

CHAPTER 5: Construction Review Services (CRS)



Overview

Residential Care Services (RCS) engages with several state agencies to assist with regulatory oversight of facilities in relation to the physical plant environment. The Department of Health (DOH)-Construction Review Services (CRS) and the Washington State Patrol (WSP)-State Fire Marshal’s Office (SFMO) are engaged as subject matter experts for physical environment issues. This includes those specific to licensing requirements in the Washington Administration Code (WAC), State Building Code (SBC), and Conditions of Participation (CoP) in certain Federal reimbursement programs. Coordination between the agencies is essential.

- Construction Review Services (CRS) is a division within the Department of Health (DOH) that provides oversight for the construction of healthcare facilities to verify compliance with minimum building standards and develop construction standards for state licensing.
- The State Fire Marshal’s Office (SFMO) is responsible for providing fire and life safety inspections in licensed care occupancies, including nursing homes, and boarding homes.
- State Building Code Council (SBCC) is a state agency created by the legislature to provide independent analysis and objective advice to the legislature and the Governor's Office on state building code issues. The Council establishes the minimum building, mechanical, fire, plumbing and energy code requirements necessary to promote the health, safety, and welfare of the people of the state of Washington, by reviewing, developing, and adopting the state building code.
- Certificate of Need (CoN) program is a division within DOH that facilitates a regulatory process that requires certain healthcare providers to get state approval before building certain types of facilities or offering new or expanded services. This is required for Nursing Homes.

Residential Care Services regulates the physical plant requirements for new and licensed facilities based on the building under the following Revised Codes of Washington (RCW) and Washington Administrative Codes (WAC):

- [Chapter 18.20 RCW Assisted Living Facilities](#)
- [Chapter 18.51 RCW Nursing Homes](#)
- [Chapter 70.38 RCW Health Planning and Development](#)
- [Chapter 70.97 RCW Enhanced Service Facilities](#)
- [Chapter 74.42 RCW Nursing Homes-Resident Care, Operating Standards](#)
- [Chapter 246-314 WAC Construction Review Services](#)
- [Chapter 388-78A WAC Assisted Living Facilities](#)
- [Chapter 388-97 WAC Nursing Homes](#)
- [Chapter 388-107 WAC Enhanced Services Facilities](#)

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

- [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: General Guidelines

A. Communication of Notifications

Purpose

RCS established CRS Project Outlook mailboxes as part of a collaborative agreement with the CRS and the SFM to manage the receipt of notifications from CRS for approved projects to RCS and the SFM for completed construction projects requiring an inspection by RCS.

The purposes of these boxes are to:

- Improve accountability of the documents received from CRS and provide simultaneous notification to the SFM.
- Eliminate the transfer, inaccessibility, and loss of these documents through individual email boxes.
- Centralize access to this data so Regional Administrators (RAs) have one location to receive CRS Approval Packets and associated correspondence.
- Eliminate hand-offs from the Business Analysis and Applications Unit (BAAU) (with exception to initial licensing of new construction) to the field which increases timelines for completing inspections.
- Reduce workload for CRS and BAAU due to repeated requests for duplicative information via email and phone calls.
- Establish limited responsibilities for notifications to minimize complicated workload for CRS.

These measures have met audit concerns that were identified by the State Auditor’s Office (SAO) for improved collaboration, communication, and streamlined timelines relating to licensing a facility in concert with CRS and SFM.

IT does not have authorization to modify the access or permissions. Access to these boxes can only be provided by the Assisted Living Facility (ALF) Policy Program Manager (PPM) with special permissions or designation. Written approval must come from the RAs as to who has the authority to monitor this inbox in each region.

Procedure

1. The security of the *CRS Projects* Outlook mailboxes is managed by the ALF PPM for data management and accountability.
2. CRS Final Approvals are sent via email to one of the following outlook mailboxes:
 - a. DSHS ALTSA RCS Headquarters (HQ) BAAU CRS Projects: baaucrs@dshs.wa.gov
 - 1) For **unlicensed** facilities making application for licensure of an Assisted Living Facilities (ALF), Nursing Homes (NH), or Enhanced Services Facilities (ESF) which will be forwarded to the initial licensing inspection staff once the license application is approved.

