and present the application file for special consideration at a [Department Review](#). Issues may include but are not restricted to:
 - a) Continuous failure to meet licensing requirements after second follow-up inspection;
 - b) Applicant unable to communicate in English in order to correct requirements; and
 - c) Applicant has more than one resident in the home.

Unit Manager Responsibility

The RIQAP manager will conduct the following activities in relation to this procedure:

1. Complete the Field Analysis section in the data system with pertinent data and forward to the BAAU.

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H. Follow-up Inspection

Purpose

A follow-up inspection is conducted to determine if the deficiencies from the pre-occupancy inspection have been corrected to meet minimum licensing requirements.

Procedure

1. The Licensor will:
 - a. Contact the applicant to discuss correction of the identified areas once the applicant has submitted a written request for a follow-up inspection.
 - b. Schedule a follow-up inspection with the applicant.
 - c. Focus on the areas not meeting minimum licensing standards. This is not meant to limit the licensor if another issue is identified prior to the home being recommended for licensure.
 - d. Document the follow-up inspection findings on the [AFH Electronic Initial Licensing Working Papers](#).
 - e. Follow the recommend licensure process outlined in the section labelled '[Exit](#)' if the applicant meets minimum licensing requirements during the follow-up inspection process.
2. If the applicant **does not meet** the licensing requirements, the Licensor will:
 - a. Follow the procedures defined in the section labelled '[Exit](#).'
 - b. Follow the above process for scheduling and conducting an additional follow-up inspection.

Document Verification

1. The UM may permit the licensor to verify the applicant has corrected identified areas and now meets the licensing requirements, without an onsite follow-up inspection in cases where:
 - a. Missing paperwork can be emailed to the licensor;
 - b. Licensor verifies corrections via video call for any item listed on the [Video Inspection Item Attestation form \(DSHS 21-067\)](#) and the applicant now meets minimum licensing requirements.

Note: Only items listed on the form may be verified through video call.

- c. Other circumstances, as determined by the RIQAP UM.

Unit Manager Responsibility

The RIQAP manager will conduct the following activities in relation to this procedure:

1. Follow processes in the section labelled AFH '[Department Review](#)' if applicable.

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I. Department Review

Purpose

Department Review provides a consistent process for a review of application files before the home is licensed when there are concerns identified or where the applicant continually fails to meet the licensing requirements.

Procedure

1. The RIQAP UM will:
 - a. Consult with the licensor when issues are identified which require a decision from Department Review.
 - b. Determine what the issue(s) are and complete any further data collection, if necessary, before presenting it for review.
 - c. Organize the information and be ready to present it in a concise manner.
 - d. Present the information at the review meeting.
 - e. When asked for additional information:
 - 1) Take careful notes, including who will get the additional information and when to present it;
 - 2) Make sure that the information is ready; if not, be able to tell why not; and
 - 3) Present additional information at the requested time.
 - f. Inform the licensor of the Department's decision.

Department Review Decision

1. The Licensor will:
 - a. Notify the applicant with the Department's decision and schedule an additional follow-up inspection if applicable.
 - b. Document the Department Review decision in the AFH Electronic Initial Licensing Working Papers.
 - c. Conduct final follow-up inspection according to process in the section labelled AFH '[Follow-Up Inspection](#).'
 - d. Notify UM with the results and follow process in the section labelled AFH '[Post-Inspection Actions](#).'

Granting License with a Limit

1. The RIQAP UM will:
 - a. Follow the procedure defined in the section labelled AFH '[Post-Inspection Actions](#).'
 - b. Complete the Field Analysis section in the data system with the limit(s) and associated WAC to support limit(s) and forward to BAAU and RCS Compliance.
 - c. Defer to RCS Compliance to notify the applicant by letter.

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J. Application Void, Withdraw, or Deny

Purpose

There may be situations in which it is necessary for the department to void an application, such as the home is not licensed within 12 months of the department receiving the application, or the applicant does not supply additional information as requested by the department for the completion of an application.

There may also be instances in which the department may deny an application, such as the spouse of the applicant has a disqualifying crime and will reside in the home, or the applicant has not demonstrated financial solvency.

The RCS Director, or designee, has the authority to:

1. Deny an adult family home license;
2. Impose enforcement actions; and
3. Void an application.

General Procedure

1. The department will recommend voiding the application when the applicant:
 - a. Has not obtained an AFH license within 12 months of first submitting the application to the department; or
 - b. Does not return information to the department within 60 calendar days of the department's first request for additional information for an incomplete application.
2. Department Review will review any application file when there are possible exceptions to this policy.
3. The RIQAP UM will track applicant inactivity and lack of applicant contact with the department.
4. The department will send via email all letters related to inspections that find the applicant does not meet the licensing requirements.
5. The department will send via certified and regular US mail notice to the applicant that the 12-month application deadline to complete licensure is approaching.
6. The department will not return original paperwork in the application.

Procedures for Voluntary Withdrawal of Application by Applicant

1. The RIQAP UM will:
 - a. Ask the applicant for a written request to voluntarily withdraw their application for an AFH license prior to recommending the application be denied.
 - b. Send a follow-up letter to applicant stating the department received the written request to withdraw application and will close the file.

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- c. Notify assigned licensuror, if necessary.
 - d. Complete the Field Analysis section in the data system with appropriate notes and forward the case to the BAAU.
 - e. Send the application file and [AFH Electronic Initial Licensing Working Papers](#) to [central files](#).
 - f. In the RIQAP electronic tracking system, enter “application withdrawn” information including the date.
2. The Licensuror will:
 - a. Document in the [AFH Electronic Initial Licensing Working Papers](#) the applicant has voluntarily withdrawn their application and other relevant information.
 - b. Close the file.

