

co-manager on a particular bond issue. [Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution 81-1), § 247-16-090, filed 11/25/81.]

WAC 247-16-100 Selection of a feasibility consultant. The authority shall maintain a list of management and accounting firms which it deems qualified to conduct feasibility studies for the applicants. The applicant's selection of a firm from the approved list shall constitute authority approval. In the event an applicant wishes to select a firm not on the approved list, the authority will review the proposed firm's qualifications on a case-by-case basis, based on its familiarity, competence, and experience in health care management and accounting. The applicant shall not enter into any contractual agreement with a management or accounting firm not on the approved list until written approval has been granted by the authority. [Statutory Authority: RCW 73.37.050 [70.37.050]. 81-24-038 (Order 9, Resolution 81-1), § 247-16-100, filed 11/25/81.]

Title 248 WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248-14-115 Communication. [Statutory Authority: RCW 18.51-.070. 80-06-086 (Order 1509), § 248-14-115, filed 5/28/80.] Repealed by 82-18-065 (Order 1872), filed 9/1/82. Statutory Authority: RCW 74.42.620.
- 248-14-401 Assessments. [Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-401, filed 1/23/79.] Repealed by 82-18-065 (Order 1872), filed 9/1/82. Statutory Authority: RCW 74.42.620.

WAC 248-14-001 Definitions. (1) All adjectives and adverbs such as adequate, approved, immediately, qualified, reasonable, reputable, satisfactory, sufficient, or suitable, used in these nursing home regulations to qualify a requirement shall be as determined by the department with the advice and guidance of the nursing home advisory council and the state board of health.

(2) "Activity director" - an employee responsible for the development, implementation, and maintenance of a program for residents intended to provide activities to meet the residents' needs and interests.

(3) "Alterations" – physical, mechanical or electrical changes made to existing facilities except for painting or repair.

(4) "Ambulatory person" – a person, who, unaided by another person, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.

(5) "Attending physician" – the doctor responsible for a particular person's total medical care.

(6) "Authorized practitioner" – a certified registered nurse under chapter 18.88 RCW when authorized by the board of nursing, an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners, or a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners.

(7) "Bathing facility" – a bathtub or shower.

(8) "Berm" – a bank of earth piled against a wall.

(9) "Citation" – the finding written by a surveyor on an official state and/or federal statement of deficiencies form following a full survey, post survey or complaint investigation.

(10) "Department" – the state department of social and health services.

(11) "Dialysis" – the process of separating crystalloids and colloids in solution by means of the crystalloids and colloids unequal diffusion through a natural or artificial, semipermeable membrane.

(a) "Acute dialysis" – hemodialysis or peritoneal dialysis in the treatment of a person with renal failure for a period of time during which it is medically determined whether renal function may be restored or the failure is irreversible.

(b) "Hemodialysis" – dialysis of the blood by means of an "artificial kidney" through which blood is circulated on one side of a semipermeable membrane while the other side is bathed by a salt solution. The accumulated toxic products diffuse out of the blood into the salt solution.

(c) "Maintenance dialysis" – recurrent hemodialysis or peritoneal dialysis in the long-term treatment of a person with chronic, irreversible renal failure of such severity that other medical management will not support life.

(d) "Peritoneal dialysis" – dialysis of the blood by inserting a tube into a person's abdomen and instilling a sterile salt solution into the peritoneal cavity. Accumulated toxic products diffuse out of the blood through the semipermeable membrane of the peritoneum into the salt solution. After a period of time for diffusion, the solution is allowed to drain from the peritoneal cavity.

(e) "Self-dialysis" – carrying out dialysis on oneself, assuming primary responsibility for the dialysis procedure whether or not one has assistance.

(f) "Self-dialysis training" – a program of patient education where a patient is taught how to perform self-dialysis safely and effectively and to care for dialysis equipment and supplies.

(12) "Dialysis room" – a room where a patient undergoes dialysis.

(13) "Dietetic service supervisor" – a person who:

(a) Is a dietitian; or

(b) Has completed or is enrolled with a set date of completion in a dietetic technician or dietetic assistant training program, correspondence or classroom, approved by the American dietetic association; or

(c) Has completed or is enrolled with a set date of completion in a state-approved training program providing ninety or more hours of classroom instruction in food service supervision, and has experience in a health care institution.

(14) "Dietitian" – a person who is eligible for registration by the commission on dietetic registration of the American dietetic association based on the 1982 criteria for registration. A person who does not meet this definition but was employed in that capacity by a nursing home or homes on or before the effective date of this regulation will be deemed to meet the requirement of WAC 248-14-230(5). This grandfather clause is only effective so long as the:

(a) Person continues employment with the same nursing home or homes; and

(b) Nursing home has no serious deficiencies in dietary services.

(15) "Drug:"

(a) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States, or any supplement to any of the listed publications.

(b) Substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man.

(c) "Drug administration" – the direct application of a drug by injection, inhalation, ingestion or any other means to the body of a resident.

(d) "Drug dispensing" – an act entailing the interpretation of an order for a drug or biological and, pursuant to the order, the proper selection, measuring, labeling, packaging, and issuance of the drug or biological to a residential care unit.

(e) "Legend drug" – a drug bearing the legend, "Caution, federal law prohibits dispensing without a prescription."

(16) "Drug facility" – a room or area designed and equipped for drug storage and the preparation of drugs for administration.

(17) "Facilities" – a room or area and/or equipment to serve one or more specific functions.

(18) "Grade" – the level of ground adjacent to the building floor level measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(19) "Immediate supervision" – on-site supervision of one or more persons.

(20) "Kidney center" – a health care facility designed, equipped, staffed, organized, and administered to provide the following services:

(a) Medical, social and psychological evaluation, and selection of persons eligible for maintenance dialysis or kidney transplantation by a formal review body.

- (b) Dialysis.
- (c) Kidney transplantation for patients with chronic renal failure, either directly or by appropriate referral where this form of therapy is medically indicated.
- (d) Training program for physicians, nurses, technicians, and members of other disciplines involved in the care and treatment of persons with chronic renal failure receiving dialysis.
- (e) Self-dialysis training program for patients.
- (f) Evaluation of situations or facilities and assistance in planning necessary alterations and installations to ensure safe and adequate facilities for maintenance dialysis.
- (g) An organized system where patients undergoing dialysis at home or in a nursing home or other satellite facility procure the supplies and equipment necessary to safe and efficient administration of dialysis.
- (h) Continued medical management and surveillance of care of patients receiving maintenance dialysis at home or in a nursing home or other satellite facility by means of outpatient clinic services and a continuing program of review, consultation, and training.
- (i) An in-hospital dialysis program providing the full gamut of services for diagnosis and treatment of persons with chronic renal disease. The in-hospital services may be provided by means of an association or affiliation with an in-hospital dialysis program.
- (21) "Lavatory" – a handwashing sink.
- (22) "Licensed nurse" – either a registered nurse or a licensed practical nurse.
- (a) "Licensed practical nurse" – a person duly licensed under the provisions of the Licensed Practical Nurse Act of the state of Washington, chapter 18.78 RCW.
- (b) "Registered nurse" – a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.
- (23) "New construction" shall include any of the following, when the preliminary plans have not been reviewed and accepted at the time of adoption of these regulations:
- New buildings to be used as a nursing home;
 - Additions to buildings used as a nursing home;
 - Conversions of existing buildings including previously licensed nursing homes; and
 - Alterations.
- (24) "Nursing care" – services designed to maintain or promote achievement of optimal independent function and health status planned, supervised, and evaluated by a registered nurse in the context of an overall individual plan of care.
- (25) "Nursing home" – any home, place or institution operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more residents not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable to properly care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such

as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. Nothing in this definition shall be construed to include facilities precluded by RCW 18.51.010 and 18.51.170.

(26) "Nursing services" – an organized department under the direction of a registered nurse, the members of which provide nursing care.

(27) "Outpatient service" – any service provided to a nonresident of the nursing home.

(28) "Patient" – a person receiving preventive, diagnostic, therapeutic, habilitative, rehabilitative, maintenance or palliative health-related services under professional direction.

(a) "Inpatient" – a resident receiving services with board and room in a nursing home on a continuous twenty-four-hour-a-day basis.

(b) "Outpatient" – a nonresident of the nursing home receiving services at a nursing home not providing him or her these services with room and board on a continuous twenty-four-hour-a-day basis.

(c) "Residents requiring skilled nursing care" – residents whose conditions, needs, and/or services are of such complexity and sophistication so as to require the frequent or continuous observation and intervention of a registered nurse, and the supervision of a licensed physician. These residents require ongoing assessments of physiological and/or psychological needs, and the development and implementation of a comprehensive plan of care involving interdisciplinary planning input and coordination. Resident needs include ongoing evaluations, care plan revisions, and the teaching necessary to provide for residents whose condition is unstable and/or complex.

(d) "Residents requiring intermediate nursing care" – residents whose physiological and psychological functioning is stable, but require individually planned treatment and services under the daily direction of a registered nurse or a licensed nurse with registered nurse consultation as provided by exemption and the supervision of a licensed physician. The program is directed toward maintenance of maximum independence and return to the community whenever possible. The program includes an established treatment regimen involving more than supervision, assistance with personal care, and protection.

(e) "Residents requiring care for mental retardation or related conditions" – residents found eligible by the division of developmental disabilities and requiring health care services in accord with subsection (28)(c) or (d) of this section, and are in need of a comprehensive habilitative and/or developmental program incorporated into a twenty-four hour overall program plan.

(29) "Peninsular (or island) bathtub" – a bathtub having sufficient clearances around both sides and one end to accommodate residents, equipment, and attendants.

(30) "Pharmacist" – a person duly licensed by the Washington state board of pharmacy under the provisions of chapter 18.64 RCW.

(31) "Pharmacy" – a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW.

(32) "Physician's assistant" – a person acting as an extender for a designated physician and under a plan of utilization approved by the board of medical examiners or the board of osteopathic medicine and surgery and is registered under the provisions of the law regulating the practice of physician's assistant in the state of Washington, chapters 18.71A or 18.57A RCW.

(33) "Practitioner" – a physician under chapter 18.71 RCW; an osteopathic physician or an osteopathic physician and surgeon under chapter 18.57 RCW; a dentist under chapter 18.32 RCW; a podiatrist under chapter 18.22 RCW; a certified registered nurse under chapter 18.88 RCW as authorized by the board of nursing; an osteopathic physician's assistant under chapter 18.57A RCW when authorized by the committee of osteopathic examiners; a physician's assistant under chapter 18.71A RCW when authorized by the board of medical examiners; or a pharmacist under chapter 18.64 RCW.

(34) "Resident" – means an inpatient.

(35) "Residential care unit" – a separate, physical, and functional unit including resident rooms, toilets, bathing facilities, and basic service facilities as identified in WAC 248-14-120(2)(a).

(36) "Respiratory isolation" – a procedure for the prevention of transmission of pathogenic organisms by means of droplets and droplet nuclei coughed, sneezed or breathed into the environment.

(37) "Responsible party" – a legally responsible person to whom the rights of a client have legally devolved.

(38) "Supervision" – the process of overseeing performance while having the responsibility and authority to guide or direct and critically evaluate.

(39) "Toilet fixture" – a bowl-shaped plumbing fixture fitted with a seat and a device for flushing the bowl with water.

(40) "Toilet room" – a room containing at least one toilet fixture.

(41) "Unit-dose" – the ordered amount of a drug in a dosage form ready for administration to a particular person.

(42) "Unit-dose drug distribution system" – a system of drug dispensing and control characterized by the dispensing of the majority of drugs in unit doses and for most drugs, not more than a forty-eight hour supply of doses is available at the residential care unit at any time.

(43) "Usable floor space" – excludes areas taken up by passage door swings, closets, wardrobes, portable lockers, and toilet rooms. [Statutory Authority: RCW 74.42.620. 83-01-016 (Order 1921), § 248-14-001, filed 12/6/82; 82-18-065 (Order 1872), § 248-14-001, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-001, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-001, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW

18.51.070. 79-02-036 (Order 171), § 248-14-001, filed 1/23/79; Order 133, § 248-14-001, filed 8/11/76; Order 128, § 248-14-001, filed 5/26/76; Order 94, § 248-14-001, filed 1/9/74; Order 33, § 248-14-001, filed 7/2/70; Order 28, § 248-14-001, filed 6/27/69; § 248-14-001, filed 12/6/67; Regulation 14.001, effective 3/11/60.]

WAC 248-14-065 License expiration dates and license fees. No license issued pursuant to this chapter shall exceed thirty-six months in duration. License fees shall be paid as required in chapter 440-44 WAC. [Statutory Authority: RCW 18.51.070. 82-17-008 (Order 1857), § 248-14-065, filed 8/6/82; 82-06-005 (Order 1768), § 248-14-065, filed 2/18/82; 80-06-086 (Order 1509), § 248-14-065, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Order 67, § 248-14-065, filed 1/13/72.]

WAC 248-14-100 Approval of plans. (1) Narrative program. The sponsor for each new construction or alteration project shall provide a narrative which describes:

- (a) Functional space requirements,
- (b) staffing patterns,
- (c) departmental relationships,
- (d) traffic patterns,
- (e) a description of each function to be performed,
- (f) types of equipment required,
- (g) description of necessary services which are available elsewhere in the community.

(2) Preliminary plans.

(a) Plans and specifications for new construction shall be prepared by or under the direction of a Washington licensed architect or engineer, and be submitted in duplicate.

(b) If the proposed project may not be extensive enough to require professional architectural or engineering services, the project sponsor shall submit a written description to the department for a determination of the applicability of WAC 248-14-100(2)(a).

(c) Plans shall be drawn to scale and shall include:

(i) Plot plan showing streets, entrance ways, sewage disposal system, and the arrangement of buildings on the site; and

(ii) Floor plans showing existing and proposed arrangements within the building, including the fixed and major movable equipment;

(iii) Each room, space, and corridor shall be identified by function and numbered.

(d) Plans shall show design statements for the water supply, sewage and garbage disposal systems.

(e) Preliminary specifications shall include a general description of construction and materials, including interior finishes.

(3) Final construction documents.

(a) Construction or alterations shall not be commenced until duplicate sets of final plans drawn to scale and complete specifications, have been submitted, in duplicate, to the department and approved.

(b) These plans and specifications shall show complete details to be furnished contractors for construction of buildings, including:

- (i) Plot plan;
 - (ii) Plans of each floor of the building, including fixed equipment. If major changes have occurred since the preliminary drawing, supplemental drawings showing major movable equipment shall be provided;
 - (iii) Elevations, sections, and construction details;
 - (iv) Schedule of floor, wall, and ceiling finishes, door and window sizes and types;
 - (v) Plumbing, heating, ventilating and electrical systems including fire protection system and devices.
- (4) Preinstallation submissions shall include:
- (a) Shop drawings for fire protection systems.
 - (b) If carpets are to be installed, the following information must be provided:
 - (i) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to function, and the proposed carpeted areas coded on the plan and keyed to the appropriate carpet sample;
 - (ii) A three-inch by five-inch sample of each carpet type, labeled to identify the manufacturer and specific company trade name and number;
 - (iii) A copy of a testing laboratory report of the Floor Radiant Panel Test to include flame spread and smoke density;
 - (iv) Information showing that proposed carpeting meets the specifications as listed in WAC 248-14-130(11)(e).

(c) Provision for noise, dust and draft control, fire protection, safety and comfort of the resident(s) if construction work takes place in or near occupied areas.

(5) All construction shall take place in accordance with the approved final plans and specifications. Changes must be reviewed and receive approval by the department prior to incorporation into the construction project.

(a) If construction has not begun within one year from the date of approval, the plans must be resubmitted for review in accordance with current requirements.

(b) If construction is not completed within two years from the date of approval, the plans shall be resubmitted for approval of the remaining construction consistent with current requirements.

(c) If an extension beyond two years is required such petition shall be submitted and justified to the department thirty days prior to the end of the two year period. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-100, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-100, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; § 14.100(6), filed 8/4/67; Regulation 14.100, effective 3/11/60.]

WAC 248-14-110 IMR exceptions to physical plant requirements. (1) The following regulations may not apply in intermediate care facilities certified exclusively for the care of the mentally retarded (IMR) or those with related conditions:

- (a) WAC 248-14-120(3)(h), Room arrangements.

(b) WAC 248-14-120(4)(a), (b), and (f), Resident room equipment.

(c) WAC 248-14-120(5)(a), Toilet rooms directly accessible from each resident room and from each bathing facility.

(d) WAC 248-14-120(5)(b), Bedpan flushing equipment.

(e) WAC 248-14-120(8)(a), Clean utility room.

(f) WAC 248-14-120(11), Equipment storage.

(g) WAC 248-14-130(6)(a) and (b), Corridors, except that a six-foot corridor width is acceptable and handrails along both sides of the corridor may be omitted.

(h) WAC 248-14-130(7)(a), Doors, except that three-foot wide resident room doors are acceptable.

(i) WAC 248-14-130(13)(b), Drinking fountain.

(j) WAC 248-14-155(2)(a), (b) and (c), Call system.

(k) WAC 248-14-160(4)(b), Electrical receptacle.

(l) WAC 248-14-180(4), Spouts.

(m) WAC 248-14-180(5), Wrist blades.

(2) The following need not be provided in every building in an IMR facility with multiple living units of twenty beds or less, but must be available on the grounds.

(a) WAC 248-14-114(2)(a), (b), (c), and (e), Lobby.

(b) WAC 248-14-114(3), Interview space.

(c) WAC 248-14-114(4), Offices.

(d) WAC 248-14-114(5), Inservice education facilities.

(e) WAC 248-14-114(6), Staff facilities.

(f) WAC 248-14-120(7), Nurses' station, except that a desk with a file drawer for record storage and a telephone are required.

(g) WAC 248-14-120(8)(b)(i), (ii), (iii), (iv), (v), and (vi), Soiled utility room, except that a soiled workroom for washing soiled toys and equipment shall be provided. It shall include a work counter, storage cabinets and a twelve-inch minimum depth double compartment sink. This soiled work area may be combined with the laundry facilities, if they are provided.

(h) WAC 248-14-120(11), Wheelchairs and other ambulation equipment storage.

(i) WAC 248-14-128(1)(a) and (b), Laundry facilities. Laundry services shall be provided in accordance with the narrative program.

(j) WAC 248-14-155(1), Telephones, except that a telephone shall be provided in accordance with the program. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-110, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-110, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.110, effective 3/11/60.]

WAC 248-14-114 Administration and public areas.

(1) **Entrances and exits.** The main entrances and exits shall be sheltered from the weather and accessible to the handicapped.

(2) **Lobby.** There shall be a lobby or areas in close proximity which include:

- (a) Waiting space with seating accommodations;

- (b) Reception and information area;
 - (c) Space to accommodate persons in wheelchairs;
 - (d) Public toilet(s);
 - (e) Drinking fountain;
 - (f) Public telephone.
- (3) **Interview space or area.** It shall be designed for auditory privacy.
- (4) **Offices.**
- (a) Office space shall be provided for the administrator, the director of nursing services, and other personnel as appropriate.
- (b) Facilities shall be provided for locked storage, including fire and water protection, of health records.
- (c) Space and facilities shall be provided for the safe storage and handling of financial and business records. Safety consideration shall include fire, water and security protections.
- (5) **Inservice education facilities.** Space and facilities shall be designated for inservice education.
- (6) **Staff facilities.** There shall be a lounge, lockers, and toilets provided for employees and volunteers. [Statutory Authority: 18.51.070. 81-14-066 (Order 1675), § 248-14-114, filed 7/1/81.]

WAC 248-14-115 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-14-120 Residential care unit. (1) **Location.** Each residential care unit shall be located to minimize through traffic to any general service, diagnostic, treatment, or administrative area. All rooms or areas within the unit shall be on the same floor level.

(2) **Required facilities.**

(a) Each unit shall have at least the following basic service facilities: A nurses' station, a medicine storage and preparation area, clean and soiled utility rooms, housekeeping facilities and storage space for linen, other supplies and equipment.

(b) Resident rooms in buildings which are connected to the main nursing home building by means of enclosed and heated passageways will be construed as portions of the main home.

(3) **Resident rooms.**

(a) The floor level shall be above grade level except for earth berms.

(b) Each resident room shall be directly accessible from the corridor and shall be located to prevent through traffic.

(c) Every resident room shall be an outside room and shall have a clear glass window which is located in an outside wall and has an area equal to not less than one-tenth of the usable floor space.

(i) All resident room windows shall be located at least 24 feet from another building or the opposite wall of a court or at least ten feet away from a property line, except on street sides. If the depth of a court is less than one-half its width, the width requirement will not apply. The outside window wall shall be at least eight feet from an outside public walkway.

(ii) Window sills shall be three feet or less above the floor.

(d) The maximum capacity of any resident bedroom shall be not more than four beds.

(e) No bed shall be located more than two beds deep from an exterior window wall.

(f) On each unit there shall be at least one single uncarpeted bedroom capable of providing isolation care. It shall contain:

(i) A lavatory with water supplied through a mixing valve,

(ii) Its own adjoining toilet room equipped with a bedpan flushing attachment and containing a bathing facility.

(g) There shall be at least eighty-five square feet of usable floor space per bed in each multibed room and at least one hundred square feet of usable floor space for each one bed room.

(h) The dimensions and arrangements of rooms shall provide at least three feet of space between the sides and foot of the bed and any wall, other fixed obstruction or other bed.

(4) **Resident room equipment.**

(a) There shall be a wall mounted or equivalent reading light and a nurse call signal device for each bed.

(b) There shall be a lavatory in each multibed room. There shall be a lavatory in each single room which does not have an adjoining toilet room containing a lavatory.

(c) There shall be a separate, enclosed wardrobe or closet for each bed in each room. The inside dimensions shall be at least twenty-two inches deep (front to back) by thirty inches wide. The clothes rod shall be placed to provide at least five feet and not more than five feet six inches of free hanging space from the center of the clothes rod to the floor of the room.

(d) There shall be a lockable shelf space or drawer for storage of other personal belongings for each resident bed in addition to the bedside cabinet.

