
SECOND SUBSTITUTE SENATE BILL 5337

State of Washington

69th Legislature

2025 Regular Session

By Senate Ways & Means (originally sponsored by Senators Orwall, Frame, Hasegawa, Lovick, and Nobles)

READ FIRST TIME 02/28/25.

1 AN ACT Relating to improving dementia care in Washington by
2 creating a certification for memory care services; amending RCW
3 18.20.020, 18.20.190, 18.20.300, 18.20.320, and 18.20.525; adding new
4 sections to chapter 18.20 RCW; creating a new section; and providing
5 an expiration date.

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

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) "Memory care" is not well-defined and has no standard
9 definition in Washington. Memory care, however, is commonly
10 understood to be a form of specialized care for people living with
11 progressive memory loss or dementia. The term is most often applied
12 to assisted living communities or other residential settings that
13 offer specialized services and a specially designed environment that
14 accommodates the needs of this population;

15 (b) A growing number of assisted living facilities use memory
16 care in their names or their service descriptions and advertise
17 themselves as providing memory care, Alzheimer's care, or dementia
18 care. An informal study performed by the dementia action
19 collaborative in 2021 found that there are approximately 237 assisted
20 living facilities in Washington that advertise themselves as offering
21 memory care or specialized dementia care, and that exact terminology

1 and related available services varied. The use of the term "memory
2 care" may mean that the whole building is devoted to the care of
3 people living with dementia or that they offer a special unit or wing
4 devoted solely to memory care; and

5 (c) The lack of a standard definition for memory care has
6 resulted in differing physical environments and services from one
7 facility to another. This situation makes it difficult for consumers
8 and family members who are seeking or receiving care to understand
9 the services and staffing currently offered and that can be expected
10 as needs change over time.

11 (2) The legislature intends to create a memory care facility
12 certification for licensed assisted living facilities, managed by the
13 department of social and health services, to create a more
14 standardized definition of memory care in Washington and help
15 consumers make informed choices about receiving memory care services
16 in assisted living facilities.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.20
18 RCW to read as follows:

19 (1) After July 1, 2026, a person may not operate or maintain a
20 memory care facility or memory care unit within this state without
21 becoming certified under this section.

22 (2) To become certified by the department as a memory care
23 facility or memory care unit, a licensed assisted living facility
24 must:

25 (a) Have a valid, current license to operate the assisted living
26 facility, as required under RCW 18.20.030;

27 (b) Not have a pattern of any of the following uncorrected or
28 recurring significant enforcement actions prior to the date of
29 application:

30 (i) Citations issued in areas related to resident harm or serious
31 risk of harm, or actions or inactions resulting in serious disregard
32 for resident health, safety, or deterioration of quality of care; or

33 (ii) Civil fines based on the department's determination of
34 moderate or serious severity;

35 (c) Not have a stop placement, or any conditions on a license
36 related to resident care or any license revocation or summary
37 suspension actions prior to the date of application;

1 (d) Have permanent infrastructure that considers the specialized
2 needs of residents with dementia including elements intended to
3 prevent elopement;

4 (e) Have a staffing plan that provides staff levels in the memory
5 care unit that is adequate to respond to the assessed sleeping and
6 waking patterns and needs of residents, including awake staff 24
7 hours per day at a level that is adequate to respond to the needs of
8 residents. This shall include:

9 (i) If residents are in separate buildings or cottages, at least
10 one awake staff must be physically present in each building or
11 cottage;

12 (ii) Maintaining staffing levels adequate to routinely provide
13 assistance with eating, drinking, and cueing of eating and drinking,
14 and occasionally provide all necessary physical assistance with
15 eating for residents who require feeding assistance, including
16 cutting up food into appropriate-sized pieces and helping the
17 resident get food and liquid into their mouth. Nothing in this
18 subsection (2)(e)(ii) shall be construed as requiring a memory care
19 facility or memory care unit to provide total feeding assistance for
20 an extended or indefinite period. Memory care facilities or memory
21 care units are not required to provide or maintain feeding tubes or
22 intravenous nutrition;