Procedures for Application Void Time Frame – Not Licensed Within 12 months

1. The UM Will:
 - a. Ensure the case has been presented to department management for review.
 - b. Send letter to applicant letting them know their application for AFH license is void and the file will be closed.
 - c. Complete the Field Analysis section in the data system with appropriate notes and forward case to the BAAU.
 - d. Send the application file and AFH Electronic Initial Licensing Working Papers to [central files](#).
 - e. In the RIQAP electronic tracking system, enter “application void” information to include the date of the void.
2. The Licensuror Will:
 - a. Document in the AFH Electronic Initial Licensing Working Papers the application has been voided and why it was voided.
 - b. Close the file.

Procedures for Denial of a License

1. The UM Will:
 - a. Notify licensuror about decision.
 - b. Complete the Field Analysis section in the data system with appropriate notes and forward case to the BAAU.
 - c. Send the application file and AFH Electronic Initial Licensing Working Papers to [central files](#).
 - d. Enter denial information including date in the RIQAP electronic tracking system.
 - e. Defer to the compliance and enforcement unit to notify the applicant by letter.
2. The Licensuror Will:
 - a. Document in the AFH Electronic Initial Licensing Working Papers the application has been denied and why it was denied.
 - b. Close the file.

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Part II: Assisted Living Facility Pre-Occupancy

A. General Guidelines

Purpose

An applicant for an assisted living facility (ALF) license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the ALF licensing process.

Procedure

1. The Licensors will:
 - a. Schedule an on-site initial licensing inspection after receipt of the approved ALF application and construction review documents.
 - b. Verify that the Office of the State Fire Marshall (OSFM) has approved the facility for initial licensing.
 - c. Upon entry of the facility, begin inspection with an entrance meeting with the facility administrator where the licenser describes the Preoccupancy Initial Licensing Inspection process.
 - d. Reference [Chapter 18.20 RCW](#), [Chapter 388-78A WAC](#), and [Chapter 388-110 WAC](#) requirements as relates to the initial licensing inspection.
 - e. Conduct an exit conference to review areas not meeting the requirements.
 - f. Conduct a follow-up to the initial inspection as required.
 - g. Licensors will attempt to minimize the disruption of the tenants and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.
 - h. Dress and behavior:
 - 1) Dress professionally; and
 - 2) Communicate with the facility administrator in a courteous and respectful manner.
 - i. Data collection:
 - 1) Data collection during the initial inspection consists of observations, meeting with the applicant or designee, document review and is:
 - a) Collected in a factual and objective manner; and
 - b) Not affected by assumptions and personal opinions
 - 2) Timeliness of data collection:
 - a) Collect data based on reviews and observations as quickly as possible;
 - b) Collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license; and
 - c) Delay in data collection may negatively impact the department's ability to license a facility.

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- j. Observations:
 - 1) Are an important part of data collection;
 - 2) Are critical to either substantiate or rule out information obtained through document review and/or interview;
 - 3) Generally requires the gathering of additional information from additional observations, and/or document review to clarify or verify; and
 - 4) Observations alone do not always support a failure to meet minimum requirements for licensure.
- k. Contact the UM for guidance when situations occur during the preoccupancy initial licensing inspection process, such as:
 - 1) When something occurs that will likely extend the length of the onsite licensing visit;
 - 2) When something comes up and you are not sure how to proceed; or
 - 3) If someone is impeding the preoccupancy initial licensing inspection process.

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B. ALF Application Intake

Purpose

The purpose of application intake is to provide direction for the intake of an ALF license application file received from BAAU and assignment to a RIQAP Licensor for the initial licensing inspection.

Procedure

1. The RIQAP UM will:
 - a. Assign the application to a licensor.
 - b. Enter the applicant information into RIQAP electronic tracking system.
 - c. Set-up the ALF Electronic Initial Licensing Working Papers for the licensor and notify the licensor of the new file assignment.

Note: If the facility administrator changes from original application, notify the BAAU. BAAU will gather all the necessary information on this new facility administrator. The licensor should not stop the inspection process.

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C. Pre-Inspection Preparation

Purpose

The pre-occupancy initial licensing inspection is scheduled with the facility administrator once all requested documentation has been received for the pre-inspection preparation review, and the OSFM has completed and approved their on-site visit. Pre-inspection preparation is done to gather and analyze information regarding the ALF. This preparation is done offsite prior to the onsite visit.

Procedure

1. The Licensor will:
 - a. Review the information obtained during the pre-inspection preparation including the approved Construction Review Services (CRS) Report provided by the Department of Health (DOH).
 - b. Assemble supplies that may be needed prior to inspection (i.e., thermometer, measuring equipment, calculator, paper/pen, RCWs and WACs pertaining to ALFs).
 - c. Do not request a copy of the policy and procedures content from the facility administrator applicant or designee. The policy content is not reviewed as the facility signs and submits a policy attestation form at time of application.
 - d. Create an electronic file folder for the applicant's pre-occupancy licensing inspection.
 - 1) Review the file packet for completeness.
 - 2) Identify any issues or missing documents or records.
 - 3) Review the information obtained during the pre-inspection preparation including the approved Construction Review Services (CRS) Report provided by the Department of Health (DOH).
 - e. Contact the Administrator by email to schedule and confirm initial inspection – record results on ALF pre-occupancy working papers.
 - 1) Discuss any issues or concerns with the application file.
 - 2) Request copies of any missing information/forms needed to review prior to inspection.
 - 3) Require the ALF Administrator to participate in a phone (with video) meeting; during the meeting, the licensor will:
 - a) Explain the inspection process;
 - b) Inform the administrator that everything must be ready before the onsite visit; and
 - c) Review the ALF Initial Inspection Preparation Checklist.