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- b. DSHS AL TSA RCS Region 1 (R1) CRS Projects: r1crs@dshs.wa.gov
 - 1) For a **licensed** facility with completed construction or remodels in the following counties: Adams, Asotin, Benton, Chelan, Columbia, Douglas, Ferry, Franklin, Garfield, Grant, Kittitas, Klickitat, Lincoln, Okanogan, Pend, Oreille, Spokane, Stevens, Walla Walla, Whitman, and Yakima.
- c. DSHS AL TSA RCS Region 2 (R2) CRS Projects: r2crs@dshs.wa.gov
 - 1) For a **licensed** facility with completed construction or remodels in the following counties: Island, King, San Juan, Skagit, Snohomish, and Whatcom.
- d. DSHS AL TSA RCS Region 3 (R3) CRS Projects: r3crs@dshs.wa.gov
 - 1) For a **licensed** facility with completed construction or remodels in the following counties: Clallam, Clark, Cowlitz, Grays, harbor, Jefferson, Kitsap, Lewis, Mason, pacific, Pierce, Skamania, Thurston, and Wahkiakum.
3. The RA and/or the Administrative Assistants 4 (AA4) manages the documents in the inbox and reviews the inbox weekly for new inspection assignments. The AA4 is responsible for forwarding the CRS approval packet to the correct field manager (FM).

Note: Once the Perceptive Content project is completed by the public disclosure unit, step C will no longer be required as the documents received in these inboxes will be directly correlated with the licensed facility in STARS.

4. To reduce duplicative and delayed contacts, the notification to the SFM occurs simultaneously when CRS sends the approval notification to RCS. (Please do not contact the SFM with additional notification.) The SFM will notify RCS when the inspection is completed. They generally complete the inspection within 10 working days (WD) of receipt of notification from CRS.
5. The emails sent from CRS to these boxes contain the following information in the subject line:
 - a. "CRS Approved" and the project number;
 - b. The name of the facility; and
 - c. The primary construction type.
6. The RA and/or the AA4 is responsible for assigning the RCS inspection.

Note: To determine if an inspection must occur immediately or at the next annual inspection, see the section labelled 'What and When to Inspect'.

Field Managers, Program Managers and Supervisors must:

1. Train new 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.



B. Approval Packets and Phased Projects

Purpose

CRS will submit approval packets to RCS with a cc (carbon copy) to the SFM for projects requiring a licensing or life safety code (LSC) inspection to the designated *CRS Project Outlook* mailboxes. Another type of approval packet is for phased construction projects in which the facility may complete construction in incremental phases.

Procedure

1. An **Approval Packet** is attached to the emails in the *CRS Project Outlook* mailboxes which contains the following:
 - a. Notification of Completion
 - b. CRS Reviewer Notes
 - c. Functional Program
 - d. CRS recommendations for inspections:
 - 1) RCS Field Office Survey
 - 2) RCS Residential Inspection and Quality Assurance Program (RIQAP)
 - 3) State Fire Marshal's Office (SFMO)
 - e. Phased Project Plan (when applicable)
 - f. An Approved Sleeping Room List
 - g. Notes (when applicable)
2. The **CRS Reviewer Notes** provide ongoing communication between CRS and the facility through the planning process to address approved or not approved plant requirements prior to the final approval.
3. The **Functional Program** defines the level, type, and scope of care provided in the facility.

Note: For **ALF**, [WAC 388-78A-2361](#) has the required information for this document effective January 2020.

Licensors/investigators will not review this plan on future inspections:

- a. Scope of the Project
- b. Types of Residents Admitted to the Facility
- c. Services offered
- d. Activities provided
- e. Transportation
- f. Staffing
- g. Emergency and Disaster Planning
- h. Types of Rooms
- i. Resident Rooms
- j. Outdoor Spaces

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- k. Laundry Services
 - l. Food Service
 - m. Medication Storage and use
 - n. Communication Systems
4. The **letter of transmittal** contains the following information needed to complete an inspection:
- a. Project Information (facility name and location, WAC chapter and project number)
 - b. Key People (architects, facility administrator, consultant, local health jurisdiction [LHJ])
 - c. Facility Data Certificate
 - d. Project Status
 - e. Preliminary Comments
 - f. Plan Review Comments
 - g. Responses from the facility administrator (if applicable)
 - h. [Sleeping Room List \(DSHS 10-389\)](#)
 - i. Floor Plan(s), including the various room configurations.
5. An additional type of construction referenced in an approval packet is referred to as a **Phased Project** in which construction will be completed in prescribed increments.