(e) There shall be separate storage for extra pillows and blankets for each bed. This may be combined with the wardrobe or closet if it does not impinge upon the required space for clothing.

(f) Each multibed room shall have permanently installed cubicle curtain tracks or rods around each bed with flame-proof curtains approved by the state fire marshal.

(g) For electrical outlet and lighting requirements refer to electrical section, WAC 248-14-160.

(5) **Resident toilet(s).**

(a) There shall be a toilet room directly accessible from each resident room and from each bathing facility without going through a general corridor. One toilet room may serve two bedrooms except for those resident rooms for which private toilet rooms are required. One toilet shall serve a maximum of four beds. For alterations of existing resident rooms the ratio of one toilet fixture for each eight residents or fraction thereof is acceptable.

(b) Each toilet fixture in toilet rooms adjoining resident rooms shall be equipped with a bedpan flushing attachment unless a siphon jet clinic service sink is provided in each soiled utility room.

(c) There shall be provision for storage of a bedpan brush container off the floor in each toilet room equipped with a bedpan flushing attachment.

(d) At least one lavatory shall be provided in each toilet room, except when it opens into a single bed room which has a lavatory.

(e) Each resident toilet room shall be designed to accommodate a person in a wheelchair.

(f) A properly located and securely mounted grab bar or its equivalent shall be provided at each side of a toilet fixture.

(6) Resident bathing facilities.

(a) On each unit there shall be at least one bathtub or shower facility per every fifteen beds or fraction thereof which are not in rooms served by an adjoining bathroom.

(b) On each unit there shall be at least one peninsular or island bathtub accessible from the corridor.

(c) There shall be at least one roll-in shower accessible from the corridor on each unit. It shall be designed:

(i) For ease of shower chair entry.

(ii) With bulkheads which are a maximum of thirty-four inches high and provide for toe space.

(iii) With a properly sloped and drained floor to prevent the flow of water outside the stall, but provide for safe use of a shower chair within the stall.

(iv) With the water inlet approximately four and one-half feet from floor level and with a flexible hose approximately five feet long with a lightweight, shampoo-type, spray attachment.

(d) In each bathroom containing more than one bathing facility each bathtub or shower shall be in a separate room or compartment. The area for each bathtub and shower shall be sufficient to accommodate a shower chair and attendant(s) and provide for visual privacy.

(e) Grab bars:

(i) One horizontal grab bar a minimum of 48 inches long shall be provided at the side of a standard bathtub and an L-shaped bar at the faucet end. The horizontal side of the L-shaped bar shall extend the width of the tub and the vertical bar shall rise thirty inches at the outer side of the tub.

(ii) At the faucet end of each peninsular bathtub there shall be at least one horizontal grab bar mounted from 33 to 36 inches above the floor and extended the full width of the bathtub. It shall be at least ten inches from the wall at the faucet end.

(iii) A horizontal grab bar shall be provided on two sides of each shower stall and an L-shaped bar mounted on the shower head side. The horizontal bars shall be mounted 31 inches to 36 inches above the floor.

(f) Shower and tub bottom surfaces shall be slip-resistant.

(7) Nurses' station. On each residential care unit there shall be a nurses' station which shall have:

(a) A charting surface;

(b) Sufficient seating area;

(c) A rack or other storage for current health records;

(d) Storage for record and clerical supplies;

(e) A telephone;

(f) A nurse call annunciator;

(g) A clock.

(8) Utility service rooms. On each unit there shall be a clean utility room and a soiled utility room designed and equipped to ensure separation of clean and sterile supplies and equipment from those that are contaminated.

(a) Each clean utility room shall have a work counter, a sink and closed storage units for clean and sterile supplies and small equipment.

(b) Each soiled utility room shall have:

(i) At the minimum a two compartment sink mounted in a work counter of at least three feet in length on each side of the sink, the inside dimensions of each compartment shall be twenty-two by twenty-two by twenty inches deep;

(ii) Storage for cleaning supplies and other items;

(iii) Locked storage for cleaning agents, disinfectants and other caustic or toxic agents;

(iv) Adequate space for waste containers, linen hampers and other large equipment;

(v) The work counters, sinks and other fixed equipment shall be arranged to prevent intermingling of clean and contaminated items during processing;

(vi) A siphon jet type clinic service sink or equivalent equipped with bedpan flushing attachment shall be provided unless a bedpan flushing device is provided in toilet rooms adjoining resident rooms.

(9) Drug facilities. There shall be facilities for drug preparation and locked storage near the nurses' station on each unit.

(a) The drug facilities shall be well illuminated, ventilated and equipped with a work counter, sink with hot and cold running water and drug storage units.

(b) Locks and keys for drug facilities shall be different from any other locks and keys within the nursing home.

(i) Separately keyed storage shall be provided for Schedule II and III controlled substances.

(ii) Segregated storage of different residents' drugs shall be provided.

(c) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.

(10) Linen storage.

(a) A clean room shall be provided for storage of clean linen and other bedding on each unit. This may be an area within the clean utility room.

(b) There shall be a soiled linen room for collection and temporary storage of soiled linen on each unit. This may be in an area of the soiled utility room.

(11) Equipment storage. There shall be at least two square feet of storage space per bed for wheelchair and other ambulation equipment. Storage may be combined with an equipment storage room or be in a corridor alcove but shall not impinge upon the required corridor space. If the square footage is added to the resident room size, individual wheelchair(s) and other ambulation equipment may be stored in the room.

(12) Janitors' closet. A janitors' closet with a service sink and adequate storage space for housekeeping equipment and supplies shall be provided on each unit. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-120, filed 7/1/81; 80-06-086 (Order

1509), § 248-14-120, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Order 94, § 248-14-120, filed 1/9/74; Order 65, § 248-14-120, filed 1/13/72; Order 27, § 248-14-120, filed 6/27/69; § 248-14-120, filed 12/6/67; Regulation 14.120, effective 3/11/60; Subsection (6), filed 2/17/61.]

WAC 248-14-125 Required miscellaneous rooms and areas. (1) Food service facilities.

(a) All food service facilities shall be constructed to be in compliance with chapter 248-84 WAC, rules and regulations of the state board of health governing food service sanitation.

(i) Areas shall be provided for the purpose of preparing, serving and storing food and drink unless food service is provided from another approved source.

(ii) All facilities shall be located to facilitate delivery of stores, disposal of kitchen waste and transportation of food to nursing units.

(b) The kitchen shall be located and arranged to avoid contamination of food, to prevent objectionable heat, noise and odors entering resident care areas and to eliminate through traffic.

(i) A receiving area shall be located for ready access to storage and refrigeration areas.

(ii) Handwashing facilities shall be conveniently located to the food preparation and dishwashing area and shall include a lavatory, paper towel dispenser and waste receptacle.

(c) The dishwashing room or area shall be adequately ventilated and equipped. It shall be located to avoid soiled dish traffic through food preparation areas.

(d) A garbage storage area shall be located in a well-ventilated room or an outside area.

(e) A can-wash area shall be provided with hot and cold water and a floor drain connected to the sanitary sewage system.

(f) Space for an office or a desk and files shall be provided for food service management. It shall be located central to deliveries and kitchen operations.

(g) Housekeeping facilities or a janitor's closet shall provide for a service sink and storage of housekeeping equipment and supplies for the exclusive use of food service.

(2) Dining room, dayroom, and activity facilities shall be provided at a minimum of thirty square feet per bed for the first one hundred beds and twenty-seven square feet per bed in excess of one hundred.

(a) Of the total square feet required a minimum of ten square feet per bed shall be provided for resident dining. Dining space shall be adequate to accommodate the total inpatients and outpatients at no more than two settings.

(b) Of the total square feet required a minimum of ten square feet per bed shall be provided for day room and activity space.

(i) A day room shall be provided adjacent to each residential care unit.

(ii) Designated dining and activity spaces shall be designed to prevent program interference with each other.

(iii) Additional space shall be provided for outpatients in accordance with the program.

(c) Storage space shall be provided for all activity and recreational equipment and supplies, adjoining or adjacent to the facilities provided.

(3) Laundry storage.

(a) Soiled linens and soiled clothing shall be stored and sorted in a separate enclosed room apart from washing and drying facilities. There shall be a handwashing facility and a floor drain in the room.

(b) Clean linen shall be stored in a separate enclosed room apart from washing and drying facilities.

(4) **General storage area.** General storage space of not less than five square feet per bed shall be provided in addition to the closets and storage required in WAC 248-14-120 and shall generally be concentrated in one area. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-125, filed 7/1/81.]

WAC 248-14-128 Optional miscellaneous rooms and areas. (1) Laundry facilities. If laundry is washed on the premises, adequate washing and drying facilities shall be provided.

(a) The laundry shall be located to isolate noise, odors, objectionable heat, moisture, and contamination from resident care, supply and food service areas.

(b) An adequate supply of hot water shall be assured to allow each machine at least one hot water cycle of fifteen minutes duration per load at 140 degrees Fahrenheit or five minutes duration per load at 160 degrees Fahrenheit.

(2) Specialized rehabilitation facilities shall:

(a) Be located for easy access in general service areas.

(b) Include exercise, treatment, and supportive equipment as required by the narrative program.

(c) Have adequate space for exercise equipment and treatment table(s) with sufficient work space on each side.

(d) Have hydrotherapy tanks located in a separate room or area. Toilet, locker and shower facilities designed for residents in wheelchairs shall be available.

(e) Provide privacy cubicle curtain tracks or equivalent around treatment area(s).

(f) Provide handwashing facilities in or near treatment areas.

(g) Provide space and a desk or equivalent for administrative, clerical, interviewing and consultive functions.

(h) Provide enclosed storage cabinets for clean linen and supplies.

(i) Provide adequate storage space for large equipment.

(j) Provide a janitor's closet close to the area.

(3) **Pharmacy.** Pharmacies shall meet the requirements of and be licensed by the Washington state board of pharmacy. Refer to WAC 360-16-210.

(4) **Dialysis services and facilities.** Refer to WAC 248-14-300.

(5) **Outpatient facilities.** If provided, refer to WAC 248-14-295 and 248-14-296.

(6) **Tuberculosis facilities.** Refer to ventilation requirements, WAC 248-14-140(4)(a). [Statutory Authority: RCW 18.51.070, 81-14-066 (Order 1675), § 248-14-128, filed 7/1/81.]

WAC 248-14-130 General design requirements. (1) **Accessibility to the handicapped.** The facility shall be readily accessible to and useable by the handicapped.

(2) **Vector control.** Buildings shall be constructed to prevent the entrance of rodents and insects.

(3) **Elevators.**

All buildings having residential use areas or service areas located on other than the main entrance floor shall have (an) elevator(s).

(a) At least one elevator sized to accommodate a resident bed and attendant shall be installed where one to fifty-nine resident beds are located on any floor other than the main entrance floor.

(b) At least two elevators, one of which shall be sized to accommodate a bed and attendant, shall be installed where sixty to one hundred ninety-nine beds are located on floors other than the main entrance floor, or where the major inpatient services are located on a floor other than those containing beds.

(c) At least three elevators shall be installed when the bed capacity above ground floor exceeds two hundred or more.

(4) **Stairways.**

(a) All interior and exterior stairways and stairwells including those in attics shall have railings on both sides. The railing ends shall be returned to the walls.

(b) Steps shall be equipped with nonslip material on the treads. All risers shall be closed. Nosings shall be flush, slip resistant and rounded to one-half inch maximum radius.

(5) **Ramps.** Ramps shall not exceed a slope ratio of one-in-twelve and shall have nonslip surfaces. Handrails shall be provided on both sides.

(6) **Corridors.**

(a) Resident use corridors and required exit way corridors shall be a minimum of eight feet in width; elsewhere they shall be a minimum of five feet wide.

(b) Equipment such as drinking fountains, telephone booths, vending machines, fire extinguishers and portable equipment shall be recessed.

(c) Handrails shall be provided along both sides of all resident use corridors. Ends of handrails shall be returned to the walls. Handrails shall be mounted thirty-two to thirty-four inches above the floor and shall project a maximum of three and one half inches from the wall.

(7) **Doors.**

(a) Doors to resident rooms shall be a minimum of three feet ten inches in width. Doors to resident bathrooms and toilet rooms shall be a minimum of thirty-two inches in the clear for wheelchair access. In alterations of existing nursing homes a three foot eight inch resident room door may be acceptable.

(b) All doors to resident toilet rooms and bathing facilities not opening onto a corridor shall open outward.

Doors to toilet rooms and bathrooms having locks shall have a means of unlocking same from the outside.

(c) Doors, to occupied areas and large walk-in type closets, shall not swing into corridors.

(d) All passage doors shall be arranged so that they do not open onto or obstruct other doors.

(8) **Windows.** Refer to WAC 248-14-120(3)(c), patient room windows.

(9) **Screens.** Mesh screens or equivalent with a minimum mesh of 1/16 inch shall be provided on all windows, doors and other openings which serve for ventilation.

(10) **Floor finishes.**

(a) Floors at entrances shall have nonslip finishes even when wet.

(b) All uncarpeted floors shall be smooth, nonabsorbent and easily cleanable.

(c) Carpets may be used in the following selected areas: Administrative areas, lobbies, lounges, chapels, day-rooms, waiting areas, nurses' stations, elevators, corridors, equipment alcoves opening onto carpeted corridors or areas, dining rooms, resident rooms, excluding toilet rooms, bathrooms, and isolation areas.

(d) Specifications for acceptable carpeting are:

(i) Pile yarn fibers shall be easily cleanable and meet the standards of the state fire marshal.

(ii) Pile type shall be round loop in all resident use areas. Cut pile is acceptable in nonresident use areas.

(iii) Pile tufts shall be a minimum of 64 per square inch or equivalent density.

(iv) There shall be a minimum of eight rows per inch or equivalent density.

(v) Pile shall be level, at a minimum height of .125 inches or a maximum of .255 inches. Variable pile height is acceptable in nonresident use areas and shall be a minimum of .125 inches to a maximum of .312 inches.

(vi) Backing shall be water impervious or a water impervious pad shall be permanently bonded to the backing, provided that a nonimpervious carpet with or without a separate pad may be installed in nonresident use areas.

(e) Carpets shall be installed to ensure that:

(i) Bonded pad carpet is cemented to the floor with waterproof cement.

(ii) Edges of carpet are covered and cove or base shoe is used at all wall junctures.

(iii) Seams are bonded together with manufacturer-recommended cement.

(11) **Walls and ceilings.**

(a) Walls and ceilings shall have easily cleanable surfaces.

(b) There shall be a waterproof, painted, glazed or similar waterproof finish extending above the splash line in all rooms or areas that are subject to splash or spray, such as, bathing facilities, janitors' closets, and can-wash areas.

(c) All ceiling heights shall be a minimum of seven feet six inches.

(12) **Accessories.** The following accessories with the necessary backing for mounting shall be provided:

(a) Suitable shelf or equivalent and mirror at each lavatory in toilet rooms, resident rooms and locker rooms.

(b) Towel bar or hook at each lavatory on residential care units and at each bathing facility.

(c) A robe hook at each bathing facility, toilet room and in each examination room or therapy area.

(d) There shall be a toilet paper holder properly located and securely mounted at each toilet fixture.

(e) All toilet seats shall be open front type or sanitary seat covers must be provided for.

(f) Dispensers for single use towels at all lavatories and sinks shall be mounted to avoid contamination from splash and spray.

(g) There shall be suitable provision for soap at each lavatory, sink and bathing facility.

(h) Sanitary napkin dispensers and disposers shall be provided in public and employee womens' toilet rooms.

(i) Grab bars shall be of suitable strength, easily cleanable, resistant to corrosion, of functional design, securely mounted and properly located at toilet fixtures and bathing facilities. Grab bars and their anchorage shall have sufficient strength to sustain a weight of at least two hundred fifty pounds without permanent deflection.

(13) Miscellaneous.

(a) Rooms and service areas shall be identified by visible and tactile signs.

(b) There shall be a minimum of one drinking fountain on each residential unit.

(c) Equipment and casework shall be designed, manufactured and installed for ease of proper cleaning, maintenance, and be suitable to the functions of each area. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-130, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-130, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455),

filed 11/15/79; Order 14, § 248-14-130, filed 1/2/69; § 14.130, filed 8/4/67; Regulation 14.130, effective 3/11/60.]

WAC 248-14-140 Ventilation. (1) **General ventilation.** Ventilation of all rooms shall be designed to prevent objectionable odors, excessive condensation, and to avoid direct drafts on the residents.

(2) **Natural ventilation.** When window ventilation is used for resident rooms, the operable opening shall be a minimum of one-twentieth of the required floor area.

(3) **Mechanical ventilation.** All rooms not ventilated by windows and all inside habitable space shall be mechanically ventilated.

(a) All air-supply and air-exhaust systems shall be mechanically operated.

(b) Installation of air-handling duct systems shall meet the requirements adopted by the state fire marshal.

(c) Corridors shall not be used to supply air to or exhaust air from any room, except that infiltration air from corridors may be used to ventilate bathrooms, toilet rooms, janitors' closets, and small electrical or telephone closets opening directly on corridors.

(d) Room supply air inlets, recirculation and exhaust air outlets shall be located not less than three inches above the floor.

(e) Outdoor air intakes shall be located as far as practical but a minimum of twenty-five feet from the exhausts from any ventilating system, combustion equipment, or plumbing vent or areas which may collect vehicular exhaust and other noxious fumes. The bottom of outdoor air intakes shall be located as high as practical but a minimum of three feet above grade level, or if installed through the roof, three feet above the roof level.

(4) Minimum ventilation requirements.

(a) The ventilation rates shown in Table A are minimum acceptable balanced rates.

TABLE A PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL ¹ AIR CHANGES PER HOUR SUPPLIED TO ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN AREA
Activities of Daily Living	E or P	2	4	Optional	Optional
Bathroom	N	Optional	10	Yes	No
Clean Linen Storage	P	Optional	2	Optional	Optional
Clean Workroom and Clean Holding	P	2	4	Optional	Optional
Dietary Day Storage	E or P	Optional	2	Optional	No
Food Preparation Center	E	2	8 (10)	Yes	No
Isolation Anteroom	NN	2	10	Yes	No
Isolation Resident Room	NN	2	2	Yes	No
Janitors' Closet	N	Optional	10	Yes	No
Laundry, General	V	2	10	Yes	No
Linen and Trash Chute Room	N	Optional	10	Yes	No
Medicine Preparation Room	P	2	4	Optional	Optional
Occupational Therapy	N	2	6	Optional	Optional
Personal Care Room	N	2	8	Optional	Yes
Physical Therapy and Hydrotherapy	N	2	6	Optional	Optional
Resident Area Corridor	N	2	2	Optional	Optional
Resident Room ²	E or P	2	2	Optional	Optional
Soiled Linen Sorting and Storage	N	Optional	10	Yes	No
Soiled Workroom and Soiled Holding	N	2	10	Yes	No
Speech and Hearing Unit	E or P	2	2	Optional	Optional

TABLE A PRESSURE RELATIONSHIPS AND VENTILATION OF CERTAIN AREAS

AREA DESIGNATION	PRESSURE RELATIONSHIP TO ADJACENT AREAS	MINIMUM AIR CHANGES OF OUTDOOR AIR PER HOUR SUPPLIED TO ROOM	MINIMUM TOTAL ¹ AIR CHANGES PER HOUR SUPPLIED TO ROOM	ALL AIR EXHAUSTED DIRECTLY TO OUTDOORS	RECIRCULATED WITHIN AREA
Sterilizer Equipment Room	N	Optional	10	Yes	No
TB Isolation Resident Room	NN	2	12 ³	Yes	No
TB Isolation Room					
Anteroom	NN	2	12 ³	Yes	No
Toilet Room and Locker Rooms	N	Optional	10	Yes	No
Treatment Room	E or P	2	6	Optional	Optional
Warewashing Room	N	Optional	8 (10)	Yes	No

P=Positive N=Negative E=Equal V=May Vary ()=Recommended NN=Very Negative

¹Requirements for outdoor air changes may be deleted or reduced and total air changes per hour supplied may be reduced to 25% of the figures listed when the affected room is unoccupied and *unused* provided that indicated pressure relationship is maintained. In addition, positive provisions such as an interconnect with room lights must be included to insure that the listed ventilation rates including outdoor air are automatically resumed upon re-occupancy of the space. This exception does not apply to certain areas such as toilets and storage which would be considered as "in use" even though "unoccupied."

General note: The outdoor air quantities for central systems employing recirculating and serving more than a single area designation may be determined by summing the individual area quantity requirements rather than by providing the maximum listed ratio of outdoor air to total air. Maximum noise level caused by toilet room exhaust shall be 50 decibels on the A sound level as per ASHRAE Table 7.

²Temporary imbalance at resident rooms as caused by intermittent toilet room or bathroom exhaust is permissible.

³A minimum of six air changes may be permitted with a properly installed and maintained ultraviolet generator irradiation system. Fixture installation shall conform to the recommendation of the Illuminating Engineering Society Handbook, 5th Edition, Section 25, "Ultraviolet Energy."

(b) Exhaust hoods in food preparation centers and dishwashing areas shall have an exhaust rate not less than 50 cfm per square feet of face area. Face area is defined as the open area from the exposed perimeter of the hood to the average perimeter of the cooking surfaces.

(i) All hoods over commercial type cooking ranges shall be equipped with fire extinguishing systems and heat actuated fan controls.

(ii) Cleanout openings shall be provided every twenty feet in horizontal exhaust duct systems serving hoods.

(iii) Installation of equipment for removal of smoke and grease laden vapors from cooking equipment shall meet standards as adopted by the state fire marshal.

(iv) Kitchen ventilation shall be adequate to provide comfortable working temperatures.

(c) Boiler rooms, elevator equipment rooms, laundry rooms, and any heat producing spaces shall be provided with sufficient outdoor air to maintain combustion rates of equipment and to limit temperatures at the ceiling to ninety-seven degrees Fahrenheit.

(d) Individual toilet rooms and bathrooms may be ventilated either by individual mechanical exhaust systems or by a central mechanical exhaust system.

(5) Individual exhaust systems.

