

# Chapter 388-112 WAC

## RESIDENTIAL LONG-TERM CARE SERVICES

### WAC

#### TRAINING

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- 388-112-0025 Is competency testing required for orientation? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0025, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0030 Is there a challenge test for orientation? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0030, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0040 Who is required to complete orientation, and when must it be completed? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0040, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0050 Is there an alternative to the basic training for some health care workers? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0050, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0060 Is competency testing required for basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0060, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0060, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0065 Is there a challenge test for basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0065, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0080 What is modified basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0080, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0085 What knowledge and skills must be included in modified basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0085, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0090 Is competency testing required for modified basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0090, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0090, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0095 Is there a challenge test for modified basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0095, filed 7/11/02, effective 8/11/02.]

- tive 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0100 What documentation is required for successful completion of modified basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0100, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0105 Who may take modified basic training instead of the full basic training? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0105, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-01965 Who is required to complete the specialized diabetes nurse delegation training, and when? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-01965, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0215 Is competency testing required for continuing education? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0215, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0220 May basic or modified basic training be completed a second time and used to meet the continuing education requirement? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0220, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0230 May nurse delegation core training be used to meet continuing education requirements? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0230, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0245 Who is required to complete continuing education training, and when? [Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0245, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0245, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-02610 What is HIV/AIDS training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-02610, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-02615 Is competency testing required for HIV/AIDS training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-02615, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-02620 Is there a challenge test for HIV/AIDS training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-02620, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-02625 What documentation is required for completion of HIV/AIDS training? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-02625, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-02630 Who is required to complete HIV/AIDS training, and when? [Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-02630, filed 1/14/09, effective 2/14/09.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0340 Do homes need department approval to provide continuing education for their staff? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0340, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0350 What trainings must be taught by an instructor who meets the applicable minimum qualifications under this chapter? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0350, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.
- 388-112-0375 What are the minimum general qualifications for an instructor teaching a DSHS curriculum or DSHS-approved alternate curriculum as defined under chapter 388-112 WAC? [Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0375, filed 7/11/02, effective 8/11/02.] Repealed by WSR 13-02-023, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 74.09.520.

## TRAINING

### SECTION I—PURPOSE AND DEFINITIONS

**WAC 388-112-0001 What are the purposes of this chapter?** The purposes of this chapter are to describe the following:

- (1) Training and certification requirements that apply to adult family homes and assisted living facilities on or before January 6, 2012; and
- (2) Training and certification requirements that apply to adult family homes and assisted living facilities on or after January 7, 2012.
- (3) Curriculums and instructor requirements.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0001, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0001, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0002 To whom do the training requirements apply?** The training requirements under this chapter apply to:

- (1) Adult family home providers, applicants, resident managers, entity representatives, long-term care workers, and volunteers; and
- (2) Assisted living facility administrators, designees, long-term care workers, and volunteers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0002, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0003 What are the training and certification requirements for volunteers and long-term care workers in adult family homes and assisted living facilities, adult family home providers, assisted living facility administrators and adult family home applicants?** (1) The following charts provides a summary of the training and certification requirements. The remainder of the rules under this chapter contain a more detailed description of the requirements.

Who	Status	Facility Orientation	Safety/ Orientation training	Basic/ Population Specific training	Specialty training	Continuing education	Certification HCA-C
(1) Adult family home resident manager, or long-term care worker in adult family home / assisted living facility.	(a) An RN, LPN, NA-C or allied health care professionals listed in WAC 388-112-0076	Required per WAC 388-112-0015(1)	Not required	Not required	Required per WAC 388-112-0110	Required twelve hours per WAC 388-112-0205	Not required
	(b) A long term care worker who was employed on January 6, 2012 or was previously employed sometime between 1/1/2011 and 1/6/2012 and has completed the basic training requirements in effect on his or her hire date. WAC 388-112-0076	Required per WAC 388-112-0015(1)	Not required	Not required	Required per WAC 388-112-0110	Required twelve hours per WAC 388-112-0205	Not required
	(c) Employed in an adult family home or assisted living facility and does not meet criteria in (1) or (2) of this table. Meets definition of long term care worker in WAC 388-112-0005.	Not required	Required. Five hours per WAC 388-112-0015(2); and 388-112-0018	Required. Seventy hours per WAC 388-112-0045 and 388-112-0066	Required per WAC 388-112-0110	Required. Twelve hours per WAC 388-112-0205	Required per WAC 388-112-0106
(2) Adult family home provider	A person who has an adult family home license and does not meet criteria in (a), (b) or (c). This requirement applies to an entity representative of a licensed entity. WAC 388-76-1000.	Not required	Completed prior to licensing	Completed prior to licensing	Completed prior to licensing	Required. Twelve hours per WAC 388-112-0205	Completed prior to licensing
(3) Assisted living facility administrator	A qualified assisted living facility administrator or designee who does not meet criteria in (a), (b) or (c) of this table.	Not required	Required. Five hours per WAC 388-112-0015(2); and 388-112-0018	Required. Seventy hours per WAC 388-112-0045 and 388-112-0066	Required per WAC 388-112-0110	Required. Twelve hours per WAC 388-112-0205	Required per WAC 388-112-0106
(4) Volunteer staff in adult family home or assisted living facility	An unpaid person	Required per WAC 388-112-0015(1)	Not required	Not required	Not required	Not required	Not required

(2) Summary of the training and certification requirements for adult family home applicants prior to licensure, and resident managers prior to assuming the duties of the position.

Who	Status	Orientation and Safety training	Basic/Population Specific training	Specialty training	Continuing education	Certification HCA-C
(1) Adult family home applicant	(a) An RN, LPN, ARNP, NA-C, and other allied health professionals as listed in WAC 388-112-0076	Not required	Not required	Required per WAC 388-112-0110	Not required during application process	Not required
	(b) A long-term care worker employed on January 6, 2012 or was previously employed sometime between 1/1/2011 and 1/6/2012 and has completed the basic training requirements in effect on the date of his or her hire. WAC 388-112-0076	Not required	Not required	Required per WAC 388-112-0110	Not required during application process	Not required
	(c) Seeking a license to operate an adult family home and is not exempt under (a) or (b) of this table. WAC 388-112-0002	Required. Five hours per WAC 388-112-0018	Required. Seventy hours per WAC 388-112-0045 and 388-112-0066	Required per WAC 388-112-0110	Not required during application process	Required per WAC 388-112-0106
(2) Adult family home resident manager	Employed or designated by the provider to manage an adult family home and is not exempt under (a) or (b) of this table. WAC 388-112-0002.	Required. Five hours per WAC 388-112-0018	Required. Seventy hours per WAC 388-112-0045 and 388-112-0066	Required per WAC 388-112-0110	Required. Twelve hours per WAC 388-112-0205	Required per WAC 388-112-0106

Note: Other trainings that are required under this chapter are not listed in tables above. They are:

- First aid and CPR (WAC 388-112-0260)
- Nurse delegation (WAC 388-112-0170 and 388-112-0196);
- Adult family home administrator training (WAC 388-112-0270).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0003, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0004 What action(s) may the department take for provider noncompliance with the requirements of this chapter?** (1) If a provider knowingly employs an individual who has not satisfied the training or certification requirements under this chapter, the department shall take one or more of the enforcement actions under:

(a) RCW 18.20.190(2), for assisted living facility providers; or

(b) RCW 70.128.160(2), for adult family home providers.

(2) Except as required under subsection (1), if a provider fails to comply with any requirements under this chapter, the department may take one or more of the enforcement actions under:

(a) RCW 18.20.190(2), for assisted living facility providers; or

(b) RCW 70.128.160(2), for adult family home providers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0004, filed 12/20/12, effective 1/20/13.]

(12/20/12)

**WAC 388-112-0005 What definitions apply to this chapter?** "Activities of daily living," in the context of this chapter, means self-care abilities related to personal care such as bathing, eating, using the toilet, dressing, and transfer. Instrumental activities of daily living may also be used to assess a person's functional abilities in the home and the community such as cooking, shopping, house cleaning, doing laundry, working, and managing personal finances.

"Applicant," for the purposes of this chapter, means:

(1) An individual who is applying for an adult family home license; or

(2) An individual with an ownership interest in a partnership, corporation, or other entity that is applying for an adult family home license.

"Care team" includes the resident and everyone involved in his or her care. The care team can include family, friends, doctors, nurses, long-term care workers, social workers and case managers. The role of the care team is to support the well-being of the resident, however, the resident directs the service plan when able.

"Certified home care aide" means a person who has obtained and maintains a home care aide certification through the department of health.

"Challenge test" means a competency test taken for specialty training without first taking the class for which the test is designed.

"Competency" defines the integrated knowledge, skills, or behavior expected of a long-term care worker after completing the training in a required topic area. Learning objectives are associated with each competency.

[Ch. 388-112 WAC p. 5]

**"Competency testing"** including challenge testing, is evaluating a student to determine if they can demonstrate the required level of skill, knowledge, and/or behavior with respect to the identified learning objectives of a particular course.

**"DDD"** refers to the division of developmental disabilities.

**"Designee"** means a person in assisted living facility who supervises long-term care workers and who is designated by assisted living facility administrator to take the trainings in this chapter required of the assisted living facility administrator. A assisted living facility administrator may have more than one designee.

**"Direct care worker"** means a paid individual who provides direct, personal care services to persons with disabilities or the elderly requiring long-term care.

**"Direct supervision"** means oversight by a person who has demonstrated competency in the basic training (and specialty training if required), or has been exempted from the basic training requirements, is on the premises, and is quickly available to the caregiver.

**"DSHS" or "department"** refers to the department of social and health services.

**"Enhancement"** means additional time provided for skills practice and additional training materials or classroom activities that help a worker to thoroughly learn the course content and skills. Enhancements can include new student materials, videos or DVDs, online materials, and/or additional student activities.

**"Entity representative"** means the individual designated by an adult family home provider who is or will be responsible for the daily operations of an adult family home.

**"Guardian"** means an individual as defined in chapter 11.88 RCW.

**"Home"** refers to adult family homes and assisted living facilities.

**"Indirect supervision"** means oversight by a person who has demonstrated competency in the basic training, or who has been exempted from the basic training requirements, and who is quickly and easily available to the long-term care worker, but not necessarily on-site.

**"Learning objectives"** are measurable, written statements that clearly describe what a long-term care worker must minimally learn to meet each competency. Learning objectives are identified for each competency. Learning objectives provide consistent, common language and a framework for curriculum designers, the curriculum approval process, and testing.

**"Long-term care worker"** includes all persons providing paid, personal care services for the elderly or persons with disabilities, including individual providers of home care services, direct care employees of home care agencies, providers of home care services to persons with developmental disabilities under Title 71A RCW, all direct care workers in state-licensed assisted living facilities, adult family homes, respite care providers, community residential service providers, and any other direct care staff providing home or community-based services to the elderly or persons with functional disabilities or developmental disabilities.

The following persons are not long-term care workers:

(1) Persons who are:

(a) Providing personal care services to individuals who are not receiving state-funded services; and

(b) The person is not employed by an agency or facility that is licensed by the state.

(2) Persons employed by:

(a) Nursing homes licensed under chapter 18.51 RCW;

(b) Facilities certified under 42 C.F.R. Part 483;

(c) Residential habilitation centers under chapter 71A.20 RCW;

(d) Hospitals or other acute care settings;

(e) Hospice agencies licensed under chapter 70.127 RCW;

(f) Adult day care centers or adult day health centers.

(3) Persons whose services are exclusively limited to assistance with "instrumental activities of daily living," as that term is defined in WAC 388-106-0010.

**"Personal care services"** means physical or verbal assistance with activities of daily living, or activities of daily living and instrumental activities of daily living which is provided to meet resident's care needs.

**"Provider"** means any person or entity who is licensed by the department to operate an adult family home or assisted living facility, or certified by the department to provide instruction and support services to meet the needs of persons receiving services under Title 71A RCW.

**"Resident"** means a person residing and receiving long-term care services at an assisted living facility or adult family home. As applicable, the term resident also means the resident's legal guardian or other surrogate decision maker.

**"Resident manager"** means a person employed or designated by the provider to manage the adult family home who meets the requirements in WAC 388-76-10000 and this chapter.

**"Routine interaction"** means contact with residents that happens regularly.

**"Training entity"** means an organization, including an independent contractor, who is providing or may provide training under this section using approved curriculum. Training entities may only deliver approved curriculum.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0005, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0005, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0010 When do the training requirements go into effect?** (1) The long-term care worker training requirements described in this chapter went into effect January 7, 2012.

(2) The long-term care worker training requirements that were in effect on or before January 6, 2012 apply to those individuals who:

(a) Were hired on or before January 6, 2012; and

(b) Completed basic training within the required time frames.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0010, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0010, filed 7/11/02, effective 8/11/02.]

## SECTION II—ORIENTATION

**WAC 388-112-0015 What is orientation training, who should complete it, and when should it be completed?** There are two types of orientation training - Facility orientation training and long-term care worker orientation training.