Here Are A Few Examples:

- a. An existing licensed facility is proposing an extensive remodel of their five occupied wings. The facility proposes to renovate the building one wing at a time to lessen the impact that construction will have on residents. Residents in the first wing are relocated to other approved areas within the facility. After renovation of the first wing is completed, residents are moved back into that wing. Then the residents for the second wing are relocated and so on until renovations in all five wings has been completed. Final completion does not occur until the last wing is finished.
- b. A new facility develops a campus of small, licensed buildings. They request a phased approach as soon as buildings are completed so they can begin providing services. Construction of the remaining buildings remains ongoing until final completion of all proposed structures.
- c. An existing facility is renovating a portion of the facility including a nurse call system. The nurse call system must be inactive for a brief period and the facility provides an approved alternative method. After the call system is installed and operational, the system needs to be back in service as soon as possible, prior to final completion.

6. The Administrative Assistant 3 (AA3) for the FM may authorize/approve use of phased construction projects for an ALF, NH or ESF when:
- a. CRS has completed the project review, and sent a phased construction approval packet to the AA3 for the FM and the SFM;

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- b. When the number of phases and duration of the project has been approved by the AA3, the FM, CRS and the SFM; and
 - c. Approval for use is contingent upon a successful inspection by RCS, CRS and the SFM, as required.
7. CRS will contact the FM to coordinate all requests for phased projects upon initial application to CRS.
8. CRS and RCS will identify in writing for the applicant the coordinated terms and conditions for phased projects, inspections, and approval for use, as applicable.
9. CRS will provide RCS all approval packets via the CRS Outlook Boxes with a cc on the email to the SFM.



C. What and When to Inspect

Purpose

A collaborative agreement between CRS, SFM and RCS was established to determine who will be responsible for the inspection of a facility based on authority, expertise, and resources.

When an approval packet is received from CRS, it will contain a coversheet identifying which agency will complete the inspection. The notifications from CRS will be sent to RCS and to the SFM simultaneously, as applicable.

RCS could be required to inspect a facility upon initial licensing, prior to an annual inspection or at the next annual inspection.

Procedure

1. The only projects that will be reviewed before the next annual inspection are:
 - a. **New licenses** which include first-time licensure, re-licensure of expired licenses or conversions from one license type to another. (RIQAP will inspect.)
 - b. **New buildings** which include add-ons to an existing license. (RIQAP will inspect.)
 - c. **Additions** which enclose a building area that is added to an existing licensing space. These are additions that increase bed count or create an operation such as a new kitchen or secured outdoor area.
 - d. **Alterations** which are any physical construction, renovation or remodeling that trigger licensing review.
2. All other physical plant construction does not require an RCS inspection prior to the next annual inspection. Refer to appendices:
 - a. What and When to Inspect – Enhanced Services Facilities
 - b. What and When to Inspect – Nursing Homes
3. For new buildings, RCS will **not** inspect if the construction does not include resident care spaces (i.e., gazeboes, storage, sheds, or other unoccupied structures) and does not house piped medical gases, emergency electrical generators, or other primary critical systems that feed resident care areas.
4. For additions, RCS will **not** inspect additions that do not significantly increase the capacity of resident care or do not create a new service (i.e., sunrooms, additions, extra dining room spaces, laundry additions, or staff office additions).
5. For alterations, RCS will **not** inspect most alterations including modifications to dining areas, reconfiguration of casework, minor moving walls in resident care spaces or major renovations in non-resident care spaces.
6. Field offices do not need to notify the SFM of an RCS inspection since notification to SFM occurred when CRS sent out the approval packet for construction. If the SFM requires the facility to make corrections, this information will be communicated directly to the field office by the SFM.

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7. Do not measure existing licensing space during annual inspections. CRS and/or RIQAP has already approved the spaces to meet minimum program licensing requirements.
8. If during an annual inspection, the facility reports alterations to an unlicensed room, or alterations to a licensed room, CRS must be notified by the field upon completion of the inspection if the facility is unable to provide proof of CRS project review. The facility must contact CRS and BAAU to complete the application for the change.
9. Licensor inspections should focus on how the provider implements policies to maintain the physical environment as required to safely operate the facility and how that impacts the residents.



