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**SENATE BILL 5337**

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**State of Washington**

**69th Legislature**

**2025 Regular Session**

**By** Senators Orwall, Frame, Hasegawa, Lovick, and Nobles

Read first time 01/17/25. Referred to Committee on Health & Long-Term Care.

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) Provide proof of valid contract with the department to  
26 provide dementia care services at an enhanced rate for medicaid  
27 clients; or

28 (b) (i) Have a valid, current license to operate the assisted  
29 living facility, as required under RCW 18.20.030;

30 (ii) Not have any of the following uncorrected significant  
31 enforcement actions in the 12 months prior to the date of  
32 application:

33 (A) Citations issued in areas that adversely affect resident  
34 care;

35 (B) Civil fines based on the department's determination of  
36 moderate or serious severity;

37 (C) A stop placement, or any conditions on a license related to  
38 resident care; or

39 (D) Any license revocation or summary suspension actions;

1 (iii) Not have an established pattern of repeated citations or  
2 significant enforcement actions that adversely affect resident care  
3 in the 24 months prior to the date of application;

4 (iv) Have permanent building structure that provides a separate  
5 wing, unit, or building for memory care where residents will reside  
6 and that meets the needs of residents with dementia, including  
7 elements intended to prevent elopement such as restricted egress;

8 (v) Complete a full assessment of each resident receiving care in  
9 the memory care facility or memory care unit on at a minimum a  
10 semiannual basis that includes a generalized dementia care  
11 assessment;

12 (vi) Maintain staffing levels in the memory care portions of the  
13 assisted living facility that are appropriate to meet the unique  
14 needs of residents with dementia, including:

15 (A) Maintaining awake staff 24 hours per day at a level that is  
16 adequate to respond to the assessed sleeping and waking patterns and  
17 needs of residents;

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

29 (C) Ensuring that each staff member who works directly with  
30 memory care residents has at least six hours of continuing education  
31 per year related to dementia, including Alzheimer's disease. The six  
32 hours of continuing education per year may be part of other required  
33 training established in this chapter and chapter 18.88B RCW.  
34 Appropriate topics include, but are not limited to:

35 (I) Caregiving strategies and skills for agitation and de-  
36 escalation;

37 (II) Challenging behaviors, including strategies for managing  
38 aggression and sexual behavior;

39 (III) Delusions and hallucinations;

1 (IV) Problem-solving strategies and person-centered focus in  
2 dementia care;

3 (V) Depression and dementia;

4 (VI) Fall prevention for people with dementia;

5 (VII) Personal care as meaningful activity;

6 (VIII) Adequate food and fluid consumption;

7 (IX) Pleasant and purposeful activity;

8 (X) Caregiving strategies for resistance to care;

9 (XI) Recognition and assessment of pain in people with dementia;

10 and

11 (XII) Transition and coordination of services; and

12 (D) Ensuring that staff who work directly with memory care  
13 facility or memory care unit residents are familiar with the assisted  
14 living facility's comprehensive disaster preparedness plan, as  
15 required under RCW 18.20.525, including the provisions specific to  
16 the needs of residents with dementia;

17 (vii) Provide programming that provides daily activities  
18 consistent with the functional abilities, interests, habits, and  
19 preferences of the individual residents. On a daily basis, except  
20 during the activation of the disaster preparedness plan, a memory  
21 care facility or memory care unit must:

22 (A) Provide residents access to:

23 (I) Opportunities for independent, self-directed activities;

24 (II) Individual activities in which a staff person or volunteer  
25 engages the resident in a planned or spontaneous activity of  
26 interest. Activities may include personal care activities that  
27 provide opportunities for purposeful and positive interactions; and

28 (III) Group activities;

29 (B) Offer opportunities for activities that accommodate  
30 variations in a resident's mood, energy, and preferences. The memory  
31 care facility or memory care unit must make appropriate activities  
32 available based upon the resident's individual schedule and  
33 interests, such as providing access to staff support, food, and  
34 appropriate activities to residents who are awake at night;

35 (C) Make available multiple common areas that could be shared  
36 with other residents within the assisted living facility, at least  
37 one of which is outdoors when possible, that vary by size and  
38 arrangement including, but not limited to: Various size furniture  
39 groupings that encourage social interaction; areas with environmental  
40 cues that may stimulate activity, such as a resident kitchen or

1 workshop; areas with activity supplies and props to stimulate  
2 conversation; a garden area; and paths and walkways that encourage  
3 exploration and walking. These areas must accommodate and offer  
4 opportunities for individual or group activity;