(a) Where individual mechanical exhaust systems are used to exhaust individual toilet rooms or bathrooms, the individual ventilation fans shall be interconnected with room lighting to insure ventilation while room is occupied. The ventilation fan shall be provided with a time delay shut-off to ensure that the exhaust continues for a minimum of five minutes after the light switch is turned off.

(b) Air discharge openings through roofs or exterior walls shall be protected against entry of weather elements and foreign objects. Automatic louvers or backdraft dampers shall be provided.

(c) The volume of air removed from the space by exhaust ventilation shall be replaced directly or indirectly by an equal amount of tempered/conditioned air.

(6) Central exhaust systems.

(a) All fans serving central exhaust systems shall be located to prevent a positive pressure in the duct which passes through an occupied area.

(b) Fire and smoke dampers shall be located and installed in accord with standards adopted by the state fire marshal.

(7) Air filters.

(a) All central ventilation or air conditioning systems shall be equipped with filters having efficiencies of at least eighty percent if the system supplies air to resident rooms, therapy areas, food preparation or laundry areas. Filter efficiency shall be warranted by the manufacturer and shall be based on atmospheric dust spot efficiency per ASHRAE standard 52-76. The filter bed shall be located upstream of the air conditioning equipment, unless a prefilter is employed. In this case, the prefilter shall be upstream of the equipment and the main filter bed may be located downstream.

(b) Filter frames shall be durable and provide an airtight fit with the enclosing duct work. All joints between filter segments and enclosing duct work shall be gasketed or sealed.

(c) All central air systems shall have a manometer installed across each filter bed.

(8) Humidifiers. If provided, humidifiers shall be a steam type. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-140, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-140, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.140, effective 3/11/60.]

WAC 248-14-150 Heating. (1) **Temperature.** The heating system shall be capable of maintaining a comfortable temperature in all areas used by residents.

(2) **Thermal insulation.**

(a) The following shall be insulated within the building:

(i) Pipes conducting hot water at a temperature above one hundred twenty degrees Fahrenheit which are exposed to occupant contact.

(ii) Air ducts and casings with outside surface temperatures below ambient dew point.

(b) Insulation on cold surfaces shall include an exterior vapor barrier.

(3) **Heating elements.** Heating elements shall be protected if they are exposed to contact by residents, materials or furnishings. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-150, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-150, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.150, effective 3/11/60.]

WAC 248-14-152 Mechanical cooling/air conditioning. (1) A mechanical air cooling system or equivalent is required in communities where the design dry bulb temperature exceeds 85° F for 175 hours per year or 2% of the time. The latest edition, "Recommended Outdoor Design Temperatures - Washington State," published by Puget Sound chapter of ASHRAE shall determine design temperatures.

(2) **System description.** If a system is required it shall have mechanical refrigeration equipment to provide summer air conditioning to resident rooms and therapy areas by either a central system with distribution ducts or piping, or packaged room or zonal air conditioners. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-152, filed 7/1/81.]

WAC 248-14-155 Communication systems. (1) **Telephones.**

(a) There shall be a telephone at each nurses' station.

(b) At least one telephone to fifty residents shall be accessible for patient use away from the nurses' station and shall be mounted in accord with the handicapped requirements.

(c) One phone on each unit shall have an amplifier.

(d) All resident rooms shall be provided with telephone outlets.

(2) **Call systems.**

(a) There shall be an electrical signaling system with a call device provided at the bedside of each resident. A

call shall register by light at the resident room corridor door and by light and audible tone at the nurses' station.

(b) At least one call device shall be provided for each day room and other area used by residents and shall register at the room corridor door and at the nurses station.

(c) Patient toilet, bath and shower rooms shall be provided with an emergency signal device activated by a nonconductive pull cord.

(i) The pull cord shall be located for easy grasp by a resident.

(ii) The call shall register by distinctive light at the room corridor door and by distinctive tone and light at nurses' station(s).

(iii) The device shall be within easy reach for reset. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-155, filed 7/1/81.]

WAC 248-14-160 Electrical. (1) **Electrical codes.**

In addition to the requirements of these regulations, chapter 248-46 WAC, "Rules and regulations for installing electrical wires and equipment and administrative rules," and the National Electric Code of the National Fire Protection Association (NFPA-70) as adopted by the Washington state department of labor and industries apply.

(2) **General illumination.**

(a) Adequate natural or artificial light for inside illumination shall be provided in every usable room area, including storerooms, attic and basement rooms, hallway, stairways, inclines, and ramps.

(b) All outside areas occupied by facility equipment and machinery, as well as parking lots, and approaches to buildings shall have proper lighting.

(c) All light fixtures shall be enclosed with a break resistant, incombustible shade and diffuser or equivalent.

(d) **Lighting intensities.** Lighting fixtures and circuitry shall have the capability of providing at least the following intensities.

Table B

Area	Minimum Footcandles
Activity area(s)	50
Administrative and lobby areas, day	50
Administrative and lobby areas, night	20
Barber and beautician area	50
Chapel or quiet area	30
Corridors and interior ramps	20
Dining area	30
Doorways, exterior	10
Examination and treatment rooms at examination table	100
Examination and treatment rooms, general	50
Exit stairways and landings	10 on floor
Janitor's closet	15
Laundry	50
Medicine preparation area	100
Nurses' desk, for charts and records	70
Nurses' station, general, day	50

Area	Minimum Footcandles
Nurses' station, general, night	20
Physical therapy	20
Resident care unit (or room), general	20
Resident, reading light	50
Recreation area	50
Toilet and bathing facilities at lavatories and mirrors	30
Toilet and bathing facilities, general	10
Utility room, general	20
Utility room, work counter	50
Worktable, coarse work	70
Worktable, fine work	100

(3) **Night lights.** A dim night light to provide pathway lighting shall be flush mounted on the wall, centered about fourteen inches above the floor and controlled by a switch at the entrance door in each resident room or by a master switch.

(4) Receptacle outlets.

(a) An adequate number of approved electrical outlets shall be provided throughout the facility.

(b) There shall be one duplex electrical receptacle located at least forty inches above the floor at each side of the head of each bed or a 4-plex at one side of the head of each bed, and at least two additional duplex electrical receptacles at separate, convenient locations in each resident room. At least one duplex receptacle outlet shall be located adjacent to each lavatory intended for resident use and shall be mounted forty inches above the floor. All receptacle outlets located within five feet of the lavatory or within toilet, bath or shower rooms shall be protected by a ground fault interruptor device.

(5) **Switches.** Quiet operating switches for night lights and general illumination shall be installed adjacent to doors in all areas.

(6) Emergency power.

(a) There shall be an alternate source of power and automatic transfer equipment to connect the alternate source within ten seconds of the failure of the normal source. The alternate source shall be either a generator set driven by a prime mover with on-site fuel supply, unit equipment permanently fixed in place and approved for emergency service, or a storage battery designed and approved for emergency service.

(b) The emergency power supply shall provide a minimum of four hours of effective power for:

(i) Lighting for night lights, exit signs, exit corridors, stairways, dining and recreation areas, nurses stations, medication preparation areas, boiler rooms, electrical service room and emergency generator locations.

(ii) Uninterrupted function of communication systems, all alarm systems, an elevator that reaches every resident floor including the ground floor, equipment to provide heating for resident rooms or a room to which all residents can be moved when the outside design temperature is +20 degrees Fahrenheit or lower based on the median of extremes as shown in the ASHRAE HANDBOOK OF FUNDAMENTALS .

(iii) Selected receptacles in medication preparation areas, pharmacy dispensing areas, nurses stations and patient corridors. [Statutory Authority: RCW 18.51-.070. 81-14-066 (Order 1675), § 248-14-160, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-160, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Order 29, § 248-14-160, filed 6/27/69; Regulation 14.160, effective 3/11/60.]

WAC 248-14-170 Water. (1) Water supply.

(a) There shall be an adequate supply of water, meeting the quality standards of the department. Only water approved for domestic purposes shall be used in nursing homes.

(b) Hot and cold water at fifteen pounds pressure per square inch shall be available at all times.

(c) In the event that an unsafe water supply is used for irrigation, fire protection, or other purposes, a separate system shall be provided, and there shall be no connection between the safe and the unsafe system.

(2) Hot water temperatures.

(a) The hot water system shall be capable of providing water between 110 and 120 degrees Fahrenheit at fixtures used by residents.

(b) If laundry facilities are maintained, an adequate supply of hot water at a temperature of 160 degrees Fahrenheit or 140 degrees Fahrenheit for fifteen minutes shall be available in the laundry area. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-170, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-170, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.170, effective 3/11/60.]

WAC 248-14-180 Plumbing, fixtures. (1) Lavatories. Lavatories shall be provided in each toilet room except where provided in connecting resident room, dressing room, or locker room.

(2) **Drinking fountains.** Drinking fountains shall be of the inclined jet, sanitary type.

(3) **Mixing valves.** Each fixture except toilet fixtures, and special use fixtures shall be provided with hot and cold water through a mixing valve.

(4) **Spouts.** All lavatories and sinks in resident rooms and resident toilet rooms, utility and medication areas shall have gooseneck spouts.

(5) **Wrist blades.** Four inch wrist blade controlled faucets or their equivalent shall be provided in isolation rooms, isolation toilet rooms, utility and medication rooms. The wrist blades shall be installed to provide four inches clear in full open and closed position.

(6) **Backflow prevention devices.** Backflow prevention devices shall be provided on water supply to fixtures or group of fixtures where the use of extension hoses are anticipated. All cross connections are prohibited. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-180, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-180, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.180, effective 3/11/60.]

WAC 248-14-200 Sewage and liquid waste disposal. All sewage and liquid wastes shall be discharged into an approved public sewage system where such system is available. Otherwise, sewage and liquid wastes shall be collected, treated, and disposed of in an independent sewerage system which meets with the approval of the department. [Statutory Authority: RCW 18.51.070. 81-14-066 (Order 1675), § 248-14-200, filed 7/1/81; 80-06-086 (Order 1509), § 248-14-200, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Regulation 14.200, effective 3/11/60.]

WAC 248-14-230 Food and food service. (1) All food service facilities and practices shall be in compliance with chapter 248-84 WAC, rules and regulations of the state board of health governing food services sanitation.

(2) Food served shall be consistent with the physiological and sociocultural needs of residents. Menus shall be planned considering likes and dislikes, are well-balanced, palatable, properly prepared, and are sufficient in quality and quantity to meet the dietary allowances of the food and nutrition board of the national research council.

(a) Food shall be prepared by methods conserving nutritive value, consistency, appearance, and palatability. The food shall be served in such a manner to be attractive and at temperatures safe and acceptable to residents.

(b) Diets shall be provided as ordered by the physician; except, diet modifications may be used as an interim measure when ordered by a registered nurse. Supplementary fluids and nourishments shall be provided as needed.

(c) Tube feedings must be of uniform consistency and quality. Facility prepared tube feedings must be made from a written recipe. The tube feedings must be prepared, stored, distributed, and served in such a manner so as to maintain uniformity and to prevent contamination.

(d) A minimum of three meals in each twenty-four hour period shall be provided. The time interval between the evening meal and breakfast shall not be more than fourteen hours. The time interval between meals shall not be less than four hours. Nourishments or snacks shall be served as required to meet the recommended dietary allowances or the physician's prescription. Evening nourishments shall be offered when not medically contraindicated.

(e) Table service, outside of the resident's room, shall be available to all residents capable of eating at a table. Table service shall be provided in a manner to best serve the social and nutritive needs of the residents.

(3) Dated menus for general and modified diets shall be planned at least three weeks in advance. Menus shall provide a variety of foods at each meal with daily and weekly variation and adjustment for seasonal change. The current dated general menu, including substitutions, must be posted in the food service area and in a place easily visible to residents and visitors. Dated menus,

dated records of foods received, a record of the number of meals served, and standardized recipes shall be retained for at least three months for review by the department.

(4) There shall be a dietetic service supervisor having overall responsibility for the dietary service.

(5) When the dietetic service supervisor is not a dietitian, services of a dietitian shall be provided. Services include nutrition assessment, liaison with medical and nursing staff and administrator, inservice guidance to the dietetic service supervisor and dietetic staff, and approval of regular and therapeutic menus. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-230, filed 9/1/82. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-230, filed 1/23/79; Order 77, § 248-14-230, filed 1/9/73; § 248-14-230, filed 12/6/67; Regulation 14.230, effective 3/11/60.]

ADMINISTRATION

WAC 248-14-235 Administrator. (1) There shall be a licensed administrator available either full or part time, who plans, organizes, directs, and is responsible for the overall management of the nursing home.

(a) An organizational chart of the facility showing major operating programs, staff divisions, supervisory and administrative personnel, and their lines of authority, responsibility, and communication is kept current. The person having the authority and responsibility to act on behalf of the administrator in his or her absence, is designated and available during normal business hours.

(b) Appropriate personnel are trained and assisted to do purchase, supply, and property control functions.

(c) Recommendations by consultants are submitted in writing to the administrator and are considered.

(2) Only those individuals shall be admitted whose needs can be met. Needs may be met by the facility, the facility cooperating with community resources, or with other providers of care affiliated or under contract with the facility.

(3) The administrator shall ensure:

(a) The health related services are delivered as necessary, by appropriately qualified staff and consultants, and in accord with facility policies and procedures and accepted standards of practice.

(b) The enforcement of rules and regulations relative to safety and accident prevention and to the protection of personal and property rights.

(4) Every case or suspected case of a reportable disease, as defined in chapter 248-100 WAC, shall be reported to the local health officer.

(5) Physical plant alterations or changes in physical plant utilization effecting compliance with other regulations are submitted to the department for prior approval.

(6) A copy of each citation for a violation of nursing home regulations shall be prominently posted until the violation is corrected as determined by the department.

(7) All cases of suspected abuse or neglect shall be reported to the department or the law enforcement

agency. The procedure for the reporting of resident abuse shall be kept prominently posted in the nursing home.

(8) Any event that requires or may require the evacuation to another address of all or part of the nursing home's residents shall be reported immediately to the licensing agency of the department. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-235, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81-01-014 (Order 1573), § 248-14-235, filed 12/8/80; 80-06-086 (Order 1509), § 248-14-235, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-235, filed 1/23/79.]

WAC 248-14-240 Personnel. Personnel sufficient in numbers and qualifications shall be available to meet the requirements of this chapter.

(1) At least annual written evaluations of work performance which have been reviewed with the employee are maintained.

(2) Staff, including consultants and pool personnel are appropriately licensed or certified at the time of their assignment to duties.

(3) Any employee giving direct resident care or treatment shall be at least eighteen years of age unless the employee is enrolled in or has successfully completed a bona fide nurse or nurse aide training program.

(4) No employee currently working shall evidence signs or symptoms of infectious diseases, such as running sores or fever.

(5) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method. A negative skin test is defined as less than 10 mm of induration, read at forty-eight to seventy-two hours. Positive reactors (10 mm or more of induration read at forty-eight to seventy-two hours) shall have a chest x-ray within ninety days. A record of test results, reports of x-ray findings or exemptions to such will be kept in the facility.

Exemptions:

(a) New employees who can document a positive Mantoux test in the past shall have an initial screening in the form of a chest x-ray.

(b) After entry, annual screening in the form of a skin test or x-ray shall not be required for reactors.

(c) Positive reactors having completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(d) An employee who states that the tuberculin skin test by the Mantoux method would present a hazard to his health because of conditions peculiar to his own physiology may present supportive medical data to this effect to the tuberculosis control program, health services division, department of social and health services. The department will decide whether the waiver should be granted to the individual employee and will notify the employee accordingly. Any employee granted a waiver from the tuberculin skin test shall have a chest x-ray

taken in lieu thereof. [Statutory Authority: RCW 74.42.620. 83-01-016 (Order 1921), § 248-14-240, filed 12/6/82; 82-18-065 (Order 1872), § 248-14-240, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-240, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-240, filed 1/23/79; 78-10-074 (Order 166), § 248-14-240, filed 9/27/78; Order 146, § 248-14-240, filed 3/22/77; Order 108, § 248-14-240, filed 1/13/75; Order 94, § 248-14-240, filed 1/9/74; Regulation 14.240, effective 3/11/60.]

WAC 248-14-245 Staff development. The staff development program shall be under the direction of a designee who is a member of the professional staff and shall assure that:

(1) Each employee receives a formal orientation to the facility; the facility's policies; the employee's duties and responsibilities, as outlined in the job description.

(2) Inservice education, including emergency care and disaster preparedness, is provided to all personnel for development and improvement of skills on an ongoing basis. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-245, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-245, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-245, filed 1/23/79.]

WAC 248-14-247 Residents' rights. Written policies and procedures shall be implemented regarding the following rights for each resident:

(1) Information.

(a) Each resident or his or her legally delegated representative shall be fully informed, before or at the time of admission, of his or her rights and responsibilities and of all rules governing resident conduct.

(b) If policies on residents' rights and responsibilities and rules governing conduct are amended, each resident shall be informed of the changes.

(c) Each resident or responsible party shall acknowledge in writing receipt of the information and any amendments to the information.

(d) Each resident shall be fully informed in writing of all services available in the home and of the charges for these services, including any other services not paid for by Medicaid or not included in the home's basic rate per day.

(2) Medical condition and treatment - Each resident or responsible party shall:

(a) Be fully informed by a physician, or his or her designee, of his or her health and medical condition unless the physician documents informing the resident is medically contraindicated and the resident does not want to be informed;

(b) Be given the opportunity and be encouraged to participate in planning his or her total care and medical treatment;

(c) Be given a qualified opportunity to refuse treatment; and

(d) Each resident shall provide an informed written consent before participating in experimental research and treatment.

(3) Transfer and discharge. Each resident shall be transferred or discharged only for:

(a) Medical reasons; his or her welfare or the welfare of the other residents; or nonpayment except as prohibited by the Medicaid program.

(b) Internal transfers are conducted, except in emergencies, with prior notification of the resident and responsible person, and consistent with facility policies.

(4) Exercising rights. Each resident shall be:

(a) Encouraged and assisted to exercise his or her rights as a resident and as a citizen; and

(b) Encouraged to submit complaints or recommendations concerning the policies and services of the home to staff or to outside representatives of the resident's choice or both, free from restraint, interference, coercion, discrimination, or reprisal.

(5) Financial affairs. Each resident shall be offered management of his or her personal financial affairs. If a resident requests assistance from the nursing home in managing his or her personal financial affairs:

(a) The request shall be in writing; and

(b) Recordkeeping requirements of RCW 74.42.130 shall be met.

(6) Privacy.

(a) Each resident shall be treated with consideration, respect, and full recognition of his or her dignity and individuality.

(b) Each resident shall be given privacy during treatment and care of personal needs.

(c) Each resident's records, including information in an automatic data bank, shall be treated confidentially.

(d) Each resident shall give written consent before information may be released from his or her record to someone not otherwise authorized by law to receive said information.

(e) If both husband and wife are residents of the nursing home, the husband and wife shall be permitted to share a room, if mutually requested, unless medically contraindicated and documented.

(7) Work. No resident may be required to perform services for the home, except as appropriately goal-related in the plan of care.

(8) Freedom of association and correspondence. Each resident shall:

(a) Communicate, associate, and meet privately with individuals of his or her choice, unless this infringes upon the rights of another resident; and

(b) Send and receive personal mail unopened.

(9) Activities. Each resident shall be encouraged to participate in social, religious, and community group activities.

(10) Personal possessions. Each resident may elect to retain and use his or her personal possessions and clothing as space and regulations permit. Methods shall be established and implemented for safeguarding personal property.

(11) Delegation of rights and responsibilities.

(a) The nursing home shall have written policies and procedures providing the rights and responsibilities of a resident are delegated to the resident's legal guardian on his or her behalf if the resident is adjudicated incompetent under state law (chapter 11.88 RCW).

(b) The facility shall have written policies and procedures to initiate recommendation of guardianship proceedings when the patient appears to be incapable of understanding his or her rights and responsibilities. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-247, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-247, filed 5/28/80.]

RESIDENT CARE SERVICES

WAC 248-14-250 Physician services. (1) Residents in need of nursing home care shall be under the care of an attending physician. An alternate physician who has agreed to be responsible in the attending physician's absence, shall be identified upon admission.

(2) Medical care shall be promptly provided when necessary to meet identified resident needs.

(3) The resident shall be seen by the attending physician on or immediately prior to admission and as required by federal regulations.

(4) Medical information prior to or upon admission shall include:

(a) A history and physical reflecting the resident's current health status with attention to special physical and psychosocial limitations and needs.

(b) Orders, as necessary, for medications, treatments, diagnostic studies, specialized rehabilitative services, diet, and any restrictions related to activities.

(c) Plans for continuing care and discharge.

(5) Overall resident's progress and plans of care shall be reviewed and/or revised during a visit by the attending physician or a certified registered nurse or physician assistant within the individual scope of practice in consultation with professional personnel. In facilities certified for Medicare or Medicaid, the certified registered nurse or physician assistant may not visit in lieu of the required physician visit. Patient needs shall be documented. Each need or problem (or symptom) shall have a current plan of treatment.

(6) Self-administration of medications is ordered when appropriate. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-250, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-250, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-250, filed 1/23/79; Regulation 14.250, effective 3/11/60.]

WAC 248-14-260 Nursing services. (1) There shall be organized nursing services with adequate administrative space and a sufficient number of qualified nursing personnel to meet the total nursing needs of all residents.

(a) Nursing services shall be under the direction of a full-time registered nurse.

(b) When any resident requires skilled nursing care, there shall be a registered nurse on duty a minimum of sixteen continuous hours per day.

(c) When all residents in the facility require intermediate nursing care or care for mental retardation or related conditions, there shall be at least one licensed nurse on duty eight hours every day and additional licensed staff on any shifts if indicated.

(d) Sufficient trained support staff shall be available and assigned only to duties consistent with their education, experience, and the current standards of nursing practice.

(2) Nursing input into the health record shall include:

(a) History and continuing assessments.

(b) Current comprehensive written care plans reviewed as needed.

(c) Nursing orders.

(d) Ongoing documentation of delivery of appropriate services.

(e) Progress notes evaluating problems, approaches, goals, and resident responses.