D. Exemption Requests

Purpose

The department may receive requests from facilities who request a permanent exemption to a physical plant rule under RCS or a temporary exemption for physical plant requirements for a specific resident and room where they reside under Home and Community Services (HCS).

- All requests received by RCS must be forwarded to the RCS Director for response.
- On-site inspections of the facility will not be completed by RCS for exemption requests.
- Facilities cannot eliminate the mandated required physical plant items from a room that is required under [Chapter 388-78A WAC](#) or [Chapter 388-110 WAC](#) or require a resident to request those items.
- This exemption process is not applicable to the NH “waiver” process in the [State Operations Manual \(SOM\)](#).

Exemptions under [WAC 388-78A-2852](#) Assisted Living Facility licensing rules:

Exemptions or alternative methods are considered to be *permanent exemptions* for the duration of the *current* license. A written request must be submitted with the required information in WAC to RCS and forwarded to the RCS Director.

1. The department may exempt an ALF from meeting a specific requirement related to the physical environment or may approve an alternative method for meeting the requirement if the department determines the exemptions or alternative method will:
 - a. Not jeopardize the health or safety of residents;
 - b. Not adversely affect the residents' quality of life;
 - c. Not change the fundamental nature of the ALF operation into something other than an ALF;
 - d. Demonstrate that the proposed alterations will serve to correct deficiencies or upgrade the facility to better serve residents; and
 - e. Demonstrate to the RCS Director the substitution of procedures, materials, or equipment for requirements specified in this chapter would better serve residents.
2. To request an exemption, or to request an approval of an alternative method, an ALF must submit a written request to the department that includes:
 - a. A description of the requested exemption or alternative method; and
 - b. The specific rule for which the exemption is sought.
3. The ALF may not appeal the department's denial of a request for an exemption or alternative method.
4. A permanent exemption does not transfer to a new owner when there is a change of ownership (CHOW).
 - a. If a permanent exemption was issued to a past owner, it is not applicable for a room when there is a CHOW.
 - b. If the new owner wishes to have an exemption to a sleeping room/unit, they may submit an exemption request during or after the CHOW application process.
5. Exemptions to local building code, zoning code, and/or SFMO regulations are not within the authority or influence for RCS to review.

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6. All requests are to be completed within 30 calendar days of receipt, unless extenuating circumstances require additional review considerations. If an extension is required prior to the assigned due date of the response, notification must be sent to the RCS Director's office.
7. All exemptions must be documented in the Secure Tracking and Reporting System (STARS) under the Exemptions tab.
8. All letters must have a statement of limitations in the closing paragraph of the letter identifying any parameters in which the exemption was given. Examples include if the exemption only applied to "studio apartments" and "non-resident rooms" or a specific time frame such as "not to exceed 90 days".
9. There are no permanent RCS exemptions permitted for Medicaid contracted services under [Chapter 388-110 WAC](#). Only HCS can approve temporary exemptions.

Exemptions under [WAC 388-110-140](#) for Contracted Residential Care Services

Exemptions are considered to be temporary exemptions for the duration of the current license. A written request must be submitted with the following information to the HCS FM in which the facility resides. The HCS field office also refers to these exemptions as "waivers":

1. If a room is occupied by a resident that is being served under the assisted living services Medicaid contract and the resident wants to remain in the room after the CHOW is completed, the resident may request an exception under [WAC 388-110-140](#).
 - a. Contracted Residential Care Services: Exceptions under this rule are considered *temporary exceptions* for the current resident residing in the designated sleeping room/unit.
 - b. HCS staff must conduct a resident interview that notifies the resident of their right to be in a room that meets minimum requirements and complete the [Resident Choice Regarding ALF Room Requirements \(DSHS 15-447\)](#) form if the resident agrees to the unmet requirements and signs the form.
 - c. The request for exception must be submitted by the resident who occupies the room to the case manager. Exemptions for portable items such as fridge, counter/table, microwave, storage/container, etc. are not permitted.
 - d. If the temporary exception requested by the resident is approved, the exception does not permit other Medicaid residents to occupy the room/unit, nor does it permit the resident listed on the form to be relocated to another "nonqualified" room.
 - e. If another Medicaid resident wants to occupy a room/unit with an exemption for physical plant requirements, HCS must be contacted to facilitate the interview with the new resident. This also applies for residents who are private pay switching to Medicaid room/unit.