(1) Facility orientation. Individuals who are exempt from certification described in RCW 18.88B.041 and volunteers are required to complete facility orientation training before having routine interaction with residents. This training provides basic introductory information appropriate to the residential care setting and population served. The department does not approve this specific orientation program, materials, or trainers. No test is required for this orientation.

(2) Long-term care worker orientation. Individuals required to complete long-term care worker training must complete long-term care worker, orientation which is two hours of training regarding the long-term care worker's role and the applicable terms of employment as described in WAC 388-112-0016. The following individuals must complete long-term care worker orientation training.

(a) All long-term care workers who are not exempt from certification described in RCW 18.88.041 hired on or after January 7, 2012, must complete two hours of orientation before providing care to residents. This orientation training must be provided by qualified instructors described in WAC 388-112-0383.

(3) The department must approve this long-term care worker orientation curriculums and instructors.

(4) There is no test for this orientation.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0015, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0015, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0016 What content must be included in long-term care worker orientation?** (1) For those individuals identified in WAC 388-112-0015(1) who must complete long-term care worker orientation training:

(a) Long-term care worker orientation may include the use of videotapes, audiotapes, and other media if the person overseeing the orientation is available to answer questions or concerns for the person(s) receiving the orientation. Orientation must include introductory information in the following areas:

- (i) The care setting;
- (ii) The characteristics and special needs of the population served;
- (iii) Fire and life safety, including:
  - (A) Emergency communication (including phone system if one exists);
  - (B) Evacuation planning (including fire alarms and fire extinguishers where they exist);
  - (C) Ways to handle resident injuries and falls or other accidents;
  - (D) Potential risks to residents or staff (for instance, aggressive resident behaviors and how to handle them); and
  - (E) The location of home policies and procedures.
- (iv) Communication skills and information, including:
  - (A) Methods for supporting effective communication among the resident/guardian, staff, and family members;

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(B) Use of verbal and nonverbal communication;  
(C) Review of written communications and/or documentation required for the job, including the resident's service plan;

(D) Expectations about communication with other home staff; and

(E) Whom to contact about problems and concerns.

(v) Universal precautions and infection control, including:

(A) Proper hand washing techniques;

(B) Protection from exposure to blood and other body fluids;

(C) Appropriate disposal of contaminated/hazardous articles;

(D) Reporting exposure to contaminated articles, blood, or other body fluids; and

(E) What staff should do if they are ill.

(vi) Resident rights, including:

(A) The resident's right to confidentiality of information about the resident;

(B) The resident's right to participate in making decisions about the resident's care, and to refuse care;

(C) Staff's duty to protect and promote the rights of each resident, and assist the resident to exercise his or her rights;

(D) How and to whom staff should report any concerns they may have about a resident's decision concerning the resident's care;

(E) Staff's duty to report any suspected abuse, abandonment, neglect, or exploitation of a resident;

(F) Advocates that are available to help residents (LTC ombudsmen, organizations); and

(G) Complaint lines, hot lines, and resident grievance procedures.

(vii) In adult family homes, safe food handling information must be provided to all staff, prior to handling food for residents.

(2) For long-term care worker orientation required of those individuals identified in WAC 388-112-0015(2):

(a) Long-term care worker orientation is a two hour training that must include introductory information in the following areas:

(i) The care setting and the characteristics and special needs of the population served;

(ii) Basic job responsibilities and performance expectations;

(iii) The care plan, including what it is and how to use it;

(iv) The care team;

(v) Process, policies, and procedures for observation, documentation and reporting;

(vi) Resident rights protected by law, including the right to confidentiality and the right to participate in care decisions or to refuse care and how the long-term care worker will protect and promote these rights;

(vii) Mandatory reporter law and worker responsibilities; and

(viii) Communication methods and techniques that can be used while working with a resident or guardian and other care team members.

One hour of completed classroom instruction or other form of training (such as a video or on line course) equals one

hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0016, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0018 What is safety training, who must complete it and when should it be completed?** (1) Safety training is part of the long-term care worker requirements. It is a three hour training that meets the requirements of WAC 388-112-0019 and includes basic safety precautions, emergency procedures, and infection control.

(2) The following individuals must complete safety training:

(a) All long-term care workers who are not exempt from certification described in RCW 18.88.041, hired after January 7, 2012, must complete three hours of safety training. This safety training must be provided by qualified instructors described in WAC 388-112-0383.

(3) The department must approve safety training curriculums and instructors.

(4) There is no test for safety training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0018, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0019 What content must be included in safety training?** Safety training consists of introductory information in the following areas:

(1) Safety planning and accident prevention, including but not limited to:

- (a) Proper body mechanics;
- (b) Fall prevention;
- (c) Fire safety;
- (d) In home hazards;
- (e) Long-term care worker safety; and
- (f) Emergency and disaster preparedness.

(2) Standard precautions and infection control, including but not limited to:

- (a) Proper hand washing;
- (b) When to wear gloves and how to correctly put them on and take them off;
- (c) Basic methods to stop the spread of infection;
- (d) Protection from exposure to blood and other body fluids;
- (e) Appropriate disposal of contaminated/hazardous articles;
- (f) Reporting exposure to contaminated articles; and
- (g) What to do when the worker or the resident is sick or injured, including whom to report this to.

(3) Basic emergency procedures, including but not limited to:

- (a) Evacuation preparedness;
- (b) When and where to call for help in an emergency;
- (c) What to do when a resident is falling or falls;
- (d) Location of any advance directives if available; and
- (e) Basic fire emergency procedures.

One hour of completed classroom instruction or other form of training (such as video or on line course) equals one hour of training. The training entity must establish a way for the long-term care worker to ask the instructor questions. In adult family homes, safe food handling information must be provided to all staff, prior to handling food for residents.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0019, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0035 What documentation is required for facility orientation training?** The adult family home or assisted living facility must maintain documentation that facility orientation training has been completed as required by this chapter. The training and documentation must be issued by the home or service provider familiar with the facility, and must include:

- (1) The name of the student;
- (2) The title of the training;
- (3) The number of hours of the training;
- (4) The signature of the instructor providing facility orientation training;
- (5) The student's date of hire;
- (6) The date(s) of facility orientation;
- (7) The documentation required under this section must be kept in a manner consistent with WAC 388-76-10198 (for adult family homes) and WAC 388-78A-2450 (for assisted living facilities).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0035, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0035, filed 7/11/02, effective 8/11/02.]

### SECTION III—BASIC TRAINING

**WAC 388-112-0045 What is basic training?** (1) Basic training is in addition to orientation and safety training and is a training of seventy hours which includes:

(a) The core competencies and skills that long-term care workers need in order to provide personal care services effectively and safely;

(b) Practice and demonstration of skills;

(c) Population specific competencies.

(2) DSHS must approve basic training curriculums.

(3) Effective July 1, 2012, no more than twelve of the seventy hours may be applied for on-the-job training;

(4) The DSHS developed revised fundamentals of caregiving (RFOC) or another department approved training may be used to teach basic training but it must include enhancements. Examples of enhancements include, but are not limited to:

(a) More time for workers to practice skills including:

(i) The mechanics of completing the skill correctly.

(ii) Resident centered communication and problem solving associated with performing the skill.

(iii) The different levels of care required for each skill (independent, supervision, limited, extensive, total).

(iv) Working with assistive devices associated with a skill.

(v) Helpful tips or best practices in working through common resident challenges associated with a skill.

(vi) Disease specific concerns or challenges associated with a skill. In most of these examples, additional student materials would be required to ensure the skill enhancements are well planned and documented for students. Materials must be submitted for approval and approved per WAC 388-112-0325.



(b) Augmenting or adding additional materials, student activities, videos or guest speakers that:

(i) More deeply reinforce and fortify the learning outcomes required for basic training.

(ii) Ensure each student integrates and retains the knowledge and skills needed to provide quality basic personal care.

(iii) Prepares workers for the certification testing environment and process.

(c) Enhancements are NOT materials and/or activities that:

(i) Are out of the scope of practice for a long-term care worker such as content clearly written for registered nurses.

(ii) Are identical to, or a direct replacement of, those already included in RFOC.

(iii) Fail to reinforce Washington state laws associated with resident rights and resident directed care.

(iv) Long-term care workers are not paid to provide.

(v) Are written above a high school reading level.

(5) One hour of completed classroom instruction or other form of training (such as a video or online course) equals one hour of training.

(6) The long-term care worker must be able to ask the instructor questions during the training.

(7) There is no challenge test for basic training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0045, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0045, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0053 What topics must be taught in the core competencies of basic training for long-term care workers?** Basic training for long-term care workers must include all of the competencies described in WAC 388-112-0055 and must cover the following topics:

- (1) Communication skills;
- (2) Long-term care worker self-care;
- (3) Problem solving;
- (4) Resident rights and maintaining dignity;
- (5) Abuse, abandonment, neglect, financial exploitation and mandatory reporting;
- (6) Resident directed care;
- (7) Cultural sensitivity;
- (8) Body mechanics;
- (9) Fall prevention;
- (10) Skin and body care;
- (11) Long-term care worker roles and boundaries;
- (12) Supporting activities of daily living;
- (13) Food preparation and handling;
- (14) Medication assistance;
- (15) Infection control, blood-borne pathogens, HIV/AIDS; and
- (16) Grief and loss.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0053, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0055 What are the core competencies and learning objectives for long-term care worker basic training?** The core competencies describe the behavior and skills that a long-term care worker must exhibit when working with residents. Learning objectives are associated with each competency.

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(1) Regarding communication, communicate effectively and in a respectful and appropriate manner with residents, family members, and care team members:

(a) Recognize how verbal and nonverbal cues impact communication with the resident and care team;

(b) Engage and respect the resident through verbal and nonverbal communication;

(c) Listen attentively and determine that the resident, when able, understands what has been communicated;

(d) Recognize and acknowledge residents' communication including indicators of pain, confusion, or misunderstanding;

(e) Utilize communication strategies to deal with difficult situations; and

(f) Recognize common barriers to effective communication and identify how to eliminate them.

(2) Regarding long-term care worker self-care:

(a) Identify behaviors, practices and resources to reduce stress and avoid burnout;

(b) Recognize common barriers to self-care and ways to overcome them; and

(c) Recognize aspects of a long-term care worker's job that can lead to stress and burnout, common signs and symptoms of stress and burnout; and the importance of taking action to practice self-care to avoid burnout.

(3) Regarding the competency of effective problem solving, use effective problem solving skills:

(a) Explain why it is necessary to understand and utilize a problem solving method;

(b) Implement a problem solving process/method; and

(c) Identify obstacles to effective problem solving and ways to overcome them.

(4) Regarding the competency of resident rights and dignity, take appropriate action to promote and protect a resident's legal and human rights as protected by federal and Washington state laws, including:

(a) Protect a resident's confidentiality including what is considered confidential information, to whom a long-term care worker is allowed or not allowed to give confidential information, and how to respond if a noncare team member asks for confidential information;

(b) Promote dignity, privacy, encourage and support a resident's maximum independence when providing care;

(c) Maintain a restraint-free environment, including physical, chemical, and environmental restraints. Use common, safe alternatives to restraint use;

(d) Protect and promote the resident's right to live free of abuse, neglect, abandonment, and financial exploitation.

(5) Regarding the competency of abuse and mandatory reporting, recognize the signs of abuse and report suspected abuse, abandonment, neglect, and financial exploitation:

(a) Describe long-term care workers' responsibilities as a mandatory reporter as described in RCW 74.34.020 through 74.34.053; and

(b) Identify common indications of abuse, abandonment, neglect, and financial exploitation.

(6) Regarding the competency of resident directed care, take appropriate action when following a resident's direction regarding his or her care:

(a) Describe a worker's role in resident directed care including determining, understanding, and supporting a resident's choices;

(b) Describe the importance and impact of resident directed care on a resident's independence, self-determination, and quality of life;

(c) Identify effective problem solving strategies that help balance a resident's choice with personal safety; and

(d) Report concerns when a resident refuses care or makes choices that present a possible safety concern.

(7) Regarding the competency of cultural sensitivity, provide culturally appropriate care:

(a) Describe how cultural background, lifestyle practices, and traditions can impact care and use methods to determine and ensure that these are respected and considered when providing care.

(8) Regarding the competency of body mechanics, utilize current best practices and evidence-based methods of proper body mechanics while performing tasks as outlined in the service plan.

(9) Regarding the competency on fall prevention:

(a) Identify fall risk factors and take action to reduce fall risks for a resident; and

(b) Take proper steps to assist a resident who is falling or has fallen.

(10) Regarding the competency of skin and body care, use of personal care practices that promote and maintain skin integrity:

(a) Explain the importance of observing a resident's skin, when to observe it and what to look for including common signs and symptoms of skin breakdown;

(b) Identify risk factors of skin breakdown;

(c) Observe skin at pressure point locations and report any concerns;

(d) Describe what a pressure ulcer is, what it looks like, and what action to take if a resident appears to be developing or develops a pressure ulcer;

(e) Describe current best practices that protect and maintain a resident's skin integrity including position changes when sitting or lying for extended periods, and proper positioning and transfer techniques;

(f) Implement current best practices that promote healthy skin including hygiene, nutrition, hydration, and mobility; and

(g) Identify when to report skin changes and to whom.