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D. Entrance

Purpose

The entrance introduces the Licensor to the facility administrator and establishes the tone of the inspection.

Procedure

1. The Licensor will:
 - a. Begin observations immediately upon arrival at the facility. Note any obvious exterior environmental issues, physical plant, or potential hazards.
 - b. Entering the assisted living facility:
 - 1) Enter the front/main entrance and go to the reception desk or lobby area to locate staff.
 - c. Once introduced to the Facility administrator:
 - 1) Make introductions to the Facility administrator and provide a business card;
 - 2) Have department-issued identification to present to the Facility administrator;
 - 3) Give the Facility administrator a reasonable amount of time to complete whatever task they were involved with before beginning or continuing the entrance conference; and
 - 4) If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.
 - d. Provide an overview of the inspection process with the Facility administrator.
 - e. At all times during the inspection, remain aware of minimizing disruption of facility routines as much as possible.
 - f. Adjust procedures of the inspection accordingly. However, do not delay the process. If unable to do a certain inspection task, use this time to do another task of the inspection.

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E. Initial Applicant Meeting/Document Review

Purpose

The RIQAP Licensor reviews information about the ALF gathered from document review and the initial tour. Document reviews will be conducted on site to verify compliance with licensing regulations and respond to questions and/or discrepancies. Discussions will include the facility administrator and other contacts if necessary to validate minimum licensing requirements.

Procedure

1. The Licensor will:
 - a. Discuss with the facility administrator information collected prior to the on-site inspection, check for changes in the information provided.
 - b. The CRS project packet identifies other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (i.e., OSFM, CRS, Food Safety Code Officer, etc.).
 - c. Verify if the applicant or designee has indicated that they want to have a Medicaid contract in their initial application. Review the physical plant requirements related to the contract for which they are applying.
 - d. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components. Whether hardcopy or electronic it must contain items listed in [WAC 388-78A-2390](#) through 2410.
 - e. Use the pre-preparation information, observations and informal interviews conducted during the tour, and a brief review of the sample resident record to supply information and points of discussion.
 - f. At the conclusion of the meeting:
 - 1) Allow the facility administrator to ask questions or provide any additional information.
 - 2) If you expect a follow-up discussion will be needed, inform the facility administrator that a written request for a follow-up inspection will need to be emailed.
 - 3) Complete documentation of the discussion and review.

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F. Physical Plant Requirements

Purpose

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems. CRS completes a construction plan review prior to the preoccupancy inspection. The primary purpose of this inspection is verifying that the building was actually constructed in accordance with the approved design.

Procedure

1. The Licensor will:
 - a. Measure only one of each configuration type of the resident rooms. Document each room configuration's square footage, capacity, and room type on a blank page or a notes page of the ALF working papers.
 - b. Review the [room list training](#).
 - c. Review information provided by the DOH's CRS program.
 - d. Verify the capacity of the existing facility by reviewing one of each room configurations and contract type.
 - e. Verify that key furnishings and equipment are installed and ready to be used by residents:
 - 1) Laundry equipment;
 - 2) Furnishings; and
 - 3) Communication system (if provided).
 - f. Verify that key building systems are installed, functioning and ready for use:
 - 1) Heating system;
 - 2) Cooling system (if provided);
 - 3) Telecommunications;
 - 4) Hot water; and
 - 5) Food service preliminary inspection (including food service equipment).
 - g. Identify that each sleeping room or apartment configuration that has an ALF contract that requires a separate or private bathroom with a sink, toilet, and bathtub or shower.

Unit Manager Responsibility

The RIQAP unit manager will conduct the following activities in relation to this procedure:

1. Enter the room list data into the data system.

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G. Exit Preparation

Purpose

The exit preparation occurs at the end of the inspection prior to the exit. The intent is to prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection. This allows the licensor to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes and determine whether the facility will be recommended for licensure.

Procedure

1. The Licensor will:
 - a. Review and analyze the data collected and determine if there are unmet licensing requirements.
 - b. Communicate with the facility administrator throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.
 - c. Conduct the exit preparation in a setting that is on-site and confidential.
 - d. Notify the facility administrator when the on-site inspection has been completed and the RCS team is meeting for the exit preparation.
 - e. Review information and deficiencies.
 - f. Document and prioritize the information about unmet licensing requirements.
 - g. Schedule the exit conference with the facility administrator to attend.
 - h. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the facility administrator.

Information and Assistance

1. Exit preparation may not be the final determination of met or unmet licensing requirements.
2. Further analysis and data collection may continue after the on-site visit.
3. Note if further information will be required after the exit and establish the licensor responsible for that data collection.

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H. Exit

Purpose

The exit conference occurs at the end of the initial inspection. The exit conference is conducted with the facility administrator. It provides the facility administrator with information on the results of the inspection, including identifying licensing requirement deficiencies and findings and gives the facility administrator an opportunity to present additional information. Because the licenser has communicated with the facility administrator throughout the inspection, the identified unmet licensing requirements should not be a surprise.

