

**WAC 246-841A-600 Violations of standards for nursing assistant conduct or practice.** (1) General violations of standards of practice for all nursing assistants. The following conduct may subject a nursing assistant to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW:

- (a) Engaging in conduct described in RCW 18.130.180;
- (b) Engaging in conduct such as, but not limited to:
  - (i) Failure to adhere and perform in accordance with standards of practice and competencies as stated in WAC 246-841A-400;
  - (ii) Performance of care activities beyond the nursing assistant scope of practice or regulations specific to the practice setting;
  - (iii) Performing or attempting to perform care tasks or procedures for which the nursing assistant lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client or resident safety;
  - (iv) Failure to follow a client's or resident's care plan;
  - (v) Failure to report and document accurately and legibly the provision of care and other information pertinent to the care of a client or resident. Examples include, but are not limited to, a client's or resident's status; a change in status; observations of client's or resident's responses to care; progress; or a client's or resident's expressed concern;
  - (vi) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record;
  - (vii) Failure to protect clients from unsafe practices or conditions, exploitation, abusive acts, neglect, or sexual misconduct as defined in WAC 246-16-100;
  - (viii) Violating the confidentiality or privacy of the client or resident, except where required by law or for the protection of the client or resident. These violations include taking or disseminating photos or videos of a client or resident by any means, including social media;
  - (ix) Providing care for a client or resident while impaired by alcohol or drugs;
  - (x) Providing care for a client or resident while affected by a mental, physical, or emotional condition to the extent that there is an undue risk of harm to self or others;
  - (xi) Abandoning a client or resident by leaving an assignment without transferring responsibilities to appropriate personnel or caregiver when the condition of the client or resident requires continued care;
  - (xii) Taking client's property for own or other's use or benefit. Soliciting, accepting, or borrowing money or property from clients;
  - (xiii) Conviction of a crime involving physical abuse or sexual abuse including convictions of any crime or plea of guilty, including crimes against persons as defined in RCW 43.43.830 and crimes involving the personal property of a client or resident, whether or not the crime relates to the nursing assistant role;
  - (xiv) Permitting another person to use the nursing assistant credential or using another person's credential;
  - (xv) Disclosing the contents of the nursing assistant credentialing examination or soliciting, accepting, or compiling information regarding the contents of any examination before, during, or after its administration; or
  - (xvi) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

(2) Additional standards of practice for nursing assistants working under registered nurse delegation. These nursing assistants may perform additional care tasks beyond those indicated in WAC 246-841A-400 through nursing assistant delegation by a registered nurse. Registered nurse delegation to nursing assistants is described in WAC 246-841A-405. The following conduct may subject a nursing assistant working under the delegation of a registered nurse to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW. Engaging in conduct that includes, but is not limited to:

(a) Failure to adhere to and perform in accordance with the provisions for delegation of certain tasks as stated in WAC 246-841A-405;

(b) Failure to provide care in accordance with the delegation accepted from a designated registered nurse;

(c) Performance of nursing care tasks without being delegated to do so by a designated registered nurse;

(d) Failure to report and document accurately and legibly the provision of delegated care tasks and other information pertinent to the care of a client or resident in accordance with the delegation accepted from a designated registered nurse. Examples include, but are not limited to, a client's or resident's status; a change in status; observation of patient responses to care; progress; or a client's or resident's expressed concern;

(e) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record pertaining to delegated care tasks; or

(f) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

(3) Additional standards of practice for nursing assistants-certified who train and test to earn a medication assistant endorsement. These nursing assistants-certified may perform care tasks beyond those indicated in WAC 246-841A-400 when they work under the direct supervision of a designated registered nurse in a nursing home. A nursing assistant-certified with a medication assistant endorsement can administer certain medications and perform certain prescriber-ordered treatments as described in WAC 246-841A-589. The following conduct may subject a nursing assistant-certified with a medication assistant endorsement to disciplinary action under the Uniform Disciplinary Act, chapter 18.130 RCW. Engaging in conduct that includes, but is not limited to:

(a) Failure to adhere to and perform in accordance with the requirements for medication administration and prescriber-ordered treatments in WAC 246-841A-589;

(b) Failure to administer medications or provide prescriber-ordered treatments in the scope of a nursing assistant-certified with a medication assistant endorsement in accordance with:

(i) The direction of the supervising registered nurse;

(ii) Written orders; or

(iii) Common safety and infection control practices for the care tasks performed;

(c) Failure to report and document accurately and legibly:

(i) The administration of medication and performance of prescriber-ordered treatments into the resident's medical records using the facility-approved form or format (e.g., electronic record); and

(ii) Supporting information pertinent to the care of a resident. Examples include, but are not limited to, a resident's status; a change in status; observations of patient responses to care or treatment(s); progress; or a resident's expressed concern;

(d) Altering or destroying entries or making incorrect, illegible, or false entries in a client or resident record or an employer or employee record pertaining to medication administration or performance of prescriber-ordered treatments;

(e) Administering medications or performing prescriber-ordered treatments beyond the scope of a nursing assistant-certified with a medication assistant endorsement as identified in WAC 246-841A-589; or

(f) Failure to follow the employer's or workplace policy and procedure for the wastage of medications.

[Statutory Authority: RCW 18.79.110, 18.79.260, 18.88A.030, 18.88A.060, 18.88A.090, 18.88A.082, 18.88A.087, 43.70.040, 43.70.250, and 43.70.280. WSR 23-20-117, § 246-841A-600, filed 10/3/23, effective 11/3/23.]