(11) Regarding the competency on long-term care worker roles and boundaries, adhere to basic job standards, expectations, and requirements and maintain professional boundaries:

(a) Identify when, how, and why to obtain information from appropriate sources about a resident's condition or disease for which they are receiving services. Describe how to use this information to provide appropriate, individualized care;

(b) Describe a resident's baseline functioning level using information provided in the service plan and explain why it is important to know a resident's baseline;

(c) Identify changes in a resident's physical, mental, and emotional state through observation;

(d) Report changes from baseline and/or concerns to the appropriate care team member(s);

(e) Identify basic job standards and requirements (e.g. coming to work on time) and describe how maintaining these standards are critical to a resident's safety and well-being;

(f) Explain the purpose of a service plan and describe how it is created, used, and modified;

(g) Use a resident's service plan to direct a worker's job tasks and any resident directed care tasks;

(h) Identify what is required of a long-term care worker, as described in WAC 388-112-0195, prior to performing a nurse-delegated task;

(i) Describe the role of a care team and a long-term care worker's role in it;

(j) Describe professional boundaries and the importance of maintaining them; and

(k) Identify signs of unhealthy professional boundaries, barriers to keeping clear professional boundaries, and ways to avoid or eliminate them.

(12) Regarding the competency on supporting activities of daily living, perform required personal care tasks to the level of assistance needed and according to current best practices and evidence-based guidelines:

(a) Demonstrate, in the presence of a qualified instructor, all critical steps required for personal care tasks including but not limited to:

(i) Helping a resident walk;

(ii) Transferring a resident from a bed to a wheelchair;

(iii) Turning and repositioning a resident in bed;

(iv) Providing oral care;

(v) Cleaning and storing dentures;

(vi) Shaving a face;

(vii) Providing fingernail care;

(viii) Providing foot care;

(ix) Providing a bed bath;

(x) Assisting a resident with a weak arm to dress;

(xi) Putting knee-high elastic stockings on a resident;

(xii) Providing passive range of motion for one shoulder;

(xiii) Providing passive range of motion for one knee and ankle;

(xiv) Assisting a resident to eat;

(xv) Assisting with peri-care;

(xvi) Assisting with the use of a bedpan;

(xvii) Assisting with catheter care;

(xviii) Assisting with condom catheter care; and

(xix) Providing medication assistance.

(b) In the process of performing the personal care tasks, use proper body mechanics, listen attentively, speak clearly and respectfully while explaining what the long-term care worker is doing, incorporate resident preferences, maintain privacy and dignity, support the resident's level of ability, and assure their comfort and safety;

(c) Appropriately utilize assistive device(s) specified on the service plan;

(d) Describe any safety concerns related to each task and how to address the concerns;

(e) Demonstrate an understanding of bowel and bladder functioning, including factors that promote healthy bowel and bladder functioning, and the signs, symptoms, and common causes of abnormal bowel and bladder function; and

(f) Identify the importance of knowing a resident's bowel and bladder functioning baseline and when to report changes.

(13) Regarding the competency on food preparation and handling, plan and prepare meals using a basic knowledge of nutrition and hydration, incorporating any diet restrictions or modifications, and prevent food borne illness by preparing and handling food in a safe manner:

(a) Describe how nutrition and hydration can impact a resident's health;

(b) Plan, shop, and prepare meals for a resident according to the guidelines of good nutrition and hydration, incorporating any dietary requirements and restrictions per the service plan and resident preferences;

(c) Describe common signs of poor nutrition and hydration, and when to report concerns and to whom;

(d) Understand that diet modification is required for certain health conditions, including dysphagia, and describe how to identify diet modifications required for a resident;

(e) Recognize when a resident's food choices vary from specifications on the care plan, describe when and to whom to report concerns;

(f) Describe what causes food borne illness, the risks associated with food borne illness and examples of potentially hazardous foods;

(g) Describe appropriate food handling practices, including: avoiding cross contamination from one food to another, safe storage requirements for cooling of leftover foods, including depth, types of containers, and temperatures, the need to maintain food at proper temperatures to limit bacterial growth and what are the safe food storage and holding temperatures for both cold and hot foods, best practices for thawing and reheating food, and using clean gloves (if possible) and clean utensils when preparing food;

(h) Describe the importance and correct procedure for cleaning and disinfecting food contact surfaces; and

(i) Describe why a long-term care worker with certain types of illnesses and/or symptoms must not prepare food.

Long-term care workers who complete a DSHS-approved basic training meet the training requirements for adult family homes in RCW 70.128.250.

(14) Regarding the competency of medication assistance, appropriately assist with medications:

(a) Identify what a long-term care worker is allowed and not allowed to do when assisting with medications as described in chapter 246-888 WAC;

(b) Define terms related to medication assistance including prescription drugs, over the counter medications, and as needed (PRN) medications, medication side effects, and drug interactions;

(c) Identify common symptoms of medication side effects and when and to whom to report concerns;

(d) Store medications according to safe practices and the label instructions;

(e) Describe, in the proper sequence, each of the five rights of medication assistance; and

(f) Identify what to do for medication-related concerns, including describing ways to work with a resident who refuses to take medications, identifying when and to whom to report when a resident refuses medication or there are other medication-related concerns, and identifying what is considered a medication error and when and to whom it must be reported.

(12/20/12)

(15) Regarding the competency of infection control and blood borne pathogens including HIV/AIDS, implement best practices to prevent and control the spread of infections:

(a) Identify commonly occurring infections, ways that infections are spread, and symptoms of infections;

(b) Describe the purpose, benefit and proper implementation of standard precautions in infection control;

(c) Implement current best practices for controlling the spread of infection, including the use of handwashing and gloves;

(d) Demonstrate proper handwashing and putting on and taking off gloves;

(e) Identify immunizations that are recommended for adults to reduce the spread of virus and bacteria;

(f) Describe laundry and housekeeping measures that help in controlling the spread of infection;

(g) Describe proper use of cleaning agents that destroy microorganisms on surfaces;

(h) Describe what BB pathogens are and how they are transmitted;

(i) Identify the major BB pathogens, diseases, and high-risk behaviors for BB diseases;

(j) Identify measures to take to prevent BB diseases;

(k) Describe what to do if exposed to BB pathogens and how to report an exposure;

(l) Describe how HIV works in the body;

(m) Explain that testing and counseling for HIV/AIDS is available;

(n) Describe the common symptoms of HIV/AIDS;

(o) Explain the legal and ethical issues related to HIV including required reporting, confidentiality and nondiscrimination; and

(p) Explain the importance of emotional issues and support for residents and long-term care workers.

Long-term care workers who complete a DSHS-approved basic training meet the four hours of AIDS education as required by the department of health in WAC 246-980-040.

(16) Regarding the competency on grief and loss, support yourself and the resident in the grieving process:

(a) Define grief and loss;

(b) Describe common losses a resident and long-term care worker may experience;

(c) Identify common symptoms associated with grief and loss;

(d) Describe why self-care is important during the grieving process; and

(e) Identify beneficial ways and resources to work through feelings of grief and loss.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0055, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0055, filed 7/11/02, effective 8/11/02.]

#### **WAC 388-112-0062 What is on-the-job training? (1)**

Effective July 1, 2012, on-the-job training is a method of training when the long-term care worker successfully demonstrates any or all of the personal care or infection control skills included in the core basic training while working with a resident versus in a practice training setting.

(2) On-the-job training is provided by a qualified instructor as defined in WAC 388-112-0380 who directly observes, coaches, and reinforces skills training for up to two long-term care workers at a time. The instructor providing the on-the-job training:

(a) Does not have to be the instructor who has taught the core competency training;

(b) Cannot be someone whose primary job duty is providing direct care to residents; or

(c) Cannot be the immediate supervisor of the long-term care worker receiving the on-the-job training.

(3) The person overseeing on-the-job training must:

(a) Submit DSHS required forms and become an approved instructor for the core competency of basic training; and

(b) Verify on a DSHS approved skills checklist the long-term care worker's successful completion of the demonstrated skills.

(4) For the person receiving on-the-job training, the hours spent in on-the-job training may count for up to twelve hours toward the completion of basic training requirements.

(5) The training program shall offer department approved on-the-job training as part of the seventy hour training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0062, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0066 What is the population specific component of basic training?** (1) Population specific basic training is training on topics that are unique to the care needs of the population that the home or provider is serving. Topics can include but are not limited to:

(a) Dementia;

(b) Mental health;

(c) Developmental disabilities;

(d) Young adults with physical disabilities; and

(e) Aging and older adults.

(2) Specialty training per WAC 388-112-0110 may be used to meet the population specific component of basic training if completed within one hundred and twenty days of date of hire.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0066, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0070 What documentation is required to show completion of the seventy hour basic, and five hour orientation and safety training?** (1) Long-term care worker basic training must be documented by a certificate of successful completion of seventy-five hours of training, issued by the instructor or training entity, that includes:

(a) The name of the student;

(b) The name of the training;

(c) The number of hours of the training;

(d) The name of the home or training entity giving the training;

(e) The instructor's name and signature; and

(f) The name and the identification number of the instructor for core competencies, and the home or training entity giving the training; and

(g) The completion date of training.

[Ch. 388-112 WAC p. 12]

(2) The student must be given an original certificate(s) for proof of completion of the training and retain for their records. The provider, and if applicable, the training entity must keep a copy of the certificate as described in WAC 388-76-10198 (for adult family homes) and as described in WAC 388-78A-2450 (for assisted living facilities).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0070, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0070, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0075 Who is required to complete basic training, and when, unless exempt as described in WAC 388-112-0076?** The following individuals must complete basic training requirements:

**Adult family homes**

(1) Adult family home applicants must complete basic training and become certified before the adult family home is licensed.

(2) Adult family home entity representatives and resident managers before assuming the duties of the position in the adult family home.

(3) Long-term care workers in adult family homes within one hundred twenty days of date of hire. Until basic training has been completed, long-term care workers may not provide personal care without direct supervision.

**Assisted living facilities**

(4) Assisted living facility administrators (or their designees), except administrators with a current nursing home administrator license, within one hundred twenty days of date of hire.

(5) Long-term care workers within one hundred twenty days of their date of hire. Until completion of the basic training, long-term care workers may not provide personal care without direct supervision.

(6) For certification requirements for individuals in subsections (2) through (5) refer to WAC 388-112-0106.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0075, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0075, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0076 Which long-term care workers are exempt from the basic training requirement?** The following long-term care workers are exempt from the basic training requirement:

(1) An applicant for an adult family home license on or before January 6, 2012 who met the basic training requirements in effect at the time of application.

(2) A person already employed as a long-term care worker on January 6, 2012, who completed the basic training requirements in effect on the date of his or her hire;

(3) A person employed as a long-term care worker on January 6, 2012, who completes within one hundred twenty days of hire, the basic training requirements in effect on the date of his or her hire;

(4) A person previously employed as a long-term care worker who completed the basic training requirements in effect on the date of his or her hire, and was employed as a long-term care worker at some point between January 1, 2011 and January 6, 2012;

(12/20/12)

(5) Registered nurses, licensed practical nurses, nurse technicians, or advanced registered nurse practitioner under chapter 18.79 RCW;

(6) Nursing assistants-certified under chapter 18.88A RCW;

(7) Certified counselors under chapter 18.19 RCW;

(8) Speech language pathologists or audiologists under chapter 18.35 RCW;

(9) Occupational therapists under chapter 18.59 RCW;

(10) Physical therapists under chapter 18.74 RCW;

(11) A home health aide who is employed by a medicare-certified home health agency and has met the requirements of 42 C.F.R., Part 483.35; and

(12) An individual with special education training and an endorsement granted by the superintendent of public instruction as described in RCW 28A.300.010.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0076, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0078 What other required training may be used to satisfy the population specific component of the basic training?** Homes or providers may use the following DSHS-developed or approved curriculum to meet all or some of the population specific component of basic training depending on the needs of the population served:

- (1) Dementia specialty training;
- (2) Mental health specialty training;
- (3) Developmental disabilities specialty training;
- (4) Young adults with physical disabilities; and
- (5) Aging and older adults.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0078, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0079 What are the requirements for using basic training to meet the specialty training requirements?** When basic training is used to meet the specialty training requirements:

(1) It must include the department developed competencies and learning objectives as described in WAC 388-112-0122, 388-112-0132, or 388-112-0142. Homes or providers may enhance the specialty training component by adding additional competencies, learning objectives, content, or activities. If the department approves the enhancements and an increased number of training hours, the worker's training hours will apply to the seventy hour training requirement.

(2) Long-term care workers must pass a department competency test described in WAC 388-112-0295 to meet the applicable licensing requirements for adult family homes and assisted living facilities for all specialty training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0079, filed 12/20/12, effective 1/20/13.]

## SECTION IV—MODIFIED BASIC TRAINING

**WAC 388-112-0081 What topics may the training on young adults with physical disabilities include?** The training on young adults with physical disabilities may include, but are not limited to, all of the competencies and learning objectives described in WAC 388-112-0083 for the following topics:

- (1) Introduction to physical disabilities;

- (2) Common physical disabilities and ability limitations;
- (3) Supporting residents living with chronic conditions;
- (4) Independent living and resident-directed care; and
- (5) Social connections and sexual needs of adults living with disabilities.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0081, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0083 What are some examples of the competencies and learning objectives for the training on young adults with physical disabilities?** The competencies define the integrated knowledge, skills, or behavior expected of a long-term care worker after completing the training on young adults with physical disabilities. Learning objectives are associated with each competency.

