AN ACT Relating to improving the health, safety, and quality of life for residents in long-term care facilities through emergency preparedness, improvements in communications, resident information, and notice of sanctions; amending RCW 18.20.110, 18.51.009, 18.51.091, 18.51.260, 74.42.420, 74.42.460, 70.97.160, 70.128.090, 70.128.130, 70.129.020, 70.129.030, 70.129.040, 70.129.080, 70.129.090, 70.129.110, 70.129.150, and 70.129.180; reenacting and amending RCW 70.129.010; adding new sections to chapter 18.20 RCW; adding new sections to chapter 18.51 RCW; adding new sections to chapter 70.97 RCW; adding new sections to chapter 70.128 RCW; adding new sections to chapter 70.129 RCW; and creating a new section.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

NEW SECTION. Sec. 1. The legislature finds that:
(1) Residents in licensed long-term care facilities have been disproportionately impacted and isolated by the COVID-19 pandemic and over 50 percent of all COVID-19 deaths in Washington have been associated with long-term care facilities;
(2) According to a University of Washington report, social isolation creates a "double pandemic" that disrupts care and exacerbates the difficulties of dementia, depression, suicide risk,
chronic health conditions, and other challenges faced by long-term care residents and providers;

(3) A "digital divide" exists in many parts of Washington, particularly for older adults of color with low incomes and those in rural communities;

(4) Residents with sensory limitations, mental illness, intellectual disabilities, dementia, cognitive limitations, traumatic brain injuries, or other disabilities may not be able to fully utilize digital tools which exacerbates their social isolation;

(5) Long-term care facilities already have the legal responsibility to care for their residents in a manner and in an environment that promotes the maintenance or enhancement of each resident's quality of life. A resident should have a safe, clean, comfortable, and homelike environment as detailed in chapter 70.129 RCW; and

(6) The COVID-19 pandemic has exposed systematic weaknesses in the state's long-term care system and there is a need to enact additional measures to protect and improve the health, safety, and quality of life of residents.

Sec. 2. RCW 18.20.110 and 2012 c 10 s 6 are each amended to read as follows:

(1) The department shall make or cause to be made, at least every eighteen months with an annual average of fifteen months, an inspection and investigation of all assisted living facilities. However, the department may delay an inspection to twenty-four months if the assisted living facility has had three consecutive inspections with no written notice of violations and has received no written notice of violations resulting from complaint investigation during that same time period.

(2) The department may at any time make an unannounced inspection of a licensed facility to assure that the licensee is in compliance with this chapter and the rules adopted under this chapter. Every inspection shall focus primarily on actual or potential resident outcomes, and may include an inspection of every part of the premises and an examination of all records, methods of administration, the general and special dietary, and the stores and methods of supply; however, the department shall not have access to financial records or to other records or reports described in RCW 18.20.390. Financial records of the assisted living facility may be examined when the
department has reasonable cause to believe that a financial obligation related to resident care or services will not be met, such as a complaint that staff wages or utility costs have not been paid, or when necessary for the department to investigate alleged financial exploitation of a resident. The inspection must include an evaluation of the adequacy of the facility's comprehensive disaster preparedness plan required under section 6 of this act, an evaluation of the facility's personal protective equipment supply, and an assessment of the facility's ventilation system and infection control capabilities.

(3) Following such an inspection or inspections, written notice of any violation of this law or the rules adopted hereunder shall be given to the applicant or licensee and the department. The department may prescribe by rule that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition, or new construction, submit plans and specifications therefor to the agencies responsible for plan reviews for preliminary inspection and approval or recommendations with respect to compliance with the rules and standards herein authorized.

NEW SECTION. Sec. 3. A new section is added to chapter 18.20 RCW to read as follows:

The department must require an assisted living facility that is subject to a stop placement order or limited stop placement order under RCW 18.20.190 to publicly post in a conspicuous place at the facility a notice that the department has issued a stop placement order or limited stop placement order for the facility, including the date of the stop placement order or limited stop placement order, the conditions placed upon the facility's license, and the phone number to contact the department for further information. The notice must remain posted until the department has terminated the stop placement order or limited stop placement order.

NEW SECTION. Sec. 4. A new section is added to chapter 18.20 RCW to read as follows:

(1) The department shall require each assisted living facility to:

(a) Create and regularly maintain a current resident roster containing the name and room number of each resident and provide a
written copy immediately upon an in-person request from any long-term care ombuds;

(b) Create and regularly maintain a current, accurate, and aggregated list of contact information for each resident and the resident representative, if any, of each resident. The contact information for each resident must include the resident's name, room number, and, if available, telephone number and email address. The contact information for each resident representative must include the resident representative's name, relationship to the resident, phone number, and, if available, email and mailing address;

(c) Record and update the aggregated list of contact information for each resident and the resident representative of each resident, if any, upon receipt of new or updated contact information from the resident or resident representative; and

(d) Upon the oral or written request of any long-term care ombuds, provide a copy of the aggregated list of contact information for each resident and resident representative within 48 hours directly to the requesting long-term care ombuds, by electronic copy to the email address or facsimile number of the requesting long-term care ombuds.

(2) In accordance with the federal older Americans act, federal regulations, and state laws that govern the state long-term care ombuds program, the department shall inform assisted living facilities that:

(a) Any long-term care ombuds is authorized to request and obtain from assisted living facilities the information required by this section in order to perform the legal functions and duties of long-term care ombuds;

(b) The state long-term care ombuds program and all long-term care ombuds are considered a "health oversight agency," so that the federal health insurance portability and accountability act and chapter 70.02 RCW do not preclude assisted living facilities from providing the information required by this section when requested by any long-term care ombuds;

(c) The information required by this section, when provided by an assisted living facility to a requesting long-term care ombuds, becomes property of the state long-term care ombuds program and is subject to all state and federal laws governing the confidentiality and disclosure of the files, records, and information maintained by
the state long-term care ombuds program or any local long-term care
ombuds entity; and

(d) The assisted living facility may not delay or refuse to
provide the resident roster, the contact information for a resident
or resident representative, or the aggregated list of contact
information for each resident and the resident representative, if
any, of each resident, on any basis, including on the basis that the
facility must first obtain consent from one or more of the residents
or resident representatives.

(3) Nothing in this section shall interfere with or diminish the
authority of any long-term care ombuds to access facilities, residents, and resident records as otherwise authorized by law.

(4) For the purposes of this section, "resident representative"
has the same meaning as in RCW 70.129.010.

NEW SECTION. Sec. 5. A new section is added to chapter 18.20
RCW to read as follows:

(1)(a) Each assisted living facility shall be responsive to
incoming communications, including answering telephones from 8:00
a.m. to 5:00 p.m., seven days per week, and responding promptly to
phone and electronic messages.

(b) Each assisted living facility must have a communication
system that allows for telephone contact after the hours identified
in (a) of this subsection for:

   (i) Family, medical providers, and others; and

   (ii) Emergency contact to and from facility staff.