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Procedure

1. The Director's AA will:
 - a. Assign exemption requests as follows:
 - 1) New facilities not yet licensed requesting exemption will be assigned to the designated PPM.
 - 2) Currently licensed facilities requesting exemption will be assigned to the designated RA for the region in which the facility resides. The RA will forward the exemption request to the FM as needed.
 - b. Forward a copy of the exemption request to CRS.
 - c. Forward a copy of the exemption request to the designated PPM.
 - d. Forward a copy of the request to HCS, if it includes a reference to the contract [WAC 388-110-140](#).
 - e. Forward via email and cc for all final response letters to the applicable RA, PPM, and CRS. For new construction, the cc will include the RIQAP Unit Manager.
2. The RA/Designee will:
 - a. Review the affected program regulations specific to physical plant requirements, resident rights, and contracts.
 - b. In the event an exception is related to regulations associated with [Chapter 388-110 WAC](#) Contracted Residential Care Services, the exemption request must be given to HCS for response.
 - c. Collaborate with the PPM as needed on the collated considerations to review applicable regulations and other considerations that may be needed to make the final determination.
 - d. Draft the response letter under the signature of the Director, providing justification in writing for either approval or denial of the exemption that includes the associated WAC chapter that supports the decision.
 - e. Each response letter must contain the following closing sentence, "As required in [WAC 388-78A-2852\(4\)](#), 'The assisted living facility must retain in the assisted living facility a copy of each approved exemption or alternative method.' This includes any supporting information such as the room list included in the original request." The ALF must also retain any documented limitations such as exemptions that only apply if the living room is not used as a resident room, per DOH.
 - f. Forward the draft response letter to the Director's office for final review, approval or denial, and signature.
 - g. Once the signed approval letter is received from the Director's AA, record the exemption in FMS under the Exemptions tab within the "License" folder with each of the data fields completed including exemptions "details" identifying the basis for an approved or denied request.

Note: If you do not see the policy unit in the cc, please forward to policy. The policy unit can enter the exemption into FMS and maintain the original exemption letter for future



E. Interagency Collaboration

Purpose

The Quarterly Cross Agency Coordination (QCAC) meeting convenes with the DOH, CRS and the SFM to discuss issues regarding the physical environment. It serves as a central forum for three main topic areas to address systemic issues:

- **Workload updates:** The workload portion of the work is intended to update all agencies on the volume and scope of work being processed. This will make other agencies aware of the amount of work moving through the system and allow affected units to plan accordingly. This also serves as an accountability check-in for the overall licensure process.
- **Process and coordination:** As process and coordination issues are discovered, this group has the responsibility to investigate the root cause, then prepare options for process changes. This includes a rigorous and regular review of information shared. This group has the depth and authority to select and enact process changes.
- **Rule Interpretation/Development:** With three different agencies interacting with regulated facilities at different points in time, there is significant risk of real or perceived inconsistency. When issues are discovered requiring rule interpretation or rule change, this group may prepare a rule interpretation for executive review. This workgroup is comprised of designated decision makers representing each of the agencies, each branch of RCS and the east/west regions of the state for major cities. The members of this group can recommend and enact process changes in each of their respective divisions/units/agencies. In addition, this workgroup may assign tasks to individual members or sub-groups for reporting back. Rule changes may also be recommended to the Policy Unit. The RCS Director provides oversight of the meeting as the sponsor.