23 (f) Provide a physical building structure that has access
24 sufficient to meet programming and daily activities as specified in
25 subsection (3) of this section; and

26 (g) Have developed policies and procedures to:

27 (i) Plan for and respond appropriately to memory care facility or
28 memory care unit residents who may wander;

29 (ii) Outline actions to be taken when a memory care resident is
30 missing; and

31 (iii) Outline how consultative resources for residents will be
32 obtained when needed for addressing resident behavioral challenges,
33 outline the professional or professionals who will provide the
34 consultation, and specify when and how the consultation will be
35 utilized. Relevant professionals include, but are not limited to,
36 clinical psychologists, psychiatrists, psychiatric nurse
37 practitioners, and other specialists who are familiar with the care
38 of persons with dementia.

1 (3) To maintain certification by the department as a memory care
2 facility or memory care unit, a licensed assisted living facility
3 shall:

4 (a) Comply with the plans and requirements outlined in subsection
5 (2) of this section;

6 (b) Complete a full assessment of each resident receiving
7 specialized care in the memory care facility or memory care unit, on
8 a semiannual basis at a minimum, that considers the needs of
9 residents with dementia;

10 (c) Ensure that each long-term care worker who works directly
11 with memory care residents has at least six hours of continuing
12 education per year related to dementia, including Alzheimer's
13 disease. The six hours of continuing education per year may be part
14 of other required training established in this chapter and chapter
15 18.88B RCW;

16 (d) Ensure that staff who work directly with memory care facility
17 or memory care unit residents are familiar with the comprehensive
18 disaster preparedness plan of the assisted living facility, as
19 required under RCW 18.20.525. For an assisted living facility with a
20 memory care certification, the comprehensive disaster preparedness
21 plan must include the provisions specific to the needs of residents
22 receiving certified memory care services with dementia;

23 (e) Provide programming that provides daily activities consistent
24 with the functional abilities, interests, habits, and preferences of
25 the individual residents. On a daily basis, except during the
26 activation of the disaster preparedness plan, a memory care facility
27 or memory care unit must:

28 (i) Provide residents access to:

29 (A) Opportunities for independent, self-directed activities;

30 (B) Individual activities in which a staff person or volunteer
31 engages the resident in a planned or spontaneous activity of
32 interest. Activities may include personal care activities that
33 provide opportunities for purposeful and positive interactions; and

34 (C) Group activities;

35 (ii) Offer opportunities for activities that accommodate
36 variations in a resident's mood, energy, and preferences. The memory
37 care facility or memory care unit must make appropriate activities
38 available based upon the resident's individual schedule and
39 interests, such as providing access to staff support, food, and
40 appropriate activities to residents who are awake at night;

1 (iii) Make available common areas that could be shared with other
2 residents within the assisted living facility, at least one of which
3 is outdoors, that vary by size and arrangement including, but not
4 limited to: Various size furniture groupings that encourage social
5 interaction; areas with environmental cues that may stimulate
6 activity, such as a resident kitchen or workshop; areas with activity
7 supplies and props to stimulate conversation; a garden area; and
8 paths and walkways that encourage exploration and walking. These
9 areas must accommodate and offer opportunities for individual or
10 group activity;

11 (f) Have an outdoor area for residents that:

12 (i) Is accessible to residents without staff assistance;

13 (ii) Is surrounded by walls or fences tall enough to prevent
14 typical elopement behaviors;

15 (iii) Has areas protected from direct sunlight and rain
16 throughout the day;

17 (iv) Has walking surfaces that are firm, stable, slip-resistant,
18 free from abrupt changes, and suitable for individuals using
19 wheelchairs and walkers;

20 (v) Has suitable outdoor furniture;

21 (vi) Has plants that are not poisonous or toxic to humans;

22 (vii) Has areas for appropriate outdoor activities of interest to
23 residents, such as walking paths, raised garden or flower beds, and
24 bird feeders; and

25 (viii) During extreme weather events, is monitored or access can
26 be restricted to ensure the health and well-being of the residents is
27 not adversely impacted by their time outside; and

28 (g) Ensure that areas used by residents have a residential
29 atmosphere and residents have opportunities for privacy,
30 socialization, and safe walking and wandering behaviors, including:

31 (i) Encouraging residents' individualized spaces to be furnished
32 or decorated with personal items based on resident needs and
33 preferences; and

34 (ii) Ensuring residents have access to their own rooms at all
35 times without staff assistance.