(3) No form of restraint may be applied or utilized for the primary purpose of preventing or limiting independent mobility or activity, see chapter 11.92 RCW, except that a restraint may be used in a bona fide emergency situation when necessary to prevent an individual from inflicting injury upon self or others. A physician's order for proper treatment which would resolve the emergency situation and eliminate the cause for the restraint must be obtained as soon as possible. If the problem cannot be resolved in seventy-two hours, timely transfer to a certified evaluation and treatment facility must be initiated.

(a) In other situations, protective restraints or support may be necessary for individuals with acute or chronic physical impairments. The intervention must be related to a specific problem identified in the care plan. The plan shall be designed to diminish or eliminate the use of restraints as appropriate.

(b) Any resident physically restricted shall be released at intervals not to exceed two hours to provide for ambulation, exercise, elimination, food and fluid intake, and socialization as independently as possible.

(c) A restraint may be used as a time-out device within the context of a planned behavior modification program only in a certified IMR:

(i) When the program is approved by the human rights committee,

(ii) During conditioning sessions,

(iii) In the presence of a qualified trainer, and

(iv) For periods of less than one hour.

(4) Resident call lights shall be responded to promptly. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-260, filed 9/1/82; 82-07-025 (Order 1778), § 248-14-260, filed 3/11/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-260, filed 5/28/80. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed

11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-260, filed 1/23/79; 78-10-074 (Order 166), § 248-14-260, filed 9/27/78; Regulation 14.260, effective 3/11/60.]

WAC 248-14-264 Specialized rehabilitative and habilitative services. (1) Specialized rehabilitative and habilitative services are provided or arranged for with qualified outside resources for each resident with a comprehensive plan of care requiring the provision of these services.

(2) The specialized personnel shall be qualified therapists, qualified therapists' assistants, or mental health professionals. Other support personnel under appropriate supervision may perform related duties.

(3) These services shall be designed to maintain and improve the resident's ability to function independently, prevent, as much as possible, advancement of progressive disabilities; and restore maximum function. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-264, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-264, filed 5/28/80.]

WAC 248-14-270 Health record service. There shall be a defined health record service where records are kept in accordance with recognized principles of health record management. All records, policies, and procedures shall be available to authorized representatives of the department for review.

(1) The health record system shall be centralized and:

(a) Have a designated individual exercising responsibility for the system with appropriate training and experience in health record management. This person may require consultation from a qualified health record practitioner such as a registered record administrator or accredited record technician.

(b) Include mechanisms to safeguard records from alteration, loss or destruction, and preserve the confidentiality of each record.

(2) The health record shall:

(a) Be documented promptly and legibly by persons making the observation or providing the service, with date and authentication of each entry. All entries shall be written legibly in ink, typewritten or on a computer terminal. Dictated reports shall be promptly transcribed and included in the record.

(b) Be developed and maintained for each resident receiving care or treatment in the facility.

(c) Contain information obtained upon admission including identifying and sociological data, diagnosis, and medical information as identified in WAC 248-14-250(4)(a).

(d) Contain information about the resident's daily care including all plans, treatments, medications, observations, teaching, examinations, physician's orders, allergic responses, consents, authorizations, releases, diagnostic reports, and revisions of assessments.

(e) Contain appropriate information if the resident has died including the time and date of death, apparent cause of death, appropriate notification of the physician

and relevant others, and the disposition of the body and personal effects.

(3) At the time of discharge, the facility provides those responsible for the resident's postdischarge care with an appropriate summary of information about the discharged patient to ensure the optimal continuity of care.

(4) Health records shall be retained in the nursing home for the time period required by RCW 18.51.300.

If a nursing home ceases operation, the nursing home shall make arrangements prior to cessation, as approved by the department, for preservation of the health records.

(5) A chronological census register shall be maintained, including all admissions, discharges, deaths and transfers, noting the receiving facility. A daily census shall be kept of the residents not on leave.

(a) A new health record shall be opened when a resident returns to the nursing home from any treatment facility after a stay in excess of five days except for IMR facilities. Current information from the treatment facility shall accompany the resident on return to the nursing home.

(b) Social leaves in excess of twenty-four hours must be noted in the census, but a new health record need not be opened when the resident returns to the nursing home. See WAC 388-88-115.

(6) A master resident index shall be maintained having a reference for each resident including the health record number, if applicable, full name, date of birth, admission date(s), and discharge date(s).

(7) Nursing homes providing outpatient services pursuant to WAC 248-14-295 shall maintain and file records of such services pursuant to that section. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-270, filed 9/1/82. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79. Statutory Authority: RCW 18.51.070. 79-02-036 (Order 171), § 248-14-270, filed 1/23/79; Order 94, § 248-14-270, filed 1/9/74; Order 65, § 248-14-270, filed 1/13/72; Regulation 14.270, effective 3/11/60.]

WAC 248-14-285 Pharmaceutical services. (1) A staff pharmacist or consultant pharmacist shall be responsible for coordinating pharmaceutical services including:

(a) Provision of pharmaceutical services evaluations and recommendations to the administrative staff.

(b) On-site reviews to ensure drug handling and utilization procedures are carried out in conformance with recognized standards of practice.

(c) Regular reviews of each resident's therapy to screen for potential or existing drug therapy problems and documenting recommendations.

(d) Provision of drug information to the staff and physicians as needed.

(e) Planning and participation in the staff development program.

(f) Consultation with other departments regarding resident care services.

(2) Administration of pharmaceutical services.

(a) There shall be provision for timely delivery of drugs and biologicals.

(b) Safe and effective drug therapy, distribution, control, and use shall be ensured.

(c) If drugs are maintained for emergency use, a system for drug control and accountability shall be established.

(d) Medication errors and adverse drug reactions shall be recorded and reported immediately to the practitioner who ordered the drug.

(3) Security and storage of drugs.

(a) Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(b) Drugs shall be stored in locked cabinets, rooms or carts accessible only to personnel authorized to administer or dispense drugs.

(c) Outdated, unapproved, contaminated, deteriorated, adulterated or recalled drugs shall not be available for use.

(d) If a supplemental dose kit within a unit dose drug distribution system is provided, the supplemental dose kit must comply with WAC 360-13-030.

(4) Drugs shall be clearly labeled to ensure the right medication is administered to the right resident.

(5) Records of drug disposition shall provide accurate documentation of drug:

(a) Administration;

(b) Destruction;

(c) Release;

(d) Retention;

(e) Return to the pharmacy.

(6) Special requirements for Schedule II and III Controlled Substances:

(a) Storage shall be separately keyed except in unit dose drug distribution systems.

(b) Except in unit dose drug distribution systems, there shall be a bound book or books with consecutively numbered pages, where a complete record of receipt and disposition is maintained.

(c) Discrepancies between count of drugs and the record shall be documented and reported immediately to the supervisor. Discrepancies not resolved shall be reported to the pharmacist and the Washington state board of pharmacy.

(7) Drug administration.

(a) Staff shall follow procedures providing for the safe handling and administration of drugs to residents as ordered.

(i) Only licensed nurses administer drugs.

(ii) The resident shall be identified prior to administration.

(b) All drugs shall be identified up to the point of administration.

(c) Drugs shall be prepared for administration immediately prior to the drugs administration and administered by the same person preparing the drugs.

(d) Drug administration shall be documented as soon as possible after the act of administration and shall include:

- (i) Verification of administration.
- (ii) Reasons for ordered doses not taken.
- (iii) Reasons for administration of and response to drugs given on an as needed basis (PRN).
- (e) Drug orders shall be time limited and received only by a licensed nurse, pharmacist or physician and administered only on the written or verbal order of a practitioner. Verbal orders shall be signed by the prescribing practitioner in a timely manner.
- (f) The self-administration of medication shall be encouraged and the program shall provide evidence of:
 - (i) Assessment of the resident's capabilities.
 - (ii) Instructions for administration.
 - (iii) Monitoring of progress and compliance with orders.
 - (iv) Safe storage of drugs. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-285, filed 9/1/82. Statutory Authority: RCW 18.51.070. 81-03-005 (Order 1586), § 248-14-285, filed 1/8/81. Statutory Authority: 1979 ex.s. c 211. 79-12-018 (Order 1455), filed 11/15/79; Order 105, § 248-14-285, filed 10/4/74; Order 94, § 248-14-285, filed 1/9/74.]

WAC 248-14-401 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-14-510 Sanitation and infection control.

- (1) The incidence of infection and the implementation of infection control methods shall be monitored.
- (2) The facility shall provide areas, equipment, and supplies to properly implement an infection control program.
- (3) All disposable and single service supplies and equipment shall be used as specified by the manufacturer.
- (4) Resident care equipment, furniture, and utensils shall be cleaned, disinfected, or sterilized, according to use.
- (5) Chemicals and equipment used for cleaning, disinfecting, and sterilization shall be used in accordance with manufacturer's directions.
- (6) Linen and personal clothing shall be handled and processed in a manner preventing cross-contamination and rendering linen and clothing clean and sanitary.
 - (a) The time and/or temperature of at least one hot water cycle to disinfect linen shall be fifteen minutes at one hundred forty degrees Fahrenheit or five minutes at one hundred sixty degrees Fahrenheit.
 - (b) Chemical or hot water disinfection of personal clothing shall be provided.
 - (c) Clean linen and personal clothing shall be transported in a manner to prevent contamination.
 - (d) Clean linen and personal clothing shall be stored in a manner to prevent contamination.
 - (7) The methods of storage, transport, and disposal of garbage and refuse shall ensure a clean environment.
 - (8) The methods of storage, transport, and disposal of infectious wastes shall ensure a sanitary environment.
 - (9) All bathtubs and therapy tanks shall be cleaned and disinfected between resident use.

(10) Hand cleaning supplies and drying equipment and/or material shall be readily available at each sink.

(11) If bathing facilities are used for storage, provisions are made to render the bathing facilities clean and sanitary prior to resident use. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-510, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-510, filed 5/28/80.]

WAC 248-14-520 Housekeeping. (1) Housekeeping supplies, and equipment shall be provided and available for use.

(2) The facility shall be clean, sanitary, and free of objectionable odor. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-520, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-520, filed 5/28/80.]

WAC 248-14-530 Pest control. (1) Effective rodent and insect control methods shall be implemented.

(2) Pest control chemicals shall be used in accordance with manufacturer's specifications, and approved for use by the environmental protection agency, or the food and drug administration, or the United States department of agriculture. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-530, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-530, filed 5/28/80.]

WAC 248-14-540 Safety. (1) A safe environment for all residents, personnel, and public shall be maintained.

(2) Hot water at resident lavatories, baths, and showers shall be maintained at temperature of one hundred ten degrees Fahrenheit, plus or minus ten degrees Fahrenheit, except in special training programs.

(3) Signs shall be used to designate areas of hazard.

(4) Reference material regarding medication administration, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(5) Poisons and other nonmedicinal chemical agents in containers carry a warning label shall be stored in a separate locked storage when not in use by staff. This storage shall be apart from drugs used for medicinal purposes.

(6) Equipment and supplies shall be stored in a manner to not jeopardize the safety of residents, staff, and the public.

(7) Handrails shall be provided in all corridors and stairwells: Except this regulation may not apply in facilities certified exclusively for the care of the mentally retarded or residents with related conditions.

(8) Portable electric appliances used for heating and cooking shall be used or stored in designated areas.

(9) Electrical outlets are available for the number of electrical appliances in use.

(10) Pets shall be restricted from areas where food is prepared, treatments are being performed, or when residents object to the presence of pets. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-

14-540, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-540, filed 5/28/80.]

WAC 248-14-550 Resident rooms and areas. (1) All lockable toilets and bathrooms shall have readily available a means of unlocking from the outside. Locks shall be operable from the inside by a single effort.

(2) The maximum approved bed capacity of each resident room shall not be exceeded.

(a) The maximum number of beds per room shall not exceed six. This shall be reduced to a maximum of:

- 5 beds by July 1, 1983,
- and
- 4 beds by July 1, 1985

(b) Resident rooms shall be arranged to allow not less than three feet between beds.

(3) Dining and/or day rooms shall be available to all residents.

(4) The utility rooms shall maintain separated clean and soiled functions.

(5) Storage.

(a) Equipment in patient rooms not used on a daily basis shall be stored in storage areas accessible as necessary to meet resident needs.

(b) Clean and sterile items shall be stored separately from soiled items.

(c) There shall be, for each resident, separated, enclosed, storage facilities for resident clothing and personal belongings. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-550, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-550, filed 5/28/80.]

WAC 248-14-560 Equipment. (1) Maintenance.

(a) Electrical, mechanical, structural, and plumbing equipment and systems shall be maintained on a routine basis so as to render the equipment and systems in an operable condition.

(b) Floors, walls, ceilings, and equipment surfaces must be maintained in a cleanable condition.

(c) Temperatures in living areas shall be maintained at comfortable levels.

(d) The water supply shall be maintained potable and not cross-connected.

(i) Water pressure at all taps shall be at a pressure of not less than 15 p.s.i.

(ii) Hot and cold water shall be available at all bathing, shower, and lavatory fixtures.

(2) There shall be an operative electrical call system accessible to unattended residents in bed, at the bedside, and in toilet and/or bathing areas, unless the resident is physically or mentally unable to use the device properly or is in a normalization program in an IMR.

(3) Ventilation in all rooms and areas shall control smoke and odors and prevent condensation.

(4) Linen.

(a) A supply of clean bed linen and blankets of proper size, washcloths, and towels shall be provided for each resident.

(b) Worn and damaged linen shall be repaired or replaced.

(c) There shall be an available supply of clean linen so linen needs can be met without delay.

(5) Lighting.

(a) Lighting shall be adequate for the functions being conducted in each area of the facility.

(b) All lights shall be provided with a noncombustible shield.

(c) Emergency lighting facilities or equipment shall be available.

(6) Resident furniture and equipment needs shall be determined at the time of admission and routinely thereafter to ensure resident comfort. Justification for deviation from the normal environment provided by the facility needs to be documented in the resident's health record. Each resident shall have:

(a) A bed with a firm, protected mattress.

(b) A bedside cabinet with a drawer for storage of small personal articles and a separate drawer or enclosed compartment for storage of resident care utensils.

(c) Comfortable seating to provide for proper body alignment and support.

(d) A reading light.

(7) A telephone shall be accessible for resident use.

(8) Multibed rooms shall have flame-retardant cubicle curtains. [Statutory Authority: RCW 74.42.620. 82-18-065 (Order 1872), § 248-14-560, filed 9/1/82. Statutory Authority: RCW 18.51.070. 80-06-086 (Order 1509), § 248-14-560, filed 5/28/80.]

Chapter 248-15 WAC

ADVANCED LIFE SUPPORT TECHNICIAN-- RULES AND REGULATIONS

WAC

248-15-020

Definitions.

248-15-030

Physician's trained mobile intravenous therapy technician—Airway management technician—Mobile intensive care paramedic, selection, general training, and knowledge standards.

248-15-050

Physician's trained mobile airway management technician—Training and knowledge standards.

248-15-080

Certification and recertification.

248-15-090

Repealed.

248-15-091

Certification of individuals who have not completed a training course conducted by approved training physicians in the state of Washington.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-15-090

Reciprocity and challenges. [Statutory Authority: RCW 18.71.205. 78-09-055 (Order 1329), § 248-15-090, filed 8/22/78.] Repealed by 81-23-016 (Order 1718), filed 11/12/81. Statutory Authority: RCW 18.71.205.

WAC 248-15-020 Definitions. For the purpose of these rules and regulations, the following words, phrases, and abbreviations shall have the following meanings unless the context clearly indicates otherwise (also see WAC 248-17-020 for additional abbreviations and definitions applicable to this chapter).

(1) "Department" shall mean the department of social and health services.

(2) "Approved licensed physician" shall mean a licensed physician who:

(a) Is knowledgeable in emergency medical services; and

(b) Has been accepted by the department as being qualified to the equivalent certification in advanced cardiac life support training by the American Heart Association; and

(c) Is designated as a physician program director, responsible for coordinating matters pertaining to an advanced life support system; or

(d) Is designated as a training physician, responsible for the training of physician's trained mobile intravenous therapy technicians, physician's trained mobile airway management technicians, or physician's trained mobile intensive care paramedics; or

(e) Is designated as a supervising physician, responsible for the control and direction of certified advanced life support personnel in the performance of their duties and who directs such advanced life support personnel by verbal communication or by standing orders; and

(f) Is approved by the department to perform such designated functions in emergency medical services.

(3) "Emergency medical services committee" shall mean that committee appointed by the governor under RCW 18.73.040 which is responsible for advising and assisting the secretary on the identification of the requirements for prehospital emergency medical and ambulance services and practices and the formulation of implementation planning.

(4) "Emergency medical technician" (abbr. EMT) shall mean an individual who is certified according to chapter 18.73 RCW.

(5) "Physician's trained mobile intravenous therapy technician" (abbr. IV therapy technician) shall mean an individual who has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved training physician to administer intravenous solutions under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile intravenous therapy technician by the department or the University of Washington's School of Medicine.

(6) "Physician's trained mobile airway management technician" (abbr. airway management technician) shall mean an individual who has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved training physician to perform endotracheal airway management and other authorized aids to ventilation under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile airway management technician by the department or the University of Washington's School of Medicine.

(7) "Physician's trained mobile intensive care paramedic" (abbr. paramedic) shall mean an individual who

has successfully completed an emergency medical technician training course; has been trained under the supervision of an approved training physician to carry out all phases of prehospital advanced life support under written or oral authorization of an approved supervising physician and has been examined and certified as a physician's trained mobile intensive care paramedic by the department or the University of Washington's School of Medicine.

(8) "Secretary" shall mean the secretary of the department of social and health services.

(9) "Emergency medical services council" shall mean an organized council of emergency medical services providers recognized by the department of social and health services. The council may represent county or multi-county area.

(10) "Advanced life support technician" shall mean any level of technician certified under RCW 18.71.200. [Statutory Authority: RCW 18.71.205, 81-23-016 (Order 1718), § 248-15-020, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-020, filed 8/22/78.]

WAC 248-15-030 Physician's trained mobile intravenous therapy technician—Airway management technician—Mobile intensive care paramedic, selection, general training, and knowledge standards. (1) Applicants for training as physician's trained mobile intravenous therapy technicians shall meet the following prerequisites:

(a) Successful completion of an emergency medical technician course as described in chapter 18.73 RCW;

(b) A minimum of one year's current experience as an active emergency medical technician;

(c) Be selected for training by the physician program director and the academic facility used for such training;

(d) Successfully pass such pretraining written, practical and/or oral examinations required by the department.

(2) Academic facilities used for training of physician's trained mobile intravenous therapy technicians shall possess the following minimum criteria:

(a) The academic facility shall have written agreements with the department to perform the training. The form "Advanced Life Support Training Application" and the department's letter of approval shall constitute the written agreement;

(b) The academic facility shall have written agreements with the clinical facility if the clinical training is accomplished in a separate facility.

(3) Academic instructional personnel shall consist of the following categories:

(a) An approved licensed physician program director who will be responsible for systems coordination.

(b) An approved licensed training physician who will be responsible for the academic and clinical content of the course—the physician program director and training physician may be combined into one responsibility.

(c) A course coordinator appointed by the academic facility who shall be responsible for processing applications and assist in the selection of students; maintain an inventory of all training equipment available; assist in the selection of instructors, schedule classes and assign

instructors; conduct instructor and clinical preceptor orientation; schedule students for the in-hospital clinical experience; assist in the coordination of the examination sessions, including the preparation of evaluation materials; counsel trainees on an individual basis and other related duties under the training physician. The course coordinator need not be a physician.

(d) Instructional personnel consisting of such physicians, nurses, and allied health professionals knowledgeable in specific subject matter of a given lesson.

(4) Clinical facilities used for training of physician's trained mobile intravenous therapy technicians shall have as minimum qualifications, the following departments or sections, personnel and policies:

(a) Approved supervising physician coverage for emergency care in accordance with WAC 248-18-285;

(b) Have program approval in writing from the administrator and chief of staff;

(c) Appoint an approved training physician who will be available for consultative help to students for the duration of the course;

(d) Agree in writing to participate in continuing education;

(e) Provide clinical experience with supervision of students during the clinical portion of the training program;

(f) Have necessary radio equipment for voice communications between field personnel and clinical facility;

(g) Agree to provide an orientation program that will inform students as to the policies, procedures and general layout of the facility, as well as inform employees of the purpose and limits of the program.

(5) The course content shall consist of the following minimum knowledge standards or equivalent which each student must be able to meet:

STANDARD I—THE ADVANCED LIFE SUPPORT TECHNICIAN, HIS ROLE, RESPONSIBILITIES AND TRAINING

(a) Role of the advanced life support technician:

(i) Identify the activities performed by an advanced life support technician in the field;

(ii) Identify the role of the advanced life support technician in the emergency medical system in which he is functioning;

(b) Laws governing the advanced life support technician:

(i) Demonstrate a working knowledge of the Medical Practices Act of the state of Washington, the Good Samaritan Law, Washington state legislation affecting emergency medical technicians and advanced life support technicians and the Washington Administrative Code rules for ambulance operation;

(ii) Demonstrate a knowledge and understanding of:

(A) Consent

(B) Abandonment

(C) Delegated practice (standing orders)

(D) Liability and malpractice

(E) Required records and reports for substantiating incidents.

(c) Orientation to the advanced life support program:

(i) Identify the skills required of an advanced life support technician;

(ii) Identify the requirements for:

(A) Emergency medical technician

(B) Physician's trained mobile intravenous therapy technician

(C) Physician's trained mobile airway management technician

(D) Physician's trained mobile intensive care paramedic

(E) The training level of all approved Washington state emergency care providers.

(d) Issues concerning the health professional. The advanced life support technician shall demonstrate a knowledge and understanding of:

(i) Ethics; professional conduct, confidentiality;

(ii) Legal requirements relating to advanced life support technicians;

(iii) The difference between ethical behavior and legal requirements.

(e) The student shall be able to identify the activity most appropriate in the handling of a dying patient, bystanders or the immediate relatives of the dying patient.