(1) Regarding the competency on young adults with physical disabilities, working effectively with young adults with physical disabilities based upon a basic understanding of disability:

(a) Identify basic information regarding physical disabilities, injuries, and illnesses that are more common in young adults;

(b) Describe the impact of changing and fluctuating abilities;

(c) Identify stereotypes, biases, and misconceptions regarding the perception of young adults with physical disabilities;

(d) Describe how biases, stereotypes, and misconceptions can influence care to young adults with physical disabilities;

(e) Identify and explain the Americans with Disabilities Act and rights for adults with physical disabilities; and

(f) Describe the value of personalizing care and support to the specific resident with a disability.

(2) Regarding the competency on common physical disabilities and ability limitations, providing individualized care based upon a basic understanding of common physical disabilities and their impact on functioning:

(a) Describe common physical disabilities, including paraplegia and quadriplegia, diabetes, multiple sclerosis, and pulmonary disease.

(b) Describe the characteristics and functional limitations of residents with these specific disabilities.

(3) Regarding the competency on supporting residents living with chronic conditions, providing appropriate care by recognizing chronic secondary conditions that impact functioning:

(a) Identify how common chronic medical conditions affect physical disability;

(b) Describe how chronic medical conditions influence and impact care for a young resident with a physical disability;

(c) Describe how to support a resident with a physical disability and multiple chronic conditions; and

(d) Describe how to support the resident's dignity while providing personal care.

(4) Regarding the competency on independent living and resident-directed care, supporting independent living and self-determination for the resident living with a disability:

(a) Define the independent living philosophy and describe what it might look like;

(b) Describe barriers to independent living, including accessibility and attitudes;

(c) Describe ways to support independent living and self-determination with the resident living with a disability;

(d) Describe resident-directed support;

(e) Identify ways to promote resident-directed support; and

(f) Identify resources that promote independence and self-determination for a resident living with a disability.

(5) Regarding the competency of social connections and sexual needs of young adults living with a physical disability, providing optimum support to a resident living with a disability in his or her expression of social and sexual needs:

(a) Describe and explain the importance of full, appropriate, and equal participation of resident's living with a physical disability;

(b) Identify ways to support social connections and activities;

(c) Describe and explain the importance of honoring the resident as a sexual being with diverse sexual needs, desires, and orientation; and

(d) Identify ways to support expression of sexual needs in a respectful, professional, and confidential manner.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0083, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0088 What topics may the training on aging and older adults include?** Training on aging and older adults may include, but are not limited to, all of the competencies and learning objectives described in WAC 388-112-0091 for the following core knowledge and skills:

(1) Introduction to aging;

(2) Age-associated physical changes;

(3) Cultural impacts on aging;

(4) Ageism and supporting resident dignity;

(5) Supporting residents living with a chronic condition;

(6) Dealing with death, grief, and loss; and

(7) Supporting health and wellness.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0088, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0091 What are some examples of competencies and learning objectives for training on aging and older adults?** The competencies define the integrated knowledge, skills, or behavior expected of a long-term care worker after completing the training on aging and older adults. Learning objectives are associated with each competency.

(1) Regarding the competency on an introduction to aging, draw upon a basic understanding of the aging process and demonstrate awareness of the unique needs of older adults:

(a) Describe basic information on the aging process, including the difference between age-related changes and a disease process;

(b) List typical changes that occur with aging;

(c) Identify common stereotypes, biases, myths, and misconceptions regarding aging, ageism, and older adults;

(d) Describe how ageism, biases, myths, and misconceptions can influence care to older residents;

(e) Describe how aging affects the resident's needs and behaviors; and

(f) Describe the value of adapting caregiving to the age-related concerns of the resident.

(2) Regarding the competency on age-associated physical changes, provide individualized care by understanding physical changes that are experienced in aging:

(a) Identify common physical changes experienced in the aging process;

(b) Describe common sensory changes that occur in aging and their impact on an older adult's activities;

(c) Describe the difference between age-associated physical changes versus a disease process; and

(d) Describe how age-related physical changes can impact functioning and the ability to perform personal care.

(3) Regarding the competency on cultural impacts of aging, provide culturally compassionate care by utilizing a basic understanding of issues related to culture and aging:

(a) Describe how race/ethnicity, poverty, and class influence the aging process;

(b) Describe how race/ethnicity, poverty, and class influence an older adult's help-seeking behavior; and

(c) Describe a culturally sensitive approach to working with older adults that demonstrates shared decision-making and mutual respect.

(4) Regarding the competency on ageism and supporting resident dignity, overcome ageism and support resident dignity by understanding stereotypes and myths regarding aging:

(a) Describe the concept of "ageism" and its possible impact on working with older adults;

(b) Identify his or her perceptions about aging and how these perceptions may contribute to "ageism";

(c) Describe how "ageism" can influence resident dignity; and

(d) Describe strategies for overcoming "ageism" and supporting resident dignity.

(5) Regarding the competency on supporting residents living with chronic medical conditions, provide appropriate care by recognizing how chronic conditions impact functioning:

(a) Describe how chronic medical conditions can influence and impact care for older adults;

(b) Describe strategies for working with an older adult with multiple chronic medical conditions;

(c) Describe proactive ways to support an older adult living with chronic medical conditions; and

(d) Describe how to help support the older adult's dignity while providing care.

(6) Regarding the competency on dealing with death, grief and loss, respond appropriately to a resident experiencing loss:

(a) Describe common examples of losses encountered in the aging process;

(b) Describe common reactions to loss of significant roles;

(c) Describe strategies for dealing with loss;

(d) Describe the value of promoting social engagement for the older adult;

(e) Identify strategies and opportunities for promoting social engagement; and

(f) Identify actions and resources that can be used to help an older adult work through feelings of grief and loss.

(7) Regarding the competency on supporting optimum health and wellness, support the optimum health and wellness of older adults:

(a) Identify key factors that support resident health and wellness;

(b) Identify strategies for promoting resident optimum health while aging;

(c) Identify strategies and opportunities to support an older adult to engage in healthy life style choices; and

(d) Describe his or her role in promoting optimum health and wellness for older residents.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0091, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0092 What learning objectives may be included in the curriculum for young adults with physical disabilities and/or for aging and older adults?** Homes or providers may develop a curriculum for young adults with physical disabilities and/or for aging and older adults using the learning objectives in WAC 388-112-0083 and 388-112-0091 or any other relevant learning objectives for these populations and submit it for approval by the department.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0092, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0106 Who is required to obtain certification as a home care aide, and when?** Unless exempt under WAC 246-980-070, the following individuals must be certified by the department of health as a home care aide within the required timeframes:

(1) All long-term care workers, within one hundred and fifty days of hire;

(2) Adult family home applicants, before licensure;

(3) Adult family home entity representatives and resident managers, before assuming the duties of the position; and

(4) Assisted living facility administrators or their designees within one hundred and fifty days of hire.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0106, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0108 What documentation is required for a long-term care worker to apply for the home care aide certification or recertification?** (1) Successful completion of seventy-five hours of training must be documented on a DSHS seventy five hour training certificate by an approved training entity verifying that a total of seventy-five hours of approved training have occurred.

(2) An approved training entity issuing and signing a DSHS seventy five hour training certificate must verify that the long-term care worker has the certificates required documenting two hours of DSHS-approved orientation, three hours of DSHS-approved safety training, and seventy hours of DSHS-approved basic training, as described in this chapter. When applying to the department of health for home care aide certification, the long-term care worker may only submit a seventy-five hour training certificate that has been issued by the department or the training partnership.

(12/20/12)

(3) For home care aide recertification, successful completion of twelve hours of DSHS-approved continuing education training must be documented on a certificate(s) or transcript(s) issued by a department approved training entity.

(4) The long-term care worker and certified home care aide must retain any twelve hour training certificates or transcripts for as long as they are employed.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0108, filed 12/20/12, effective 1/20/13.]

## SECTION V—SPECIALTY TRAINING

**WAC 388-112-0110 What is specialty training and who is required to take specialty training?** (1) Specialty or "special needs" training provides instruction in caregiving skills that meet the special needs of people living with mental illness, dementia, or developmental disabilities. Specialty trainings are different for each population served and are not interchangeable. Specialty training may be integrated with basic training if the complete content of each training is included. DSHS must approve specialty training curriculums for managers and long-term care workers.

(2) Manager specialty training is required for assisted living facility administrators (or designees), adult family home applicants or providers, resident managers, and entity representatives who are affiliated with homes that serve residents who have one or more of the following special needs: developmental disabilities, dementia, or mental health. The managers described in this section must take one or more of the following specialty trainings:

(a) Developmental disabilities specialty training, described in WAC 388-112-0120;

(b) Manager dementia specialty training, described in WAC 388-112-0125; and

(c) Manager mental health specialty training, described in WAC 388-112-0135.

(3) All long-term care workers including those who are exempt from basic training and who work in an assisted living facility or adult family home, serving residents with the special needs described in subsection (2) of this section, must take long-term care worker specialty training. The long-term care worker specialty training applies to the type of residents served by the home as follows:

(a) Developmental disabilities specialty training, described in WAC 388-112-0120.

(b) Long-term care worker dementia specialty training, described in WAC 388-112-0130; and

(c) Long-term care worker mental health specialty training, described in WAC 388-112-0140.

(4) Specialty training may be used to meet the requirements for the basic training population specific component if completed within one hundred and twenty days of date of hire.

(5) For long-term care workers who have completed the seventy-five hour training and do not have a specialty training certificate which indicates completion and competency testing, the long-term care worker must complete specialty training when employed by the adult family home or assisted living facility that serves residents with special needs.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0110, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW

18.20.090, 70.128.040, 70.128.230. WSR 06-16-072, § 388-112-0110, filed 7/28/06, effective 8/28/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0110, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0115 What specialty training is required if a resident has more than one special need?** If a resident has needs in more than one of the special needs areas, the adult family home or assisted living facility must determine which of the specialty trainings will most appropriately address the overall needs of the resident and ensure that the appropriate specialty training is completed as required. If additional training beyond the specialty training is needed to meet all of the resident's needs, the adult family home or assisted living facility must ensure that additional training is completed.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0115, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0115, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0120 What topics must developmental disabilities specialty trainings include?** (1) Developmental disabilities specialty training must include all of the competencies and learning objectives described in WAC 388-112-0122 for the following topics:

- (a) Overview of developmental disabilities;
- (b) Values of service delivery;
- (c) Effective communication;
- (d) Introduction to interactive planning;
- (e) Understanding behavior;
- (f) Crisis prevention and intervention; and
- (g) Overview of legal issues and resident rights.

(2) For adult family homes, the division of developmental disabilities (DDD) will provide in-home technical assistance to the adult family home upon admission of the first resident eligible for services from DDD and, thereafter, as determined necessary by DSHS.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0120, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0120, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0122 What are the competencies and learning objectives for the long-term care worker developmental disability specialty training?** The developmental disabilities specialty competencies describe the behavior and skills a long-term care worker should exhibit when working with residents. Learning objectives are associated with each competency.

(1) Regarding the competency on an overview of developmental disabilities, drawing upon a basic understanding of developmental disabilities and demonstrate awareness of the unique needs of residents with developmental disabilities:

- (a) Define developmental disability and describe intellectual disability, cerebral palsy, epilepsy, and autism;
- (b) Identify common myths and misconceptions about developmental disabilities;
- (c) Describe the negative effects of using labels such as "retarded" or "handicapped" to represent people and positive alternatives; and

(d) Differentiate between developmental disabilities and mental illness.

(2) Regarding the competency on values of service delivery, promote and support a resident's self-determination:

(a) Identify the principle of normalization and its significance to the work of long-term care workers;

(b) Explain how understanding each resident's needs leads to better services and supports, which lead to better outcomes for the resident;

(c) Describe each of the residential services guidelines and identify how the values represented in the guidelines are important in the lives of people with developmental disabilities;

(d) Describe the principle of self-determination; and

(e) Identify positive outcomes for residents with developmental disabilities when they are connected to the community they live in.

(3) Regarding the competency on communication, provide culturally compassionate and individualized care by utilizing a basic understanding of a resident or resident's history, experience, and cultural beliefs:

(a) List the key elements of effective communication;

(b) Describe the impact communication has on the lives of residents with developmental disabilities;

(c) Explain the impact a long-term care worker's behavior can have on eliciting communication;

(d) Explain the impact of a resident's physical environment on their ability to communicate;

(e) Describe methods of communication, other than verbal, that long-term care workers might use when supporting residents with developmental disabilities; and

(f) List tips for communication with residents with developmental disabilities.

(4) Regarding the competency on interactive planning, using person-centered and interactive planning when working with residents with developmental disabilities:

(a) Identify the benefits of using a person-centered planning process rather than the traditional planning methods used to develop supports for people with developmental disabilities;

(b) Identify key elements involved in interactive planning;

(c) Identify ways to include people with developmental disabilities and their families in the planning process; and

(d) Identify the required planning document for the setting and list ways to have a positive impact on the plan.