(2) Each assisted living facility must maintain a sufficient
quantity of telephones and other communication equipment to ensure
that residents have 24-hour access to communications with family,
medical providers, and others. The telephones and communication
equipment must provide for auditory privacy, not be located in a
staff office or station, be accessible to a person with a disability,
and not require payment for local calls. An assisted living facility
is not required to provide telephones at no cost in each resident
room.

NEW SECTION. Sec. 6. A new section is added to chapter 18.20
RCW to read as follows:

(1) Each assisted living facility shall develop and maintain a
comprehensive disaster preparedness plan to be followed in the event
of a disaster or emergency, including fires, earthquakes, floods, infectious disease outbreaks, loss of power or water, and other events that may require sheltering in place, evacuations, or other emergency measures to protect the health and safety of residents. The facility shall review the comprehensive disaster preparedness plan annually, update the plan as needed, and train all employees when they begin work in the facility on the comprehensive disaster preparedness plan and related staff procedures.

(2) At a minimum, the comprehensive disaster preparedness plan must address the following items during any disaster or emergency:

(a) A plan for timely communications with the residents' emergency contacts, as appropriate;

(b) A plan for timely communications with state agencies, local public health jurisdictions, first responders, long-term care ombuds, developmental disabilities ombuds, and the agency responsible for the protection and advocacy system for individuals with mental illness;

(c) Descriptions of on-duty employees' responsibilities;

(d) Provisions for contacting and requesting emergency assistance;

(e) Provisions for meeting residents' essential needs, including food, water, and medications; and

(f) Procedures to allow the assisted living facility to:

(i) Identify each resident who is evacuated or transferred from the assisted living facility;

(ii) Identify each resident's immediate location if no longer at the assisted living facility; and

(iii) Provide aggregate emergency information to others as appropriate to provide for each resident's health or safety. The aggregate information must include each resident's name, immediate location, and critical health care information, as well as contact information for each resident's emergency contact.

Sec. 7. RCW 18.51.009 and 1994 c 214 s 22 are each amended to read as follows:

RCW 70.129.007, 70.129.105, ((and)) 70.129.150 through 70.129.170, and section 25 of this act apply to this chapter and persons regulated under this chapter.

Sec. 8. RCW 18.51.091 and 2020 c 263 s 1 are each amended to read as follows:
The department shall inspect each nursing home periodically in accordance with federal standards under 42 C.F.R. Part 488, Subpart E. The inspection shall be made without providing advance notice of it. Every inspection may include an inspection of every part of the premises and an examination of all records, methods of administration, the general and special dietary and the stores and methods of supply. Those nursing homes that provide community-based care shall establish and maintain separate and distinct accounting and other essential records for the purpose of appropriately allocating costs of the providing of such care: PROVIDED, That such costs shall not be considered allowable costs for reimbursement purposes under chapter 74.46 RCW. The inspection must include an evaluation of the adequacy of the nursing home's comprehensive disaster preparedness plan required under section 13 of this act, an evaluation of the nursing home's personal protective equipment supply, and an assessment of the nursing home's ventilation system and infection control capabilities. Following such inspection or inspections, written notice of any violation of this law or the rules and regulations promulgated hereunder, shall be given to the applicant or licensee and the department. The notice shall describe the reasons for the facility's noncompliance. The department may prescribe by regulations that any licensee or applicant desiring to make specified types of alterations or additions to its facilities or to construct new facilities shall, before commencing such alteration, addition or new construction, submit its plans and specifications therefor to the department for preliminary inspection and approval or recommendations with respect to compliance with the regulations and standards herein authorized.

Sec. 9. RCW 18.51.260 and 1987 c 476 s 26 are each amended to read as follows:

(1) Each citation for a violation specified in RCW 18.51.060 which is issued pursuant to this section ((and which has become final)), or a copy or copies thereof, shall be prominently posted, as prescribed in regulations issued by the director, until the violation is corrected to the satisfaction of the department up to a maximum of one hundred twenty days. The citation or copy shall be posted in a place or places in plain view of the patients in the nursing home, persons visiting those patients, and persons who inquire about placement in the facility.
The department shall require a nursing home that is subject to a stop placement order or limited stop placement order under RCW 18.51.060 to publicly post in a conspicuous place at the nursing home a notice that the department has issued a stop placement order or limited stop placement order for the nursing home, including the date of the stop placement order or limited stop placement order, the conditions placed upon the nursing home's license, and the phone number to contact the department for further information. The notice must remain posted until the department has terminated the stop placement order or limited stop placement order.

NEW SECTION. Sec. 10. A new section is added to chapter 18.51 RCW to read as follows:

(1) The department shall require each nursing home to:

(a) Create and regularly maintain a current resident roster containing the name and room number of each resident and provide a written copy immediately upon an in-person request from any long-term care ombuds;

(b) Create and regularly maintain a current, accurate, and aggregated list of contact information for each resident and the resident representative, if any, of each resident. The contact information for each resident must include the resident's name, room number, and, if available, telephone number and email address. The contact information for each resident representative must include the resident representative's name, relationship to the resident, phone number, and, if available, email and mailing address;

(c) Record and update the aggregated list of contact information for each resident and the resident representative of each resident, if any, upon receipt of new or updated contact information from the resident or resident representative; and

(d) Upon the oral or written request of any long-term care ombuds, provide a copy of the aggregated list of contact information for each resident and resident representative within 48 hours directly to the requesting long-term care ombuds, by electronic copy to the email address or facsimile number of the requesting long-term care ombuds.

(2) In accordance with the federal older Americans act, federal regulations, and state laws that govern the state long-term care ombuds program, the department shall inform nursing homes that:
(a) Any long-term care ombuds is authorized to request and obtain from nursing homes the information required by this section in order to perform the legal functions and duties of long-term care ombuds;

(b) The state long-term care ombuds program and all long-term care ombuds are considered a "health oversight agency," so that the federal health insurance portability and accountability act and chapter 70.02 RCW do not preclude nursing homes from providing the information required by this section when requested by any long-term care ombuds;

(c) The information required by this section, when provided by a nursing home to a requesting long-term care ombuds, becomes property of the state long-term care ombuds program and is subject to all state and federal laws governing the confidentiality and disclosure of the files, records, and information maintained by the state long-term care ombuds program or any local long-term care ombuds entity; and

(d) The nursing home may not delay or refuse to provide the resident roster, the contact information for a resident or resident representative, or the aggregated list of contact information for each resident and the resident representative, if any, of each resident, on any basis, including on the basis that the nursing home must first obtain consent from one or more of the residents or resident representatives.

(3) Nothing in this section shall interfere with or diminish the authority of any long-term care ombuds to access nursing homes, residents, and resident records as otherwise authorized by law.

(4) For the purposes of this section, "resident representative" has the same meaning as in RCW 70.129.010.