STANDARD II—HUMAN SYSTEMS AND PATIENT ASSESSMENT

(a) Medical terminology: Demonstrate a working knowledge of medical terminology and anatomical terms, including common prefixes and suffixes, and state their meanings.

(b) Human systems (anatomy and physiology)

(i) Recognize the differences and define the categories of:

(A) Anatomy

(B) Physiology

(C) Biochemistry

(D) Biophysics.

(ii) Demonstrate a knowledge of the basic principles of cell function, cell specialization and cell structure.

(iii) Recall and identify all common anatomic terms to include the anatomic terms relating to all medical subspecialties.

(iv) Identify and demonstrate a knowledge of the following systems, subsystems or organs of the body and recognize and associate the label for each system, subsystem or organ with the appropriate function:

(A) Muscles

(B) Skeleton

(C) Joints

(D) Respiratory system

(E) Lymphatic system

(F) Brain

(G) Spinal cord

(H) Peripheral nervous system

(I) Autonomic nervous system

(J) Renal system

(K) Liver

(L) Digestive system

(M) Endocrine system

(N) Circulatory system.

(c) Patient assessment:

(i) Describe and demonstrate how to conduct a primary survey;

(ii) Identify the steps required in the primary assessment of a communicative and noncommunicative patient;

(iii) Recall from memory the components of the secondary assessment;

(iv) Outline the information that must be obtained in:

(A) Immediate history

(B) Pertinent past medical history

(C) Pertinent family history

(v) Answer questions and describe in detail all components of a complete examination of a critically ill patient;

(vi) Demonstrate the ability to communicate information regarding patient assessment to the supervising physician at a remote medical facility and to the medical personnel receiving the patient. [Statutory Authority: RCW 18.71.205, 81-23-016 (Order 1718), § 248-15-030, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-030, filed 8/22/78.]

WAC 248-15-050 Physician's trained mobile airway management technician--Training and knowledge standards. (1) Meet requirements of WAC 248-15-030.

(2) Respiratory system:

(a) Anatomy and physiology of the respiratory system:

(i) Demonstrate a knowledge of all the components and functions of the anatomy of the upper respiratory tract;

(ii) Demonstrate a knowledge of all the components and functions of the anatomy of the lower respiratory tract;

(iii) Demonstrate a knowledge of the role of the muscles that are primarily involved in respiration;

(iv) Describe at least five causes of change in respiratory rate;

(v) Outline and describe the nervous system as it relates to the respiratory center and to respiratory function;

(vi) Demonstrate a knowledge of normal and abnormal blood gas values and their effect on blood pH and respiratory activity.

(b) Pathophysiology and management of respiratory problems:

(i) Identify those medical problems which may cause acute respiratory insufficiency;

(ii) Demonstrate a knowledge of those trauma related problems that may cause acute respiratory insufficiency;

(iii) Demonstrate a knowledge of the procedures required to give appropriate treatment in the management of the respiratory arrest patient;

(iv) Given a list of causes of upper airway obstruction, describe those causes which are most common and describe the techniques required to relieve airway obstruction;

(v) Demonstrate an understanding of the general characteristics, causes and treatment for the following respiratory problems:

(A) Asthma

(B) Chronic lung disease

(C) Emphysema

(D) Chronic obstructive pulmonary disease (COPD)

(E) Respiratory burns

(F) Inhaled toxic gases

(G) Drowning;

(vi) Demonstrate a knowledge of the following clinical presentations:

(A) Rhonchi

(B) Rales

(C) Pulmonary edema

(D) Upper respiratory edema

(E) Absence of gag reflex;

(vii) Identify and appropriately treat the drowning victim and the near-drowning victim in both fresh and salt water, describe the physiological differences based on the type of water composition. List the differences in the treatment of the respective patients;

(viii) Demonstrate a working knowledge of IPPB;

(ix) Demonstrate an ability to properly treat the patient with pulmonary edema;

(x) Demonstrate a knowledge and familiarization of the various normal and abnormal breath sounds heard upon auscultation;

(xi) Demonstrate a knowledge of hypoventilation and its causes, clinical manifestations and treatment;

(xii) Demonstrate a knowledge of respiratory problems resulting from fractured ribs;

(xiii) Demonstrate knowledge of the definitions, symptoms and treatment procedures used in the management of:

(A) Flail chest

(B) Simple pneumothorax

(C) Tension pneumothorax

(D) Sucking chest wound

(E) Hemothorax.

(c) Techniques of management:

(i) Demonstrate a knowledge of oxygen delivery, oxygen adjuncts and oxygen delivery methods and the advantages and disadvantages of each delivery method;

(ii) Identify the potential complications in the administration of oxygen and of oxygen's toxic effects;

(iii) Demonstrate a thorough knowledge of laryngoscopy and endotracheal intubation;

(iv) Demonstrate a knowledge of esophageal obturation airway methods;

(v) Demonstrate an understanding of the purpose, indications and methods of thoracic decompression;

(vi) Identify the indications, equipment (including cricothyrotomes) and methods of performing cricothyroidotomy.

(3) Testing will occur periodically throughout the course. Each student shall demonstrate knowledge objectives on a written examination approved by the department or the University of Washington's School of Medicine. In addition, each student will be required to demonstrate proficiency by a practical examination. On completion of the course, the student will be able to display knowledge of the topics on written examination. Successful performance will be defined as correctly responding to eighty percent of the items appearing on the

examination. The student will not be permitted to use any materials or notes during the examination. For those standards involving recognition, the student will be required to recognize the specific term, definition or procedural step(s) from a group of terms, definitions or procedural step(s) presented to him. Recall involves the student expressing the term, definition or procedural step(s) either orally or in writing, without the presence of any cues.

(4) The skills standards required of physician's trained mobile airway management technicians shall consist of the following minimum requirements or equivalent.

(5) Aids to ventilation:

(a) Endotracheal intubation:

(i) Given an adult and/or an infant intubation manikin, laryngoscope, assorted curved and straight blades, endotracheal tube, lubrication jelly, syringe, hemostat, bag-valve unit, bite block and tape, demonstrate the technique for the insertion of an endotracheal tube within thirty seconds. Thirty seconds is the maximum allowable interruption in the ventilation cycle. During testing, only two attempts to pass the tube will be allowed;

(ii) Given an anesthetized patient in a clinical or operating room setting or a human cadaver and laryngoscope, assorted curved and straight blades, endotracheal tube, lubrication jelly, syringe, hemostat, bag-valve unit, appropriate forceps, bite block and tape, demonstrate the technique for the insertion of an endotracheal tube within thirty seconds consistently. Thirty seconds is the maximum allowable interruption in the ventilation cycle. During testing, only two attempts to pass the tube will be allowed;

(iii) Given an adult intubation manikin, laryngoscope, assorted curved and straight blades, and appropriate forceps, the student will be able to demonstrate the technique of direct laryngoscopy for removal of a foreign body;

(iv) Given a suction device, sterile catheters, a container of water, sterile gloves and a patient or manikin with endotracheal tube in place, the student will be able to demonstrate aseptic atraumatic orotracheal and endotracheal suctioning technique;

(v) To maintain a qualification in this skill, the individual provider must perform a minimum of one endotracheal intubation per month, averaged over a ninety-day period, on human subjects. In addition, the individual provider shall maintain a minimum of fifteen hours of approved continuing education each year. Subjects may be anesthetized patients, patients seen in actual emergencies or human cadavers*.

(b) (Optional) Esophageal obturation:

(i) Given an adult intubation manikin, an esophageal obturator airway, 30cc syringe, and bag-valve unit, demonstrate the technique for the insertion of an esophageal obturator airway;

(ii) Demonstrate the method to assess correct placement of the obturator and properly obtain a mask seal and ventilate the patient;

(iii) Demonstrate endotracheal intubation with the esophageal obturator in place and subsequent removal of the obturator;

(iv) To maintain a qualification in this skill, users of the esophageal obturator airway must have a refresher training under the direct supervision of a physician every ninety days. Refresher training shall be accomplished on an intubation manikin or human cadaver. The advanced life support system which prefers to follow the optional training program and use the esophageal obturator in the field must also train the student in the use of endotracheal intubation. Skill maintenance standards may be maintained in either endotracheal intubation or the obturator airway.

(c) Other adjuncts to airway management:

(i) Given a fellow student as a patient, demonstrate the procedure for the preparation of the oxygen system and the administration of oxygen to a breathing patient using:

(A) Nasal cannula

(B) Partial rebreather mask

(C) Venturi mask

(D) (Optional) Demand valve unit;

(ii) Given an adult manikin, oro and nasopharyngeal airways, pocket mask, oxygen cylinder and bag-valve mask, demonstrate the procedure for administering intermittent positive ventilation using:

(A) Pocket mask

(B) Bag-valve mask

(C) Bag-valve mask with oxygen

(D) Oropharyngeal airway with bag-valve mask;

(iii) Given a bag-valve mask, demonstrate the assembly, disassembly and cleaning of the bag-valve mask unit;

(iv) Given a prepared animal or cadaver, a twelve or fourteen gauge venous catheterization set or an approved style one-way valve, demonstrate the technique for chest decompression;

(v) (Optional) Given an adult manikin, an oropharyngeal airway and a demand valve unit, demonstrate the procedure for performing intermittent positive pressure ventilation;

(vi) (Optional) Given a demand valve unit, demonstrate the assembly, disassembly and cleaning of the demand valve unit;

(vii) (Optional) Given an animal or cadaver with an obstructed upper airway, and a cricothyrotome or cricothyroidotomy set with scalpel, the student will demonstrate the procedure for performing a cricothyroidotomy.

(6) Standards for physician trained mobile airway management technicians compare to Module I, II and IV, department of transportation curriculum reference.

*Human cadavers may be used not to exceed one per ninety days.

[Statutory Authority: RCW 18.71.205. 81-23-016 (Order 1718), § 248-15-050, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-050, filed 8/22/78.]

WAC 248-15-080 Certification and recertification.

(1) Certification as a physician's trained mobile intravenous therapy technician, physician's trained mobile airway management technician or physician's trained mobile intensive care paramedic shall be for two years and shall be based on successfully completing the course(s) and exam as approved by the University of Washington or the department and being recommended for such certification by the approved licensed program director. Such recommendation shall be in writing and will include the name and address of the individual being recommended. The effective date of certification shall be the date of the letter of recommendation. The expiration date will be the last date of the month, two years following certification.

(2) Recertification will be based on successful completion of the following:

(a) Maintaining the skill according to the skill standards delineated in this chapter for the appropriate skill requirement as documented by the approved licensed program director.

(b) Successfully passing such written, oral and/or practical recertification examinations as approved by the department or the University of Washington School of Medicine.

(c) Written recommendation from the approved physician program director.

Recertification shall be for two years and shall be effective from the date of the letter of recommendation from the approved program director.

(3) Certifications and recertifications awarded under this chapter shall be valid in the following conditions:

(a) In the county or counties indicated on the certification card;

(b) In areas where formal mutual aid agreements are in force; and

(c) In situations where the provider accompanies a patient in transit.

Individuals who are employed in other than their county of residence must have their certificates validated and revalidated by the physician program director of their county of employment before performing advanced life support skills. New cards will be issued upon written recommendation of the physician program director of the county of employment. [Statutory Authority: RCW 18.71.205, 81-23-016 (Order 1718), § 248-15-080, filed 11/12/81; 78-09-055 (Order 1329), § 248-15-080, filed 8/22/78.]

WAC 248-15-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-15-091 Certification of individuals who have not completed a training course conducted by approved training physicians in the state of Washington. (1)

Individuals who have not completed a training course leading to certification as a physician's trained mobile intravenous therapy technician, physician's trained mobile airway management technician or physician's trained mobile intensive care paramedic, conducted by an approved training agency in the state of Washington,

may apply for such certification under the following conditions:

(a) Reciprocity may be granted for an individual who has completed a course of training in another state which is equal to or exceeds Washington state's standards.

The individual seeking reciprocity shall submit to the emergency medical services section the following documents:

(i) A transcript of training from the original training agency reflecting course subject material, or if transcripts are not used, an outline of the training course and a signed statement from the course supervisor indicating the applicant has passed the course and,

(ii) A photocopy of the certificate of completion of the course and,

(iii) A photocopy of a current out-of-state certificate or license;

(b) An individual wishing to challenge an examination must qualify by submitting proof to the testing agency that all previous training and experience is equivalent to the minimum standards for certification set forth in this chapter and that the individual has not been previously certified in the skills, either in the state of Washington or out-of-state, for which the challenge is made.

(c) An individual who has completed a course of instruction from another state but has not been certified in the other state, may qualify for certification by successful completion of the final written and practical examination administered by an approved training facility and by submitting to the EMS section an outline of the course previously taken.

(2) In addition to the requirements set forth in subsection (1), the following qualifications shall be met:

(a) The individual applying for certification must have a sponsor in the advanced life support system who will provide employment.

(b) The individual must successfully complete such testing as required at the regional and/or local EMS level and be recommended for certification by the approved physician program director, who shall declare responsibility for continuing education, training and verbal or standing orders for the individual.

(3) Certification under this section shall not be granted to individuals who:

(a) Have been decertified for cause by out-of-state authorities;

(b) Are under civil or criminal investigation by out-of-state authorities;

(c) A noncurrent out-of-state certification or of failure to have completed a full course of instruction from an out-of-state training agency. [Statutory Authority: RCW 18.71.205, 81-23-016 (Order 1718), § 248-15-091, filed 11/12/81.]

Chapter 248-17 WAC**AMBULANCE RULES AND REGULATIONS**

WAC

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248-17-135	Air ambulance services.
248-17-190	Personnel requirements.
248-17-210	Repealed.
248-17-211	Basic life support—Emergency medical technician qualifications and training.
248-17-212	Emergency medical technician training—Course content, registration, and instructor qualifications.
248-17-213	Emergency medical technician—Certification and recertification.
248-17-214	Emergency medical technician—Reciprocity and challenges.
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248-17-220	Revocation, suspension or modification of certificate.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-17-210	Emergency medical technician training. [Order 1150, § 248-17-210, filed 9/2/76.] Repealed by 82-04-041 (Order 1752), filed 1/29/82. Statutory Authority: RCW 18.73.080.
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WAC 248-17-010 Declaration of purpose. The purpose of this chapter is to promote safe and adequate prehospital care for victims of motor vehicle accidents, suspected coronary illnesses and other acute illness or trauma through the development of rules and regulations for the licensing and inspection of facilities and personnel providing emergency medical care. To accomplish these purposes, this chapter sets out standards governing the licensing of ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, and first aid directors; the training and certification of emergency medical technicians; communication equipment and emergency medical communications and liability insurance. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-010, filed 1/29/82; Order 1150, § 248-17-010, filed 9/2/76.]

WAC 248-17-020 Definitions. For the purpose of these regulations, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise.

(1) "Air ambulance" means a fixed or rotary winged aircraft that is currently certified under Federal Aviation Administration as an air taxi; that may be configured to accommodate a minimum of one litter and two medical attendants with sufficient space to provide intensive and life saving patient care without interfering with the performance of the flight crew; that has sufficient medical supplies and equipment to provide necessary medical treatment at the patient's origin and during flight; has radio equipment capable of two way communication ground-to-air, air-to-air, and air-to-ground including communication with physicians responsible for patient management; has been designed to avoid aggravating the patients condition as to cabin comfort, noise levels* and cabin pressurization*; has aboard survival

equipment in sufficient quantity to accommodate crew and passengers; that has been inspected and licensed by the department as an air ambulance. *Not applicable to rotary winged aircraft.

(2) "Air ambulance service" means a service that is currently certified under Federal Aviation Administration (FAA) rules, 14 CFR Part 135, (Air Taxi Operators and Commercial Operators of Small Aircraft); has been inspected by the department and licensed as an air ambulance service and meets the minimum requirements for personnel and equipment as described elsewhere in this chapter.

(3) "Ambulance" means an emergency vehicle designed and used to transport the ill and injured and to provide facilities and equipment to treat patients before and during transportation.

(4) "Attending physician" as applies to aeromedical evacuation, means a licensed doctor of medicine or osteopathy who provides direction for management of the patient either by attending the patient enroute, by ground-to-air radio communication or by written orders pertaining to inflight medical care. An attending physician must retain responsibility for the medical care of the patient until final destination is reached.

(5) "First aid vehicle" means a vehicle used to carry first aid equipment and individuals trained in first aid or emergency medical procedures.

(6) "Emergency medical technician" means a person who has successfully completed a prescribed course of instruction and who has achieved a demonstrable level of performance and competence to treat victims of severe injury or other emergent conditions.

(7) "Advanced first aid" means a course of instruction recognized by the American Red Cross, Department of Labor and Industry, the U.S. Bureau of Mines, or Fire Services training program.

(8) "Standard first aid" means such a prescribed course of instruction recognized and offered by the American Red Cross, Department of Labor and Industries, the U.S. Bureau of Mines, or Fire Services training program.

(9) "Ambulance driver" means that person who drives an ambulance.

(10) "Ambulance attendant" means that person who has responsibility for the care of patients both before and during transportation.

(11) "Ambulance operator" means a person who owns one or more ambulances and operates them as a private business.

(12) "Ambulance director" means a person who is a director of a service which operates one or more ambulances provided by a volunteer organization or governmental agency.

(13) "First aid vehicle operator" means a person who owns one or more firstaid vehicles and operates them as a private business.

(14) "First aid director" means a person who is a director of a service which operates one or more first aid vehicles provided by a volunteer organization or governmental agency.

(15) "Communications system" means a radio or landline network connected with a dispatch center which makes possible the alerting and coordination of personnel, equipment and facilities.

(16) "Department" means the department of social and health services.

(17) "Shall" means compliance is mandatory.

(18) "Should" means a suggestion or recommendation, but not a requirement.

(19) "Committee" means the emergency medical services committee. [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-020, filed 9/21/82; 82-04-041 (Order 1752), § 248-17-020, filed 1/29/82; Order 1150, § 248-17-020, filed 9/2/76.]

WAC 248-17-030 License(s) required. No person or governmental unit shall operate an ambulance or first aid vehicle without possessing all licenses required by this chapter. Under this chapter the following must be licensed: Ambulances, first aid vehicles, ambulance operators, ambulance directors, first aid vehicle operators, first aid directors, air ambulances and air ambulance services.

(1) Application for ambulance operators, first aid vehicle operators, ambulance director and first aid director licenses and renewals. An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requires which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it and submitted thirty days prior to the date of expiration of the license.

(2) Application for ambulance license first aid vehicle license and renewals. An application for license shall be made to the department upon forms provided by it, and shall contain such information as the department reasonably requests which may include affirmative evidence of ability to comply with standards, rules and regulations as are lawfully prescribed hereunder. An application for renewal of license shall be made to the department upon forms provided by it, and submitted thirty days prior to the date of expiration of the license.

(3) Licenses shall not be transferable. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-030, filed 1/29/82; Order 1150, § 248-17-030, filed 9/2/76.]

WAC 248-17-040 License expiration dates. Ambulance operator - Ambulance director - First aid operator - First aid vehicle director. The department shall issue an ambulance operator, ambulance director, first aid vehicle operator or first aid vehicle director's license initially and reissue licenses every three years. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-040, filed 1/29/82; Order 1150, § 248-17-040, filed 9/2/76.]

WAC 248-17-050 License expiration dates. Ambulance and first aid vehicle. The department shall issue

ambulance and first aid vehicle licenses initially and reissue licenses annually. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-050, filed 1/29/82; Order 1150, § 248-17-050, filed 9/2/76.]

WAC 248-17-080 Extrication equipment. Each ambulance shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

- (1) One 12-inch wrench, with adjustable open end.
- (2) One screwdriver, 12-inches long, with regular blade.
- (3) One screwdriver, 12-inches long, with Phillips blade.
- (4) One hacksaw with 2 blades.
- (5) One pair pliers, 10-inch, vise-grip type.
- (6) One 5-pound hammer with 15-inch handle.
- (7) One axe.
- (8) One 24-inch wrecking bar.
- (9) One crowbar, 51-inches, with pinch point.
- (10) One bolt cutter with 1-1/4 inch jaw opening.
- (11) One shovel.
- (12) One double action tin snip, 8-inches minimum.
- (13) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.
- (14) One ABC 2-1/2 pound fire extinguisher.
- (15) A commercial extrication device (K-Bar-T tool or similar) may be substituted for items (8) and (9). [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-080, filed 9/21/82; Order 1150, § 248-17-080, filed 9/2/76.]

WAC 248-17-110 First aid vehicle and equipment.

(1) First aid vehicles shall carry the following equipment:

- (a) A portable oxygen unit of 300-liter capacity equipped with a yoke, pressure gauge, flow meter (not gravity dependent), delivery tube, nasal prongs and venturi flow-through oxygen mask. The unit shall be capable of delivering an oxygen flow of at least 10 liters per minute. An extra 300-liter capacity cylinder shall be available on the first aid vehicle.
- (b) Pocket mask with oxygen inlet.
- (c) Portable suction with nonglass suction bottles.
- (d) Pharyngeal suction tip.
- (e) Oral pharyngeal tubes (airways), two each - infant, child and adult sizes.
- (f) Six tongue blades.
- (g) Towels.
- (h) Sterile suction tips and catheters for nasal-tracheal suctioning.
- (i) Two blankets.
- (j) Boards, metal splints or cardboard splints for upper and lower extremities to include at least two splints for arm fractures and two splints for leg fractures. Inflatable splints may be provided, but not substituted.
- (k) Six triangular bandages.
- (l) Long backboard.
- (m) Cervical collars, one each - small, medium and large.
- (n) 24 sterile gauze pads, 4 X 4.

- (o) 6 universal dressings.
- (p) 12 soft-roller, self-adhering bandages, assorted sizes.
- (q) 2 rolls 1" adhesive tape.
- (r) 2 sterile burn sheets.
- (s) Bandage scissors.
- (t) One-inch adhesive bandages, 12 each.
- (u) Two dressings for sucking chest wounds. [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-110, filed 9/21/82; Order 1150, § 248-17-110, filed 9/2/76.]