36 (4) To allow access to memory care throughout the state, the
37 department may allow conditional exemptions to subsection (3)(f) of
38 this section for locations operating in buildings constructed or
39 originally licensed prior to July 1, 2025, where an outdoor space is
40 located on a floor other than where the residents reside and an

1 alternative viewing area was created in the memory care unit, as long
2 as the viewing area:

3 (a) Is not obstructed by indoor furniture, storage areas,
4 cleaning equipment, trash receptacles, snack food or drink tables, or
5 other such encumbrances that would minimize access to the viewing
6 area;

7 (b) Does not serve as a hallway or an additionally required
8 community space such as a dining area or activity room;

9 (c) Does not house mobile health care services, such as home
10 health, podiatrist, and dental services, or other purposes;

11 (d) Is a community space not within the residents' room; and

12 (e) Has windows that have an unobstructed and viewable height
13 accessible by wheelchair.

14 (5) The department shall maintain a register of assisted living
15 facilities that are certified as memory care facilities or memory
16 care units and shall make this register available to the public and
17 consumers.

18 (6) An assisted living facility must apply to the department to
19 become certified, pay any fees including the initial certification
20 and the annual certification fees, and provide any information as the
21 department requires by rule to demonstrate the facility meets the
22 requirements of subsection (2) of this section and any implementing
23 rules.

24 (7) During the course of its regular licensing inspection
25 activities, the department shall review whether a certified memory
26 care facility or memory care unit continues to comply with
27 requirements in this section.

28 (8) Any assisted living facility with a certified memory care
29 facility or memory care unit that goes through a change of ownership
30 shall submit an application for certification as a memory care
31 facility at the same time that it applies for an assisted living
32 facility license through a change of ownership proceeding.

33 (9) The department shall provide a current certification document
34 to the memory care facility or memory care unit and require that the
35 document is posted in a public area for residents, their families,
36 and visitors to view upon entering the main entrance of the memory
37 care facility or memory care unit.

38 (10) The department shall adopt rules to implement this section.

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

3 The department shall adopt rules on how currently operating
4 memory care facilities or memory care units applying for
5 certification shall operate during the certification application
6 process. These rules may include where the department may, at its
7 sole discretion, grant conditional exemptions on a case-by-case basis
8 for facilities operating before July 1, 2026, to prevent disruption
9 of services or displacement of residents.

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

12 The legislature finds that the practices covered by section 2(1)
13 of this act, the operation of a memory care facility without a
14 certification, are matters vitally affecting the public interest for
15 the purpose of applying the consumer protection act, chapter 19.86
16 RCW. A violation of this chapter is not reasonable in relation to the
17 development and preservation of business and is an unfair or
18 deceptive act in trade or commerce and an unfair method of
19 competition for the purpose of applying the consumer protection act,
20 chapter 19.86 RCW.

21 **Sec. 5.** RCW 18.20.020 and 2020 c 312 s 726 are each amended to
22 read as follows:

23 The definitions in this section apply throughout this chapter
24 unless the context clearly requires otherwise.

25 (1) "Adult day services" means care and services provided to a
26 nonresident individual by the assisted living facility on the
27 assisted living facility premises, for a period of time not to exceed
28 ten continuous hours, and does not involve an overnight stay.

29 (2) "Assisted living facility" means any home or other
30 institution, however named, which is advertised, announced, or
31 maintained for the express or implied purpose of providing housing,
32 basic services, and assuming general responsibility for the safety
33 and well-being of the residents, and may also provide domiciliary
34 care, consistent with chapter 142, Laws of 2004, to seven or more
35 residents after July 1, 2000. However, an assisted living facility
36 that is licensed for three to six residents prior to or on July 1,
37 2000, may maintain its assisted living facility license as long as it
38 is continually licensed as an assisted living facility. "Assisted

1 living facility" shall not include facilities certified as group
2 training homes pursuant to RCW 71A.22.040, nor any home, institution
3 or section thereof which is otherwise licensed and regulated under
4 the provisions of state law providing specifically for the licensing
5 and regulation of such home, institution or section thereof. Nor
6 shall it include any independent senior housing, independent living
7 units in continuing care retirement communities, or other similar
8 living situations including those subsidized by the department of
9 housing and urban development.