NEW SECTION. Sec. 11. A new section is added to chapter 18.51 RCW to read as follows:

(1)(a) Each nursing home must be responsive to incoming communications, including answering telephones from 8:00 a.m. to 5:00 p.m., seven days per week, and responding promptly to phone and electronic messages.

(b) Each nursing home must have a communication system that allows for telephone contact after the hours identified in (a) of this subsection for:

(i) Family, medical providers, and others; and

(ii) Emergency contact to and from nursing home staff.
(2) Each nursing home must maintain a sufficient quantity of telephones and other communication equipment to ensure that residents have 24-hour access to communications with family, medical providers, and others. The telephones and communication equipment must provide for auditory privacy, not be located in a staff office or station, be accessible to a person with a disability, and not require payment for local calls. A nursing home is not required to provide telephones at no cost in each resident room.

**Sec. 12.** RCW 74.42.420 and 1979 ex.s. c 211 s 42 are each amended to read as follows:

The facility shall maintain an organized record system containing a record for each resident. The record shall contain:

(1) Identification information, including the information listed in section 10(1) of this act;

(2) Admission information, including the resident's medical and social history;

(3) A comprehensive plan of care and subsequent changes to the comprehensive plan of care;

(4) Copies of initial and subsequent periodic examinations, assessments, evaluations, and progress notes made by the facility and the department;

(5) Descriptions of all treatments, services, and medications provided for the resident since the resident's admission;

(6) Information about all illnesses and injuries including information about the date, time, and action taken; and

(7) A discharge summary.

Resident records shall be available to the staff members directly involved with the resident and to appropriate representatives of the department. The facility shall protect resident records against destruction, loss, and unauthorized use. The facility shall keep a resident's record after the resident is discharged as provided in RCW 18.51.300. The facility shall coordinate the residents' records under this subsection with the resident tracking system required under section of 10(1) this act.

**NEW SECTION.** Sec. 13. A new section is added to chapter 18.51 RCW to read as follows:

(1) Each nursing home shall develop and maintain a comprehensive disaster preparedness plan to be followed in the event of a disaster
or emergency, including fires, earthquakes, floods, infectious disease outbreaks, loss of power or water, and other events that may require sheltering in place, evacuations, or other emergency measures to protect the health and safety of residents. The nursing home shall review the comprehensive disaster preparedness plan annually, update the plan as needed, and train all employees when they begin work in the nursing home on the comprehensive disaster preparedness plan and related staff procedures.

(2) At a minimum, the comprehensive disaster preparedness plan must address the following items during any disaster or emergency:

(a) A plan for timely communications with the residents' emergency contacts, as appropriate;

(b) A plan for timely communications with state agencies, local public health jurisdictions, first responders, long-term care ombuds, developmental disabilities ombuds, and the agency responsible for the protection and advocacy system for individuals with mental illness;

(c) Descriptions of on-duty employees' responsibilities;

(d) Provisions for contacting and requesting emergency assistance;

(e) Provisions for meeting residents' essential needs, including food, water, and medications; and

(f) Procedures to allow the nursing home to:

   (i) Identify each resident who is evacuated or transferred from the nursing home;

   (ii) Identify each resident's immediate location if no longer at the nursing home; and

   (iii) Provide aggregate emergency information to others as appropriate to provide for each resident's health or safety. The aggregate information must include each resident's name, immediate location, and critical health care information, as well as contact information for each resident's emergency contact.

Sec. 14. RCW 74.42.460 and 1979 ex.s. c 211 s 46 are each amended to read as follows:

The facility shall have a written staff organization plan and detailed written procedures to meet potential emergencies and disasters. The facility shall clearly communicate and periodically review the plan and procedures with the staff and residents. The plan and procedures shall be posted at suitable locations throughout the facility. The planning requirement of this section shall complement
the comprehensive disaster preparedness planning requirement of section 13 of this act.

NEW SECTION. Sec. 15. A new section is added to chapter 70.97 RCW to read as follows:

The department shall require an enhanced services facility that is subject to a stop placement order or limited stop placement order under RCW 70.97.110 to publicly post in a conspicuous place at the facility a notice that the department has issued a stop placement order or limited stop placement order for the facility, including the date of the stop placement order or limited stop placement order, the conditions placed upon the facility's license, and the phone number to contact the department for further information. The notice must remain posted until the department has terminated the stop placement order or limited stop placement order.

Sec. 16. RCW 70.97.160 and 2020 c 278 s 9 are each amended to read as follows:

(1) The department shall make or cause to be made at least one inspection of each facility prior to licensure and an unannounced full inspection of facilities at least once every eighteen months. The statewide average interval between full facility inspections must be fifteen months.

(2) Any duly authorized officer, employee, or agent of the department may enter and inspect any facility at any time to determine that the facility is in compliance with this chapter and applicable rules, and to enforce any provision of this chapter. Complaint inspections shall be unannounced and conducted in such a manner as to ensure maximum effectiveness. No advance notice shall be given of any inspection unless authorized or required by federal law.

(3) During inspections, the facility must give the department access to areas, materials, and equipment used to provide care or support to residents, including resident and staff records, accounts, and the physical premises, including the buildings, grounds, and equipment. The department has the authority to privately interview the provider, staff, residents, and other individuals familiar with resident care and service plans.

(4) The inspection must include an evaluation of the adequacy of the facility's comprehensive disaster preparedness plan required under section 19 of this act, an evaluation of the facility's
personal protective equipment supply, and an assessment of the
facility's ventilation system and infection control capabilities.

(5) Any public employee giving advance notice of an inspection in
violation of this section shall be suspended from all duties without
pay for a period of not less than five nor more than fifteen days.

(6) The department shall prepare a written report
describing the violations found during an inspection, and shall
provide a copy of the inspection report to the facility.

(1) The department shall require each enhanced services facility
to:

(a) Create and regularly maintain a current resident roster
containing the name and room number of each resident and provide a
written copy immediately upon an in-person request from any long-term
care ombuds;

(b) Create and regularly maintain a current, accurate, and
aggregated list of contact information for each resident and the
resident representative, if any, of each resident. The contact
information for each resident must include the resident's name, room
number, and, if available, telephone number and email address. The
contact information for each resident representative must include the
resident representative's name, relationship to the resident, phone
number, and, if available, email and mailing address;

(c) Record and update the aggregated list of contact information
for each resident and the resident representative of each resident,
if any, upon receipt of new or updated contact information from the
resident or resident representative; and

(d) Upon the oral or written request of any long-term care
ombuds, provide a copy of the aggregated list of contact information
for each resident and resident representative within 48 hours
directly to the requesting long-term care ombuds, by electronic copy
to the email address or facsimile number of the requesting long-term
care ombuds.
In accordance with the federal older Americans act, federal regulations, and state laws that govern the state long-term care ombuds program, the department shall inform enhanced services facilities that:

(a) Any long-term care ombuds is authorized to request and obtain from enhanced services facilities the information required by this section in order to perform the legal functions and duties of long-term care ombuds;

(b) The state long-term care ombuds program and all long-term care ombuds are considered a "health oversight agency," so that the federal health insurance portability and accountability act and chapter 70.02 RCW do not preclude enhanced services facilities from providing the information required by this section when requested by any long-term care ombuds;

(c) The information required by this section, when provided by an enhanced services facility to a requesting long-term care ombuds, becomes property of the state long-term care ombuds program and is subject to all state and federal laws governing the confidentiality and disclosure of the files, records, and information maintained by the state long-term care ombuds program or any local long-term care ombuds entity; and

(d) The enhanced services facility may not delay or refuse to provide the resident roster, the contact information for a resident or resident representative, or the aggregated list of contact information for each resident and the resident representative, if any, of each resident, on any basis, including on the basis that the enhanced services facility must first obtain consent from one or more of the residents or resident representatives.

