FINAL BILL REPORT SSB 6160

C 144 L 04

Synopsis as Enacted

Brief Description: Regarding fairness and accuracy in the distribution of risk in boarding homes and nursing homes.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Parlette, Keiser and Pflug).

Senate Committee on Health & Long-Term Care House Committee on Health Care

Background: The Department of Social and Health Services (DSHS) makes regular unannounced inspections of boarding homes, and responds to complaints under terms described in statute. Complaints involving imminent danger to the health, safety, or well-being of a resident must be responded to within two days. The department is authorized to take actions if licensees fail to meet licensing requirements, if they operate without a license, provide false information or interfere with inspections or investigations. Any of the above may be cause for the department to refuse an initial license, to levy civil penalties, or to suspend, revoke, or deny renewal.

Boarding home records and documents of all types, with the exception of financial records, must be made available for inspection by DSHS upon request.

Under state law, long-term care facilities may not request that residents sign waivers of potential liability for losses of personal property or injury. This has been interpreted to mean that providers may not enter into arbitration agreements with residents.

Summary: Licensed boarding homes may establish quality assurance committees to identify issues related to quality of care. The Department of Social and Health Services and the Long-Term Care Ombudsman may not request documents used and generated by these committees except under certain circumstances.

If during an inspection or re-inspection by the department, a boarding home corrects a violation or deficiency that was never found before and has caused no harm, the licensor will not cite the boarding home for the violation.

Inspections of the financial records of boarding homes is authorized if there is probable cause to believe financial obligations related to patient care or services will not be met.

Votes on Final Passage:

Senate 47 0

House 94 0 (House amended)

Senate 48 0 (Senate concurred)

Effective: March 26, 2004

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