(5) Regarding the competency on challenging behaviors, use a problem solving approach and positive support principles when dealing with challenging behaviors:

(a) Identify the essential components of the concept of positive behavioral supports;

(b) Define the "ABCs" and describe how to use that process to discover the function of behavior;

(c) Explain why it is critical to understand the function of behavior before developing a support plan;

(d) Define reinforcement and identify ways to utilize it as a tool to increase a resident's ability to be successful;

(e) Identify the problems with using punishment to manage behavior;

(f) Identify behavior management techniques that are not allowed under DSHS policies and applicable laws;



(g) Identify factors that can positively and negatively influence the behavior of residents with developmental disabilities; and

(h) List steps to be taken when crisis or danger to people is immediate.

(6) Regarding the competency on crisis prevention, support a resident experiencing a crisis and get assistance when needed:

(a) Identify behaviors in people with developmental disabilities that might constitute "normal stress";

(b) Define "crisis";

(c) Differentiate the behaviors a resident who is in crisis exhibits from mental illness;

(d) Identify the principles of crisis prevention and intervention;

(e) Identify what types of situations require outside assistance and at what point it becomes necessary; and

(f) Name several ways to provide support to a resident experiencing a crisis.

(7) Regarding the competency on legal rights, promote and protect the legal and resident rights of residents with developmental disabilities:

(a) Explain how the rights of residents with disabilities compare to those of the general population;

(b) List the rights of residents living in adult family homes and assisted living facilities and the laws that support those rights;

(c) Describe how long-term care workers can help residents to exercise their rights;

(d) List ways a caregiver or long-term care worker must safeguard each resident's confidentiality;

(e) Describe the three types of guardianship an resident with developmental disabilities might be subject to and why;

(f) List less restrictive alternatives to guardianship;

(g) Describe the responsibilities, powers, and limitations of a guardian; and

(h) Describe the relationship between long-term care workers and guardians/families.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0122, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0125 What knowledge and skills must manager dementia specialty training include?** Manager dementia specialty training must include all of the competencies and learning objectives described in WAC 388-112-0132 plus the following competencies:

(1) Medications and dementia:

(a) Common medications for general health problems;

(b) Medication side effects;

(c) Reporting side effects;

(d) Drugs used with people who have dementia;

(e) Extrapyramidal side effects;

(f) Medications to treat dementia and their side effects; and

(g) Treating dementia with antipsychotic drugs.

(2) Setting the tone:

(a) Working with families and friends;

(b) Considerations for dealing with family members and friends; and

(c) Encouraging self-care for the caregiver.

(12/20/12)

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0125, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0125, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0130 What topics must long-term care worker dementia specialty training include?** Long-term care worker dementia specialty training must include all the competencies and learning objectives described in WAC 388-112-0132 for the following topics:

(1) Introduction to the dementias;

(2) Dementia, depression, and delirium;

(3) Dementia caregiving principles;

(4) Communicating with people who have dementia;

(5) Sexuality and dementia;

(6) Rethinking "problem" behaviors;

(7) Hallucinations and delusions;

(8) Helping with activities of daily living (ADLs); and

(9) Working with family and friends.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0130, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0130, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0132 What are the competencies and learning objectives for the long-term care worker dementia specialty training?** The dementia specialty competencies describe the behavior and skills a long-term care worker should exhibit when working with residents. Learning objectives are associated with each competency.

(1) Regarding the competency on an introduction to dementia, draw upon a basic understanding of dementia and demonstrate awareness of the unique needs of residents with dementia:

(a) Identify basic information on dementia, including causes and treatments;

(b) Describe how dementia affects resident needs and behaviors;

(c) List typical behaviors and symptoms a resident with dementia would most likely experience;

(d) Describe the differences that might be seen based on the type of dementia a resident has.

(2) Regarding the competency on dementia, depression, and delirium, respond appropriately to residents who have dementia, delirium, and/or depression:

(a) Identify and differentiate between dementia, depression, and delirium;

(b) Describe common symptoms of dementia, depression, and delirium and list possible causes;

(c) Compare and contrast among common symptoms of dementia, depression, and delirium; and

(d) Identify what symptom changes require immediate professional attention and how to access professional help.

(3) Regarding the competency on dementia caregiving principles, incorporate current best practices when providing dementia care:

(a) Identify current best practices in dementia caregiving;

(b) Describe current best practices in caregiving;

(c) Demonstrate the ability to support the resident's strengths using caregiving techniques to support those strengths; and

(d) Describe how to use cultural and life information to develop and enhance care provided to residents with dementia.

(4) Regarding the competency on communicating with people who have dementia, communicate in a respectful and appropriate manner with residents with dementia:

(a) Describe common dementia-caused cognitive losses and how those losses can affect communication;

(b) Identify appropriate and inappropriate nonverbal communication skills and discuss how each impacts a resident's behavior;

(c) Describe how to effectively initiate and conduct a conversation with a resident who has dementia; and

(d) Identify communication strategies to work with residents who have dementia.

(5) Regarding the competency on sexuality and dementia, protect a resident or resident's rights when dealing with issues of sexuality and appropriately manage unwanted or inappropriate sexual behavior:

(a) Identify ways in which dementia affects sexuality and sexual behaviors;

(b) Identify a resident's rights as they relate to sexuality and sexual behavior and discuss ways to support these rights; and

(c) Describe how to respond using nonjudgmental caregiving skills to residents' appropriate and inappropriate sexual behaviors.

(6) Regarding the competency on dealing with challenging behaviors, use a problem-solving approach when dealing with challenging behaviors:

(a) Describe how to use a problem-solving method to intervene in challenging behaviors or situations;

(b) Describe some possible common causes of challenging behaviors, including aggression, catastrophic reactions, wandering, and inappropriate sexual behavior and explore their causes;

(c) Describe how to implement a problem-solving process when working with a resident who has dementia; and

(d) Describe how to respond appropriately to a resident who is expressing a challenging behavior.

(7) Regarding the competency on hallucinations and delusions, respond appropriately when a resident is experiencing hallucinations or delusions:

(a) Define and differentiate between hallucinations and delusions;

(b) List different types of dementia-related hallucinations; and

(c) Describe how to appropriately and safely respond to a resident with dementia who is experiencing hallucinations and delusions.

(8) Regarding the competency on activities of daily living, make activities of daily living pleasant and meaningful:

(a) Identify and describe ways in which to support making activities of daily living pleasant for residents with dementia; and

(b) Describe strategies that support meaning and utilize an individualized approach when assisting a resident with dementia with activities of daily living.

(9) Regarding the competency on working with family and friends, respond respectfully, appropriately, and with

compassion when interacting with families and friends of residents with dementia:

(a) Identify common concerns friends and family have when a loved one has dementia;

(b) Describe ways to be supportive and compassionate in interactions with family and friends of the resident with dementia;

(c) Identify how to find local resources for family support needs; and

(d) Describe a method to gather cultural and life history information from a resident and/or representative(s).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0132, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0135 What knowledge and skills must manager mental health specialty training include?** Manager mental health specialty training must include all of the competencies and learning objectives described in WAC 388-112-0142 plus the following competencies:

(1) Medications and mental health:

(a) Medications used with mental disorders;

(b) Antipsychotic medications;

(c) Anti-mania medications/anticonvulsants;

(d) Anti-anxiety medications;

(e) Side effects;

(f) Reporting side effects;

(g) Extrapyramidal side effects;

(h) Medications to treat mental disorders and their side effects.

(2) Getting help and self-care:

(a) Dealing with mental health issues;

(b) Dealing with crisis;

(c) Dealing with the risk of violence;

(d) Crisis resources;

(e) Crisis resources (activity);

(f) Your mental wellness;

(g) Strategies to cope;

(h) Who to get help from and what they do.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0135, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0135, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0140 What topics must the long-term care worker mental health specialty training include?** (1)

The long-term care worker mental health specialty training must include all of the competencies described in WAC 388-112-0142 for the following topics:

(a) Understanding major mental illnesses;

(b) Resident background, experiences and beliefs;

(c) Respectful communication;

(d) Creative approaches to challenging behaviors;

(e) Decompensation and relapse planning;

(f) Responding to hallucinations and delusions;

(g) Crisis intervention and dealing with aggression; and

(h) Suicide prevention.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0140, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0140, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0142 What are the competencies and learning objectives for the long-term care worker mental health specialty training?** The mental health specialty competencies describe the behavior and skills a caregiver or long-term care worker should exhibit when working with residents. Learning objectives are associated with each competency.

(1) Regarding the competency on understanding major mental illnesses, draw upon a basic understanding of mental illness and demonstrate awareness of the unique needs of residents with mental illness:

(a) Define and describe main symptoms of depression, bipolar schizophrenia, and anxiety disorder, and list treatment options for each;

(b) Describe causes of mental illness;

(c) Describe the progression of mental illness;

(d) Identify common myths and misinformation about mental illness; and

(e) Define stigma and identify how stigma can impact caregiving.

(2) Regarding the competency on resident background, experiences and beliefs, provide culturally compassionate and individualized care by utilizing a basic understanding of the resident's history, experience, and cultural beliefs:

(a) Demonstrate a method for gathering cultural, lifestyle, and personal value information from a resident;

(b) Identify why obtaining cultural information from a resident is important;

(c) Describe the importance of being sensitive to cultural differences when providing care;

(d) Differentiate how cultural beliefs and symptoms may be misinterpreted as mental illness; and

(e) Identify how the long-term care worker's culture might affect caregiving.

(3) Regarding the competency on communication and mental illness, communicate respectfully and appropriately with residents with a mental illness:

(a) Identify what is considered respectful and disrespectful communication when interacting with a resident with a mental illness;

(b) Identify what is judgmental communication toward a resident with a mental illness and ways to ensure communication is nonjudgmental;

(c) Identify examples of verbal and nonverbal communication and describe how each impacts communication; and

(d) Describe how to effectively initiate and conduct a respectful conversation with a resident who has a mental illness.

(4) Regarding the competency on creative approaches to challenging behaviors, use a problem-solving approach when dealing with challenging behaviors:

(a) Define and differentiate between inappropriate learned behaviors and symptoms of a mental illness;

(b) Identify possible common causes of challenging behaviors in a resident with a mental illness;

(c) Differentiate how challenging behaviors may be misinterpreted as mental illness; and

(d) Describe intervention strategies that can be used to reduce or prevent challenging behaviors.

(5) Regarding the competency on responding to decompensation and relapse, respond appropriately when a resident is decompensating to help prevent a relapse:

(a) Define the terms baseline, decompensation, and relapse;

(b) Identify common causes and symptoms of decompensation and relapse;

(c) Describe the term "relapse plan" and review an example of a relapse plan; and

(d) Identify how a long-term care worker can support and use the relapse plan.

(6) Regarding the competency on responding to hallucinations and delusions, respond appropriately to a resident experiencing hallucinations or delusions:

(a) Define the terms hallucination and delusion;

(b) Identify common triggers (including stress) of delusions and hallucinations;

(c) Identify and describe appropriate intervention strategies for a resident experiencing a hallucination or delusion; and

(d) Describe how to accurately document a resident's behavioral symptoms, interventions, and outcomes.

(7) Regarding the competency on crisis intervention and dealing with aggression, intervene early when dealing with aggressive behavior to increase emotional stability and ensure safety:

(a) Define the term aggression;

(b) Identify the difference between aggressive behaviors and aggressive feelings;

(c) List deescalation "do's" and "don'ts" as they relate to working with a resident expressing aggressive behavior;

(d) Describe appropriate deescalation techniques when working with a resident expressing aggressive behavior; and

(e) Differentiate between nonimmediate and immediate danger and at what point additional assistance may be needed.

(8) Regarding the competency on suicide prevention, respond appropriately to a resident at risk of suicide:

(a) Identify and list signs a resident is possibly suicidal;

(b) Describe how to respond appropriately to a resident experiencing suicidal thoughts, including:

(i) How, where, and when to refer a resident who is experiencing suicidal thoughts and/or planning; and

(ii) Methods to keep a suicidal resident safe and ensure the safety for others.

(c) Describe strategies to help cope with a resident's suicide.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0142, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0145 Who is required to complete competency testing for specialty training?** Passing the DSHS competency test, as provided under this chapter is required for successful completion of specialty training for:

(1) All adult family home applicants or providers, resident managers (or designees), entity representatives, and long-term care workers; and

(2) All assisted living facility administrators (or designees), and long-term care workers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0145, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW

18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0145, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0150 Is there a challenge test for specialty training (including the manager and long-term care worker specialty trainings)?** There is a challenge test for each of the specialty trainings except where noted in subsection (2) below.

(1) Individuals may take the DSHS challenge test instead of required specialty training. A person who does not pass a challenge test on the first attempt must attend the class.