(3) Nothing in this section shall interfere with or diminish the authority of any long-term care ombuds to access facilities, residents, and resident records as otherwise authorized by law.

(4) For the purposes of this section, "resident representative" has the same meaning as in RCW 70.129.010.

NEW SECTION. Sec. 18. A new section is added to chapter 70.97 RCW to read as follows:

(1)(a) Each enhanced services facility must be responsive to incoming communications, including answering telephones from 8:00 a.m. to 5:00 p.m., seven days per week, and responding promptly to phone and electronic messages.
(b) Each enhanced services facility must have a communication system that allows for telephone contact after the hours identified in (a) of this subsection for:

(i) Family, medical providers, and others; and

(ii) Emergency contact to and from facility staff.

(2) Each enhanced services facility must maintain a sufficient quantity of telephones and other communication equipment to assure that residents have 24-hour access to communications with family, medical providers, and others. The telephones and communication equipment must provide for auditory privacy, not be located in a staff office or station, be accessible to a person with a disability, and not require payment for local calls. An enhanced services facility is not required to provide telephones at no cost in each resident room.

NEW SECTION. Sec. 19. A new section is added to chapter 70.97 RCW to read as follows:

(1) Each enhanced services facility shall develop and maintain a comprehensive disaster preparedness plan to be followed in the event of a disaster or emergency, including fires, earthquakes, floods, infectious disease outbreaks, loss of power or water, and other events that may require sheltering in place, evacuations, or other emergency measures to protect the health and safety of residents. The enhanced services facility must review the comprehensive disaster preparedness plan annually, update the plan as needed, and train all employees when they begin work in the enhanced services facility on the comprehensive disaster preparedness plan and related staff procedures.

(2) At a minimum, the comprehensive disaster preparedness plan must address the following items during any disaster or emergency:

(a) A plan for timely communications with the residents' emergency contacts, as appropriate;

(b) A plan for timely communications with state agencies, local public health jurisdictions, first responders, long-term care ombuds, developmental disabilities ombuds, and the agency responsible for the protection and advocacy system for individuals with mental illness;

(c) Descriptions of on-duty employees' responsibilities;

(d) Provisions for contacting and requesting emergency assistance;
(e) Provisions for meeting residents' essential needs, including food, water, and medications; and

(f) Procedures to allow the enhanced services facility to:

(i) Identify each resident who is evacuated or transferred from the enhanced services facility;

(ii) Identify each resident's immediate location if no longer at the enhanced services facility; and

(iii) Provide aggregate emergency information to others as appropriate to provide for each resident's health or safety. The aggregate information must include each resident's name, immediate location, and critical health care information, as well as contact information for each resident's emergency contact.

Sec. 20. RCW 70.128.090 and 2001 c 319 s 7 are each amended to read as follows:

(1) During inspections of an adult family home, the department shall have access and authority to examine areas and articles in the home used to provide care or support to residents, including residents' records, accounts, and the physical premises, including the buildings, grounds, and equipment. The personal records of the provider are not subject to department inspection nor is the separate bedroom of the provider, not used in direct care of a client, subject to review. The department may inspect all rooms during the initial licensing of the home. However, during a complaint investigation, the department shall have access to the entire premises and all pertinent records when necessary to conduct official business. The department also shall have the authority to interview the provider and residents of an adult family home.

(2) The inspection must include an evaluation of the adequacy of the adult family home's comprehensive disaster preparedness plan required under RCW 70.128.130, an evaluation of the adult family home's personal protective equipment supply, and an assessment of the adult family home's ventilation system and infection control capabilities.

(3) Whenever an inspection is conducted, the department shall prepare a written report that summarizes all information obtained during the inspection, and if the home is in violation of this chapter, serve a copy of the inspection report upon the provider at the same time as a notice of violation. This notice shall be mailed to the provider within ten working days of the completion of the
inspection process. If the home is not in violation of this chapter, a copy of the inspection report shall be mailed to the provider within ten calendar days of the inspection of the home. All inspection reports shall be made available to the public at the department during business hours.

((3)) (4) The provider shall develop corrective measures for any violations found by the department's inspection. The department shall upon request provide consultation and technical assistance to assist the provider in developing effective corrective measures. The department shall include a statement of the provider's corrective measures in the department's inspection report.

NEW SECTION. Sec. 21. A new section is added to chapter 70.128 RCW to read as follows:

(1) The department shall require each adult family home to:
   (a) Create and regularly maintain a current resident roster containing the name and room number of each resident and provide a written copy immediately upon an in-person request from any long-term care ombuds;
   (b) Create and regularly maintain a current, accurate, and aggregated list of contact information for each resident and the resident representative, if any, of each resident. The contact information for each resident must include the resident's name, room number, and, if available, telephone number and email address. The contact information for each resident representative must include the resident representative's name, relationship to the resident, phone number, and, if available, email and mailing address;
   (c) Record and update the aggregated list of contact information for each resident and the resident representative of each resident, if any, upon receipt of new or updated contact information from the resident or resident representative; and
   (d) Upon the oral or written request of any long-term care ombuds, provide a copy of the aggregated list of contact information for each resident and resident representative within 48 hours directly to the requesting long-term care ombuds, by electronic copy to the email address or facsimile number of the requesting long-term care ombuds.

(2) In accordance with the federal older Americans act, federal regulations, and state laws that govern the state long-term care ombuds program, the department shall inform adult family homes that:
(a) Any long-term care ombuds is authorized to request and obtain from adult family homes the information required by this section in order to perform the legal functions and duties of long-term care ombuds;

(b) The state long-term care ombuds program and all long-term care ombuds are considered a "health oversight agency," so that the federal health insurance portability and accountability act and chapter 70.02 RCW do not preclude adult family homes from providing the information required by this section when requested by any long-term care ombuds;

(c) The information required by this section, when provided by an adult family home to a requesting long-term care ombuds, becomes property of the state long-term care ombuds program and is subject to all state and federal laws governing the confidentiality and disclosure of the files, records, and information maintained by the state long-term care ombuds program or any local long-term care ombuds entity; and

(d) The adult family home may not delay or refuse to provide the resident roster, the contact information for a resident or resident representative, or the aggregated list of contact information for each resident and the resident representative, if any, of each resident, on any basis, including on the basis that the adult family home must first obtain consent from one or more of the residents or resident representatives.