WAC 248-17-120 Extrication equipment. (1) Each first aid vehicle shall carry equipment for extricating the injured from automobiles and other trapped conditions. Extrication equipment shall include:

- (a) One 12-inch wrench, with adjustable open end.
- (b) One screwdriver, 12-inches long, with regular blade.
- (c) One screwdriver, 12-inches long, with Phillips blade.
- (d) One hacksaw with 2 blades.
- (e) One pliers, 10-inch, vise grip type.
- (f) One 5-pound hammer with 15-inch handle.
- (g) One axe.
- (h) One 24-inch wrecking bar.
- (i) One crowbar, 51-inches, with pinch point.
- (j) One bolt cutter with 1-1/4 inch jaw opening.
- (k) One shovel.
- (l) One double action tin snip, 8-inches minimum.
- (m) Two ropes, each 50 feet long, with breaking strength equal to 3/4" manila rope.
- (n) One ABC 2-1/2 pounds fire extinguisher.
- (o) A commercial extrication device (K-T tool or similar) may be substituted for items h and i. [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-120, filed 9/21/82; Order 1150, § 248-17-120, filed 9/2/76.]

WAC 248-17-135 Air ambulance services. (1) The standards set forth in this section are applicable to those civil providers who wish to license as air ambulance services and who may not be involved in the immediate emergency medical rescue operation but provide air ambulance services between hospitals for the patient who has received initial emergency care and requires definitive care in specialized care centers.

(2) Excluded from the minimum requirements of these rules are Military Assistance to Safety and Traffic (MAST), National Search and Rescue (SAR) units and other military or civil aircraft that may be called into service to initiate the emergency air lift at the scene of the emergency and transports the patient to the nearest available treatment facility.

(3) Minimum standards for personnel and medical equipment for licensing are as follows:

- (a) Pilots must possess a valid commercial pilot or air line transport pilot certificate; have a current class II medical certificate and shall be rated and current in the aircraft to be flown.

(b) Medical flight attendants shall be qualified to the level of treatment required for the condition of the patient(s). Such levels of qualification could include physicians, registered nurses or paramedics. Respiratory therapists and other medical professional disciplines may accompany patients enroute as secondary medical attendants when directed by the attending physician. Basic level emergency medical technicians may perform as primary medical flight attendants only when the patient's medical condition requires no medication enroute, there are no intravenous therapy lines or where defibrillation may not be required. All medical flight attendants must be familiar with emergency inflight procedures, seat and litter strap requirements, emergency oxygen supplies, ditching and crash landing procedures, emergency exit locations and the procedures for protection of the patient(s) in all possible inflight emergencies. Medical flight attendants must be familiar with the affects of altitude on the patients condition and shall be able to brief the pilot for any special flying techniques to be employed for the patients safety.

(c) Medical equipment, supplies and drugs shall be as specified in the state recommended protocols for air ambulance services and shall be readily available for placement aboard the aircraft. Maintenance of any controlled drugs shall be in accordance with section 406 of the Federal Controlled Substance Act.

(d) Miscellaneous emergency and survival equipment shall be those items listed on the department's check list of approved items. All survival and emergency equipment shall be in working order at all times.

(4) In instances where aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed aircraft is not available, patient transportation may be accomplished by the nearest available aircraft that can accommodate the patient. The attending physician shall justify the need to transport the patient in writing to the department. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-135, filed 1/29/82.]

WAC 248-17-190 Personnel requirements. Any ambulance operated by an ambulance operator or ambulance director shall operate with sufficient personnel for adequate patient care, at least one of whom shall be an emergency medical technician under standards promulgated by the secretary. The emergency medical technician shall have responsibility for its operation and for the care of patients both before they are placed aboard the vehicle and during transit. If there are two or more emergency medical technicians operating the ambulance, a nondriving emergency medical technician shall be in command of the vehicle. The emergency medical technician in command of the vehicle shall be in the patient compartment and in attendance to the patient.

The driver of the ambulance shall have at least a certificate of advance first aid qualification recognized by the secretary.

Any first aid vehicle operated by a first aid vehicle operator or first aid director shall provide at least one

person currently trained and certified in advanced first aid.

A first aid vehicle used to transport patients under RCW 18.73.170 shall have a minimum of an emergency medical technician in attendance to the patient. [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-190, filed 9/21/82; Order 1150, § 248-17-190, filed 9/2/76.]

WAC 248-17-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-17-211 Basic life support--Emergency medical technician qualifications and training. (1) Applicants for training as emergency medical technicians (EMT) shall meet the following prerequisites:

(a) Be at least eighteen years of age at the beginning of the course enrollment.

(b) Have a high school diploma or equivalency qualifications.

(c) Possess a valid and current certificate reflecting completion of the "Standard First Aid and Personal Safety" course by the American Red Cross, department of labor and industries or the equivalent training.

(d) Be an active member of one of the following emergency medical services entities:

(i) Firefighter who is providing emergency medical care to the general public;

(ii) Licensed ambulance service;

(iii) Licensed first aid vehicle service;

(iv) State, county or municipal police;

(v) Military and civilian personnel involved in search and rescue to the general public;

(vi) Individuals who have a need for training to qualify for employment in a prehospital emergency medical services system.

(e) Possess a current state driver's license.

(f) Have the physical strength to carry, lift, extricate and perform similar maneuvers in a manner not detrimental to the patient, fellow emergency medical technicians or self.

(2) The prospective student shall have his/her application for training reviewed by selection committees approved by the local emergency medical services council or their delegates. The selection committee shall determine that general prerequisites for enrollment in the course have been met and shall approve or disapprove the application.

(3) Waivers of enrollment in the course may be recommended to the department by the local emergency medical services council selection committee when it is determined to be in the best interest of the local emergency medical services needs, except that no waivers shall be granted for the age requirement.

(4) In counties where emergency medical services training responsibilities are established by county ordinances, the agency named in the ordinance shall have the same responsibilities for selection of students and training as the local emergency medical services councils described in this section. [Statutory Authority: RCW

18.73.080. 82-04-041 (Order 1752), § 248-17-211, filed 1/29/82.]

WAC 248-17-212 Emergency medical technician training--Course content, registration, and instructor qualifications. (1) The National Training Course, Emergency Medical Technician - Ambulance, United States Department of Transportation, National Highway Traffic Administration, shall be used in the course presentation. The course shall consist of a minimum of seventy-one hours classroom didactic and practical instruction and ten hours of hospital observation as described in the national course guide.

(2) Emergency medical technician training courses shall normally be conducted by approved training agencies which have written agreements with the department to provide such training. If the regional emergency medical services council recommends another entity to conduct a course in a region, the council shall notify the department of this decision and request approval.

(3) Registration for emergency medical technician training courses shall be submitted to the department at least two weeks prior to the beginning of the course. Registrations shall be completed on the forms supplied by the department. The registration shall consist of a completed registration form, a lesson outline indicating the names of the instructors and a supply requisition form (if course supplies are needed). No course will be certified without an approved registration.

(4) Course instructional and administrative personnel shall consist of:

(a) A course coordinator who shall be responsible for the registration of the course, classroom location, scheduling of instructional personnel, arranging for the ten-hour hospital experience, compliance with contractual conditions and all other administrative matters not involving instruction. The course coordinator need not be a physician or approved lay instructor.

(b) A physician coordinator who shall be a doctor of medicine or osteopathy who has been approved by the department. The physician coordinator shall be responsible for:

(i) Overall supervision of the didactic and practical training aspects of the course;

(ii) The instruction of those lessons requiring a physician and for making arrangements, for guest lecturers as desired;

(iii) For counseling students as needed and to allow only those students who have successfully completed all the requirements of the course to be admitted to the final written and skill examination;

(iv) The final examination of skills of all students enrolled in the class after they complete a final written examination. The physician coordinator shall have the authority to deny certification to a student when, in his/her professional judgment, the student is unable to function as an effective EMT irrespective of successful completion of the course.

(c) A senior lay instructor who shall be approved by the physician coordinator and the department, who is a

currently certified emergency medical technician or currently certified in advanced life support skills and who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross. The senior lay instructor shall:

- (i) Assist the physician coordinator as needed;
 - (ii) Be responsible for the conduct and scheduling of all nonphysician instructors and evaluators participating in an emergency medical technician training course;
 - (iii) Maintain all registration and other necessary forms for the enrolled students, including the record of attendance of students and instructors;
 - (iv) Supervise the distribution of textbooks and other course material to the students;
 - (v) See that all written examinations are graded, discussed with the physician coordinator and that graduation lists are forwarded to the department not later than thirty days following completion of a course;
 - (vi) The senior lay instructor may be the course coordinator.
- (d) Other instructional personnel employed in a course of instruction shall consist of:
- (i) Adequate numbers of experienced emergency medical technicians to provide a ratio of one evaluator to six students during practical skills examinations;
 - (ii) Other qualified individuals such as registered nurses, experts in legal affairs, experts in extrication and driving safety who may act in the capacity of guest lecturers and practical skills evaluators.
- (e) Any instruction given in cardiopulmonary resuscitation must be accomplished by an individual who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross.
- (f) Course materials used in the conduct of an emergency medical technician course shall consist of those textbooks, reference materials, visual aids and medical supplies that have been approved by the department.
- (g) Testing shall occur periodically throughout the course. There shall be a minimum of a first quarter, mid-term, third quarter and final written examination. The final written examination may be administered through state testing procedures or through the National Registry of Emergency Medical Technicians (NREMT). If the NREMT examination is used, each student is responsible for the testing fee.
- (h) The practical examination shall be administered on examination forms supplied by the department and shall be scored as pass or fail. Percentage points shall not be used. Failure in areas of the practical examination that are designated as life-threatening conditions (shaded areas) shall be considered as failure of the examination. In situations where regional or county EMS councils employ test teams, such teams shall accomplish the practical testing procedures.
- (i) A student who fails the state written and/or the practical examination may be retested within two months of the failure. A second failure shall require a repeat of the course.

(j) Rules governing class attendance shall be at the option of the physician coordinator. However, any student missing three sessions (nine hours of instruction) shall be considered to have withdrawn from the course. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-212, filed 1/29/82.]

WAC 248-17-213 Emergency medical technician-- Certification and recertification. (1) Upon successful completion of an emergency medical technician course, the department shall certify those eligible graduates who have passed either the state written examination or the National Registry of Emergency Medical Technicians written examination and the state practical examination and who have been recommended for certification by the physician coordinator.

(2) The period of certification shall be valid for three years and shall terminate on the last day of the month on the third anniversary of completion of the course.

(3) Recertification of currently certified emergency medical technicians eligible for such recertification under WAC 248-17-211, shall be accomplished in the following manner:

(a) Completion of a minimum of thirty hours of continuing education during the period of certification consisting of the following mandatory and optional subject matter as indicated and under physician supervision.

(i) Cardiopulmonary resuscitation update of at least one hour per year including both adult and infant manikins using one and two person techniques administered under the supervision of a certified CPR instructor (mandatory).

(ii) Vehicle extrication techniques employing skill knowledge of wrecking tools used in gaining access to victims and use of short and long board extrication. A minimum of one hour per year administered under the supervision of a senior EMT instructor (mandatory).

(iii) Formal inservice training sessions covering basic life support knowledge skills such as bandaging and splinting, emergency child birth, recognition and treatment of shock, cold and heat caused injuries, patient handling and other basic life support skills using physicians, senior EMT instructors, audio-visual aids or other technical experts. Four hours per year minimum required and verified by a senior EMT instructor (mandatory). Attendance at workshops or seminars approved by the department may satisfy this requirement when authorized by the regional EMS administrator.

(iv) Emergency ambulance/aid car runs involving the application of emergency care techniques may be used for credit at one hour per twenty-five emergency runs not to exceed five total hours during a period of certification when verified by emergency department staff or official run records and used as formal critique (optional).

NOTE: EMT dispatchers, employed by central dispatching centers, may substitute dispatches involving emergency, life-threatening responses when instructions on emergency medical care are given by phone/radio to persons attending the victim.

(v) Hospital emergency department, ICU, CCU or OB delivery room experience may be credited not to exceed two hours per year when verified by hospital or clinic department head (optional).

(vi) Membership in a national EMS organization where such membership includes subscriptions to professional journals and/or newsletters may be used for a maximum of one hour credit per year when proof of membership is verified by a senior EMT instructor (optional).

(vii) Completion of formal courses such as dispatcher training, extrication training, emergency vehicle defensive driving, EMT/defibrillation, inflatable trousers or other EMS-related topics. Five hours total per period of certification. Verified by course instructor (optional).

NOTE: It is recommended that a minimum of ten hours of continuing education be accomplished annually. Failure to complete thirty hours of continuing education during a period of certification shall result in termination of certification.

(b) Pass the written and practical examination and being recommended for recertification by the physician coordinator.

NOTE: Currently certified senior EMT instructors who have fulfilled the provisions of the Senior EMT Instructor Agreement may recertify by passing the written recertification examination and by being recommended by the physician coordinator.

(4) Certification by the department as an EMT does not warrant future performance of the individuals certified. It will indicate that the cognitive and performance capabilities met the requirements for certification established for the course at the time testing was performed. [Statutory Authority: RCW 18.73.080, 82-19-080 (Order 1881), § 248-17-213, filed 9/21/82; 82-04-041 (Order 1752), § 248-17-213, filed 1/29/82.]

WAC 248-17-214 Emergency medical technician--Reciprocity and challenges. (1) Reciprocity as a Washington state emergency medical technician may be granted to a currently certified EMT from another state or territory if the applicant has proof of completion of the department of transportation's eighty-one hour emergency medical technician course.

(2) An individual certified by the National Registry of Emergency Medical Technicians (or other similar national certifying agency) may be considered for reciprocity only under the following conditions:

(a) The applicant must have completed the minimum of an eighty-one hour department of transportation emergency medical technical course (equivalent training for certification is not acceptable);

(b) The category of the national certification must be "EMT-Ambulance;"

(c) The candidate must be fully certified - provisional certification is not acceptable;

(d) The former state of the individual must accept the national certification or must require both state and national certification.

(3) Certification by reciprocity shall be based on need and shall be for the duration of the former state's certification but in no case will exceed two year's duration.

(4) An individual who wishes to challenge the emergency medical technician examination must meet the following conditions of eligibility:

(a) There must be proof of need for certification as specified by WAC 248-17-211;

(b) The candidate must show the testing agency proof of equivalent training and/or experience, including the ten-hour hospital experience required for initial certification.

(5) Reinstatements are recertifications for individuals who have let their certifications lapse before applying for such recertification. Reinstatements may be accomplished in the following manner:

(a) An individual whose expiration of certification is less than one year old may, at the option of the physician coordinator, be allowed to credit prior continuing education and take the practical and written recertification examinations;

(b) An individual whose expiration of certification is more than one year old at the time of application, must retake the basic minimum eighty-one hour course as described in WAC 248-17-212. [Statutory Authority: RCW 18.73.080, 82-04-041 (Order 1752), § 248-17-214, filed 1/29/82.]

WAC 248-17-215 Emergency medical technician--Specialized training. (1) For the purpose of this chapter, specialized training shall mean the training of a basic EMT to use a skill, technique, and equipment that is not included as part of the standard course curriculum.

(2) In the event a regional or local emergency medical services council wishes to provide specialized training to emergency medical technicians, the following procedures shall apply:

(a) State-approved protocols shall be developed before training may begin.

(b) Training shall be conducted by personnel experienced and qualified in the area of training. The department shall approve the instructors in advance of the beginning of any training program.

(c) Requests for specialized training shall be submitted to the department on the form "Application for Training."

(3) On completion of the specialized training, personnel using the equipment shall function under authorized physician control. [Statutory Authority: RCW 18.73.080, 82-04-041 (Order 1752), § 248-17-215, filed 1/29/82.]

WAC 248-17-216 Emergency medical technician--Scope of care authorized--Prohibition. (1) An individual who completes a basic emergency medical technician course and is certified by the department to function as an emergency medical technician shall be authorized to

provide services only within the scope of training as contained within the curriculum of the course except for formally approved specialized training as described elsewhere in this chapter.

(2) Under RCW 18.73.010, an emergency medical technician certified by the department is authorized to function in a prehospital emergency environment for the purpose of providing immediate treatment for victims of motor vehicle accidents, suspected coronary illnesses and other acute illnesses or trauma. The emergency medical technician may not perform any other routine medical service which may be defined as the practice of medicine and/or service which would customarily be performed by a physician or other licensed practitioner.

(3) The prohibitions imposed by this section do not apply in situations where the emergency medical technician is used to accompany nonemergent patients during interhospital or other medical facility transfers where transportation by ambulance is medically indicated. [Statutory Authority: RCW 18.73.080. 82-04-041 (Order 1752), § 248-17-216, filed 1/29/82.]

WAC 248-17-220 Revocation, suspension or modification of certificate. (1) Grounds for denial, revocation, or suspension of an emergency medical technician certificate include but are not limited to proof that such emergency medical technician:

(a) Has been guilty of misrepresentation in obtaining the certificate;

(b) Has engaged or attempted to engage in, or represented himself as entitled to perform, any service not authorized by the certificate;

(c) Has demonstrated incompetence or has shown himself otherwise unable to provide adequate service;

(d) Has violated or aided and abetted in the violation of any provision of chapter 18.73 RCW or the rules and regulations promulgated thereunder;

(e) Has demonstrated unprofessional conduct in the course of providing services; or

(f) Has failed to complete a minimum of six hours of mandatory continuing education in a calendar year as described in WAC 248-17-213(3), or failed to complete thirty hours of continuing education in a three-year period of certification. [Statutory Authority: RCW 18.73.080. 82-19-080 (Order 1881), § 248-17-220, filed 9/21/82; Order 1150, § 248-17-220, filed 9/2/76.]

Chapter 248-18 WAC HOSPITALS

WAC

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248-18-99902	Appendix B—Dates of documents adopted by reference in chapter 248-18 WAC.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-18-505	Definitions. [Statutory Authority: RCW 70.41.30[70.41.030]. 81-05-029 (Order 209), § 248-18-505, filed 2/18/81; Order 119, § 248-18-505, filed 5/23/75; Order 106, § 248-18-505, filed 1/13/75; Order 83, § 252-18-505, filed 4/9/73; Order 50, § 248-18-505, filed 12/17/70; Order 25, § 248-18-505, filed 6/27/69; Regulation 18.510, filed 1/25/62.] Repealed by 83-01-003 (Order 245), filed 12/2/82. Statutory Authority: RCW 70.41.030 and 43.20.050.
248-18-99901	Appendix A—Footnotes in chapter 248-18 WAC. [Order 119, § 248-18-99901, filed 5/23/75.] Repealed by 82-24-001 (Order 248), filed 11/18/82. Statutory Authority: RCW 70.41.030 and 43.20.050.

WAC 248-18-001 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used in these regulations to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury or sexual abuse of an individual patient under circumstances which indicate that the health, welfare, and safety of the patient is harmed thereby. Person "legally responsible" shall include a parent, guardian or an individual to whom parental or guardian responsibility has been delegated, (e.g., teachers, providers of residential care and/or treatment, providers of day care):

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Accredited" means approved by the joint commission on accreditation of hospitals or the bureau of hospitals of the American osteopathic association.

(3) "Acute cardiac care unit" means an intensive care unit for patients with heart problems.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle or substance, whether physical, chemical or biological, which is capable of producing an effect upon the human body.

(5) "Alterations:"

(a) "Alterations" means changes requiring construction in existing hospitals.

(b) "Minor alterations" means any physical or functional modification within existing hospitals which does not change the approved use of the room or area. (Minor

alterations performed under this definition do not require prior review of the department as specified in WAC 248-18-510(3)(a); however, this does not constitute a release from other applicable requirements.

(6) "Area" means a portion of a room which contains the equipment essential to carrying out a particular function and is separated from other facilities of the room by a physical barrier or adequate space, except when used in reference to a major section of the hospital.

(7) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(8) "Bathing facility" means a bathtub or shower and does not include sitz baths or other fixtures designated primarily for therapy.

(9) "Birthing room" means a room designed, equipped, and arranged to provide for the care of a woman and newborn and to accommodate her support persons during the complete process of vaginal childbirth (three stages of labor and recovery of woman and newborn).

(10) "Board" means the Washington state board of health.

(11) "Clean" means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition, when the word is used in reference to a room, area or facility.

(12) "Department" means the Washington state department of social and health services.

(13) "Dentist" means an individual licensed under chapter 18.32 RCW.

(14) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American dietetic association described in "Directory of Dietetic Programs Accredited and Approved," American Dietetic Association, edition 100, 1980.

(15) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), reviewing it with a verified transcription, a direct copy or the original medical practitioner's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(16) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(17) "Facilities" means a room or area and/or equipment to serve a specific function.

(18) "Faucet controls" means wrist, knee or foot control of the water supply:

(a) "Wrist control" means water supply controls not to exceed four and one-half inches overall horizontal

length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply control is through a mixing valve designed and installed to be operated by the foot.

(19) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(20) "Handwashing facility" means a lavatory or a sink properly designed and equipped to serve for handwashing purposes.

(21) "He, him, his or himself" means a person of either sex, male or female, and does not mean preference for nor exclude reference to either sex.

(22) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, (perinatal, natal or postnatal), and who is in need of special medical or nursing care.

(23) "Hospital" means any institution, place, building or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis or care, of two or more individuals not related to the operator who are suffering from illness, injury, deformity or abnormality, or from any other condition for which obstetrical, medical or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this act does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come within the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denomination.

(24) "Infant" means a baby or very young child up to one year of age.

(25) "Infant station" means a space for a bassinet, incubator or equivalent, including support equipment, used for the care of an individual infant.

(26) "Intensive care unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients who are critically, seriously or acutely ill, and in need of intensive, highly skilled nursing service.

(27) "Investigational drug" means any article which has not been approved for use in the United States, but for which an investigational drug application (IND) has been approved by the Food and Drug Administration.

(28) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift or wheelchair to at least one side of the tub and movement of people on both sides and at the end of the tub.

(29) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(30) "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(31) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed under provisions of chapter 18.78 RCW.

(32) "May" means permissive or discretionary on the part of the board or the department.

(33) "Medical staff" means those physicians and other practitioners appointed by the governing authority to practice, within the parameters of the medical staff bylaws, in the hospital.