(2) A challenge test is not permitted when specialty training is taken to meet the population specifics of basic training per WAC 388-112-0066.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0150, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0150, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0152 Is competency testing required for population specific trainings on young adults with physical disabilities, or aging and older adults?** No, there is no competency testing required for the population specific trainings on young adults with physical disabilities, or aging and older adults.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0152, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0155 What documentation is required for successful completion of specialty training?** Specialty training must be documented by a DSHS-issued certificate of successful completion, awarded by the instructor or training entity that includes:

- (1) The name of the student;
- (2) The name of the specialty training;
- (3) The number of training hours;
- (4) The name and identification number of the home or training entity;
- (5) The instructor's name; and
- (6) The date of completion.

The student must be given an original certificate. The employer must keep a copy of the certificate on file.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0155, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0155, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0160 Who is required to complete manager specialty training, or eighteen hour developmental disability caregiver training, and when?**

#### **Adult family homes**

(1) Adult family home applicants, providers, entity representatives and resident managers must complete manager specialty training or developmental disability caregiver training, and demonstrate competency before the home is licensed or before a new entity representative or resident manager assumes the duties of the position in order to admit or serve residents who have special needs related to mental illness, dementia, or a developmental disability.

(2) If a resident develops special needs while living in a home without a specialty designation, the provider, entity representative, and resident manager have one hundred

twenty days to complete manager specialty training or developmental disability caregiver training, and demonstrate competency.

#### **Assisted living facilities**

(3) If an assisted living facility serves one or more residents with special needs, the assisted living facility administrator (or designee) must complete manager specialty training or developmental disability caregiver training, and demonstrate competency within one hundred twenty days of date of hire. An assisted living facility administrator with a current nursing home administrator license is exempt from this requirement, unless the administrator will train the facility's long-term care workers in a specialty.

(4) If a resident develops special needs while living in an assisted living facility, the assisted living facility administrator (or designee) has one hundred twenty days to complete manager specialty training and demonstrate competency. An assisted living facility administrator with a current nursing home administrator license is exempt from this requirement, unless the administrator will train the facility's long-term care workers in a specialty.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0160, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0160, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0165 Who is required to complete specialty training, and when?** If an assisted living facility or adult family home serves one or more residents with special needs, long-term care workers in those settings must complete specialty training and demonstrate competency.

(1) If the specialty training is integrated with basic training, long-term care workers must complete the specialty training within one hundred twenty days of hire.

(2) Long-term care workers who are exempt from basic training must complete the relevant specialty training within ninety days of hire.

(3) Until competency in the specialty training has been demonstrated, long-term care workers may not provide personal care to a resident with special needs without direct supervision in an assisted living facility or in an adult family home.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0165, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0165, filed 7/11/02, effective 8/11/02.]

## **SECTION VI—NURSE DELEGATION CORE TRAINING**

**WAC 388-112-0170 What is nurse delegation core training?** Nurse delegation core training is required before a nursing assistant certified or registered or certified home care aide may be delegated a nursing task. DSHS approves instructors for nurse delegation core training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0170, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0170, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0175 What knowledge and skills must nurse delegation core training include?** Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants," meets the training requirement for nurse delegation core training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-0175, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0175, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0180 Is competency testing required for nurse delegation core training?** Passing the DSHS competency test is required for successful completion of nurse delegation core training, as provided under WAC 388-112-0290 through 388-112-0315.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-0180, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0180, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0185 Is there a challenge test for nurse delegation core training?** There is no challenge test for nurse delegation core training.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0185, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0190 What documentation is required for successful completion of nurse delegation core training?** (1) Nurse delegation core training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (a) The name of the trainee;
  - (b) The name of the training;
  - (c) The name of the training entity giving the training;
  - (d) The instructor's name and signature; and
  - (e) The date(s) of training.
- (2) The trainee must be given an original certificate. Homes must keep a copy of the certificate on file.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0190, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0195 Who is required to complete nurse delegation core training and nurse delegation specialized diabetes training, and when?** (1) Before performing any delegated nursing task, long-term care workers in adult family homes and assisted living facilities must:

(a) Successfully complete DSHS-designated nurse delegation core training, "Nurse Delegation for Nursing Assistants";

(b) Be a:

(i) Certified home care aide under chapter 18.88B RCW; or

(ii) Nursing assistant certified under chapter 18.88A RCW; or

(iii) If exempt from the home care aide certification under WAC 246-980-070, become a nursing assistant registered and complete the core competencies of basic training,

(12/20/12)

unless the twenty eight hours of revised fundamentals of care or a department approved alternative was already completed.

(iv) If nurse delegation is needed to implement a care plan earlier than home care aide certification can be obtained, become a nursing assistant registered and complete core competencies of basic training.

(2) Before performing the task of insulin injections, long-term care workers in adult family homes and assisted living facilities must:

(a) Meet the requirements in subsections (1)(a) and (b) of this section; and

(b) Successfully complete DSHS-designated specialized diabetes nurse delegation training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0195, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-065, § 388-112-0195, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0196 What is specialized diabetes nurse delegation training?** Specialized diabetes nurse delegation training is the required training for nursing assistants, certified or registered or certified home care aides, who will be delegated the task of insulin injections. DSHS approves the instructors for specialized diabetes nurse delegation training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0196, filed 12/20/12, effective 1/20/13. Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-0196, filed 1/14/09, effective 2/14/09.]

**WAC 388-112-01961 What knowledge and skills must specialized diabetes nurse delegation training include?** Specialized diabetes nurse delegation training consists of three modules on diabetes, insulin, and injections. Only the curriculum developed by DSHS, "Nurse Delegation for Nursing Assistants: Special Focus on Diabetes," may be used for the specialized diabetes nurse delegation training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-01961, filed 1/14/09, effective 2/14/09.]

**WAC 388-112-01962 Is competency testing required for the specialized diabetes nurse delegation training?** Passing the DSHS competency test is required for successful completion of the specialized diabetes nurse delegation training, as provided under WAC 388-112-0290 through 388-112-0315.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-01962, filed 1/14/09, effective 2/14/09.]

**WAC 388-112-01963 Is there a challenge test for specialized diabetes nurse delegation training?** There is no challenge test for specialized diabetes nurse delegation training.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-01963, filed 1/14/09, effective 2/14/09.]

**WAC 388-112-01964 What documentation is required for successful completion of specialized diabetes nurse delegation training?** (1) Specialized diabetes nurse

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delegation training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (a) The name of the trainee;
  - (b) The name of the training;
  - (c) The name of the training entity giving the training;
  - (d) The instructor's name and signature; and
  - (e) The date(s) of training.
- (2) The trainee must be given an original certificate.

Adult family homes and boarding homes must keep a copy of the certificate on file.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-01964, filed 1/14/09, effective 2/14/09.]

**WAC 388-112-0197 Can nurse delegation core and specialized diabetes training occur in the same year as basic training?** Nurse delegation core and specialized diabetes training can occur in the same year as basic training if required to be able to perform delegated tasks. If this occurs, the maximum of twelve hours for this training can be applied towards the continuing education requirement for the following year. Nurse delegation core and specialized diabetes trainings do not apply towards the basic training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0197, filed 12/20/12, effective 1/20/13.]

## SECTION VII—CONTINUING EDUCATION

### **WAC 388-112-0200 What is continuing education?**

(1) Continuing education is annual training designed to increase a caregiver's knowledge and skills. DSHS must approve continuing education curriculums and instructors. The same continuing education course may not be repeated for credit unless it is a new or more advanced training on the same topic. The exceptions to this are:

- (a) Blood-borne pathogens.
- (b) CPR training.
- (c) First aid training.
- (d) Food handling training.
- (e) When the assisted living facility or adult family home can demonstrate a need for retraining.

(2) Nurse delegation core and nurse delegation specialized diabetes training may be used to count towards continuing education.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0200, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0200, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0205 Who is required to complete continuing education training, and how many hours of continuing education are required each year? (1) Adult family homes**

(a) From January 1, 2012 through June 30, 2012, adult family home providers, entity representatives, resident managers, and long-term care workers whose birth date is within these dates and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012 for any one listed

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above, regardless of birth date, then the continuing education requirements have been met for 2012.

(b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.-341.

(c) If exempt from certification as described in RCW 18.88B.041, all long-term care workers must complete twelve hours of continuing education per year.

(d) Continuing education must include one-half hour per year on safe food handling in adult family homes described in RCW 70.128.250.

### **(2) Assisted living facilities**

(a) From January 1, 2012 through June 30, 2012, assisted living facility administrators (or their designees) and long-term care workers whose birthdate is within these dates and the required basic training was previously completed must complete ten hours of continuing education. If ten hours of continuing education were completed between January 1, 2012 through June 30, 2012, for any one listed above, regardless of birthdate then the continuing education requirements have been met for 2012.

(b) Effective July 1, 2012, certified home care aides must complete twelve hours of continuing education each year after obtaining certification as described in RCW 74.39A.341.

(c) Long-term care workers exempt from certification under RCW 18.88.041, must complete twelve hours of continuing education per year. An assisted living facility administrator with a current nursing home administrator license is exempt from this requirement.

(3) A long-term care worker who does not complete continuing education as required in subsections (1)(a) and (b) and (2)(a) and (b) of this section or in RCW 74.39A.341 cannot be paid to provide care until the required continuing education is completed.

(4) One hour of completed classroom instruction or other form of training (such as an online course) equals one hour of continuing education. For online courses, the training entity must establish a way for the long-term care worker to ask the instructor questions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0205, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0205, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0207 When must a long-term care worker complete continuing education? (1) Effective July 1, 2012, all long-term care workers must complete the continuing education requirements described in WAC 388-112-0205 by their birthday.**

(2) For long-term care workers who are required to be certified, if the first renewal period is less than a full year from the date of certification, no continuing education will be due for the first renewal period.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0207, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0210 What topics may be covered in continuing education?** Continuing education must be on a topic relevant to the care setting, care needs of residents, or

(12/20/12)

long-term care worker career development. Topics or courses may include but are not limited to:

- (1) Resident rights, such as freedom from abuse, neglect, abandonment and financial exploitation;
- (2) Personal care services;
- (3) Mental illness;
- (4) Dementia;
- (5) Developmental disabilities;
- (6) Depression;
- (7) Medication assistance;
- (8) Communication skills;
- (9) Positive resident behavior support;
- (10) Developing or improving resident centered activities;
- (11) Dealing with wandering or aggressive resident behaviors;
- (12) Medical conditions;
- (13) Safe food handling, CPR and first aid described in WAC 388-112-0255 and 388-112-0260; and
- (14) Nurse delegation core and specialized diabetes.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0210, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0210, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0210, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0225 May specialty training be used to meet continuing education requirements?** Manager specialty training and long-term care worker specialty training, except if completed through a challenge test, may be used to meet continuing education requirements.

When hours from a specialty training are counted toward basic training requirements, the hours may not be counted toward continuing education. Additional hours not used to meet the basic training requirement may be applied toward the continuing education requirement.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0225, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0225, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0235 May residential care administrator training be used to meet continuing education requirements?** Residential care administrator training under WAC 388-112-0270 may be used to meet the continuing education requirements described in WAC 388-112-0205 during the year it was completed.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0235, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0235, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0240 What are the documentation requirements for continuing education?** (1) The adult family home or assisted living facility must maintain written documentation of department approved continuing education in the form of a certificate or transcript:

- (a) The name of the student;
- (b) The title of the training;
- (c) The number of hours of the training;
- (d) The assigned curriculum approval code;

- (e) The instructor's name and signature;
- (f) The name of the home or training entity giving the training; and
- (g) The date(s) of training.

(2) The student must be given an original certificate or other documentation of continuing education. The adult family home or assisted living facility must keep a copy of the certificate or transcript on file as described in WAC 388-76-10198 (for adult family homes) and as described in WAC 388-78A-2450 (for assisted living facilities).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0240, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0240, filed 7/11/02, effective 8/11/02.]

## SECTION VIII—CPR AND FIRST-AID TRAINING

**WAC 388-112-0250 What is CPR training?** Cardio-pulmonary resuscitation (CPR) training is training provided by an authorized CPR instructor. Trainees must successfully complete the written and skills demonstrations tests.

[Statutory Authority: 2008 c 146, RCW 18.20.090, 74.08.090, chapter 70.128 RCW. WSR 09-03-066, § 388-112-0250, filed 1/14/09, effective 2/14/09. Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230. WSR 06-16-072, § 388-112-0250, filed 7/28/06, effective 8/28/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0250, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0255 What is CPR/first-aid training?** CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands-on skills development through the use of mannequins or trainee partners.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0255, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0255, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0255, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0260 What are the CPR and first-aid training requirements?** (1) **Adult family homes**

(a) Adult family home applicants, providers, entity representatives, and resident managers must possess a valid CPR and first-aid card or certificate prior to obtaining a license, and must maintain a valid card or certificate.

(b) Licensed nurses working in adult family homes must possess a valid CPR card or certificate within thirty days of date of hire and must maintain a valid card or certificate. If the licensed nurse is an adult family home provider or resident manager, the valid CPR card or certificate must be obtained prior to providing care for residents.

(c) Adult family home long-term care workers must obtain and maintain a valid CPR and first-aid card or certificate:

(i) Within thirty days of beginning to provide care for residents, if the provision of care for residents is directly supervised by a fully qualified long-term care worker who has a valid first-aid and CPR card or certificate; or

(ii) Before providing care for residents, if the provision of care for residents is not directly supervised by a fully qualified

ified long-term care worker who has a valid first-aid and CPR card or certificate.