(3) Nothing in this section shall interfere with or diminish the authority of any long-term care ombuds to access facilities, residents, and resident records as otherwise authorized by law.

(4) For the purposes of this section, "resident representative" has the same meaning as in RCW 70.129.010.

Sec. 22. RCW 70.128.130 and 2019 c 80 s 1 are each amended to read as follows:

(1) The provider is ultimately responsible for the day-to-day operations of each licensed adult family home.

(2) The provider shall promote the health, safety, and well-being of each resident residing in each licensed adult family home.

(3) Adult family homes shall be maintained internally and externally in good repair and condition. Such homes shall have safe and functioning systems for heating, cooling, hot and cold water, electricity, plumbing, garbage disposal, sewage, cooking, laundry, electricity, plumbing, garbage disposal, sewage, cooking, laundry,
artificial and natural light, ventilation, and any other feature of
the home.

(4) In order to preserve and promote the residential home-like
nature of adult family homes, adult family homes licensed after
August 24, 2011, shall:

(a) Have sufficient space to accommodate all residents at one
time in the dining and living room areas;
(b) Have hallways and doorways wide enough to accommodate
residents who use mobility aids such as wheelchairs and walkers; and
(c) Have outdoor areas that are safe and accessible for residents
to use.

(5) The adult family home must provide all residents access to
resident common areas throughout the adult family home including, but
not limited to, kitchens, dining and living areas, and bathrooms, to
the extent that they are safe under the resident's care plan.

(6) Adult family homes shall be maintained in a clean and
sanitary manner, including proper sewage disposal, food handling, and
hygiene practices.

(7) (a) Each adult family home must be responsive to incoming
communications, including answering telephones from 8:00 a.m. to 5:00
p.m., seven days per week, and responding promptly to phone and
electronic messages.
(b) Each adult family home must have a communication system that
allows for telephone contact after the hours identified in (a) of
this subsection for:
(i) Family, medical providers, and others; and
(ii) Emergency contact to and from adult family home staff.

(8) Each adult family home must maintain a sufficient quantity of
telephones and other communication equipment to assure that residents
have 24-hour access to communications with family, medical providers,
and others. The telephones and communication equipment must provide
for auditory privacy, not be located in a staff office or station, be
accessible to a person with a disability, and not require payment for
local calls. An adult family home is not required to provide
telephones at no cost in each resident room.

(9) Adult family homes shall develop a fire drill plan for
emergency evacuation of residents, shall have working smoke detectors
in each bedroom where a resident is located, shall have working fire
extinguishers on each floor of the home, and shall house
nonambulatory residents on a level with safe egress to a public
right-of-way. Nonambulatory residents must have a bedroom on the floor of the home from which the resident can be evacuated to a designated safe location outside the home without the use of stairs, elevators, chair lifts, platform lifts, or other devices as determined by the department in rule.

((8)) (10) The adult family home shall ensure that all residents can be safely evacuated from the home in an emergency as established by the department in rule. The rules established by the department must be developed in consultation with the largest organization representing fire chiefs in the state of Washington.

((9)) (11)(a) Each adult family home shall develop and maintain a comprehensive disaster preparedness plan to be followed in the event of a disaster or emergency, including fires, earthquakes, floods, infectious disease outbreaks, loss of power or water, and other events that may require sheltering in place, evacuations, or other emergency measures to protect the health and safety of residents. The adult family home shall review the comprehensive disaster preparedness plan annually, update the plan as needed, and train all employees when they begin work in the adult family home on the comprehensive disaster preparedness plan and related staff procedures.

(b) At a minimum, the comprehensive disaster preparedness plan must address the following items during any disaster or emergency:

(i) A plan for timely communications with the residents' emergency contacts, as appropriate;

(ii) A plan for timely communications with state agencies, local public health jurisdictions, first responders, long-term care ombuds, developmental disabilities ombuds, and the agency responsible for the protection and advocacy system for individuals with mental illness;

(iii) Descriptions of on-duty employees' responsibilities;

(iv) Provisions for contacting and requesting emergency assistance;

(v) Provisions for meeting residents' essential needs, including food, water, and medications; and

(vi) Procedures to allow the adult family home to:

(A) Identify each resident who is evacuated or transferred from the adult family home;

(B) Identify each resident's immediate location if no longer at the adult family home; and
(C) Provide aggregate emergency information to others as appropriate to provide for each resident's health or safety. The aggregate information must include each resident's name, immediate location, and critical health care information, as well as contact information for each resident's emergency contact.

(12) Adult family homes shall have clean, functioning, and safe household items and furnishings.

(10) Adult family homes shall provide a nutritious and balanced diet and shall recognize residents' needs for special diets.

(11) Adult family homes shall establish health care procedures for the care of residents including medication administration and emergency medical care.

(a) Adult family home residents shall be permitted to self-administer medications.

(b) Adult family home providers may administer medications and deliver special care only to the extent authorized by law.

(12) Adult family home providers shall either: (a) Reside at the adult family home; or (b) employ or otherwise contract with a qualified resident manager to reside at the adult family home. The department may exempt, for good cause, a provider from the requirements of this subsection by rule.

(13) A provider will ensure that any volunteer, student, employee, or person residing within the adult family home who will have unsupervised access to any resident shall not have been convicted of a crime listed under RCW 43.43.830 or 43.43.842, or been found to have abused, neglected, exploited, or abandoned a minor or vulnerable adult as specified in RCW 74.39A.056(2). A provider may conditionally employ a person pending the completion of a criminal conviction background inquiry, but may not allow the person to have unsupervised access to any resident.

(14) A provider shall offer activities to residents under care as defined by the department in rule.

(15) An adult family home must be financially solvent, and upon request for good cause, shall provide the department with detailed information about the home's finances. Financial records of the adult family home may be examined when the department has good cause to believe that a financial obligation related to resident care or services will not be met.

(16) An adult family home provider must ensure that staff are competent and receive necessary training to perform...
assigned tasks. Staff must satisfactorily complete department-approved staff orientation, basic training, and continuing education as specified by the department by rule. The provider shall ensure that a qualified caregiver is on-site whenever a resident is at the adult family home; any exceptions will be specified by the department in rule. Notwithstanding RCW 70.128.230, until orientation and basic training are successfully completed, a caregiver may not provide hands-on personal care to a resident without on-site supervision by a person who has successfully completed basic training or been exempted from the training pursuant to statute.