10 (3) "Basic services" means housekeeping services, meals,
11 nutritious snacks, laundry, and activities.

12 (4) "Dementia" means the irreversible loss of cognitive or
13 intellectual function such as thinking, remembering, and reasoning so
14 severe that it interferes with an individual's daily functioning and
15 everyday life. "Dementia" is not a specific diagnosis, but rather a
16 group of symptoms that accompany certain diseases or conditions
17 including, but not limited to, Alzheimer's disease, vascular
18 dementia, frontotemporal dementia, Lewy body dementia, alcohol-
19 related dementia, and major neurocognitive disorder. "Dementia" does
20 not include temporary or reversible destabilization due to delirium
21 or behavioral or mental health disorders.

22 (5) "Department" means the state department of social and health
23 services.

24 ((+5)) (6) "Domiciliary care" means: Assistance with activities
25 of daily living provided by the assisted living facility either
26 directly or indirectly; or health support services, if provided
27 directly or indirectly by the assisted living facility; or
28 intermittent nursing services, if provided directly or indirectly by
29 the assisted living facility.

30 ((+6)) (7) "General responsibility for the safety and well-being
31 of the resident" means the provision of the following: Prescribed
32 general low sodium diets; prescribed general diabetic diets;
33 prescribed mechanical soft foods; emergency assistance; monitoring of
34 the resident; arranging health care appointments with outside health
35 care providers and reminding residents of such appointments as
36 necessary; coordinating health care services with outside health care
37 providers consistent with RCW 18.20.380; assisting the resident to
38 obtain and maintain glasses, hearing aids, dentures, canes, crutches,
39 walkers, wheelchairs, and assistive communication devices;
40 observation of the resident for changes in overall functioning; blood

1 pressure checks as scheduled; responding appropriately when there are
2 observable or reported changes in the resident's physical, mental, or
3 emotional functioning; or medication assistance as permitted under
4 RCW 69.41.085 and as defined in RCW 69.41.010.

5 ~~((7))~~ (8) "Legal representative" means a person or persons
6 identified in RCW 7.70.065 who may act on behalf of the resident
7 pursuant to the scope of their legal authority. The legal
8 representative shall not be affiliated with the licensee, assisted
9 living facility, or management company, unless the affiliated person
10 is a family member of the resident.

11 ~~((8))~~ (9) "Memory care facility" or "memory care unit" means
12 any assisted living facility which markets, or otherwise represents,
13 itself as providing memory care or specialized dementia care
14 services, whether as a facility dedicated solely to serving residents
15 with dementia or within a dedicated unit or wing within a larger
16 facility. An assisted living facility does not need to specifically
17 use the terms "memory care facility," "specialized dementia care," or
18 similar terms in its name to be considered a memory care facility
19 under this chapter. If any part of an assisted living facility has
20 restricted egress that prevents residents with cognitive impairment
21 from leaving the facility without accompaniment by staff or another
22 individual, it is sufficient to be considered as a memory care
23 facility or memory care unit requiring certification under section 2
24 of this act.

25 (10) "Memory care services" and "specialized dementia care
26 services" means services offered and provided in addition to the
27 domiciliary care services provided by the assisted living facility
28 that are responsive to the typical needs of an individual with
29 dementia.

30 (11) "Nonresident individual" means a person who resides in
31 independent senior housing, independent living units in continuing
32 care retirement communities, or in other similar living environments
33 or in an unlicensed room located within an assisted living facility.
34 Nothing in this chapter prohibits nonresidents from receiving one or
35 more of the services listed in RCW 18.20.030(5) or requires licensure
36 as an assisted living facility when one or more of the services
37 listed in RCW 18.20.030(5) are provided to nonresidents. A
38 nonresident individual may not receive domiciliary care, as defined
39 in this chapter, directly or indirectly by the assisted living
40 facility and may not receive the items and services listed in

1 subsection (~~(6)~~) (7) of this section, except during the time the
2 person is receiving adult day services as defined in this section.