5 (viii) Have an outdoor area for residents that:

6 (A) Is accessible to residents without staff assistance;

7 (B) Is surrounded by walls or fences at least 72 inches high;

8 (C) Has areas protected from direct sunlight and rain throughout  
9 the day;

10 (D) Has walking surfaces that are firm, stable, slip-resistant,  
11 free from abrupt changes, and suitable for individuals using  
12 wheelchairs and walkers;

13 (E) Has suitable outdoor furniture;

14 (F) Has plants that are not poisonous or toxic to humans;

15 (G) Has areas for appropriate outdoor activities of interest to  
16 residents, such as walking paths, raised garden or flower beds, and  
17 bird feeders; and

18 (H) During extreme weather events, is monitored to ensure the  
19 health and well-being of the residents is not adversely impacted by  
20 their time outside;

21 (ix) Ensure that areas used by residents have a residential  
22 atmosphere and residents have opportunities for privacy,  
23 socialization, and safe walking and wandering behaviors, including:

24 (A) Encouraging residents' individualized spaces to be furnished  
25 or decorated with personal items based on resident needs and  
26 preferences; and

27 (B) Ensuring residents have access to their own rooms at all  
28 times without staff assistance; and

29 (x) Have developed policies and procedures to:

30 (A) Plan for and respond appropriately to memory care facility or  
31 memory care unit residents who may wander;

32 (B) Outline actions to be taken when a memory care resident is  
33 missing; and

34 (C) Outline how consultative resources to address resident  
35 behavioral challenges for residents will be obtained when needed,  
36 outline the professional or professionals who will provide the  
37 consultation, and specify when and how the consultation will be  
38 utilized. Relevant professionals include, but are not limited to,  
39 clinical psychologists, psychiatrists, psychiatric nurse

1 practitioners, and other behavioral health specialists who are  
2 familiar with the care of persons with dementia.

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

7 (4) An assisted living facility must apply to the department to  
8 become certified and pay any fees and provide any information as the  
9 department requires by rule to demonstrate the facility meets the  
10 requirements of subsection (2) of this section and any implementing  
11 rules.

12 (5) During the course of its regular licensing inspection  
13 activities, the department shall review whether a certified memory  
14 care facility or memory care unit continues to comply with  
15 requirements in this section.

16 (6) Any assisted living facility that goes through a change of  
17 ownership shall submit an application for certification as a memory  
18 care facility at the same time that it applies for an assisted living  
19 facility license through a change of ownership proceeding.

20 (7) The department shall provide a current registration document  
21 to the memory care facility or memory care unit and require that the  
22 document is posted in a public area for residents, their families,  
23 and visitors to view upon entering the main entrance of the memory  
24 care facility or memory care unit.

25 (8) The department shall adopt rules to implement this section.

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

28 (1) The department shall adopt rules on how currently operating  
29 memory care facilities or memory care units applying for  
30 certification shall operate during the certification application  
31 process.

32 (2) This section expires December 1, 2028.

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

35 (1) The legislature finds that the practices covered by section  
36 2(1) of this act, the operation of a memory care facility without a  
37 certification, are matters vitally affecting the public interest for  
38 the purpose of applying the consumer protection act, chapter 19.86

1 RCW. A violation of this chapter is not reasonable in relation to the  
2 development and preservation of business and is an unfair or  
3 deceptive act in trade or commerce and an unfair method of  
4 competition for the purpose of applying the consumer protection act,  
5 chapter 19.86 RCW.

6 (2) This chapter may be enforced by the attorney general under  
7 the consumer protection act, chapter 19.86 RCW.

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

10 The definitions in this section apply throughout this chapter  
11 unless the context clearly requires otherwise.

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

16 (2) "Assisted living facility" means any home or other  
17 institution, however named, which is advertised, announced, or  
18 maintained for the express or implied purpose of providing housing,  
19 basic services, and assuming general responsibility for the safety  
20 and well-being of the residents, and may also provide domiciliary  
21 care, consistent with chapter 142, Laws of 2004, to seven or more  
22 residents after July 1, 2000. However, an assisted living facility  
23 that is licensed for three to six residents prior to or on July 1,  
24 2000, may maintain its assisted living facility license as long as it  
25 is continually licensed as an assisted living facility. "Assisted  
26 living facility" shall not include facilities certified as group  
27 training homes pursuant to RCW 71A.22.040, nor any home, institution  
28 or section thereof which is otherwise licensed and regulated under  
29 the provisions of state law providing specifically for the licensing  
30 and regulation of such home, institution or section thereof. Nor  
31 shall it include any independent senior housing, independent living  
32 units in continuing care retirement communities, or other similar  
33 living situations including those subsidized by the department of  
34 housing and urban development.