Procedure

1. The Licenser will:
 - a. Request a private setting in the facility for the exit conference to observe confidentiality and encourage dialogue.
 - b. Be required to discuss specific issues throughout the exit if needed, however the RCS team leader/coordinator will facilitate the exit.
 - c. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.
 - d. Indicate to the facility administrator either:
 - 1) Licensing requirements have been met and recommendation for licensing will be processed;
or
 - 2) Licensing requirements have not been met and corrections need to be made.
 - e. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit.
 - f. Provide the information in an organized manner.
 - g. Provide the facility administrator an opportunity to discuss, ask questions and present related additional information.
 - h. Clarify that if further information is obtained after the exit, the applicant will be contacted by telephone if there will be any additions or significant changes to the deficiencies discussed at the exit.
 - i. Notify the applicant of any delays in their receipt of the approval or denial letter.
 - j. Ensure the facility administrator has a business card and contact phone number for the assigned licenser that completed the inspection.
 - k. Thank the applicant or designee for their cooperation with the inspection.

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I. Post Inspection Actions

Purpose

Depending on if the ALF has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection.

Procedure

1. The Licensors will:
 - a. If the assisted living facility **meets** the licensing requirements:
 - 1) Notify the UM that an applicant meets minimum licensing requirements and licensure is recommended.
 - 2) Forward file to the UM as part of the license recommendation.
 - b. If the facility **does not meet** the licensing requirements:
 - 1) After a first or second inspection:
 - a) Identify areas that do not meet the licensing requirements.
 - b) Let the facility administrator know the second visit will be scheduled after receiving a written request, according to next available date/time on licensor's schedule. Instruct the applicant to request a follow up inspection in writing to the licensor when they have corrected the identified areas.
 - c) Follow-up inspections will be brief, focused, and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.
 - 2) If the facility still does not meet all of the licensing requirements after the third follow-up visit:
 - a) Prepare and send a list of areas that do not meet minimum licensing requirements via email to the Administrator.
 - Identify areas that do not meet the licensing requirements.
 - Let the applicant or designee know that any additional visits must be approved before it can be scheduled.
 - b) The UM will make a referral to the Office Chief for the Department Review committee.
 - c) The Department Review committee may:
 - permit a fourth follow-up inspection;
 - deny the license application; or
 - give the applicant or designee an opportunity to withdraw their application.

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Part III: Enhanced Services Facility Pre-Occupancy

A. General Guidelines

Purpose

An applicant for an enhanced services facility (ESF) license must meet the applicable minimum licensing requirements established in law and regulation. The preoccupancy initial inspection is a critical component in the ESF licensing process.

Procedure

1. The Licenser will:
 - a. Schedule an on-site preoccupancy inspection after receipt of the approved ESF application and construction review documents.
 - b. Verify that the Office of the State Fire Marshall (OSFM) has approved the facility for licensing.
 - c. Begin with an entrance meeting with the applicant or designee where the licenser describes the Preoccupancy Inspection process.
 - d. Reference RCW and WAC requirements as they relate to the preoccupancy licensing inspection findings.
 - e. Conduct an exit conference to review areas not meeting the requirements.
 - f. Conduct a follow-up inspection as required.
 - 1) Licensing staff may conduct follow up visits until licensing requirements are met.
 - g. Document findings from the preoccupancy licensing inspection as follows:
 - 1) If approved, send license recommendation to the UM for processing.; or
 - 2) If not approved, send a findings letter to the applicant with a request for a timeline for the follow-up inspections.
 - h. The licensing staff will contact the UM when concerns arise during the initial licensing that involve interpretation of licensing laws and regulations.
 - i. Licensing staff will communicate with the applicant and staff throughout the process, providing updates and information as needed and appropriate.
 - j. Upon completion of a preoccupancy inspection, licensing staff will forward documentation of a completed preoccupancy inspection to the UM for final review.
 - k. Upon licenser completion, an email will be sent to the assigned FM for the facility. The licensing file will be sent to RCS [central files](#).

Information and Assistance:

1. Licensors will attempt to minimize the disruption of the tenants, if applicable, and/or facility routines during the preoccupancy initial licensing inspection, should the facility be occupied.

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2. Dress and behavior:
 - a. Dress professionally; and
 - b. Communicate with the applicant/designee in a courteous and respectful manner.
3. Data collection:
 - a. Data collection during the preoccupancy inspection consists of observations, meeting with the applicant or designee, and document review that is:
 - 1) Collected in a factual and objective manner; and
 - 2) Not affected by assumptions and personal opinions.
 - b. Timeliness of data collection:
 - 1) Licensors will collect data based on reviews and observations as quickly as possible.
 - 2) Licensors will collect data to support decision making for findings which could result in not meeting licensing requirements and denial of issuance of a license.
 - 3) Delay in data collection may negatively impact the department's ability to license a facility.
4. Observations:
 - a. Are an important part of data collection;
 - b. Are critical to either substantiate or rule out information obtained through document review and/or interview;
 - c. Generally require the gathering of additional information from additional observations, and/or document review to clarify or verify; and
 - d. Observations alone do not always support a failure to meet minimum requirements for licensure.
5. Licensors will contact the RIQAP UM for guidance when situations occur during the preoccupancy inspection process such as:
 - a. When something occurs that will likely extend the length of the onsite visit;
 - b. If something has come up and next steps are unclear; or
 - c. If someone is impeding the preoccupancy inspection process.