(34) "Movable equipment" means equipment which is not built-in, fixed or attached to the building.

(35) "Neglect" means negligent treatment or mal-treatment; an act or omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to an individual patient's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation, (e.g., lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations and disordered development.

(36) "Neonatal" or "newborn" means a newly born infant through the twenty-seventh day of life or under twenty-eight days of age.

(37) "Neonatal intensive care nursery" means an area designed, organized, and equipped to provide constant nursing care to the high-risk infant.

(38) "New construction" means any of the following:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations.

(39) "Nursing home unit" or "long-term care unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical

services but who are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(40) "Nursing unit, general" means a separate physical and functional unit of the hospital which includes a group of patient rooms, ancillary and administrative, and service facilities necessary to provide nursing service to the occupants of these patient rooms. Facilities which serve other areas of the hospital and which create traffic unnecessary to the functions of the nursing unit are excluded.

(41) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

(42) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum, and postpartum periods and/or areas designed as nurseries for care of newborns.

(43) "Occupational therapist" means an individual having graduated with a bachelors degree in occupational therapy from a university or college occupational therapy program and having completed field work requirements of that program.

(44) "Patient" means an individual who is receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance or palliative health services at the hospital. "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(45) "Patient care areas" means all nursing service areas of the hospital in which direct patient care is rendered and all other areas of the hospital in which diagnostic or treatment procedures are performed directly upon a patient.

(46) "Person" means any individual, firm, partnership, corporation, company, association or joint stock association, and the legal successor thereof.

(47) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW as now or hereafter amended.

(48) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(49) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(50) "Physical therapist" means an individual licensed under provisions of chapter 18.74 RCW.

(51) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic Medicine and Surgery.

(52) "Physician's assistant" means an individual who is not a physician but is practicing medicine in accordance with the provisions of chapter 18.71A RCW and the rules and regulations promulgated thereunder or in accordance with provisions of chapter 18.57A RCW and the rules and regulations promulgated thereunder.

(53) "Prescription" means an order for drugs for a specific patient given by a licensed physician, dentist or other individual legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(54) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" which are defined in subsections (65) and (66) of this section.

(55) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is eligible for certification by the American Board of Psychiatry and Neurology as described in "Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education," American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in "American Osteopathic Association Yearbook and Directory," 1981-1982.

(56) "Psychologist" means an individual who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(57) "Recreational therapist" means an individual with a bachelor's degree which includes a major or option in therapeutic recreation or recreation for the ill and handicapped.

(58) "Recovery unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(59) "Referred outpatient diagnostic service" means a service which is: Provided to an individual who is receiving his or her medical diagnosis, treatment, and other health care services from one or more sources outside the hospital; limited to diagnostic tests and examinations which do not involve the administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(60) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW and who is practicing in accordance with the rules and regulations promulgated thereunder.

(61) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(62) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(63) "Rooming-in" means an arrangement for mother and infant to room together with provision for family interaction within the hospital setting.

(64) "Safety device" means a device used to safeguard a patient who because of his or her developmental level or condition is particularly subject to accidental self-injury.

(65) "Seclusion room" means a small, secure room specifically designed and organized to provide for temporary placement, care, and observation of one patient and further providing an environment with minimal sensory stimuli, maximum security and protection, and visualization of the patient by authorized personnel and staff. Doors of seclusion rooms shall be provided with staff controlled locks. There shall be security relites in the door or equivalent means which afford visibility of the occupant at all times. Inside or outside rooms may be acceptable.

(66) "Security room" means a patient sleeping room designed, furnished, and equipped to provide maximum safety and security, including window protection or security windows and a lockable door with provision for observation of room occupant or occupants.

(67) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(68) "Shall" means compliance is mandatory.

(69) "Should" means a suggestion or recommendation, but not a requirement.

(70) "Sinks:"

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(71) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work approved by the council on social work education.

(72) "Soiled" (when used in reference to a room, area or facility) means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

(73) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(74) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering and involving any of the following: Incision, excision, or

curettage of tissue or an organ; suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture; extraction of tissue including the premature extraction of the products of conception from the uterus; or an endoscopic examination with use of a local or general anesthesia.

(75) "Through traffic" means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(76) "Toilet" means a room containing at least one water closet.

(77) "Tuberculous patient" means an individual who is receiving diagnostic or treatment services because of suspected or known tuberculosis.

(78) "Water closet" means a plumbing fixture for defecation fitted with a seat and device for flushing the bowl of the fixture with water.

(79) "Window" means a glazed opening in an exterior wall.

(a) "Maximum security window" means a window that can only be opened by keys or tools that are under control of personnel. The operation of such shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and/or other appropriate security features shall be incorporated. Approved transparent materials other than glass may be used.

(b) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material. [Statutory Authority: RCW 70.41.030 and 43.20.050. 83-01-003 (Order 245), § 248-18-001, filed 12/2/82. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-001, filed 2/18/81; Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-18-001, filed 5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

WAC 248-18-010 Exemptions and interpretations.

(1) If a hospital that is required to be licensed under this act, does not normally provide a particular service or department, the section or sections of these regulations relating to such service or department will not be applicable.

(2) The state board of health may, in its discretion, exempt certain hospitals from complying with parts of these regulations which pertain to health and sanitation, when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the safety or health of the patients in the hospitals involved in jeopardy.

The state board of health hereby delegates to the director of the health services division of the department of social and health services the authority to grant said exemptions pursuant to the standards contained in chapter 248-18 WAC relating to the subject matter for

which the exemption is requested, subject to the provisions contained herein. If an application for an exemption is recommended for denial by the director of the health services division, the recommendations shall be reviewed by the board of health at its next meeting. If an application is recommended to be granted by the director, it shall be reviewed in accordance with subdivision (b) of this subsection.

(a) Such reviews shall not be considered contested cases as that term is defined in chapter 34.04 RCW. Statements and written material regarding the application may be presented to the board at or before its meeting wherein the application for exemption will be considered. Allowing cross examination of witnesses in such matters shall be within the discretion of the board.

(b) Written summaries of all exemptions proposed to be granted by the director of the health services division shall be sent to all members of the board of health and shall include written forms upon which the members may indicate approval or disapproval of the exemption request. No exemption granted by the director of the health services division shall take effect for thirty days following notice of the tentative exemption approval being sent to the members of the board of health. If any member of the board of health shall fail to respond, or shall disagree with the proposed exemption request, within the above thirty-day period, the exemption shall not take effect until reviewed and approved by the entire board at its next regular meeting.

(3) The secretary of the department of social and health services or his designee may, upon written application:

(a) Exempt any hospital from complying with the patient room size, ceiling height, and window area requirements when the room for which the exemption is requested does not place the safety or health of the patients in the room in jeopardy;

(b) Grant an exemption to any hospital from the hospital regulations requiring alterations to meet new construction standards when the proposed alteration will serve to correct deficiencies or will upgrade the facility in order to provide better patient care and will not create any additional deficiencies.

(4) The secretary of the department of social and health services or his designee may, upon written application of a hospital, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his satisfaction to be at least equivalent to those prescribed. The secretary or his designee shall send a written response to a hospital which has applied for approval of a substitution. The response shall approve or disapprove the substitution and shall be issued within thirty working days after the department has received all the information necessary to the review of the application.

(5) A hospital may, upon submission of a written request to the secretary of the department of social and health services or his designee, obtain an interpretation of a rule or regulation contained in chapter 248-18 WAC. The secretary or his designee shall, in response to

such a request, send a written interpretation of the rule or regulation within thirty working days after the department has received complete information relevant to the requested interpretation.

(6) A hospital may submit a written request for an interpretation of a rule or regulation contained in chapter 248-18 WAC directly to the state board of health.

(7) A copy of each exemption or substitution granted or interpretation issued pursuant to the provisions of this section shall be reduced to writing and filed with the department and the hospital. [Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-010, filed 2/18/81; Order 142, § 248-18-010, filed 2/8/77; Order 119, § 248-18-010, filed 5/23/75; Order 50, § 248-18-010, filed 12/17/70; Order 22, § 248-18-010, filed 6/27/69; Order 10, § 248-18-010, filed 1/2/69; Regulation 18.010, effective 3/11/60; Subsection (3), filed 2/17/61.]

WAC 248-18-015 License expiration dates. The department shall issue hospital licenses initially and re-issue hospital licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of hospital licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed thirty-six months in duration. If there is failure to comply with the provisions of chapter 70.41 RCW or this chapter, the department may, in its discretion, issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department. [Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-002 (Order 249), § 248-18-015, filed 11/18/82; Order 119, § 248-18-015, filed 5/23/75; Order 69, § 248-18-015, filed 1/13/72.]

WAC 248-18-025 Required approval for occupancy after completion of new construction. (1) Prior to occupancy and use of a building or any room or other portion of a building constituting the whole or part of a new construction project, a hospital shall have obtained written authorization for such occupancy from the department.

(2) The hospital shall notify the department when either of the following has been substantially completed: An entire new construction project, or any room or other portion of a new construction project the hospital plans to occupy before the entire new construction project is finished.

(3) The department shall authorize occupancy if the new construction has been completed in accordance with chapter 248-18 WAC and the department has received written approval of such occupancy from the state fire marshal.

(4) The department may authorize occupancy of a building or any room or other portion of a building when the new construction is deficient in relation to chapter 248-18 WAC: *Provided*, That the department has determined, after thorough investigation and consideration, the deficiencies will not impair services to patients or otherwise jeopardize the safety or health of patients, the

hospital has provided written assurance of completion or correction of deficient items within a period of time acceptable to the department, and the department has received written approval of such occupancy from the state fire marshal. [Statutory Authority: RCW 70.41.030 and 43.20.050. 82-13-084 (Order 230), § 248-18-025, filed 6/22/82; Order 123, § 248-18-025, filed 3/18/76.]

WAC 248-18-040 Personnel. (1) There shall be sufficient qualified personnel to properly operate each department of the hospital.

(2) The department of nursing shall be under the direction of a registered nurse. There shall be an adequate number of registered nurses on duty at all times.

(3) All nonprofessional employees performing nursing service functions shall be under the direct supervision of a registered nurse.

(4) Each employee shall have on employment and annually thereafter a tuberculin skin test by the Mantoux method. A positive test will consist of 10 mm of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days. Records of test results, x-rays or exemptions to such will be kept in the facility.

Exemptions:

(a) New employees who can document a positive Mantoux test in the past shall have an initial screening in the form of a chest x-ray.

(b) After entry, annual screening in the form of a skin test or chest x-ray shall not be required for reactors.

(c) Positive reactors who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from testing.

(d) An employee stating the tuberculin skin test by the Mantoux method would present a hazard to his or her health because of conditions peculiar to his or her own physiology may present supportive medical data to this effect to the tuberculosis control program, health services division, department of social and health services. The department will decide whether the waiver should be granted to the individual employee and will notify the employee accordingly. Any employee granted a waiver from the tuberculin skin test shall have a chest x-ray taken in lieu thereof.

(5) Employees with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-003 (Order 250), § 248-18-040, filed 11/18/82. Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-18-040, filed 1/4/80; Order 121, § 241-18-040, filed 9/18/75; Order 119, § 248-18-040, filed 5/23/75; Order 91, § 248-18-040, filed 10/3/73; Order 76, § 248-18-040, filed 1/9/73; Regulation 18.040, effective 3/11/60.]

WAC 248-18-190 Patient care services, general. (1) Policies, procedures, and techniques.

(a) Hospitals shall establish written policies and procedures which specify the criteria for admission of patients to general and specialized patient care service

areas and conditions requiring transfer. These policies and procedures shall be based upon the availability of sufficient and appropriate personnel, space, equipment, and supplies to provide care and treatment of patients.

(b) There shall be written patient care policies and procedures designed to guide personnel. The policies and procedures should be reviewed at least one time every two years, revised as necessary, and approved in writing by appropriate representatives of the administrative, medical, and nursing service.

(c) There shall be procedures and provision for personnel to gain immediate access to patient rooms, toilets, showers, and bathrooms should any emergency occur to a patient in any one of these areas.

(d) The hospital shall establish safety policies and procedures for the care of all patients with special consideration for patients who because of age or condition are not responsible for his or her acts.

(e) There shall be policies and procedures addressing protection of patients from assault, abuse, and neglect. All patient care personnel and staff should be oriented and educated regarding preventing and reporting abuse of patients.

(f) Written policies and procedures shall address immediate actions or behaviors of personnel and staff when patient behavior indicates that he or she is assaultive, out of control, or destructive.

(g) Adequate nursing care shall be provided to all patients:

(i) A patient care plan and/or nursing care plan shall be developed by or in conjunction with a registered nurse. There shall be documentation in the medical record of discharge planning.

(ii) Discharge assessment shall be completed on all patients with discharge planning as indicated.

(h) There shall be a reliable method for personal identification of each patient.

(i) A recognized standard procedure for the handling and administration of blood and blood products shall be established. This procedure shall be written and readily available to all personnel responsible for the administration of blood and/or blood products.

(j) A standard isolation technique shall be established and practiced.

(k) There shall be written policies governing smoking by personnel, patients, visitors, and others within the hospital. Policies shall be designed to prohibit smoking where or when smoking may cause discomfort to a patient or constitute a safety hazard.

(l) Written orders signed by a member of the medical staff shall be required for all medications and medical treatments given to patients.

(m) A physical examination and medical history shall be documented within forty-eight hours of admission unless completed within one week prior to admission and incorporated into the medical record.

(n) A recognized standard procedure for the administration of medications shall be established and carried out. This procedure shall be written and readily available to all personnel responsible for medications.

(o) Each patient care service area shall have available current references which are appropriate to the general and specific care provided in that area or unit.

(2) Patient care.

(a) Space(s) of adequate size shall be designated on each nursing unit which has provisions for medical records, access to telephones, a place for recording and reviewing medical records, and provision for confidential communication among personnel and staff.

(b) Utility or materials room(s) or space. On or adjacent to each nursing unit an adequate, properly equipped, utility or materials room shall be provided for the preparation, cleaning, and storage of nursing supplies and equipment used on the nursing unit. This utility or materials room shall be so arranged as to provide for separation of clean and soiled supplies and equipment.

(c) Toilet and bathing facilities.

(i) There shall be at least one water closet, lavatory, and bathing facility reserved for patient use on each patient floor, and such additional toilets, lavatories, and bathing facilities to adequately meet the needs of the patients.

(ii) Grab bars properly located and securely mounted shall be provided at patient bathing facilities and water closets.

(iii) Some means of signalling by the patient while in the toilet, tub or shower room shall be provided in a proper location and shall provide an audio and/or visual signal in the nurses' station or an equivalent area.

(iv) A lavatory shall be provided in or convenient to every toilet room.

(v) Paper towels or some other acceptable type of single use towel and a satisfactory receptacle for used towels shall be provided at all lavatories.

(vi) Soap or equivalent shall be immediately available at sink or lavatory.

(d) Isolation room or unit. Rooms or units which are used for isolation of patients with known or suspected infectious diseases shall contain a lavatory.

(e) Seclusion and/or security room. When special accommodations are provided for seriously disturbed patients, the layout, design of details, equipment, and furnishings shall be such that patients are under close observation and are not afforded opportunities for hiding, escape, injury to self or others.

(f) Storage and handling of drugs.

(i) Medicines, poisons, and other drugs shall be stored in specifically designated and well-illuminated medicine cupboard(s), closet(s), cart(s), cabinet(s), or room(s). Drugs shall be accessible only to individuals authorized to administer or dispense drugs. A means for distinct separation of drugs for internal use and those for external use shall be provided.

(ii) A separate locked drawer, compartment, cabinet, or safe shall be provided for the storage of Schedule II drugs.

(iii) Suitable facilities including ample light, ventilation, sink or lavatory, and sufficient work areas shall be provided for the preparation and storage of drugs for patients.

(g) Patient room facilities.

(i) All patient rooms shall be outside rooms with adequate windows of clear glass or other approved transparent material.

(ii) Single rooms shall contain at least eighty square feet and multi-bed rooms shall contain at least seventy square feet per adult bed and youth bed or crib, and forty square feet per pediatric bassinet.

(iii) Rooms shall have at least seven and one-half foot ceiling height over the required square feet area.

(iv) The floor of any room used for accommodation of a patient shall be less than three feet, six inches below grade.

(v) There shall be at least three feet between beds.

(vi) Rooms shall be arranged to allow for movement of necessary equipment to the side of each bed.

(vii) There shall be sufficient and satisfactory storage space for clothing, toilet articles, and other personal belongings of patients.

(viii) Sufficient electrical outlets shall be provided to permit the use of electrical equipment as required.

(h) Patient room furnishings.

(i) An appropriate bed with mattress, pillow, and necessary coverings shall be provided for each patient. Mattresses, blankets, and pillows shall be clean and in good repair.

(ii) There shall be a bedside stand or cabinet and chair for use in each patient room, when appropriate.

(iii) Means for signalling nurses shall be provided within easy reach of each bed, when appropriate.

(iv) A sufficient number of cubicle curtains or screens shall be available to assure privacy for patients, when indicated.

(v) A properly designed bed lamp shall be provided at each bed, when appropriate.

(3) Supplies and equipment for patient care.

(a) There shall be sufficient, safe and appropriately maintained equipment and supplies for patient care.

(b) Bedside utensils supplied to patients shall be for individual use only.

(c) All supplies and equipment used in patient care shall be properly cleaned and/or sterilized between use for different patients.

(d) Methods for cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through use.

(e) Equipment and furnishings, including medical and nonmedical devices, shall be safe, located, and arranged in a manner which does not endanger patients. [Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-190, filed 10/23/81; Order 119, § 248-18-190, filed 5/23/75; Regulation 18.190, effective 3/11/60.]

WAC 248-18-240 Psychiatric unit. (1) Definitions.

(a) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact regardless of whether or not damage is inflicted.

(b) "Discipline" means reasonable actions by personnel and staff aimed at regulation of unacceptable behavior.

(c) "Family" means individuals who are important to and designated by a patient, who need not be relatives.

(d) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his or her strengths, physical, and psychosocial problems. This statement shall include short- and long-term goals with an estimated time frame stipulated and shall include discharge planning. When appropriate, the statement shall be developed with participation of the patient.

(e) "Multidisciplinary treatment team" means a group comprised of individuals from the various treatment disciplines and clinical services who assess, plan, implement, and evaluate treatment for patients under care.

(2) The layout, design of details, equipment, and furnishings of a psychiatric unit shall be such that patients are in a safe and secure environment with provisions for close observation. Security or maximum security windows appropriate to area and program shall be used.

(3) Adequate space suitably equipped shall be provided for a day room on the unit. A suitably equipped dining area, recreational activity area, and occupational therapy area shall be provided. If large enough and properly arranged, one area may serve for more than one of these purposes.

(4) A treatment room shall be available within the facility.

(5) Adequate provision for space and privacy shall be made for interviewing, group and individual counseling, patient and family visiting.

(6) There shall be adequate space for physical activities of patients. There should be suitable outdoor space for patient recreation.

(7) Policies, procedures, techniques.

(a) Policies shall address development, implementation and review of the individualized treatment plan, and participation of the multidisciplinary treatment team, the patient and the family. A preliminary treatment plan shall be developed within twenty-four hours of admission.

(b) There shall be written policies and procedures which provide for a written psychiatric evaluation of each patient; availability and performance of psychological services; provision of social work, occupational therapy, and recreational services; a physical examination and history documented within forty-eight hours of admission.

(c) Patient rights shall be described in policy and reflected in care as described in chapter 71.05 RCW and in WAC as follows: WAC 275-55-050, 275-55-170, 275-55-200(1), 275-55-260, 275-55-270, and 275-55-288.

(d) Disciplinary policies shall be stated in writing and shall prohibit corporal punishment. Disciplinary actions shall be documented in the medical record.

(e) Seclusion and mechanical restraints, when used, shall be used in accordance with WAC 275-55-280(2)(o) and (p)(i), (ii), (iii), and (iv). There shall be documentation in the medical record of observation and

assessment of patient needs every fifteen minutes during restraint or seclusion with intervention as indicated.

(f) Patients shall not be used to carry the responsibility for basic maintenance of the facility and/or equipment, housekeeping or food service. Tasks may be performed under direct supervision insofar as the tasks are included in and appropriate to the individualized treatment plan and documented as part of the treatment program. Work assignments, if used, shall be appropriate to the age, physical, and mental condition of the patient.

(8) Personnel staff and other services.

(a) Clinical responsibility for psychiatric services shall be assigned to an individual who has demonstrated experience in psychiatric treatment and care. This individual shall be designated and function as specified in the medical staff bylaws.

(b) There shall be a psychiatrist with medical staff privileges available for liaison activities and consultation.

(c) There shall be a full-time registered nurse with experience and/or specialized education in psychiatric nursing responsible for nursing care.

(d) There shall be social work services provided with the ongoing input of a social worker experienced in working with psychiatric patients.

(e) Occupational therapy services shall be provided with the ongoing input of an occupational therapist experienced in working with psychiatric patients.

(f) Recreational services shall be provided. Ongoing input of a recreational therapist experienced in working with psychiatric patients should be available.

(g) There should be available a psychologist who has experience in working with psychiatric patients who shall be responsible for psychological diagnostic evaluation and specialized psychological treatment modules.

(h) There shall be a plan for arranging needed special services as identified in the individualized treatment plan of each patient. [Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-240, filed 10/23/81; Order 119, § 248-18-240, filed 5/23/75; Regulation 18.240, effective 3/11/60.]

WAC 248-18-500 Applicability of these regulations governing hospital construction. (1) These regulations apply to new construction of hospitals which are covered by RCW 70.41.020 (section 2, chapter 267, Laws of 1955).¹ New construction shall include any of the following started after promulgation of these regulations:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals.

(2) These regulations cover the facilities generally required within a hospital, with the following provisions.

(a) Omission of required facilities for some services may be permitted provided definite arrangement has been made for adequate services from suitably located facilities outside the hospital.

(b) Hospitals which will restrict services to legally allowable and customarily recognized limitations may be permitted to omit required facilities for the services which are not to be provided.