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

37 (4) "Dementia" means the irreversible loss of cognitive or  
38 intellectual function such as thinking, remembering, and reasoning so  
39 severe that it interferes with an individual's daily functioning and

1 everyday life. "Dementia" is not a specific diagnosis, but rather a  
2 group of symptoms that accompany certain diseases or conditions  
3 including, but not limited to, Alzheimer's disease, vascular  
4 dementia, frontotemporal dementia, Lewy body dementia, alcohol-  
5 related dementia, and major neurocognitive disorder. "Dementia" does  
6 not include temporary or reversible destabilization due to delirium  
7 or behavioral or mental health disorders.

8 (5) "Department" means the state department of social and health  
9 services.

10 ((+5)) (6) "Domiciliary care" means: Assistance with activities  
11 of daily living provided by the assisted living facility either  
12 directly or indirectly; or health support services, if provided  
13 directly or indirectly by the assisted living facility; or  
14 intermittent nursing services, if provided directly or indirectly by  
15 the assisted living facility.

16 ((+6)) (7) "General responsibility for the safety and well-being  
17 of the resident" means the provision of the following: Prescribed  
18 general low sodium diets; prescribed general diabetic diets;  
19 prescribed mechanical soft foods; emergency assistance; monitoring of  
20 the resident; arranging health care appointments with outside health  
21 care providers and reminding residents of such appointments as  
22 necessary; coordinating health care services with outside health care  
23 providers consistent with RCW 18.20.380; assisting the resident to  
24 obtain and maintain glasses, hearing aids, dentures, canes, crutches,  
25 walkers, wheelchairs, and assistive communication devices;  
26 observation of the resident for changes in overall functioning; blood  
27 pressure checks as scheduled; responding appropriately when there are  
28 observable or reported changes in the resident's physical, mental, or  
29 emotional functioning; or medication assistance as permitted under  
30 RCW 69.41.085 and as defined in RCW 69.41.010.

31 ((+7)) (8) "Legal representative" means a person or persons  
32 identified in RCW 7.70.065 who may act on behalf of the resident  
33 pursuant to the scope of their legal authority. The legal  
34 representative shall not be affiliated with the licensee, assisted  
35 living facility, or management company, unless the affiliated person  
36 is a family member of the resident.

37 ((+8)) (9) "Memory care facility" or "memory care unit" means  
38 any assisted living facility which markets, or otherwise represents,  
39 itself as providing memory care or specialized dementia care  
40 services, whether as a facility dedicated solely to serving residents



1 with dementia or within a dedicated unit or wing within a larger  
2 facility. An assisted living facility does not need to specifically  
3 use the terms "memory care facility," "specialized dementia care," or  
4 similar terms in its advertising or name to be considered a memory  
5 care facility under this chapter. If any part of an assisted living  
6 facility has restricted egress, it is sufficient to be considered as  
7 a memory care facility or memory care unit under this chapter.

8 (10) "Memory care services" and "specialized dementia care  
9 services" means services offered and provided in addition to the  
10 domiciliary care services provided by the assisted living facility  
11 that are responsive to the typical needs of an individual with  
12 dementia and provided to residents within a facility with restricted  
13 egress dedicated solely to serving residents with dementia or within  
14 a dedicated unit or wing with restricted egress within a larger  
15 facility.

16 (11) "Nonresident individual" means a person who resides in  
17 independent senior housing, independent living units in continuing  
18 care retirement communities, or in other similar living environments  
19 or in an unlicensed room located within an assisted living facility.  
20 Nothing in this chapter prohibits nonresidents from receiving one or  
21 more of the services listed in RCW 18.20.030(5) or requires licensure  
22 as an assisted living facility when one or more of the services  
23 listed in RCW 18.20.030(5) are provided to nonresidents. A  
24 nonresident individual may not receive domiciliary care, as defined  
25 in this chapter, directly or indirectly by the assisted living  
26 facility and may not receive the items and services listed in  
27 subsection ((+6+)) (7) of this section, except during the time the  
28 person is receiving adult day services as defined in this section.