3 (~~(9)~~) (12) "Person" means any individual, firm, partnership,
4 corporation, company, association, or joint stock association, and
5 the legal successor thereof.

6 (~~(10)~~) (13) "Resident" means an individual who is not related
7 by blood or marriage to the operator of the assisted living facility,
8 and by reason of age or disability, chooses to reside in the assisted
9 living facility and receives basic services and one or more of the
10 services listed under general responsibility for the safety and well-
11 being of the resident and may receive domiciliary care or respite
12 care provided directly or indirectly by the assisted living facility
13 and shall be permitted to receive hospice care through an outside
14 service provider when arranged by the resident or the resident's
15 legal representative under RCW 18.20.380.

16 (~~(11)~~) (14) "Resident applicant" means an individual who is
17 seeking admission to a licensed assisted living facility and who has
18 completed and signed an application for admission, or such
19 application for admission has been completed and signed in their
20 behalf by their legal representative if any, and if not, then the
21 designated representative if any.

22 (~~(12)~~) (15) "Resident's representative" means a person
23 designated voluntarily by a competent resident, in writing, to act in
24 the resident's behalf concerning the care and services provided by
25 the assisted living facility and to receive information from the
26 assisted living facility, if there is no legal representative. The
27 resident's competence shall be determined using the criteria in
28 chapter 11.130 RCW. The resident's representative may not be
29 affiliated with the licensee, assisted living facility, or management
30 company, unless the affiliated person is a family member of the
31 resident. The resident's representative shall not have authority to
32 act on behalf of the resident once the resident is no longer
33 competent.

34 (~~(13)~~) (16) "Secretary" means the secretary of social and
35 health services.

36 **Sec. 6.** RCW 18.20.190 and 2018 c 173 s 4 are each amended to
37 read as follows:

38 (1) The department of social and health services is authorized to
39 take one or more of the actions listed in subsection (2) of this

1 section in any case in which the department finds that an assisted
2 living facility provider has:

3 (a) Failed or refused to comply with the requirements of this
4 chapter or the rules adopted under this chapter;

5 (b) Operated an assisted living facility without a license or
6 under a revoked license;

7 (c) Knowingly, or with reason to know, made a false statement of
8 material fact on his or her application for license or any data
9 attached thereto, or in any matter under investigation by the
10 department; ((~~or~~))

11 (d) Willfully prevented or interfered with any inspection or
12 investigation by the department;

13 (e) Continued to use terminology such as "memory care facility"
14 or "dementia care facility" without having been issued a certificate
15 under section 2 of this act; or

16 (f) Continued to operate a facility or unit within a facility
17 that has restricted egress without having been issued a certificate
18 under section 2 of this act.

19 (2) When authorized by subsection (1) of this section, the
20 department may take one or more of the following actions, using a
21 tiered sanction grid that considers the extent of harm from the
22 deficiency and the regularity of the occurrence of the deficiency
23 when imposing civil fines:

24 (a) Refuse to issue a license;

25 (b) Impose reasonable conditions on a license, such as correction
26 within a specified time, training, and limits on the type of clients
27 the provider may admit or serve;

28 (c) Impose civil penalties of at least one hundred dollars per
29 day per violation. Until July 1, 2019, the civil penalties may not
30 exceed one thousand dollars per day per violation. Beginning July 1,
31 2019, through June 30, 2020, the civil penalties may not exceed two
32 thousand dollars per day per violation. Beginning July 1, 2020, the
33 civil penalties may not exceed three thousand dollars per day per
34 violation;

35 (d) Impose civil penalties of up to ten thousand dollars for a
36 current or former licensed provider who is operating an unlicensed
37 facility, uncertified memory care facility, or uncertified memory
38 care unit;

39 (e) Suspend, revoke, or refuse to renew a license or memory care
40 certification;

1 (f) Suspend admissions to the assisted living facility, memory
2 care facility, or memory care unit by imposing stop placement; or

3 (g) Suspend admission of a specific category or categories of
4 residents as related to the violation by imposing a limited stop
5 placement.