((17)) (20) The provider and resident manager must assure that there is:

(a) A mechanism to communicate with the resident in his or her primary language either through a qualified person on-site or readily available at all times, or other reasonable accommodations, such as language lines; and

(b) Staff on-site at all times capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read and understand resident care plans.

NEW SECTION. Sec. 23. A new section is added to chapter 70.128 RCW to read as follows:

The department must require an adult family home that is subject to a stop placement order or limited stop placement order under RCW 70.128.160 to publicly post in a conspicuous place at the adult family home a notice that the department has issued a stop placement order or limited stop placement order for the adult family home, including the date of the stop placement order or limited stop placement order, the conditions placed upon the adult family home's license, and the phone number to contact the department for further information. The notice must remain posted until the department has terminated the stop placement order or limited stop placement order.

NEW SECTION. Sec. 24. A new section is added to chapter 70.129 RCW to read as follows:

The department of social and health services and the department of health, in collaboration with the state office of the long-term care ombuds, shall develop training materials to educate the leadership and staff of local health jurisdictions on the state's
long-term care system. The training materials must provide information to assist local health jurisdiction personnel when establishing and enforcing public health measures in long-term care facilities and nursing homes, including:

(1) All applicable state and federal resident rights, including the due process rights of residents; and

(2) The process for local health jurisdiction personnel to report abuse and neglect in facilities and nursing homes, including during periods when visitation may be limited.

NEW SECTION. Sec. 25. A new section is added to chapter 70.129 RCW to read as follows:

(1) In circumstances in which limitations must be placed on resident visitation due to a public health emergency or other threat to the health and safety of the residents and staff of a facility or nursing home, residents must still be allowed access to an essential support person, subject to reasonable limitations on such access tailored to protecting the health and safety of essential support persons, residents, and staff.

(2) The facility or nursing home must allow private, in-person access to the resident by the essential support person in the resident's room. If the resident resides in a shared room, and the roommate, or the roommate's resident representative, if any, does not consent or the visit cannot be conducted safely in a shared room, then the facility or nursing home shall designate a substitute location in the facility or nursing home for the resident and essential support person to visit.

(3) The facility or nursing home shall develop and implement reasonable conditions on access by an essential support person tailored to protecting the health and safety of the essential support person, residents, and staff, based upon the particular public health emergency or other health or safety threat.

(4) The facility or nursing home may temporarily suspend an individual's designation as an essential support person for failure to comply with these requirements or reasonable conditions developed and implemented by the facility or nursing home that are tailored to protecting that health and safety of the essential support person, residents, and staff, based upon the particular public health emergency or other health or safety threat. Prior to a temporary suspension, the facility or nursing home, the essential support
person, and the resident should attempt to resolve the concerns. The suspension shall last no longer than 48 hours during which time the facility or nursing home must contact the department for guidance and must provide the essential support person the contact information for the long-term care ombuds program, and, as appropriate, the contact information for the developmental disabilities ombuds, the agency responsible for the protection and advocacy system for individuals with developmental disabilities, and the agency responsible for the protection and advocacy system for individuals with mental illness.

(5) For the purposes of this section, "essential support person" means an individual who is:

(a) At least 18 years of age;

(b) Designated by the resident, or by the resident's representative, if the resident is determined to be incapacitated or otherwise legally incapacitated; and

(c) Necessary for the resident's emotional, mental, or physical well-being during situations that include, but are not limited to, circumstances involving compassionate care or end-of-life care, circumstances where visitation from a familiar person will assist with important continuity of care or the reduction of confusion and anxiety for residents with cognitive impairments, or other circumstances where the presence of an essential support person will prevent or reduce significant emotional distress to the resident.

Sec. 26. RCW 70.129.010 and 2020 c 278 s 13 are each reenacted and amended to read as follows:

Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Chemical restraint" means a psychopharmacologic drug that is used for discipline or convenience and not required to treat the resident's medical symptoms.

(2) "Department" means the department of state government responsible for licensing the provider in question.

(3) "Facility" means a long-term care facility.

(4) "Long-term care facility" means a facility that is licensed or required to be licensed under chapter 18.20, 70.97, 72.36, or 70.128 RCW.

(5) "Physical restraint" means a manual method, obstacle, or physical or mechanical device, material, or equipment attached or adjacent to the resident's body that restricts freedom of movement or
access to his or her body, is used for discipline or convenience, and not required to treat the resident's medical symptoms.

(6) "Reasonable accommodation" by a facility to the needs of a prospective or current resident has the meaning given to this term under the federal Americans with disabilities act of 1990, 42 U.S.C. Sec. 12101 et seq. and other applicable federal or state antidiscrimination laws and regulations.

(7) ("Representative" means a person appointed under RCW 7.70.065.

(8)) "Resident" means the individual receiving services in a long-term care facility, that resident's attorney-in-fact, guardian, or other (representative) representative acting within the scope of their authority.

(8) "Resident representative" means:

(a)(i) A court-appointed guardian or conservator of a resident, if any;

(ii) An individual otherwise authorized by state or federal law including, but not limited to, agents under power of attorney, representative payees, and other fiduciaries, to act on behalf of the resident in order to support the resident in decision making; access medical, social, or other personal information of the resident; manage financial matters; or receive notifications; or

(iii) If there is no individual who meets the criteria under (a)(i) or (ii) of this subsection, an individual chosen by the resident to act on behalf of the resident in order to support the resident in decision making; access medical, social, or other personal information of the resident; manage financial matters; or receive notifications.

(b) The term "resident representative" does not include any individual described in (a) of this subsection who is affiliated with any long-term care facility or nursing home where the resident resides, or its licensee or management company, unless the affiliated individual is a family member of the resident.

Sec. 27. RCW 70.129.020 and 1994 c 214 s 3 are each amended to read as follows:

The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. A facility must protect and
promote the rights of each resident and assist the resident which include:

(1) The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States and the state of Washington.

(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights.

(3) In the case of a resident adjudged incompetent by a court of competent jurisdiction, the rights of the resident are exercised by the person appointed to act on the resident's behalf.

(4) In the case of a resident who has not been adjudged incompetent by a court of competent jurisdiction, a resident representative may exercise the resident's rights to the extent provided by law.

Sec. 28. RCW 70.129.030 and 2013 c 23 s 184 are each amended to read as follows:

(1) The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The notification must be made prior to or upon admission. Receipt of the information must be acknowledged in writing.

(2) The resident to the extent provided by law or ((his or her legal)) resident representative to the extent provided by law, has the right:

(a) Upon an oral or written request, to access all records pertaining to himself or herself including clinical records within twenty-four hours; and

(b) After receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or portions of them upon request and two working days' advance notice to the facility.