29 ((+9+)) (12) "Person" means any individual, firm, partnership,  
30 corporation, company, association, or joint stock association, and  
31 the legal successor thereof.

32 ((+10+)) (13) "Resident" means an individual who is not related  
33 by blood or marriage to the operator of the assisted living facility,  
34 and by reason of age or disability, chooses to reside in the assisted  
35 living facility and receives basic services and one or more of the  
36 services listed under general responsibility for the safety and well-  
37 being of the resident and may receive domiciliary care or respite  
38 care provided directly or indirectly by the assisted living facility  
39 and shall be permitted to receive hospice care through an outside

1 service provider when arranged by the resident or the resident's  
2 legal representative under RCW 18.20.380.

3 ~~((11))~~ (14) "Resident applicant" means an individual who is  
4 seeking admission to a licensed assisted living facility and who has  
5 completed and signed an application for admission, or such  
6 application for admission has been completed and signed in their  
7 behalf by their legal representative if any, and if not, then the  
8 designated representative if any.

9 ~~((12))~~ (15) "Resident's representative" means a person  
10 designated voluntarily by a competent resident, in writing, to act in  
11 the resident's behalf concerning the care and services provided by  
12 the assisted living facility and to receive information from the  
13 assisted living facility, if there is no legal representative. The  
14 resident's competence shall be determined using the criteria in  
15 chapter 11.130 RCW. The resident's representative may not be  
16 affiliated with the licensee, assisted living facility, or management  
17 company, unless the affiliated person is a family member of the  
18 resident. The resident's representative shall not have authority to  
19 act on behalf of the resident once the resident is no longer  
20 competent.

21 ~~((13))~~ (16) "Secretary" means the secretary of social and  
22 health services.

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

25 (1) The department of social and health services is authorized to  
26 take one or more of the actions listed in subsection (2) of this  
27 section in any case in which the department finds that an assisted  
28 living facility provider has:

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

31 (b) Operated an assisted living facility without a license or  
32 under a revoked license;

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

37 (d) Willfully prevented or interfered with any inspection or  
38 investigation by the department;

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

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

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

12 (a) Refuse to issue a license;

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

16 (c) Impose civil penalties of at least one hundred dollars per  
17 day per violation. Until July 1, 2019, the civil penalties may not  
18 exceed one thousand dollars per day per violation. Beginning July 1,  
19 2019, through June 30, 2020, the civil penalties may not exceed two  
20 thousand dollars per day per violation. Beginning July 1, 2020, the  
21 civil penalties may not exceed three thousand dollars per day per  
22 violation;

23 (d) Impose civil penalties of up to ten thousand dollars for a  
24 current or former licensed provider who is operating an unlicensed  
25 facility, uncertified memory care facility, or uncertified memory  
26 care unit;

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

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

31 (g) Suspend admission of a specific category or categories of  
32 residents as related to the violation by imposing a limited stop  
33 placement.

34 (3) When the department orders stop placement or a limited stop  
35 placement, the facility shall not admit any new resident until the  
36 stop placement or limited stop placement order is terminated. The  
37 department may approve readmission of a resident to the facility from  
38 a hospital or nursing home during the stop placement or limited stop  
39 placement. The department shall terminate the stop placement or  
40 limited stop placement when: (a) The violations necessitating the

1 stop placement or limited stop placement have been corrected; and (b)  
2 the provider exhibits the capacity to maintain correction of the  
3 violations previously found deficient. However, if upon the revisit  
4 the department finds new violations that the department reasonably  
5 believes will result in a new stop placement or new limited stop  
6 placement, the previous stop placement or limited stop placement  
7 shall remain in effect until the new stop placement or new limited  
8 stop placement is imposed.

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

27 (5) RCW 43.20A.205 governs notice of a license denial,  
28 revocation, suspension, or modification. Chapter 34.05 RCW applies to  
29 department actions under this section, except that orders of the  
30 department imposing license suspension, stop placement, limited stop  
31 placement, or conditions for continuation of a license are effective  
32 immediately upon notice and shall continue pending any hearing.

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

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

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

3       (1) An assisted living facility, licensed under this chapter, may  
4 provide domiciliary care services, as defined in this chapter, and  
5 shall disclose the scope of care and services that it chooses to  
6 provide.