Unit Manager Responsibility

The RIQAP unit manager will conduct the following activities in relation to this procedure:

1. Consult with the Department of Health's (DOH's) Construction Review Services (CRS) and/or OSFM to clarify approved architectural and construction plans as needed.

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B. ESF Application Intake

Purpose

The purpose of application intake is to provide direction for the intake of an ESF license application file received from the Business Applications and Analysis Unit (BAAU) and assignment to a RIQAP Licensor for the initial licensing inspection.

Procedure

1. The RIQAP UM will:
 - a. Assign application to a licensor.
 - b. Enter applicant information into the RIQAP electronic tracking system.
 - c. Set-up the ESF initial working papers for licensor and notify the licensor of the new file assignment.

Note: If the facility administrator changes from original application, notify the BAAU. BAAU will gather all the necessary information on this new facility administrator. The licensor should not stop the inspection process.

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C. Pre-Inspection Preparation

Purpose

The Initial Licensing pre-occupancy inspection is scheduled with the applicant once all requested documentation has been received for the pre-inspection preparation review, and the OSFM has completed and approved their on-site visit. Pre-inspection preparation is done to gather and analyze information regarding the enhanced service facility prior to entrance on-site. This preparation occurs offsite.

Procedure

1. The Licensor will:
 - a. Review the information obtained during the pre-inspection preparation including:
 - 1) The approved CRS Report; and
 - 2) The facility administrator credentials included in the application packet.
 - b. Assemble supplies that may be needed prior to inspection (i.e., thermometer, measuring equipment, calculator, paper/pen, and copies of RCWs and WACs pertaining to ESFs).
 - c. Do not request a copy of the policy and procedures content from the facility administrator applicant or designee. The policy content is not reviewed as the facility signs and submits a policy attestation form at time of application.
 - d. Create an electronic file folder for the applicant's pre-occupancy licensing inspection.
 - 1) Review the file packet for completeness.
 - 2) Identify any issues or missing documents or records.
 - 3) Review the information obtained during the pre-inspection preparation including the approved Construction Review Services (CRS) Report provided by the Department of Health (DOH).
 - e. Contact the Administrator by email to schedule and confirm initial inspection – record results on ESF pre-occupancy working papers.
 - 1) Discuss any issues or concerns with the application file.
 - 2) Request copies of any missing information/forms needed to review prior to inspection.
 - 3) Require the ESF Administrator to participate in a phone (with video) meeting; during the meeting, the licensor will:
 - a) Explain the inspection process;
 - b) Inform the administrator that everything must be ready before the onsite visit.

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D. Entrance

Purpose

The entrance introduces the licensor to the applicant or designee and establishes the tone of the inspection.

Procedure

1. The Licensor will:
 - a. Begin observations upon arrival at the facility and note any obvious exterior environmental issues, physical plant, or potential hazards.
 - b. Entering the ESF:
 - 1) Enter the front/main entrance and go to the reception desk or lobby area to locate staff;
 - 2) Ask for the facility administrator; the facility administrator must be present during the inspection; and
 - c. Upon entrance:
 - 1) Make introductions to the facility administrator and provide a business card;
 - 2) Have department-issued identification to present to the facility administrator;
 - 3) Give the facility administrator a reasonable amount of time to complete whatever task they were involved with before beginning or continuing the entrance conference; and
 - 4) If waiting, use the time to observe the immediate environment and make introductions to any tenants or staff in the area and briefly explain the reason for the visit.
 - d. Provide an overview of the inspection process with the facility administrator: and
 - e. Ask the facility administrator to describe any special features of the facility pertaining to resident care and services.
 - f. Minimize disruption of facility routines as much as possible at all times during the inspection.
 - g. Adjust procedures of the inspection accordingly; however, do not delay the process. If unable to do a certain inspection task, use that time to do another task related the inspection.

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E. Initial Applicant Meeting/Document Review

Purpose

The RIQAP Licensor reviews information about the facility gathered from document review and pre-inspection preparation. Document reviews will be conducted on site to verify compliance with licensing regulations, respond to questions and/or discrepancies. Discussions will include facility administrator to validate minimum licensing requirements.

Procedure

1. The Licensor will:
 - a. Discuss and review with the applicant or facility administrator information collected prior to the on-site inspection and check for changes in the information provided:
 - 1) On the application form,
 - 2) In the CRS project packet:
 - a) Project comment form;
 - b) Overall Floor Plan;
 - c) Functional Program Plan (FPP); and
 - d) Certificate of Occupancy or other form of approval from local jurisdiction.
 - b. Identify other contacts to follow up with to conduct a more formal interview related to an issue/concern, if needed (for example, OSFM or CRS).
 - c. Request a sample/model of a resident record from the applicant to ensure the record contains all of the necessary components; whether hardcopy or electronic it must contain items listed in [WAC 388-107-0040](#) through 0190.
 - d. During the meeting,
 - 1) Use pre-preparation information, observations and informal interviews conducted during the tour and a brief review of the sample resident record to supply information and points of discussion.
 - 2) Review the structural components of the record.
 - e. At the conclusion of the meeting:
 - 1) Allow the applicant or facility administrator to ask questions or provide any additional information;
 - 2) If a follow up discussion is anticipated, inform the applicant or facility administrator that they will be contacted to inquire as to their availability; and
 - 3) Complete documentation of discussion and review.

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F. Physical Plant Requirements

Purpose

The focus of the onsite inspection is to validate the maximum facility capacity, readiness of facility equipment, and the facility systems. CRS completes a construction plan review prior to the preoccupancy inspection. The primary purpose of this inspection is verifying that the building was actually constructed in accordance with the approved design.