Procedure

1. When a systemic issue related to physical plant requirements is identified, notify the QCAC chairperson and the ALF PPM.
2. The chairperson will contact the representative agencies and affected divisions to begin further investigation into the matter. Once confirmed to be a systemic issue, the topic will be added to the next quarterly meeting agenda for full review. This could include Assistant Attorney General (AAG) advice/opinion and consultation with other program managers.
3. The QCAC members will review the agenda items and supporting information which could lead to assigned deliverables to the members. Those deliverables could include business process mapping, coordinating additional workgroups, data gathering, resource allocation, audits, draft standard operating procedures, training implementation planning, contract review, IT system changes, rule interpretation, record reviews or consultation with other RCS divisions and others as deemed necessary.
4. Each representative is responsible for meeting the deliverables and bringing forward issues from their particular agency/branch/region as well as reporting back to their agency/branch/region for collaborative information gathering.
5. Decisions by the group will be memorialized in rule, SOPs, management bulletins (MBs), training plans and/or (when applicable) Dear Provider Letters (DPLs) by the ALF PPM.



F. Rule Interpretations

Purpose

When rule is identified to be unclear, a pattern of facility concerns or deficiencies, a rule interpretation is requested by CRS, SFM or RCS. The PPM will collaborate with CRS, SFM and the RAs to review the regulation.

- Decisions are based on a prevalence of concerns, not on individual facilities.
- Decisions will be memorialized in this SOP for state-wide reference. A DPL will be sent when applicable.
- Future rule development will incorporate any necessary changes to the regulations.

Procedure

1. The PPM will determine if the rule is outdated, unclear, does not address specific concerns or does not meet program dynamics.
2. Review considerations will include authority, intent of the rule, policy, facility type, public safety, prevalence of the issue and impacts to residents.
3. The PPM will prepare a draft decision after the collaboration between the agencies occurs, then submit the draft to the AAG for additional input before going to the RCS director for approval.

Rules for physical plant were corrected:

For ALFs, in [WAC 388-78A-3040\(3\)](#) of the physical plant, rules that went into effect in January 2020 with a missing word have since been corrected by rule-making.



Part II: Appendices

A. What and When to Inspect – Enhanced Services Facilities

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
General			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes - only if it affects the original license
Conversions of existing facilities	Yes	Yes	Yes - only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes - only if may adversely affect resident	No
Change of use in spaces not accessed by residents	See Chapter	No	Yes - depends on space type (i.e., sprinklers required in storage space)
Alterations	See Chapter	Yes - only if significant	Yes - only if significant
Physical			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes - only if there is an Ansul Kitchen System installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes - only for changes to ducting / manifold, redesign, etc.
Electrical			
Generator replacement/addition	Yes	No	Yes
Fire Alarm/Fire Sprinkler			
	Yes	No	Yes - only if it affects the original license

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Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
Fire Sprinkler Head replacement			
Fire Sprinkler modifications	Yes	No	Yes - only if it affects the original license
FA/FS change in system capacity	Yes	No	Yes
Fire Alarm modifications	Yes	No	Yes - only if it affects the original license
Landscaping	Yes	No	No
Plumbing			
	Yes	No	No
Repair/Maintenance of furniture, fixture, or equipment			
Hot water heater repair	No	No	No
Hot water heater replacement	Yes	No	No
Toilet repair	No	No	No
Toilet replacement	Yes	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No
Painting	No	No	No
Replacement with equivalent furniture, fixture or equip	No	No	No
Repair/replace damaged construction to previous approved condition	No	No	No
Painting	No	No	No
Cosmetic Changes	No	No	No

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B. What and When to Inspect – Nursing Homes

Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
General			
New structure	Yes	Yes	Yes
Additions	Yes	Yes	Yes
Conversions of existing facilities	Yes	Yes	Yes - only if it affects the original license areas
Change of use in spaces accessed by residents	Yes	Yes - only if may adversely affect resident	No
Change of use in spaces w/no access by residents	See Chapter		Yes - depends on space type (i.e., storage - sprinklers required)
Alterations	See Chapter	Yes-only if it is significant	Yes - only if it is significant
Physical			
Changes in rated construction	Yes	No	Yes
Modification of smoke compartment layout	Yes	No	Yes
Modification of rated walls	Yes	No	Yes
Replacement of floor finish	Yes	No	No
Wallcoverings	Yes	No	No
Kitchen equipment (hoods)	Yes	No	Yes - only if there is an Ansul Kitchen System installed
Kitchen equipment (appliances)	Yes	No	No
Laundry Equipment	Yes	No	Yes - only for changes to ducting / manifold, redesign, etc.
Carpets	Yes	No	No
Electrical			
Generator replacement/addition	Yes	No	Yes
Fire Alarm/Fire Sprinkler			
Fire Sprinkler Head replacement	Yes	No	Yes