7       (2)(a) The assisted living facility licensee shall disclose to  
8 the residents, the residents' legal representative if any, and if  
9 not, the residents' representative if any, and to interested  
10 consumers upon request, the scope of care and services offered, using  
11 the form developed and provided by the department, in addition to any  
12 supplemental information that may be provided by the licensee. The  
13 form that the department develops shall be standardized, reasonable  
14 in length, and easy to read. The assisted living facility's  
15 disclosure statement shall indicate the scope of domiciliary care  
16 assistance provided and shall indicate that it permits the resident  
17 or the resident's legal representative to independently arrange for  
18 outside services under RCW 18.20.380.

19       (b) For assisted living facilities certified as memory care  
20 facilities or memory care units under section 2 of this act, the  
21 disclosure and any notices of decrease in scope of services, as  
22 established by the department in rule, must include a description of  
23 staffing coverage for the memory care facility or the memory care  
24 unit, including the number of awake staff that will be available  
25 overnight and the regular direct care staffing level per bed in the  
26 memory care facility or memory care unit. The department shall  
27 provide an example of an accepted disclosure form to facilities and  
28 units for their use.

29       (3)(a) If the assisted living facility licensee decreases the  
30 scope of services that it provides due to circumstances beyond the  
31 licensee's control, the licensee shall provide a minimum of thirty  
32 days' written notice to the residents, the residents' legal  
33 representative if any, and if not, the residents' representative if  
34 any, before the effective date of the decrease in the scope of care  
35 or services provided.

36       (b) If the licensee voluntarily decreases the scope of services,  
37 and any such decrease in the scope of services provided will result  
38 in the discharge of one or more residents, then ninety days' written  
39 notice shall be provided prior to the effective date of the decrease.  
40 Notice shall be provided to the affected residents, the residents'

1 legal representative if any, and if not, the residents'  
2 representative if any.

3 (c) If the assisted living facility licensee increases the scope  
4 of services that it chooses to provide, the licensee shall promptly  
5 provide written notice to the residents, the residents' legal  
6 representative if any, and if not, the residents' representative if  
7 any, and shall indicate the date on which the increase in the scope  
8 of care or services is effective.

9 (4) When the care needs of a resident exceed the disclosed scope  
10 of care or services that an assisted living facility licensee  
11 provides, the licensee may exceed the care or services disclosed  
12 consistent with RCW 70.129.030(3) and 70.129.110(3)(a). Providing  
13 care or services to a resident that exceed the care and services  
14 disclosed may or may not mean that the provider is capable of or  
15 required to provide the same care or services to other residents.

16 (5) Even though the assisted living facility licensee may  
17 disclose that it can provide certain care or services to resident  
18 applicants or to their legal representative if any, and if not, to  
19 the resident applicants' representative if any, the licensee may deny  
20 admission to a resident applicant when the licensee determines that  
21 the needs of the resident applicant cannot be met, as long as the  
22 provider operates in compliance with state and federal law, including  
23 RCW 70.129.030(3).

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

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

30 (1) The assisted living facility licensee may choose to provide  
31 any of the following health support services, however, the facility  
32 may or may not need to provide additional health support services to  
33 comply with the reasonable accommodation requirements in federal or  
34 state law:

35 (a) Blood glucose testing;

36 (b) Puree diets;

37 (c) Calorie controlled diabetic diets;

1 (d) Dementia care, unless the assisted living facility is  
2 certified as a memory care facility or memory care unit under section  
3 2 of this act;

4 (e) Mental health care; and

5 (f) Developmental disabilities care.

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

8 (3) In providing health support services, the assisted living  
9 facility shall observe the resident for changes in overall  
10 functioning and respond appropriately when there are observable or  
11 reported changes in the resident's physical, mental, or emotional  
12 functioning.

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

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

26 (2) The department shall adopt rules governing the comprehensive  
27 disaster preparedness plan. At a minimum, the rules must address:  
28 Timely communication with the residents' emergency contacts; timely  
29 communication with state and local agencies, long-term care ombuds,  
30 and developmental disabilities ombuds; contacting and requesting  
31 emergency assistance; on-duty employees' responsibilities; meeting  
32 residents' essential needs; procedures to identify and locate  
33 residents; and procedures to provide emergency information to provide  
34 for the health and safety of residents. In addition, the rules shall  
35 establish standards for maintaining personal protective equipment and  
36 infection control capabilities, as well as department inspection  
37 procedures with respect to the plans.

38 (3) For assisted living facilities certified as memory care  
39 facilities or memory care units under section 2 of this act,

1 comprehensive disaster preparedness plans must specifically consider  
2 the needs of residents with dementia.

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