**(2) Assisted living facilities**

(a) Assisted living facility administrators who provide direct care, and long-term care workers must possess a valid CPR and first-aid card or certificate within thirty days of date of hire, and must maintain valid cards or certificates. Licensed nurses working in assisted living facility must possess a valid CPR card or certificate within thirty days of date of hire, and must maintain a valid card or certificate.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0260, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0260, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0260, filed 7/11/02, effective 8/11/02.]

## SECTION IX—RESIDENTIAL CARE ADMINISTRATOR TRAINING

**WAC 388-112-0265 What is residential care administrator training?** Residential care administrator training is a minimum of forty-eight hours of training on topics related to the management of adult family homes. DSHS must approve residential care administrator training curricula.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0265, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0270 Who must take the adult family home residential care administrator training and when?** All applicants for an adult family home license must successfully complete the department approved residential care administrator training for adult family homes.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0270, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 74.08.090, 18.20.090, 70.128.040, chapter 70.128 RCW and 2006 c 249. WSR 07-01-045, § 388-112-0270, filed 12/14/06, effective 1/14/07. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0270, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0275 What knowledge and skills must residential care administrator training include?** Minimally, residential care administrator training must have at least forty-eight hours of class time, and include all of the following:

- (1) Business planning and marketing;
- (2) Fiscal planning and management;
- (3) Human resource planning;
- (4) Resident health services;
- (5) Nutrition and food service;
- (6) Working with people who are elderly, chronically mentally ill, or developmentally disabled;
- (7) The licensing process;
- (8) Social and recreational activities;
- (9) Resident rights;
- (10) Legal issues;
- (11) Physical maintenance and fire safety; and
- (12) Housekeeping.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0275, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0280 Is competency testing required for adult family home residential care administrator training?** Competency testing is required for adult family home residential care administrator training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0280, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0280, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0285 What documentation is required for residential care administrator training?** (1) Residential care administrator training must be documented by a certificate of successful completion of training, issued by the instructor or training entity, that includes:

- (a) The trainee's name;
- (b) The name of the training;
- (c) The name of the training entity giving the training;
- (d) The instructor's name and signature; and
- (e) The date(s) of training.

(2) The trainee must be given an original certificate. A copy of the certificate must be in the adult family home's files.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0285, filed 7/11/02, effective 8/11/02.]

## SECTION X—COMPETENCY TESTING

**WAC 388-112-0290 What is competency testing?** Competency testing, including challenge testing, is evaluating a trainee to determine if they can demonstrate the required level of skill, knowledge, and/or behavior with respect to the identified learning outcomes of a particular course.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0290, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0295 What components must competency testing include?** Competency testing must include the following components:

- (1) Skills demonstration (see subsection (2) of this section) of ability to perform and/or implement specific caregiving approaches, and/or activities as appropriate for the training;
- (2) Adult family home residential care administrator training does not contain a skills demonstration. Student's progress and knowledge will be measured by assigned projects and other means of measuring competency.
- (3) Written evaluation to show level of comprehension and knowledge of the learning objectives for the training; and
- (4) A scoring guide for the tester with clearly stated criteria and minimum proficiency standards.
- (5) Instructors who conduct competency testing must have experience or training in assessing competencies.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0295, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0295, filed 7/11/02, effective 8/11/02.]



**WAC 388-112-0300 What training must include the DSHS-developed competency test?** The following trainings must include the DSHS-developed competency test:

- (1) Manager dementia specialty training;
- (2) Manager mental health specialty training;
- (3) Long-term care worker dementia specialty training;
- (4) Long-term care worker mental health specialty training;
- (5) Developmental disabilities specialty training;
- (6) Adult family home residential care administrator training;
- (7) Nurse delegation core training; and
- (8) Nurse delegation specialized diabetes training.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0300, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0300, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0305 How must competency test administration be standardized?** To standardize competency test administration, testing must include the following components:

- (1) The person teaching the course must administer or supervise the administration of all testing; and
- (2) The tester must follow DSHS guidelines for:
  - (a) The maximum length of time allowed for testing;
  - (b) The amount and nature of instruction given to students before beginning a test;
  - (c) The amount of assistance to students allowed during testing;
  - (d) The accommodation guidelines for students with disabilities; and
  - (e) Accessibility guidelines for students with limited English proficiency.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0305, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0310 What form of identification must students provide before taking a competency or challenge test?** Students must provide photo identification before taking a competency test (or challenge test, when applicable) for basic, modified basic, specialty, or nurse delegation training.

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0310, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0315 How many times may a competency test be taken?** (1) A competency test that is part of a course may be taken twice. If the test is failed a second time, the person must retake the course before any additional tests are administered.

(2) If a challenge test is available for a course, it may be taken only once. If the test is failed, the person must take the classroom course.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0315, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 70.128.230, and 2005 c 505. WSR 06-01-046, § 388-112-0315, filed 12/15/05, effective 1/15/06. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0315, filed 7/11/02, effective 8/11/02.]

(12/20/12)

## SECTION XI—CURRICULUM APPROVAL

**WAC 388-112-0320 Which trainings require department approval of the curriculum and instructor?** (1) Except for facility orientation training under WAC 388-112-0015(1) the department must preapprove the curriculum and instructors for all training required under this chapter.

(2) The nurse delegation core and diabetes training must use only the DSHS curriculum.

(3) Approval will be based on curriculum review, as described in WAC 388-112-0330.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0320, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0320, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0325 What must be submitted to DSHS for curriculum approval?** A department developed curriculum does not require submission to the department for approval unless the curriculum is being modified in any manner by the training entity.

### (1) For orientation and/or safety training:

Effective January 7, 2012, submit an outline of what will be covered in each training offered (for example, a table of contents or a class syllabus) showing where the required introductory topics as listed in WAC 388-112-0016 for orientation and WAC 388-112-0019 for safety training are covered in the training. Department required orientation and safety training application forms must be submitted to the department at least forty-five days in advance of when the training is expected to be offered. Training cannot be offered before receiving department curriculum and instructor approval.

### (2) For continuing education:

(a) Continuing education curriculum delivery models will only include instructor led, online instructor led, or online self-paced learning with access to an instructor;

(b) Effective July 1, 2012, for instructor led and online learning, submit a summary that includes the topic, a brief description of what it will cover, a course outline, the number of training hours, and a description of how the training is relevant to the care setting, care needs of residents, or long-term care worker career development.

(c) For online training courses, the information requested in (2)(a) and a description of how the instructor or training will assess that the students have integrated the information being taught must be submitted.

(d) Department required continuing education training application forms must be submitted at least forty five days in advance of when the training is expected to be offered. The trainings cannot be offered before receiving department curriculum and instructor approval.

### (3) For basic training:

(a) If the instructor or training entity will use the DSHS developed revised fundamentals of caregiving learner's guide with enhancements, submit the DSHS form with all required information.

(b) If a DSHS developed revised fundamentals of caregiving learner's guide with enhancements, is not used to teach seventy hours required for basic training, the following must be submitted to DSHS for approval:

(i) A completed DSHS curriculum checklist indicating where all of the competencies and learning objectives, described in this chapter, are located in the long-term care worker materials from the proposed curriculum for that course;

(ii) Any materials long-term care workers will receive, such as a textbook or long-term care worker manual, learning activities, audio-visual materials, handouts, and books;

(iii) The table of contents or outline of the curriculum, including the allotted time for each section;

(iv) Demonstration skills checklists for the personal care tasks described in WAC 388-112-0055 (12)(a) and (b), and infection control skills (handwashing and putting on and taking off gloves);

(v) The teacher's guide or manual that includes for each section of the curriculum:

(A) The goals and objectives;

(B) Method of teaching, including learning activities that incorporate adult learning principles;

(C) Methods used to determine whether each long-term care worker understands the materials covered and can demonstrate all skills;

(D) A list of the sources or references that were used to develop the curriculum. If the primary source or reference is not a published citation, the instructor must provide detail on how the content was established as evidence based;

(E) Description of how the curriculum was designed to accommodate long-term care workers with limited English proficiency and/or learning disabilities; and

(F) Description and proof of how input was obtained from consumer and long-term care worker representatives in the development of the curriculum.

(c) In addition, for curriculum being submitted for the core competency section of basic training as described in WAC 388-112-0055, the curriculum must include how much time students will be given to practice skills and how instructors will evaluate and ensure each long-term care worker can proficiently complete each skill.

(d) Entities submitting curriculum for population specific basic training must submit their own list of competencies and learning objectives used to develop the population specific basic training curriculum.

#### (4) For specialty training:

For specialty training that is not the DSHS developed curriculum or other department approved curriculum, submit the required specialty training application form and any additional learning objectives added to the competency and learning objectives checklist, the enhancements that have been added, and additional student materials or handouts. To be approved, an alternative curriculum must at a minimum include:

(a) All the DSHS-published learning outcomes and competencies for the course;

(b) Printed student materials that support the curriculum, a teacher's guide or manual, and learning resource materials such as learning activities, audio-visual materials, handouts, and books;

(c) The recommended sequence and delivery of the material;

(d) The teaching methods or approaches that will be used for different sections of the course, including for each lesson:

(i) Learning activities that incorporate adult learning principles and address the learning readiness of the student population;

(ii) Practice of skills to increase competency;

(iii) Feedback to the student on knowledge and skills;

(iv) An emphasis on facilitation by the teacher; and

(v) An integration of knowledge and skills from previous lessons to build skills.

(e) A list of the sources or references, if any, used to develop the curriculum;

(f) Methods of teaching and student evaluation for students with limited English proficiency and/or learning disabilities;

(g) A plan for updating material;

(h) Substantial changes to a previous approved curriculum must be approved before they are used.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0325, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0325, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0330 What is the curriculum approval process for orientation, safety, basic training (core and population specific training), and continuing education?** In order to obtain the department's approval of the curriculum for orientation, safety, basic training (core and population specific training), and continuing education:

(1) Submit the required training application forms and any other materials required for specific curriculums to the department.

(2) After review of the curriculum, DSHS will send a written response to the submitter, indicating approval or disapproval of the curriculum.

(3) If curriculum are not approved, the reason(s) for denial will be given and the submitter will be told what portion(s) of the training must be changed and resubmitted for review in order for the curriculum to be approved.

(4) The submitter can make the requested changes and resubmit the curriculum for review.

(5) If after working with the department the reasons why the curriculum is not approved cannot be resolved, the submitter may seek a review of the nonapproval decision from the assistant secretary of aging and disability services administration (ADSA). The assistant secretary's review decision shall be the final decision of DSHS. No other administrative review is available to the submitter.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0330, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0330, filed 7/11/02, effective 8/11/02.]

## SECTION XII—HOME-BASED TRAINING

**WAC 388-112-0335 What are the requirements for an assisted living facility or adult family home to conduct orientation, safety, basic, on-the-job training, continuing education, or long-term care worker specialty training?**

(1) An assisted living facility provider or adult family home provider may conduct orientation, safety, basic, on-the-job training, continuing education, or long-term care worker specialty training if the provider:

(a) Verifies, documents using the department's attestation process, keeps on file, and makes available to the department upon request that all instructors meet the minimum instructor qualifications in WAC 388-112-0370 through 388-112-0395 for the course they plan to teach;

(b) Teaches using a complete DSHS-developed or approved curriculum.

(c) Notifies DSHS in writing of the provider's intent to conduct staff training prior to providing the provider's first training, and when changing training plans, including:

(i) The provider's name;

(ii) Name of training(s) the provider will conduct;

(iii) Name of approved curriculum the provider will use;

(iv) Name of lead instructor and instructor's past employment in assisted living facility or adult family homes; and

(v) Whether the provider will train only the provider's staff, or will also train staff from other providers. If training staff outside the home or corporation, the instructor must become a DSHS-contracted community instructor;

(d) Ensures that DSHS competency tests are administered as required under this chapter;

(e) Provides a certificate or transcript of completion of training to all staff that successfully complete the entire course;

(f) Keeps a copy of long-term care worker certificates on file for six years, and gives the original certificate to the student; and

(g) Reports training data to DSHS when requested by the department.

(2) The department may conduct a random audit at any time to review training and instructor qualifications.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0335, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0335, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0345 When can DSHS prohibit a home from conducting its own training?** DSHS may prohibit a home from providing its own basic, specialty, and continuing education training when:

(1) DSHS determines that the training fails to meet the standards under this chapter;

(2) The home fails to notify DSHS of changes in the curriculum prior to teaching the curriculum;

(3) The home provides false or misleading information to long-term care workers or the public concerning the courses offered or conducted;

(4) The home's instructor(s) fail to meet the applicable qualifications described under this chapter; or

(5) The home's instructor has been a licensee, assisted living facility administrator, or adult family home resident manager, of any home subject to temporary management or subject to a revocation or summary suspension of the home's license, a stop placement of admissions order, a condition on the license related to resident care, or a civil fine of five thousand dollars or more, while the instructor was the licensee, administrator, or resident manager; or

(6) The home has been operated under temporary management or has been subject to a revocation or suspension of the home license, a stop placement of admissions order, a

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condition on the license related to resident care, or a civil fine of five thousand dollars or more, within the previous eighteen months.