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Physical Plant Requirement	Plan Review	Inspection Required	Inspection Required
	DOH/CRS	DSHS/RCS	WSP/SFM
Fire Sprinkler modifications	Yes	No	Yes
FA/FS change in system capacity	Yes	No	Yes
Fire Alarm modifications	Yes	No	Yes - if does not impact license areas; upgrades to different system
Smoke Detectors	No	No	Yes - only if change is significant
Plumbing			
	Yes	No	No
Routine Maintenance and Repair			
Hot water heater repair	No	No	No
Hot water heater replacement	No	No	No
Toilet repair	No	No	No
Toilet replacement	No	No	No
Lighting fixture replacement	No	No	No
Repair of floor finish	No	No	No
Repair of casework	No	No	No

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C. Resources and Forms

1. Resources

- a. [Construction Review Services Information for ALF](#)
- b. [Construction Review Services Information for NH](#)
- c. [Construction Review Services Information for ESF](#)
- d. [CRS Project Status Lookup](#)
- e. [CRS Contact Information](#)
- f. [Certificate of Need](#)
- g. [ALF Room List Training, Part I Overview](#)
- h. [ALF Room List Training, Part II Measuring Rooms](#)
- i. [ALF Room List Training, Q&A](#)

2. Forms

- a. [Room List for Assisted Living Facilities 10-389](#)
- b. [Instructions: Room List for Assisted Living Facilities 10-389](#)



D. 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.

Aspen Central Office (ACO) – refers to Centers for Medicaid and Medicare Services (CMS).

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.

Certification – The process used by the department to determine if an applicant or service provider complies with federal health, safety, and program standards and is eligible to provide certified community residential services and support to clients.

Certification evaluation – A CCRSS regulatory process whereby contracted evaluators assess provider compliance with statutes and regulations. In addition to certification evaluations at least once every 24 months, contracted evaluators may also conduct follow-up visits.

Certified Community Residential Services and Supports (CCRSS) – Includes Supported Living (SL), Group Homes (GH), and Group Training Homes (GTH). These are residential services provided to individuals who are eligible clients of the Developmental Disabilities Administration (DDA). Supported living clients are vulnerable adults living in their own homes in the community. The client or legal representative owns, rents, or leases the home.

Certified Group Home – A community-based licensed and certified residential program where the provider, who contracts with the Department of Social & Health Services (DSHS), DDA to provide residential services, owns, or leases the facility. The majority are privately owned businesses. The homes vary in size, serving from 4 to 10 clients. Residential Care Services (RCS) licenses the home as either an Assisted Living Facility or an Adult Family Home and certifies the group home through a separate process. This supports the provision of services at the levels required by the DDA contract.

Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. DDA contracts with these providers to provide 24-hour supervision.

CMS State Operations Manual, Appendix J – Federal Guidance to Surveyors for Intermediate Care Facilities for Individuals with Intellectual Disabilities.

CMS State Operations Manual, Appendix PP – Federal Guidance to Surveyors for Long Term Care

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Facilities.

CMS State Operations Manual, Appendix Q – Federal Core Guidelines for Determining Immediate Jeopardy.

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.

Community programs – includes Adult Family Homes (AFH), Assisted Living Facilities (ALF), Certified Community Residential Services and Supports (CCRSS), and Enhanced Services Facilities (ESF).

Conditions of Participation (CoP) [ICF/IID only] – Refers to a “condition for coverage” relevant to suppliers. The CoP are requirements with which an entity must comply in order to participate in the programs. The CoP are categorized into three requirements:

- Structure
- Process
- Outcome

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

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 – A standard term used throughout this document to depict the long-term care program homes, facilities, and licensees participating in transforming lives of the vulnerable adults living in residential settings.

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](#).

Exemption or Exception – means a temporary situation granted by the RCS Director in which an entity is exempt or has an approved exception to the requirement to comply with a specific regulatory requirement.

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

Federal programs – This includes Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) and Nursing Homes (NH).

Group Training Homes (GTH) – A facility which provides 24-hour supervision, full-time care, treatment, and training for two or more adults with developmental disabilities. Operated on a non-profit basis by a person, association, or corporation. Room and board expenses are included in the rate paid by DDA and the clients participate toward their cost of care. Also known as, “Epton Act Homes”, the Group Training Home model was created by legislation drafted in the early 1970’s.