6 (3) When the department orders stop placement or a limited stop
7 placement, the facility shall not admit any new resident until the
8 stop placement or limited stop placement order is terminated. The
9 department may approve readmission of a resident to the facility from
10 a hospital or nursing home during the stop placement or limited stop
11 placement. The department shall terminate the stop placement or
12 limited stop placement when: (a) The violations necessitating the
13 stop placement or limited stop placement have been corrected; and (b)
14 the provider exhibits the capacity to maintain correction of the
15 violations previously found deficient. However, if upon the revisit
16 the department finds new violations that the department reasonably
17 believes will result in a new stop placement or new limited stop
18 placement, the previous stop placement or limited stop placement
19 shall remain in effect until the new stop placement or new limited
20 stop placement is imposed.

21 (4) After a department finding of a violation for which a stop
22 placement or limited stop placement has been imposed, the department
23 shall make an on-site revisit of the provider within fifteen working
24 days from the request for revisit, to ensure correction of the
25 violation. For violations that are serious or recurring or
26 uncorrected following a previous citation, and create actual or
27 threatened harm to one or more residents' well-being, including
28 violations of residents' rights, the department shall make an on-site
29 revisit as soon as appropriate to ensure correction of the violation.
30 Verification of correction of all other violations may be made by
31 either a department on-site revisit or by written or photographic
32 documentation found by the department to be credible. This subsection
33 does not prevent the department from enforcing license suspensions or
34 revocations. Nothing in this subsection shall interfere with or
35 diminish the department's authority and duty to ensure that the
36 provider adequately cares for residents, including to make
37 departmental on-site revisits as needed to ensure that the provider
38 protects residents, and to enforce compliance with this chapter.

39 (5) RCW 43.20A.205 governs notice of a license denial,
40 revocation, suspension, or modification. Chapter 34.05 RCW applies to

1 department actions under this section, except that orders of the
2 department imposing license suspension, stop placement, limited stop
3 placement, or conditions for continuation of a license are effective
4 immediately upon notice and shall continue pending any hearing.

5 (6) All receipts from civil penalties imposed under this chapter
6 must be deposited in the assisted living facility temporary
7 management account created in RCW 18.20.430.

8 (7) For the purposes of this section, "limited stop placement"
9 means the ability to suspend admission of a specific category or
10 categories of residents.

11 **Sec. 7.** RCW 18.20.300 and 2012 c 10 s 19 are each amended to
12 read as follows:

13 (1) An assisted living facility, licensed under this chapter, may
14 provide domiciliary care services, as defined in this chapter, and
15 shall disclose the scope of care and services that it chooses to
16 provide.

17 (2) (a) The assisted living facility licensee shall disclose to
18 the residents, the residents' legal representative if any, and if
19 not, the residents' representative if any, and to interested
20 consumers upon request, the scope of care and services offered, using
21 the form developed and provided by the department, in addition to any
22 supplemental information that may be provided by the licensee. The
23 form that the department develops shall be standardized, reasonable
24 in length, and easy to read. The assisted living facility's
25 disclosure statement shall indicate the scope of domiciliary care
26 assistance provided and shall indicate that it permits the resident
27 or the resident's legal representative to independently arrange for
28 outside services under RCW 18.20.380.

29 (b) For assisted living facilities certified as memory care
30 facilities or memory care units under section 2 of this act, the
31 facility must provide an additional disclosure that includes a
32 description of staffing coverage for the memory care facility or the
33 memory care unit, including the number of awake staff that will be
34 available overnight and the regular direct care staffing level per
35 bed in the memory care facility or memory care unit. Residents of the
36 certified memory care facility or memory care unit and their resident
37 representatives as defined in RCW 70.129.010, when relevant, shall be
38 informed of any significant changes in scope of services or staffing
39 within 30 days of the change.