Procedure

1. The Licensor will:
 - a. Review information provided by CRS. The approval packet includes the following:
 - 1) Project comment form;
 - 2) Overall floor plan;
 - 3) FPP; and
 - 4) Certificate of Occupancy or other form of approval from the local jurisdiction.
 - 5) Following the inspection, reconcile the information provided by CRS with the UM.
 - b. Verify room sizes by measuring each bedroom.
 - c. Verify that key furnishings and equipment are installed and ready to be used by residents:
 - 1) Laundry equipment;
 - 2) Furnishings; and
 - 3) Communication system (if provided).
 - d. Verify that key building systems are installed, functioning and ready for use:
 - 1) Heating system;
 - 2) Cooling system (if provided);
 - 3) Telecommunications;
 - 4) Hot water; and
 - 5) Food service preliminary inspection (including food service equipment).

Unit Manager Responsibility

The RIQAP unit manager will conduct the following activities in relation to this procedure:

1. Report significant discrepancies to CRS.

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G. Exit Preparation

Purpose

The exit preparation occurs at the end of the inspection prior to the exit. To prepare for the exit conference by reviewing and analyzing all information gathered during the facility's initial on-site inspection to identify (if any) items that do not meet minimum licensing requirements, based on the applicable regulations and/or statutes, and determine whether the facility will be recommended for licensure.

Procedure

1. The Licensor will:
 - a. Communicate with the applicant or facility administrator throughout the initial inspection to facilitate a complete data collection and ensure that no new information or findings are identified at the exit conference.
 - b. Notify the applicant or facility administrator when the on-site inspection has been completed and that RCS is meeting for the exit preparation.
 - c. Review all information collected during inspection process.
 - d. Schedule the exit conference with the applicant or facility administrator
 - e. Facilitate the exit preparation and organize the information to be presented, in a manner that can be clearly understood by the applicant or facility administrator.
 - f. If more than one RCS staff is present for the inspection, conduct a team meeting in order to collaborate and identify concerns based on observations and record reviews that may lead to unmet licensing requirements.
 - g. Document and prioritize the information about unmet licensing requirements.
 - h. Conduct the exit preparation in a setting that is on-site and allows for privacy.
 - i. Review exit preparation as it may not be the final determination of met or unmet licensing requirements.
 - j. Continue further analysis and data collection if needed after the on-site visit.
 - k. Document if further information will be required after the exit and establish the licensor responsible for that data collection.

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H. Exit

Purpose

The exit conference occurs at the end of the preoccupancy inspection. The exit conference is conducted by the RIQAP staff with the applicant or facility administrator. It provides the applicant or facility administrator with information on the results of the inspection, including identifying licensing requirement deficiencies and findings, and gives the applicant or facility administrator an opportunity to present additional information. Because the licensors have communicated with the applicant throughout the inspection, the identified unmet licensing requirements should not be unexpected by the applicant/facility administrator.

Procedure

1. The Licensors will:
 - a. Ask for a private setting in the facility to hold the exit conference to observe confidentiality and encourage dialogue.
 - b. Discuss specific issues throughout the exit conference if needed; however, the licensor will facilitate the exit conference.
 - c. Utilize notes regarding the exit preparation to ensure all issues are addressed at the exit.
 - d. Indicate to applicant or facility administrator recommendation for license will be processed if requirements are met.
 - e. If, after the exit, licensors make changes or additions to the information presented at the exit, a licensor will contact the facility administrator with information about the changes prior to sending the approval or denial letter for licensing.
 - f. Communicate the issues and findings in a clear manner using language and examples that are easily understood by those attending the exit conference.
 - g. Provide the information in an organized manner.
 - h. Provide the applicant or facility administrator an opportunity to discuss, ask questions and present related additional information.
 - i. Inform the applicant or facility administrator of the process following the exit conference and what to expect, including further data collection, approval, or denial letter.
 - j. Notify the applicant of any delays in their receipt of the approval or denial letter.
 - k. Ensure the facility administrator has a business card and contact phone number for the assigned licensor that completed the inspection.
 - l. Thank the facility administrator for cooperating with the inspection.

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I. Post Inspection Actions

Purpose

Depending on if the ESF has met the minimum licensing requirements, staff will determine whether to recommend licensure or to prepare for a follow-up inspection.

Procedure

1. The Licenser will:
 - a. If the applicant or facility administrator **meets** the licensing requirements:
 - 1) Notify the UM that an applicant meets minimum licensing requirements and licensure is recommended.
 - 2) Prepare the licensing file for closure and forward the facility file to the UM who will return it to the Business Operations Analysis Unit (BOAU).
 - b. If the applicant or designee **does not meet** the licensing requirements
 - 1) Identify areas that do not meet the licensing requirements.
 - 2) Let the applicant know that subsequent visits will be scheduled after receiving a written request, according to next available date/time on the licenser's schedule. Instruct the applicant to request a follow up inspection in writing to the licenser when they have corrected the identified areas.
 - 3) Follow-up inspections will be brief, focused, and purposeful reviews of previously noted unmet licensing requirements to evaluate if correction has occurred.
 - 4) If the applicant still does not meet all of the licensing requirements after the third follow-up visit:
 - a) Let the applicant or designee know that any additional visits must be approved before they can be scheduled.
 - b) The UM will make a referral to the Office Chief for Department Review.
 - c) The Department Review may permit a fourth follow-up inspection, or deny the license application, or give the applicant or designee an opportunity to withdraw their application.