(7) Nothing in this section shall be construed to limit the authority of DSHS under this chapter to require the immediate enforcement, pending any appeal, of a condition on the home license prohibiting the home from conducting its own training programs.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0345, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0345, filed 7/11/02, effective 8/11/02.]

### XIII—INSTRUCTOR APPROVAL

**WAC 388-112-0355 What are the training entity's responsibilities?** The training entity is responsible for:

(1) Coordinating and teaching classes;

(2) Assuring that the curriculum used is taught as designed;

(3) Selecting qualified guest speakers where applicable;

(4) Establishing a method whereby the long-term care worker can ask the instructor questions;

(5) Administering or overseeing the administration of DSHS competency and challenge tests;

(6) Maintaining training records including long-term care worker tests, certificates and attendance records for a minimum of six years;

(7) Reporting training data to DSHS when requested by the department; and

(8) Issuing or reissuing training certificates to long-term care workers.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0355, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0355, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0360 Must training entities and their instructors be approved by DSHS?** (1) DSHS-contracted training entities:

(a) DSHS must approve and/or contract with a training entity and their instructor(s) to conduct orientation, safety, basic, population specific, residential care administrator, manager and long-term care worker specialty, nurse delegation core and specialized diabetes training, on-the-job training, and continuing education.

(b) DSHS may select training entities using any applicable contracting procedures. Contractors must meet the minimum qualifications for instructors under this chapter and any additional qualifications established through the contracting procedure.

(2) Homes conducting their own training programs using the training curriculums developed by DSHS or another curriculum approved by DSHS must ensure, through an attestation process, that their instructors meet the minimum qualifications for instructors under this chapter.

(3) DSHS must approve all other training entities and their instructor(s) not described in subsection (1) and (2) of this section.

[Statutory Authority: RCW 74.08.090, 74.09.520, WSR 13-02-023, § 388-112-0360, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW

18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0360, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0365 Can DSHS deny or terminate a contract or rescind approval of an instructor or training entity?** (1) DSHS may deny a person or organization seeking a contract with or approval by DSHS to conduct orientation, safety, basic, population specific, residential care administrator, specialty, continuing education, or nurse delegation core or specialized diabetes training. No administrative remedies are available to dispute the decision not to contract with or approve of a person or organization, except as may be provided through the contracting process.

(2) DSHS may terminate an existing training contract in accordance with the terms of the contract. The contractor's administrative remedies shall be limited to those specified in the contract.

(3) DSHS may terminate an existing training approval of a person or entity to conduct orientation, safety, basic, modified basic, population specific, residential care administrator, specialty, continuing education, or nurse delegation core or diabetes training.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0365, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0365, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0370 What is a guest speaker, and what are the minimum qualifications to be a guest speaker?** (1) A guest speaker is a person selected by an approved instructor to teach a specific topic. A guest speaker:

(a) May only teach a specific subject in which they have expertise, and the background and experience demonstrates the guest speaker has expertise on the topic he or she will teach.

(b) May not teach the entire course;

(c) Must not supplant the primary teaching responsibilities of the primary instructor; and

(d) Must cover the DSHS competencies and learning objectives for the topic he or she is teaching.

(2) The approved instructor:

(a) Must select guest speakers based on the guest speaker's knowledge and experience in the specific topic;

(b) Maintain documentation of the guest speaker's qualifications and/or experience;

(c) Supervise and monitor the guest speaker's performance; and

(d) Is responsible for insuring the required content is taught.

(3) DSHS does not approve guest speakers.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0370, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0370, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0380 What are the minimum qualifications for an instructor for basic, population specific, on-the-job training, residential care administrator, and nurse delegation core and specialized diabetes training?** An instructor for basic, population specific, on-the-job training, residential care administrator, nurse delegation core and

nurse delegation specialized diabetes training must meet the following minimum qualifications:

(1) Twenty-one years of age;

(2) Has not had a professional health care, adult family home, assisted living facility, or social services license or certification revoked in Washington state; and

(3) Has education and work experience.

(a) Upon initial approval or hire, an instructor must:

(i) Be a registered nurse with work experience within the last five years with the elderly or persons with disabilities requiring long-term care in a community setting; or

(ii) Have an associate degree or higher degree in the field of health or human services and six months professional or caregiving experience within the last five years in a community based setting or an adult family home, assisted living facility, supported living through DDD, or home care setting; or

(iii) Have a high school diploma, or equivalent, and one year of professional or caregiving experience within the last five years in an adult family home, assisted living, supported living through DDD, or home care setting.

(4) Teaching experience:

(a) Must have one hundred hours of experience teaching adults in an appropriate setting on topics directly related to the basic training; or

(b) Must have forty hours of teaching while being mentored by an instructor who meets these qualifications, and must attend a class on adult education that meets the requirements of WAC 388-112-0400.

(5) The instructor must be experienced in caregiving practices and capable of demonstrating competency with respect to teaching the course content or units being taught;

(6) Instructors who will administer tests must have experience or training in assessment and competency testing; and

(7) In addition, an instructor for nurse delegation core and diabetes training must have a current Washington state RN license in good standing without practice restrictions.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0380, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0380, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0383 What are the minimum qualifications for an instructor for orientation, safety, and continuing education?** An instructor for orientation, safety, and continuing education must be a registered nurse or other person with specific knowledge, training, and work experience in the provision of direct, personal care or other relevant services to the elderly or persons with disabilities requiring long-term care.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0383, filed 12/20/12, effective 1/20/13.]

**WAC 388-112-0385 What are the minimum qualifications for instructors for manager and long-term care worker mental health specialty training?** (1) The minimum qualifications for instructors for **manager mental health specialty**, in addition to the general qualifications in WAC 388-112-0380 (1) and (2) include:

(a) The instructor must be experienced in mental health caregiving practices and capable of demonstrating competency in the entire course content;

(b) Education:

(i) Bachelor's degree, registered nurse, or mental health specialist, with at least one year of education in seminars, conferences, continuing education, or in college classes, in subjects directly related to mental health, such as, but not limited to, psychology. (One year of education equals twenty-four semester hours, thirty-six quarter hours, or at least one hundred ninety-two hours of seminars, conferences, and continuing education.)

(ii) If required by WAC 388-112-0160, successful completion of the mental health specialty training, prior to beginning to train others.

(c) Work experience - Two years full-time equivalent direct work experience with people who have a mental illness; and

(d) Teaching experience:

(i) Two hundred hours experience teaching mental health or closely related subjects; and

(ii) Successful completion of an adult education class:

(A) For instructors teaching alternate curriculums, a class in adult education that meets the requirements of WAC 388-112-0400.

(iii) For instructors teaching mental health specialty training, successful completion of the DSHS instructor qualification/demonstration process:

(iv) And has been approved and contracted by the department as a community instructor.

(e) Instructors who will administer tests must have experience or training in assessment and competency testing.

(2) Instructors for long-term care worker mental health specialty training:

(a) Long-term care worker mental health specialty may be taught by an assisted living facility administrator (or designee), adult family home provider (or designee), or corporate trainer, who has successfully completed the manager mental health specialty training. A qualified instructor under this subsection may teach specialty to long-term care workers employed at other home(s) licensed by the same licensee.

(3) Long-term care worker mental health specialty taught by a person who does not meet the requirements in subsection (2)(a) must meet the same requirements as the instructors for manager mental health specialty in subsection (1).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0385, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0385, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0390 What are the minimum qualifications for instructors for manager and long-term care worker dementia specialty?** (1) The minimum qualifications for instructors for manager dementia specialty, in addition to the general qualifications defined in WAC 388-112-0380 (1) and (2) include:

(a) The instructor must be experienced in dementia caregiving practices and capable of demonstrating competency in the entire course content;

(12/20/12)

(b) Education:

(i) Bachelor's degree, registered nurse, or mental health specialist, with at least one year of education in seminars, conferences, continuing education or college classes, in dementia or subjects directly related to dementia, such as, but not limited to, psychology. (One year of education equals twenty-four semester hours, thirty-six quarter hours, or at least one hundred ninety-two hours of seminars, conferences, or continuing education.)

(ii) If required in WAC 388-112-0160, successful completion of the dementia specialty training, prior to beginning to train others.

(c) Work experience - Two years full-time equivalent direct work experience with people who have dementia; and

(d) Teaching experience:

(i) Two hundred hours experience teaching dementia or closely related subjects; and

(ii) Successful completion of an adult education class.

(A) For instructors teaching alternate curriculums, a class in adult education that meets the requirements of WAC 388-112-0400.

(iii) For instructors teaching DSHS-developed dementia specialty training, successful completion of the DSHS instructor qualification/demonstration process;

(iv) And has been approved and contracted by the department as a community instructor.

(e) Instructors who will administer tests must have experience or training in assessment and competency testing.

(2) Instructors for long-term care worker dementia specialty training:

(a) Long-term care worker dementia specialty may be taught by an assisted living facility administrator (or designee), adult family home provider (or designee), or corporate trainer, who has successfully completed the manager dementia specialty training. A qualified instructor under this subsection may teach specialty to long-term care workers employed at other home(s) licensed by the same licensee.

(b) Long-term care worker dementia specialty taught by a person who does not meet the requirements in subsection (2)(a) must meet the same requirements as the instructors for manager dementia specialty in subsection (1).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0390, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0390, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0395 What are the minimum qualifications for instructors for manager and long-term care worker developmental disabilities specialty?** (1) The minimum qualifications for instructors for developmental disabilities specialty, in addition to the general qualifications defined in WAC 388-112-0380 (1) and (2), include:

(a) The instructor must be experienced in developmental disabilities caregiving practices and capable of demonstrating competency in the entire course content, including the administration of competency testing;

(b) Education and work experience:

(i) Bachelor's degree with at least two years of full-time work experience in the field of disabilities; or

(ii) High school diploma or equivalent, with four years full time work experience in the field of developmental dis-

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abilities, including two years full time direct work experience with people who have a developmental disability; and

(iii) Successful completion of the eighteen hour developmental disabilities specialty training under WAC 388-112-0120.

(c) Teaching experience:

(i) Two hundred hours of teaching experience; and

(ii) Successful completion of an adult education class as follows:

(A) For instructors teaching alternative curriculums, a class in adult education that meets the requirements of WAC 388-112-0400;

(B) For instructors teaching developmental disabilities specialty training, successful completion of the DSHS instructor qualification/demonstration process.

(e) Has been approved and contracted by the department as a community instructor.

(f) Instructors who will administer tests must have experience in assessment and competency testing.

(2) Instructors for developmental disabilities specialty training:

(a) Developmental disabilities specialty may be taught by an assisted living facility administrator (or designee), adult family home provider (or designee), or corporate trainer, who has successfully completed the mental health or manager dementia specialty course, the eighteen hour developmental disabilities specialty training, and has successfully completed the instructor qualification/demonstration process. A qualified instructor under this subsection may teach developmental disabilities specialty to long-term care workers employed at other home(s) licensed by the same licensee.

(b) Developmental disabilities specialty taught by a person who does not meet the requirements in subsection (2)(a) must meet the same requirements as the instructors for developmental disabilities specialty in subsection (1).

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0395, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0395, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0400 What must be included in a class on adult education?** A class on adult education must include content, student practice, and evaluation of student skills by the instructor in:

(1) Adult education theory and practice principles;

(2) Instructor facilitation techniques;

(3) Facilitating learning activities for adults;

(4) Administering competency testing; and

(5) Working with adults with special training needs (for example, English as a second language or learning and literacy issues).

[Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0400, filed 7/11/02, effective 8/11/02.]

## SECTION XIV—PHYSICAL RESOURCES AND STANDARD PRACTICES FOR TRAINING

**WAC 388-112-0405 What physical resources are required for classroom training and testing?** (1) Classroom facilities must be accessible to students and provide

adequate space for learning activities, comfort, lighting, lack of disturbance, and tools for effective teaching and learning such as white boards and flip charts. Appropriate supplies and equipment must be provided for teaching and practice of caregiving skills in the class being taught.

(2) Testing sites must provide adequate space for testing, comfort, lighting, and lack of disturbance appropriate for the written or skills test being conducted. Appropriate supplies and equipment necessary for the particular test must be provided.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0405, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0405, filed 7/11/02, effective 8/11/02.]

**WAC 388-112-0410 What standard training practices must be maintained for classroom training and testing?** The following training standards must be maintained for classroom training and testing:

(1) Training must not exceed eight hours within one day;

(2) Training provided in short time segments must include an entire unit, skill or concept;

(3) Training must include regular breaks; and

(4) Long-term care workers attending a classroom training must not be expected to leave the class to attend to job duties, except in an emergency.

[Statutory Authority: RCW 74.08.090, 74.09.520. WSR 13-02-023, § 388-112-0410, filed 12/20/12, effective 1/20/13. Statutory Authority: RCW 18.20.090, 70.128.040, 74.39A.050, 34.05.020, 2000 c 121, and 2002 c 233. WSR 02-15-066, § 388-112-0410, filed 7/11/02, effective 8/11/02.]