1 (c) The department shall define significant change in scope of
2 services or staffing for a certified memory care facility or memory
3 care unit and provide an example of an accepted disclosure form to
4 the facilities and units for their use in rule.

5 (3) (a) If the assisted living facility licensee decreases the
6 scope of services that it provides due to circumstances beyond the
7 licensee's control, the licensee shall provide a minimum of thirty
8 days' written notice to the residents, the residents' legal
9 representative if any, and if not, the residents' representative if
10 any, before the effective date of the decrease in the scope of care
11 or services provided.

12 (b) If the licensee voluntarily decreases the scope of services,
13 and any such decrease in the scope of services provided will result
14 in the discharge of one or more residents, then ninety days' written
15 notice shall be provided prior to the effective date of the decrease.
16 Notice shall be provided to the affected residents, the residents'
17 legal representative if any, and if not, the residents'
18 representative if any.

19 (c) If the assisted living facility licensee increases the scope
20 of services that it chooses to provide, the licensee shall promptly
21 provide written notice to the residents, the residents' legal
22 representative if any, and if not, the residents' representative if
23 any, and shall indicate the date on which the increase in the scope
24 of care or services is effective.

25 (4) When the care needs of a resident exceed the disclosed scope
26 of care or services that an assisted living facility licensee
27 provides, the licensee may exceed the care or services disclosed
28 consistent with RCW 70.129.030(3) and 70.129.110(3)(a). Providing
29 care or services to a resident that exceed the care and services
30 disclosed may or may not mean that the provider is capable of or
31 required to provide the same care or services to other residents.

32 (5) Even though the assisted living facility licensee may
33 disclose that it can provide certain care or services to resident
34 applicants or to their legal representative if any, and if not, to
35 the resident applicants' representative if any, the licensee may deny
36 admission to a resident applicant when the licensee determines that
37 the needs of the resident applicant cannot be met, as long as the
38 provider operates in compliance with state and federal law, including
39 RCW 70.129.030(3).

1 (6) The disclosure form is intended to assist consumers in
2 selecting assisted living facility services and, therefore, shall not
3 be construed as an implied or express contract between the assisted
4 living facility licensee and the resident.

5 **Sec. 8.** RCW 18.20.320 and 2012 c 10 s 21 are each amended to
6 read as follows:

7 (1) The assisted living facility licensee may choose to provide
8 any of the following health support services, however, the facility
9 may or may not need to provide additional health support services to
10 comply with the reasonable accommodation requirements in federal or
11 state law:

12 (a) Blood glucose testing;

13 (b) Puree diets;

14 (c) Calorie controlled diabetic diets;

15 (d) Dementia care, unless the assisted living facility is
16 certified as a memory care facility or memory care unit under section
17 2 of this act;

18 (e) Mental health care; and

19 (f) Developmental disabilities care.

20 (2) The licensee shall clarify on the disclosure form any
21 limitations, additional services, or conditions that may apply.

22 (3) In providing health support services, the assisted living
23 facility shall observe the resident for changes in overall
24 functioning and respond appropriately when there are observable or
25 reported changes in the resident's physical, mental, or emotional
26 functioning.

27 **Sec. 9.** RCW 18.20.525 and 2021 c 159 s 5 are each amended to
28 read as follows:

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

1 comprehensive disaster preparedness plan and related staff
2 procedures.

3 (2) The department shall adopt rules governing the comprehensive
4 disaster preparedness plan. At a minimum, the rules must address:
5 Timely communication with the residents' emergency contacts; timely
6 communication with state and local agencies, long-term care ombuds,
7 and developmental disabilities ombuds; contacting and requesting
8 emergency assistance; on-duty employees' responsibilities; meeting
9 residents' essential needs; procedures to identify and locate
10 residents; and procedures to provide emergency information to provide
11 for the health and safety of residents. In addition, the rules shall
12 establish standards for maintaining personal protective equipment and
13 infection control capabilities, as well as department inspection
14 procedures with respect to the plans.

15 (3) For assisted living facilities certified as memory care
16 facilities or memory care units under section 2 of this act,
17 comprehensive disaster preparedness plans must specifically consider
18 the needs of residents with dementia.

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