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Part IV: Appendices

A. Glossary of Terms

Administrator – Includes the various titles of the responsible person(s) for the entity. This list includes but is not limited to superintendent, director, provider, program manager, individual or entity representative, resident manager, administrator, or executive director. Please refer to the WAC relevant to the setting type for more information.

Adult Family Home (AFH) – State licensed residential homes to care for two to eight vulnerable adults who may have mental health, dementia, and/or developmental disability/special needs. The homes are private businesses providing each person with a room, meals, laundry, supervision, assistance with activities of daily living, and personal care. Some provide nursing or other special care and services.

Agency – State agency.

Assisted Living Facility (ALF) – State licensed facilities providing basic services assuming general responsibility for the safety and well-being of vulnerable adults. ALFs allow the vulnerable adults to live an independent lifestyle in a community setting while receiving necessary services from a qualified workforce. ALFs can vary in size and ownership from a family-operated 7-bed facility to a corporation-based facility with 150+ beds. ALFs may provide intermittent nursing services or serve vulnerable adults with mental health needs, developmental disabilities, or dementia.

Background check – means a name and date of birth check or a fingerprint-based background check, or both. [WAC 388-113-0010](#).

Background Check Central Unit (BCCU) – means a division within the department that processes background checks for department authorized service providers and department programs who serve vulnerable individuals across Washington State. [WAC 388-113-0010](#).

Character, competence, and suitability (CCS) – the screening and assessment of the potential personal and professional capability of an employee or applicant to work with or serve minor or vulnerable adults based on a review of crimes and negative actions. CCS requirements must meet those in [WAC 388-113-0060](#).

Code of Federal Regulation (CFR) – The Departments and Agencies of the Federal Government providing codification of the general and permanent rules published in the Federal Register.

Compliance – The state of an organization that meets prescribed specifications, contract terms, regulations, or standards.

Dementia care – means a therapeutic modality or modalities designed specifically for the care of persons with dementia.

Department – This term refers to the Washington state Department of Social and Health Services (DSHS).

Department review – means the process by which the department reviews application(s) to determine whether or not the application will be processed for completion or denial.

Destroy/destruction – means the permanent deletion of a digital or physical record to make it unintelligible or inaccessible.

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eFax – is the use of the internet and email to send a fax (facsimile), rather than using a standard telephone connection and a fax machine.

Electronic medical record (EMR) or Electronic health record (EHR) – a digital version of a chart with resident medical/health information stored in a computer.

Enhanced Services Facilities (ESF) – means a facility that provides support and services to persons for whom acute inpatient treatment is not medically necessary. [RCW 70.97.010](#).

Entity representative – A person designated by the Provider who is responsible for the daily operation of the adult family home. This person meets all of the requirements of [Chapter 388-112A WAC](#) and [WAC 388-76-10130](#).

Facility – as defined in [RCW 74.34.020](#).

Fingerprint check – means a fingerprint check is considered a positive identification check. The fingerprints of an applicant are reviewed to match fingerprints taken at the time of an arrest or conviction of a crime.

Home – A generic term used to describe an adult family home in the State of Washington.

Homelike – means an environment having the qualities of a home, including privacy, comfortable surroundings, and the opportunity to decorate one's living area and arrange furnishings to suit one's individual preferences. A homelike environment provides residents with an opportunity for self-expression, and encourages interaction with the community, family and friends.

Household member – means a person who uses the address of the adult family home as their primary address and who is not a resident.

Initial inspection – A generic term use to describe a process conducted by RCS staff in evaluating a prospective licensee for compliance with the statutes and regulations required for an Adult Family Home license, an Assisted Living Facility license, or an Enhanced Services Facility license.

Licensed bed capacity – means the resident occupancy level requested by the licensee and approved by the department. All residents receiving domiciliary care, or the items or services listed under general responsibility for the safety and well-being of the resident as defined in this section count towards the licensed resident bed capacity. Adult day service clients do not count towards the licensed resident bed capacity. [WAC 388-78A-2020](#).

Licensee – A generic term to describe individuals or entities licensed or certified to provide services as an adult family home, assisted living facility, enhanced services facility, and/or nursing home care in the state of Washington.

Long-term care facility – As defined in [RCW 70.129.010\(3\)](#).

Mandated reporter –this is an employee of the Department or the Department of Children, Youth and Families (DCYF); law enforcement officer; social worker; professional school personnel; individual provider; an operator of a facility or a certified residential services and supports agency under [Chapter 71A.12 RCW](#); an employee of a facility; an employee of a social service, welfare, mental health, adult day health, adult day care, home health, home care, hospice or certified residential services and supports agency; county coroner or medical examiner; Christian Science practitioner; or health care provider subject to [Chapter 18.130 RCW](#).

Medically fragile – means a chronic and complex physical condition which results in prolonged dependency on specialized medical care that requires frequent daily skilled nursing interventions. If these medically necessary interventions are interrupted or denied, the resident may experience

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irreversible damage or death. Examples of specialized medical care and treatment for medically fragile residents include but are not limited to: IV therapies requiring monitoring of vital signs and dose titration dependent on lab values; wound care requiring external vacuum or other mechanical devices for debridement; complicated wound care requiring other specialized or extensive interventions and treatment; ventilator or other respiratory device dependence and monitoring; dependence on licensed staff for complex respiratory support; and peritoneal or hemodialysis (on-site).

Mental disorder – means any organic, mental, or emotional impairment that has substantial adverse effects on an individual's cognitive or volitional functions.