(3) The facility shall only admit or retain individuals whose needs it can safely and appropriately serve in the facility with appropriate available staff and through the provision of reasonable accommodations required by state or federal law. Except in cases of genuine emergency, the facility shall not admit an individual before obtaining a thorough assessment of the resident's needs and
preferences. The assessment shall contain, unless unavailable despite
the best efforts of the facility, the resident applicant, and other
interested parties, the following minimum information: Recent medical
history; necessary and contraindicated medications; a licensed
medical or other health professional's diagnosis, unless the
individual objects for religious reasons; significant known behaviors
or symptoms that may cause concern or require special care; mental
illness, except where protected by confidentiality laws; level of
personal care needs; activities and service preferences; and
preferences regarding other issues important to the resident
applicant, such as food and daily routine.

(4) The facility must inform each resident in writing in a
language the resident or (his or her) resident representative
understands before admission, and at least once every twenty-four
months thereafter of: (a) Services, items, and activities customarily
available in the facility or arranged for by the facility as
permitted by the facility's license; (b) charges for those services,
items, and activities including charges for services, items, and
activities not covered by the facility's per diem rate or applicable
public benefit programs; and (c) the rules of facility operations
required under RCW 70.129.140(2). Each resident and (his or her)
resident representative must be informed in writing in advance of
changes in the availability or the charges for services, items, or
activities, or of changes in the facility's rules. Except in
emergencies, thirty days' advance notice must be given prior to the
change. However, for facilities licensed for six or fewer residents,
if there has been a substantial and continuing change in the
resident's condition necessitating substantially greater or lesser
services, items, or activities, then the charges for those services,
items, or activities may be changed upon fourteen days' advance
written notice.

(5) The facility must furnish a written description of residents
rights that includes:
(a) A description of the manner of protecting personal funds,
under RCW 70.129.040;
(b) A posting of names, addresses, and telephone numbers of the
state survey and certification agency, the state licensure office,
the state ombuds program, and the protection and advocacy systems;
and
(c) A statement that the resident may file a complaint with the appropriate state licensing agency concerning alleged resident abuse, neglect, and misappropriation of resident property in the facility.

(6) Notification of changes.

(a) A facility must immediately consult with the resident's physician, and if known, make reasonable efforts to notify the resident representative (or an interested family member) to the extent provided by law when there is:

(i) An accident involving the resident which requires or has the potential for requiring physician intervention;

(ii) A significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications).

(b) The facility must promptly notify the resident or resident representative (shall make reasonable efforts to notify an interested family member, if known) when there is:

(i) A change in room or roommate assignment; or

(ii) A decision to transfer or discharge the resident from the facility.

(c) The facility must record and update the address, phone number, and any other contact information of the resident representative (or interested family member), upon receipt of notice from them.

Sec. 29. RCW 70.129.040 and 2011 1st sp.s. c 3 s 301 are each amended to read as follows:

(1) The resident has the right to manage his or her financial affairs, and the facility may not require residents to deposit their personal funds with the facility.

(2) Upon written authorization of a resident, if the facility agrees to manage the resident's personal funds, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility as specified in this section.

(a) The facility must deposit a resident's personal funds in excess of one hundred dollars in an interest-bearing account or accounts that is separate from any of the facility's operating accounts, and that credits all interest earned on residents' funds to that account. In pooled accounts, there must be a separate accounting for each resident's share.
(b) The facility must maintain a resident's personal funds that do not exceed one hundred dollars in a noninterest-bearing account, interest-bearing account, or petty cash fund.

(3) The facility must establish and maintain a system that assures a full and complete and separate accounting of each resident's personal funds entrusted to the facility on the resident's behalf.

(a) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.

(b) The individual financial record must be available on request to the resident, or ((his or her legal)) resident representative to the extent provided by law.

(4) Upon the death of a resident with personal funds deposited with the facility, the facility must convey within thirty days the resident's funds, and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate; but in the case of a resident who received long-term care services paid for by the state, the funds and accounting shall be sent to the state of Washington, department of social and health services, office of financial recovery. The department shall establish a release procedure for use for burial expenses.

(5) If any funds in excess of one hundred dollars are paid to an adult family home by the resident or ((a)) resident representative ((of the resident)), as a security deposit for performance of the resident's obligations, or as prepayment of charges beyond the first month's residency, the funds shall be deposited by the adult family home in an interest-bearing account that is separate from any of the home's operating accounts, and that credits all interest earned on the resident's funds to that account. In pooled accounts, there must be a separate accounting for each resident's share. The account or accounts shall be in a financial institution as defined by RCW (30.22.041) 30A.22.041, and the resident shall be notified in writing of the name, address, and location of the depository. The adult family home may not commingle resident funds from these accounts with the adult family home's funds or with the funds of any person other than another resident. The individual resident's account record shall be available upon request by the resident or ((the resident's)) resident representative to the extent provided by law.
The adult family home shall provide the resident or (the resident's) resident representative full disclosure in writing, prior to the receipt of any funds for a deposit, security, prepaid charges, or any other fees or charges, specifying what the funds are paid for and the basis for retaining any portion of the funds if the resident dies, is hospitalized, or is transferred or discharged from the adult family home. The disclosure must be in a language that the resident or (the resident's) resident representative understands, and be acknowledged in writing by the resident or (the resident's) resident representative. The adult family home shall retain a copy of the disclosure and the acknowledgment. The adult family home may not retain funds for reasonable wear and tear by the resident or for any basis that would violate RCW 70.129.150.

Funds paid by the resident or (the resident's) resident representative to the adult family home, which the adult family home in turn pays to a placement agency or person, shall be governed by the disclosure requirements of this section. If the resident then dies, is hospitalized, or is transferred or discharged from the adult family home, and is entitled to any refund of funds under this section or RCW 70.129.150, the adult family home shall refund the funds to the resident or (the resident's) resident representative to the extent provided by law, within thirty days of the resident leaving the adult family home, and may not require the resident to obtain the refund from the placement agency or person.

If, during the stay of the resident, the status of the adult family home licensee or ownership is changed or transferred to another, any funds in the resident's accounts affected by the change or transfer shall simultaneously be deposited in an equivalent account or accounts by the successor or new licensee or owner, who shall promptly notify the resident or (the resident's) resident representative to the extent provided by law, in writing of the name, address, and location of the new depository.

Because it is a matter of great public importance to protect residents who need long-term care from deceptive disclosures and unfair retention of deposits, fees, or prepaid charges by adult family homes, a violation of this section or RCW 70.129.150 shall be construed for purposes of the consumer protection act, chapter 19.86 RCW, to constitute an unfair or deceptive act or practice or an unfair method of competition in the conduct of trade or commerce. The resident's claim to any funds paid under this section shall be prior
to that of any creditor of the adult family home, its owner, or licensee, even if such funds are commingled.

Sec. 30. RCW 70.129.080 and 1994 c 214 s 9 are each amended to read as follows:

The resident has the right to privacy in communications, including the right to:
(1) Send and promptly receive mail that is unopened;
(2) Have access to stationery, postage, and writing implements at the resident's own expense; and
(3) Have reasonable access within a reasonable time to the use of a telephone and other communication equipment where calls can be made without being overheard.