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

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.

Inspection – A generic term used to describe the process by which RCS staff evaluates a licensee’s compliance with statutes and regulations. Complaint/incident investigations are only one type of on-site inspection/survey done to determine the health and safety of vulnerable adults in licensed or certified long-term care residential settings.

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) – The Social

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Security Act created this optional Medicaid benefit to fund “institutions” (four or more beds) for individuals with intellectual disabilities. The Secretary defines this as providing “active treatment.”

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\(3\)](#).

Nursing facility (NF) – a nursing home, or any portion of a hospital, veterans' home, or residential habilitation center, that is certified to provide nursing services to Medicaid recipients under [section 1919\(a\) of the federal Social Security Act](#). All beds in a nursing facility are certified to provide Medicaid services, even though one or more of the beds are also certified to provide Medicare skilled nursing facility services.

Nursing home (NH) – A term that can include both 24-hour Skilled Nursing Facilities (SNF) and Nursing Facilities (NF). SNFs are those that participate in both Medicare and Medicaid. NFs are those that participate in Medicaid only.

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.

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.

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.

Skilled nursing facility (SNF) – a nursing home, a portion of a nursing home, or a long-term care wing or unit of a hospital that has been certified to provide nursing services to Medicare recipients under [section 1819\(a\) of the federal Social Security Act](#).

State agency (SA) – A permanent or semi-permanent organization in government that is responsible for the oversight and administration of specific functions.

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

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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.

Waiver – means a temporary situation granted by CMS which waives an entity’s requirement to comply with a specific regulatory requirement.

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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E. Acronym List

AA	Administrative Assistant
AAG	Assistant Attorney General
ACO	Aspen Central Office
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
CC	Carbon Copy (in emails)
CCRSS	Certified Community Residential Services and Supports
CHOW	Change in Ownership
CMS	Centers for Medicare and Medicaid Services
CoC	Certificate of Completion
CoN	Certificate of Need
CoP	Conditions of Participation
CR	Construction Review
CRS	Construction Review Services
DDA	Developmental Disabilities Administration
DOH	Department of Health
DPL	Dear Provider Letter
DSHS	Department of Social and Health Services
ESF	Enhanced Services Facilities
ETP	Exception to Policy
ETR	Exception to Rule
FM	Field Manager
FSA	Field Services Administrator
GH	Group Home
GTH	Group Training Home
HCS	Home and Community Services
HQ	Headquarters
ICF/IID	Intermediate Care Facilities for Individuals with Intellectual Disabilities
LHJ	Local Health Jurisdiction
LSC	Life Safety Code
MB	Management Bulletin
NF	Nursing Facility
NH	Nursing Homes
PPM	Policy Program Manager
QCAC	Quarterly Cross Agency Coordination
RA	Regional Administrator
RCS	Residential Care Services

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RCW	Revised Code of Washington
RIQAP	Residential Inspection and Quality Assurance Program
SAO	State Auditor's Office
SBC	State Building Code
SBCC	Special Building Code Council
SFM	State Fire Marshal
SFMO	State Fire Marshal's Office
SOM	State Operations Manual
SOP	Standard Operating Procedures
STARS	Secure Tracking and Reporting System
WAC	Washington Administrative Code
WD	Working Day
WSP	Washington State Patrol

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F. Change Log

Eff. Date	Chapter/ Section #	Description of Change	Reason for Change	Communication and Training Plan
01/17/2025	Entire Chapter	Formatting updates	Comply with new DSHS branding	N/A
03/2022	Updated Full Chapter	Approved Sleeping Room List moved to Chapter 13; Exemption section updated; rule interpretation memorialized to WAC-388-78A-2381 ; Capacity increase section updated to current process	New Director sponsor; agency reorg; memorialized info into ALF WAC or ALF SOP.	SOP Only No MB/DP issued as this is an SOP for a sponsored group from leadership which impacts RA's, AA3s, policy unit, business unit, and licensing units.
5/2019	5A1 Communication of Notifications	Responsibility changed from RQIC to AAs	Change of Assigned Staff	SOP Only