Mental health professional (MHP) – any person qualified and licensed to provide assessments, diagnosis, and therapy for mental health conditions.

Process – The specification of the ongoing manner that the entity must operate. The process requirements do not allow the entity to vary from what is specified.

Examples include the reviewing, revising and/or updating the plan of care; policies and procedures such as, infection control procedures for cleaning/maintaining glucometers; or annual assessments for the vulnerable adults in the residential settings.

Proof of service – means notification sent to a provider by way of a declaration of personal service; an affidavit or certificate of mailing; a signed receipt from the person who accepted the certified mail or package delivery; or proof of fax transmission. Any of these methods confirms that notice was sent to a provider when the State is going to take action related to that provider. WAC requires notice be served for the following communications: Written Consultation, Statements of Deficiency, and Enforcement Letters.

Protocol – means the agreed framework for outlining the care systems and documents (standards, policies, and guidelines) to be reviewed and analyzed for a designated area to determine gaps in regulatory compliance and care systems.

Provider – a) any individual or entity that provides services to DSHS clients, OR b) a person, group, or facility that provides services to DSHS clients. RCS providers include Adult Family Homes, Assisted Living Facilities, Certified Community Residential Services and Supports, Enhanced Services Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities and Nursing Homes.

RCS approved beds [ALF] – beds that were approved to have met the licensing requirements under [Chapter 388-78A](#) but were not licensed at the time of construction. 'Approved' rooms refers to rooms that were licensable at the time of construction by CRS. Since building codes change every three years, and facilities make modifications both unreported and reported to CRS, it cannot be assumed that these rooms automatically meet minimum licensing requirements when the facility requests licensure of a room.

Record – any document or recorded information regardless of physical form or characteristics created, sent, organized, or received by the agency in the course of public business.

Reported beds [ALF] – the beds in each room that have an Assisted Living resident as identified by the administrator. It is reported as '0' if there is no Assisted Living resident in the room.

Requirement – Any structure, process, or outcome that is required by law or regulation.

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Revised Code of Washington (RCW) – The compilation of all permanent laws now in force. It is a collection of Session Laws (enacted by the Legislature, and signed by the Governor, or enacted via the initiative process), arranged by topic, with amendments added and repealed laws removed. It does not include temporary laws such as appropriation acts.

Structure – Requirements specifying the initial conditions, which must be present for an entity to be certified to participate. They are expected to remain as is unless there is a need for major renovation, re-organization, or expansion of services.

Examples include updating to new windows/carpet/paint; changing the number of bedrooms; changing the size of a room.

Washington Administrative Code (WAC) – Regulations of executive branch agencies issued by authority of statutes. Similar to legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations arranging them by subject or agency.

Working days (business days) – defined as Monday through Friday, excluding federal and state holidays.

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B. Acronym List

| | |
|-----------|---|
| AA | Administrative Assistant |
| AFH | Adult Family Home |
| ALF | Assisted Living Facility |
| ALTSA | Aging and Long-Term Support Administration |
| BAAU | Business Applications and Analysis Unit |
| BOAU | Business Operations and Analysis Unit |
| CFR | Code of Federal Regulations |
| CRS | Construction Review Services |
| CRU | Complaint Resolution Unit |
| DOH | Department of Health |
| DRW | Disability Rights Washington |
| DSHS | Department of Social and Health Services |
| EARC | Enhanced Adult Residential Care |
| EARC-SDCS | Enhanced Adult Residential Care-Specialized Dementia Care |
| eCFR | Electronic Code of Federal Regulation |
| ESF | Enhanced Services Facilities |
| FM | Field Manager |
| FPP | Functional Program Plan |
| I | Independent |
| I/A | Independent or Needs Assistance |
| MHP | Mental Health Professional |
| QA | Quality Assurance |
| RCS | Residential Care Services |
| RCW | Revised Code of Washington |
| RIQAP | Residential Inspection and Quality Assurance Program |
| RMT | Records Management Tool |
| SFM | State Fire Marshal |
| SFMO | State Fire Marshal's Office |
| SOP | Standard Operating Procedures |
| STARS | Secure Tracking and Reporting System |
| UM | Unit Manager |
| WAC | Washington Administrative Code |
| WD | Working Day |

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C. [Change Log](#)

| Eff. Date | Chapter/Section # | Description of Change | Reason for Change | Communication and Training Plan |
|------------|-------------------------------|--|--|---------------------------------|
| 01/17/2025 | Entire Chapter | <ul style="list-style-type: none"> • Formatting updates | Comply with new DSHS branding | N/A |
| 07/26/2024 | Part I.F. Exit | <ul style="list-style-type: none"> • Removed requirement for floor plan | Adjust to electronic process | N/A |
| 06/09/2023 | Entire Chapter | <ul style="list-style-type: none"> • Chapter updated to new format | Provide for easier chapter navigation | MB R23-055 |
| 06/09/2023 | Part I: AFH Initial Licensing | <ul style="list-style-type: none"> • Chapter updated to reflect paperless process | To inform staff of process changes related to conversion to paperless process | MB R23-055 |
| 08/01/2022 | Entire chapter | <ul style="list-style-type: none"> • Removes references to physical plant inspection that are no longer conducted; • Updates processes to match new technology; • Removes subsection D: Early Quality Assurance Visit, as these are no longer conducted; • General editing and formatting. | The chapter had not been reviewed for updates since 2017. The update reflects changes to the program due to noted inefficiencies and new technology. | MB R22-057 |

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