Sec. 31. RCW 70.129.090 and 2013 c 23 s 185 are each amended to read as follows:

(1) The resident has the right and the facility must not interfere with access to any resident by the following:
   (a) Any representative of the state;
   (b) The resident's individual physician;
   (c) The state long-term care ombuds as established under chapter 43.190 RCW;
   (d) The agency responsible for the protection and advocacy system for individuals with developmental disabilities as established under part C of the developmental disabilities assistance and bill of rights act;
   (e) The agency responsible for the protection and advocacy system for individuals with mental illness as established under the protection and advocacy for mentally ill individuals act;
   (f) Subject to reasonable restrictions to protect the rights of others and to the resident's right to deny or withdraw consent at any time, resident representative, immediate family or other relatives of the resident, and others who are visiting with the consent of the resident;
   (g) The agency responsible for the protection and advocacy system for individuals with disabilities as established under section 509 of the rehabilitation act of 1973, as amended, who are not served under the mandates of existing protection and advocacy systems created under federal law.
(2) The facility must provide reasonable access to a resident by 
((his or her)) the resident representative or an entity or individual 
that provides health, social, legal, or other services to the 
resident, subject to the resident's right to deny or withdraw consent 
at any time.

(3) The facility must allow representatives of the state ombuds 
to examine a resident's clinical records with the permission of the 
resident or ((the resident's legal)) resident representative to the 
extent provided by law, and consistent with state and federal law.

Sec. 32. RCW 70.129.110 and 2013 c 23 s 186 are each amended to 
read as follows:

(1) The facility must permit each resident to remain in the 
facility, and not transfer or discharge the resident from the 
facility unless:

(a) The transfer or discharge is necessary for the resident's 
welfare and the resident's needs cannot be met in the facility;
(b) The safety of individuals in the facility is endangered;
(c) The health of individuals in the facility would otherwise be 
dangered;
(d) The resident has failed to make the required payment for his 
or her stay; or
(e) The facility ceases to operate.

(2) All long-term care facilities shall fully disclose to 
potential residents or ((their legal)) resident representatives the 
service capabilities of the facility prior to admission to the 
facility. If the care needs of the applicant who is medicaid eligible 
are in excess of the facility's service capabilities, the department 
shall identify other care settings or residential care options 
consistent with federal law.

(3) Before a long-term care facility transfers or discharges a 
resident, the facility must:

(a) First attempt through reasonable accommodations to avoid the 
transfer or discharge, unless agreed to by the resident;
(b) Notify the resident and resident representative ((and make a 
reasonable effort to notify, if known, an interested family member)) 
of the transfer or discharge and the reasons for the move in writing 
and in a language and manner they understand;
(c) Record the reasons in the resident's record; and
(d) Include in the notice the items described in subsection (5) of this section.

(4)(a) Except when specified in this subsection, the notice of transfer or discharge required under subsection (3) of this section must be made by the facility at least thirty days before the resident is transferred or discharged.

(b) Notice may be made as soon as practicable before transfer or discharge when:
   (i) The safety of individuals in the facility would be endangered;
   (ii) The health of individuals in the facility would be endangered;
   (iii) An immediate transfer or discharge is required by the resident's urgent medical needs; or
   (iv) A resident has not resided in the facility for thirty days.

(5) The written notice specified in subsection (3) of this section must include the following:
   (a) The reason for transfer or discharge;
   (b) The effective date of transfer or discharge;
   (c) The location to which the resident is transferred or discharged;
   (d) The name, address, and telephone number of the state long-term care ombuds;
   (e) For residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under part C of the developmental disabilities assistance and bill of rights act; and
   (f) For residents with mental illness, the mailing address and telephone number of the agency responsible for the protection and advocacy for mentally ill individuals act.

(6) A facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

(7) A resident discharged in violation of this section has the right to be readmitted immediately upon the first availability of a gender-appropriate bed in the facility.
Sec. 33. RCW 70.129.150 and 1997 c 392 s 206 are each amended to read as follows:

(1) Prior to admission, all long-term care facilities or nursing facilities licensed under chapter 18.51 RCW that require payment of an admissions fee, deposit, or a minimum stay fee, by or on behalf of a person seeking admission to the long-term care facility or nursing facility, shall provide the resident, or (his or her) resident representative, full disclosure in writing in a language the resident or (his or her) resident representative understands, a statement of the amount of any admissions fees, deposits, prepaid charges, or minimum stay fees. The facility shall also disclose to the person, or (his or her) resident representative, the facility's advance notice or transfer requirements, prior to admission. In addition, the long-term care facility or nursing facility shall also fully disclose in writing prior to admission what portion of the deposits, admissions fees, prepaid charges, or minimum stay fees will be refunded to the resident or (his or her) resident representative to the extent provided by law, if the resident leaves the long-term care facility or nursing facility. Receipt of the disclosures required under this subsection must be acknowledged in writing. If the facility does not provide these disclosures, the deposits, admissions fees, prepaid charges, or minimum stay fees may not be kept by the facility. If a resident dies or is hospitalized or is transferred to another facility for more appropriate care and does not return to the original facility, the facility shall refund any deposit or charges already paid less the facility's per diem rate for the days the resident actually resided or reserved or retained a bed in the facility notwithstanding any minimum stay policy or discharge notice requirements, except that the facility may retain an additional amount to cover its reasonable, actual expenses incurred as a result of a private-pay resident's move, not to exceed five days' per diem charges, unless the resident has given advance notice in compliance with the admission agreement. All long-term care facilities or nursing facilities covered under this section are required to refund any and all refunds due the resident or (his or her) resident representative to the extent provided by law, within thirty days from the resident's date of discharge from the facility. Nothing in this section applies to provisions in contracts negotiated between a nursing facility or long-term care facility and a certified health
plan, health or disability insurer, health maintenance organization, managed care organization, or similar entities.

(2) Where a long-term care facility or nursing facility requires the execution of an admission contract by or on behalf of an individual seeking admission to the facility, the terms of the contract shall be consistent with the requirements of this section, and the terms of an admission contract by a long-term care facility shall be consistent with the requirements of this chapter.

Sec. 34. RCW 70.129.180 and 2009 c 489 s 1 are each amended to read as follows:

(1) A long-term care facility must fully disclose to residents the facility's policy on accepting medicaid as a payment source. The policy shall clearly state the circumstances under which the facility provides care for medicaid eligible residents and for residents who may later become eligible for medicaid.

(2) The policy under this section must be provided to residents orally and in writing prior to admission, in a language that the resident or (the resident's) resident representative understands. The written policy must be in type font no smaller than fourteen point and written on a page that is separate from other documents. The policy must be signed and dated by the resident or (the resident's) resident representative to the extent provided by law, if the resident lacks capacity. The facility must retain a copy of the disclosure. Current residents must receive a copy of the policy consistent with this section by July 26, 2009.

--- END ---