(c) Facilities provided, which are not specifically required by these regulations, must be adequate for the services to be performed and must meet the objectives of these regulations.

NOTE:

¹See WAC 248-18-505(11) for definition of "Hospital."

[Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-500, filed 2/18/81; Order 119, § 248-18-500, filed 5/23/75; Order 50, § 248-18-500, filed 12/17/70; Regulation 18.500, filed 1/25/62.]

WAC 248-18-505 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-18-510 Programs, drawings and construction. (1) Professional design services. Drawings and specifications for new construction shall be prepared by, or under the direction of, an architect registered in the state of Washington, and shall include plans and specifications prepared by consulting professional engineers for the various branches of the work where appropriate; except the services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only. If the work involved is believed to be not extensive enough to require professional design services, a written description of the proposed construction should be submitted to the department for a determination of the applicability of this regulation.

(2) Submission for review. The program and drawings for new construction shall be submitted in the following stages for review. Each room, area and item of fixed equipment and major movable equipment shall be identified on all drawings to demonstrate that the required facilities for each function have been provided.

(a) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations. If the project involves an addition or alteration which materially increases the bed capacity of the hospital, the program shall contain a thorough appraisal of all existing supporting services to determine their adequacy for the increased number of patients.

(b) Preliminary drawings of the new construction including major equipment. For alterations and additions, a functional layout of the existing building must be included. The hospital should be designed so that it may be expanded to provide for anticipated future needs. The future additions and their proposed functions should be designated on the preliminary plans.

(c) Detailed working drawings and specifications including mechanical and electrical work.

(d) If carpets are to be used, the following information is to be submitted for review:

(i) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to function, and the proposed carpeted areas coded on the plan and keyed to the appropriate carpet sample.

(ii) One 3" x 5" sample of each carpet type, labeled to identify the following:

(A) Manufacturer; and

(B) Specific company designation (trade name and number).

(iii) Information showing that proposed carpeting meets the specifications as listed in WAC 248-18-718(5).

(iv) Carpets may be used in the following nonpatient occupied areas: administrative areas, lobbies, lounges, chapels, waiting areas, nurses' station, dining rooms, corridors, equipment alcoves opening onto carpeted corridors. Carpets are not permitted in any areas of the surgery or delivery suites. Carpets may be used in other areas only upon written approval of such use by the department.

(v) Carpets may be used in the following patient occupied areas: Patient rooms (excluding toilets, bathrooms, and designated isolation rooms), coronary care units, recovery rooms (not within surgical suites), labor rooms (not within delivery suites), corridors within patient occupied areas, dayrooms, equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the department.

(3) Construction.

(a) Construction, of other than minor alterations, shall not be commenced until the final drawings and specifications have been stamped "construction authorized" by the department. Such authorization by the department does not constitute release from the requirements contained in these regulations.

(b) Compliance with these regulations does not constitute release from the requirements of applicable state and local codes and ordinances. These regulations must be followed where they exceed other codes and ordinances.

(c) Notification shall be given the department when construction is commenced. If construction takes place in or near occupied areas, adequate provision shall be made for the safety and comfort of patients.

(d) Construction shall be completed in compliance with the final drawings and specifications. Addenda or modifications which might affect the fire safety or functional operation shall be submitted for review by the department.

(4) Department's reports on reviews or on-site construction inspections. The department shall identify the sections and items of chapter 248-18 WAC under which a requirement is stated or a deficiency noted in any written report on a review of a functional program, drawings or specifications and in any report on an on-site inspection of a construction project. [Statutory Authority: RCW 70.41.30 [70.41.030], 81-05-029 (Order 209), § 248-18-510, filed 2/18/81. Statutory Authority:

RCW 43.20.050, 80-03-062 (Order 193), § 248-18-510, filed 2/26/80; Order 123, § 248-18-510, filed 3/18/76; Order 119, § 248-18-510, filed 5/23/75; Order 9, § 248-18-510, filed 1/2/69; Regulation 18.520(2)(d), filed 8/4/67; Regulation 18.520 (part), filed 1/25/62.]

WAC 248-18-515 Design and construction standards, general. (1) Exemptions, substitutions and interpretations. Exemptions, approval of substitutions and interpretations related to design and construction standards may be obtained pursuant to the provisions of WAC 248-18-010.

(2) Industry standards, guides and codes adopted by reference.

(a) At least annually, and no later than October 1 of each year, the department shall submit to the board for adoption an up-dated list of industry standards, guides and codes which are adopted by reference in those sections of chapter 248-18 WAC which govern hospital construction.

(b) Preliminary drawings for a hospital construction project shall conform to the industry standards, guides and codes which appear in the current chapter 248-18 WAC which shall constitute the applicable standards, guides and codes for the duration of the construction project with the following exceptions:

(i) Upon written request of a hospital, the department may issue written approval of use of a more recent edition of an industry standard, guide or code which has been adopted by the board since development of the preliminary drawings for a hospital construction project. The more recent edition of the standard, guide or code shall then apply to the project.

(ii) The most recent edition of an industry standard, guide or code which has been adopted by the board shall apply to a hospital construction project if the design of the project has not progressed to the point that construction has been authorized by the department in accordance with WAC 248-18-510(3)(a) within two years after the first submission of the preliminary drawings for the project which were developed in accordance with an earlier edition of the standard, guide or code.

(3) Format.

(a) In general, regulations concerning the size, location and major equipment of rooms and areas are placed under headings for particular departments or facilities. Some service facilities which are common to several departments or units are grouped under "GENERAL REQUIREMENTS FOR SERVICE FACILITIES," WAC 248-18-710. Mechanical and electrical requirements and detailed architectural requirements are included in "GENERAL DESIGN REQUIREMENTS," WAC 248-18-718.

(b) Equipment included in these regulations is that which is frequently built in or attached to the building. Equipment which is customarily movable is not included.

(c) For every WAC section, the title caption denotes the category of facilities, requirements or information to which the contents of the particular section relates.

(d) In "New Construction Regulations," requirements are differentiated from items which are permissive, suggestive, recommendatory or explanatory in the following manner.

(i) "Optional. SHALL MEET REQUIREMENTS, IF INCLUDED," following the title caption for a WAC section, indicates the particular unit, service, department or other category of facilities (which the title caption denotes) is only suggested or recommended and not mandatory, but must comply with applicable regulations if included in the hospital.

(ii) In some instances, the title caption for a WAC section denotes a unit, service, department or other category of facilities which is required *only* under certain circumstances. The circumstances under which such category of facilities is required are stated following the title caption. Such a category of facilities must meet applicable regulations if included in the hospital.

(iii) Within a WAC section, requirements are written in capital letters.

(iv) Permissive, suggestive, recommendatory or explanatory items within a WAC section are written in lower case. Inclusion of any equipment, area, room, unit, service or other facility which is only suggested or recommended (lower case) is optional. Such equipment, area, room, unit, service or other facility shall meet requirements (capital letters) if included in the hospital. [Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-515, filed 2/18/81; Order 119, § 248-18-515, filed 5/23/75; Order 50, § 248-18-515, filed 12/17/70; Order 22, § 248-18-515, filed 6/27/69; Regulation 18.530, filed 1/25/62.]

WAC 248-18-530 Nursing unit—General. (REQUIREMENTS ARE SHOWN IN CAPITAL LETTERS. SEE WAC 248-18-515).

(1) DEFINITION. A SEPARATE, PHYSICAL, AND FUNCTIONAL UNIT OF THE HOSPITAL WHICH INCLUDES A GROUP OF PATIENT ROOMS, AND THE ANCILLARY ADMINISTRATIVE AND SERVICE FACILITIES NECESSARY TO PROVIDE NURSING SERVICE TO THE OCCUPANTS OF THESE PATIENT ROOMS. EXCLUDES FACILITIES WHICH SERVE OTHER AREAS OF THE HOSPITAL AND WHICH CREATE TRAFFIC UNNECESSARY TO THE FUNCTIONS OF THE NURSING UNIT.

(2) LOCATION.

(a) EACH NURSING UNIT LOCATED TO AVOID THROUGH TRAFFIC TO ANY SERVICE, DIAGNOSTIC, TREATMENT, OR ADMINISTRATIVE AREA. INTENSIVE CARE UNITS, AND PSYCHIATRIC NURSING UNITS IN A LOCATION WITH NO THROUGH TRAFFIC TO ANY OTHER AREA OF THE HOSPITAL. For nursery or neonatal intensive care unit, refer to WAC 248-18-015 and 248-18-636.

(b) ALL ROOMS AND AREAS WITHIN A NURSING UNIT ON THE SAME FLOOR.

(c) Nursing units placed on quiet side of site and separated from service and ambulance courts. Convenient

relationships to surgery and obstetrical delivery suites, adjunct diagnostic and treatment facilities and service areas.

(d) Location and relationship of nursing units in hospital to provide for flexible overlap of postpartum rooms with surgical rooms.

(3) CAPACITY.

(a) Bed capacity of a nursing unit, twenty to thirty-five beds, except where necessary to provide separation of units, such as units for special care.²⁴

(b) Additional service facilities may be required in units of more than thirty-five beds.²⁴

(4) SEPARATION OF CLINICAL SERVICES.²⁴ Suitable combinations of ancillary administrative and service facilities between or among units may be permitted.²⁴

(a) BEDS FOR POSTPARTUM PATIENTS GROUPED TOGETHER AND LOCATED TO AVOID INTERMIXING WITH BEDS FOR OTHER TYPES OF PATIENTS.

(b) ROOMS WITH PEDIATRIC BEDS LOCATED TOGETHER OR IN CLOSE PROXIMITY TO EACH OTHER.²⁴ Refer to WAC 248-18-539.

(c) WHEN A SEPARATE PSYCHIATRIC UNIT IS PLANNED, WAC 248-18-534 APPLIES. WHEN TEN OR MORE PSYCHIATRIC BEDS ARE PLANNED, A PSYCHIATRIC UNIT SHALL BE PROVIDED. Refer to WAC 248-18-534.

(d) SEGREGATED INTENSIVE CARE PATIENT BEDS.²⁴ SEPARATE INTENSIVE CARE NURSING UNIT WHERE FIVE OR MORE BEDS ARE PLANNED. Refer to WAC 248-18-555.

(e) SEPARATE NURSING HOME OR LONG-TERM CARE UNIT WHERE TEN OR MORE BEDS ARE PLANNED FOR NURSING HOME OR LONG-TERM CARE PATIENTS.

(5) SPECIAL DESIGN FEATURES OF SPECIALIZED FACILITIES.

(a) Facilities for psychiatric patients. Refer to WAC 248-18-530(6)(c) and 248-18-534.

(b) Facilities for pediatric patients. Refer to WAC 248-18-530(6)(d) and 248-18-539.

(c) Facilities for intensive care. Refer to WAC 248-18-555. Relites between corridors and rooms.

(6) PATIENT ROOM.

(a) DIRECTLY ACCESSIBLE FROM CORRIDOR OF NURSING UNIT. LOCATED TO PREVENT TRAFFIC THROUGH ROOMS AND TO MINIMIZE ENTRANCE OF ODORS, NOISE, AND OTHER NUISANCES.

(b) ISOLATION ROOM(S), ONE OR MORE PER HOSPITAL, FOR AIRBORNE COMMUNICABLE DISEASE WITH ADJOINING TOILET, BEDPAN FLUSHING EQUIPMENT, AND BATHING FACILITY. LAVATORY LOCATED IN ROOM AT ENTRY. AIR CHANGES AND AIR PRESSURE GRADIENTS AS DESCRIBED IN WAC 248-18-718(8)(c) TABLE B. ULTRAVIOLET GENERATOR IRRADIATION IN ROOMS DESIGNATED FOR ISOLATION OF TUBERCULOSIS PATIENTS AS

DESCRIBED IN WAC 248-18-245(1)(a)(iii).^{6, 24} Mirror, shelf, and towel bar or hook not required if provided with lavatory in adjoining toilet room.

(c) Rooms for disturbed medical or psychiatric patients. At least one seclusion or security room with adjoining toilet for the care of seriously disturbed patients on an appropriate nursing unit or near emergency rooms unless a separate psychiatric unit is provided, as described in WAC 248-18-534.

(d) CAPACITY AND AREA.

(i) MAXIMUM CAPACITY OF FOUR BEDS PER PATIENT ROOM. Maximum patient room capacity of two beds recommended. At least twenty-five percent of beds in one-bed rooms.

(ii) AT LEAST EIGHTY SQUARE FEET USABLE FLOOR SPACE PER BED IN MULTI-BED ROOMS. One hundred square feet of usable floor space per bed in multi-bed rooms recommended.

(iii) AT LEAST ONE HUNDRED SQUARE FEET USABLE FLOOR SPACE IN ONE-BED ROOMS. One hundred twenty-five square feet usable floor space in one-bed rooms recommended.

(iv) AT LEAST FORTY SQUARE FEET PER BASSINET IN PATIENT ROOM FOR INFANT PEDIATRIC PATIENTS. ADULT REQUIREMENTS APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS. Refer to WAC 248-18-539.

(e) DIMENSIONS.

(i) MINIMUM WIDTH OF ELEVEN FEET FOR MULTI-BED ROOMS. Minimum recommended dimensions of twelve feet by sixteen feet for two-bed rooms.

(ii) MULTI-BED ROOMS ARRANGED TO ALLOW SPACING OF BEDS AT LEAST TWO FEET FROM WALL (EXCEPT AT HEAD) AND AT LEAST THREE FEET APART. CLEARANCE AT LEAST THREE FEET EIGHT INCHES AT FOOT OF BED to permit passage of large equipment and beds.

(f) EQUIPMENT.

(i) LAVATORY IN EACH ROOM EXCEPT OPTIONAL IN PSYCHIATRIC PATIENT ROOMS OR SINGLE PATIENT ROOMS HAVING A SEPARATE ADJOINING TOILET ROOM WHICH SERVES SINGLE ROOM ONLY AND CONTAINS A LAVATORY.

(ii) CUBICLE CURTAIN TRACKS OR RAILS TO PROVIDE COMPLETE SCREENING OF EACH BED OR AN EQUIVALENT MEANS FOR PROVIDING PRIVACY FOR EACH PATIENT IN ALL MULTI-BED PATIENT ROOMS EXCEPT PSYCHIATRIC. Refer to WAC 248-18-534. TRACKS OR EQUIVALENT SCREENING SHALL PROVIDE ACCESS TO TOILET, LAVATORY, WARDROBE, AND ENTRY WITHOUT INTERFERENCE WITH PRIVACY OF OTHER PATIENTS.

(iii) WARDROBE, CLOSET OR LOCKER PER BED FOR HANGING FULL LENGTH GARMENTS AND STORAGE OF PERSONAL EFFECTS, extra pillows, and other equipment.⁶

(iv) SEPARATE OXYGEN OUTLET LOCATED AT HEAD OF EACH BED. (See exception for psychiatric unit WAC 248-18-534(4)(c)). Alcoholism units may be excepted.

(v) SEPARATE SUCTION OR VACUUM OUTLET LOCATED AT HEAD OF EACH BED. (See exception for psychiatric unit WAC 248-18-534(4)(c)). Alcoholism units may be excepted.

(vi) NURSE CALL SYSTEM. Refer to WAC 248-18-718(11)(b).

(g) DOORS AND WINDOWS. Refer to WAC 248-18-718(4).

(h) ELECTRICAL REQUIREMENTS. Refer to WAC 248-18-718(10).

(7) PATIENT TOILET.

(a) TOILET EQUIPPED WITH BEDPAN FLUSHING EQUIPMENT ADJOINING EACH PATIENT ROOM. Exceptions: Refer to WAC 248-18-534 PSYCHIATRIC NURSING UNIT, WAC 248-18-539 PEDIATRIC NURSING UNIT, WAC 248-18-555 INTENSIVE CARE.

(b) WATER CLOSETS IN RATIO OF AT LEAST ONE PER FOUR BEDS OR MAJOR FRACTION THEREOF ON EACH NURSING UNIT. For alteration projects, ratio of one per six acceptable.

(c) AT LEAST ONE TOILET, DESIGNED AND ARRANGED FOR USE BY INDIVIDUALS IN WHEELCHAIRS, OPENING DIRECTLY FROM A MAIN CORRIDOR ON EACH FLOOR. For use by patients, public, and staff. May be used by either sex.

(8) PATIENT BATHING FACILITIES.

(a) SHOWERS OR TUBS IN THE RATIO OF AT LEAST ONE BATHING FACILITY PER EIGHT BEDS OR MAJOR FRACTION THEREOF ON EACH NURSING UNIT.²⁴ BEDS HAVING A BATHING FACILITY ADJOINING THE PATIENT ROOM SHALL BE EXCLUDED FROM THE RATIO. For alteration projects, one bathing facility per twelve beds or major fraction thereof may be acceptable.

(b) AT LEAST ONE COMMUNAL BATHING FACILITY ON EACH FLOOR TO BE AN "ISLAND" TUB (ACCESSIBLE ON TWO SIDES AND ONE END), OR ROLL-IN SHOWER OR EQUIVALENT, (shower in which a chair on wheels may be used). SPACE PROVIDED FOR WHEELCHAIR WITH ASSISTING ATTENDANT. Elevation of island tub on pedestal not recommended.

(c) PROPERLY LOCATED GRAB BARS AT EACH BATHTUB, SHOWER, AND WATER CLOSET FOR PATIENT USE. Refer to WAC 248-18-718(6)(g)(viii).

(9) MISCELLANEOUS FACILITIES AND EQUIPMENT.

(a) NURSES' STATION OR EQUIVALENT.²⁴

(i) STATION FOR EACH NURSING UNIT OR SHARED WITH ADJACENT UNIT.²⁴

(ii) EQUIPMENT.²⁴

CHARTING SURFACE.⁶

STORAGE FOR PATIENT CHARTS.^{6, 24}

TELEPHONE.

NURSE CALL ANNUNCIATOR.

Storage for charting supplies.

Clock.

(b) UTILITY OR MATERIALS ROOM.⁷ May be shared if adequate size and convenient to units served.²⁴

(i) AT LEAST ONE CLEAN UTILITY ROOM OR A CLEAN MATERIALS ROOM ON EACH NURSING UNIT. Refer to WAC 248-18-710(2)(a) and (b).

(ii) AT LEAST ONE SOILED UTILITY ROOM OR A SOILED MATERIALS ROOM ON EACH NURSING UNIT. Refer to WAC 248-18-710(2)(c) and (d).

(c) MEDICINE DISTRIBUTION FACILITIES.⁷ AT LEAST ONE ON EACH NURSING UNIT OR SHARED WITH ADJACENT UNIT(S).²⁴ Convenient to beds served.

(d) LINEN STORAGE.¹⁸ IN CLEAN AREA ON EACH NURSING UNIT (SHELVING, CART, OR EQUIVALENT.) OR SHARED WITH OTHER UNIT(S), if adequate size and convenient to units.

(e) ICE FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT. LOCATED IN AREA SERVING CLEAN FUNCTIONS ONLY, EXCEPT SELF-DISPENSING ICE MACHINES may be in alcove on corridor.

(ii) EQUIPMENT: May be combined with nourishment facilities.

WORK COUNTER.⁶

ICE MACHINE OR ADEQUATE STORAGE UNIT.

(Self-dispensing types recommended).

(f) DRINKING FACILITIES ACCESSIBLE IN PUBLIC AREA ON EACH FLOOR TO PROVIDE WATER: (Fountain, disposable drinking cups or equivalent dispensing system accessible to individuals using wheelchairs).

(g) NOURISHMENT FACILITIES.

(i) ON OR ADJACENT TO EACH NURSING UNIT. SEPARATE AREA IN ROOM SERVING CLEAN FUNCTIONS ONLY; SEPARATE ROOM IF FACILITIES TO BE USED FOR DISHWASHING OR DECENTRALIZED FOOD SERVICE.

(ii) SPACE FOR WASTE CONTAINER.

(iii) EQUIPMENT:

REFRIGERATOR.⁶

WORK COUNTER.⁶

SINK OR LAVATORY.

STORAGE FOR UTENSILS AND FOODSTUFFS.⁶

Cooking unit.⁶

DISHWASHING MACHINE (OR THREE-COMPARTMENT SINK) IF DISHES, GLASSES OR PITCHERS ARE TO BE WASHED ON THE UNIT.

(iv) ADDITIONAL FACILITIES MAY BE REQUIRED DEPENDING UPON DEGREE OF DECENTRALIZATION OF FOOD SERVICE. Refer to chapter 248-84 WAC.

(h) EQUIPMENT STORAGE.¹⁸ ON OR ADJACENT TO EACH NURSING UNIT. FOR NURSING AND MEDICAL EQUIPMENT. Centralized equipment storage area may be acceptable.²⁴

(i) WHEELCHAIR AND STRETCHER STORAGE ON OR ADJACENT TO EACH NURSING UNIT.¹⁸

(j) HOUSEKEEPING FACILITIES.⁵ ON OR ADJACENT TO EACH NURSING UNIT.

(k) PERSONNEL FACILITIES.

(i) TOILET ON OR ADJACENT TO EACH NURSING UNIT.

(ii) STORAGE FOR PURSES AND PERSONAL EFFECTS APART FROM STORAGE FOR PATIENT CARE SUPPLIES AND EQUIPMENT ON OR ADJACENT TO EACH NURSING UNIT.

(l) Treatment and examination room.²⁴ REQUIRED FOR HOSPITALS WITH PSYCHIATRIC AND PEDIATRIC UNITS. Refer to WAC 248-18-534(8)(e), WAC 248-18-539.

(i) MINIMUM DIMENSION, EIGHT FEET, AT LEAST EIGHTY SQUARE FEET EXCLUSIVE OF CABINETS, SINK, WORK COUNTER, DESK AND VESTIBULE.

(ii) EQUIPMENT:

EMERGENCY SIGNAL DEVICE.

LAVATORY OR SINK.

Clock.

Oxygen outlet.

Suction outlet.

WORK SURFACE.⁶

STORAGE CABINET.⁶

(m) Patient activity areas.²⁴ Optional except where mandated in this section.

(i) Adequate facilities to accommodate the maximum number of patients to be cared for.

(ii) PLAYROOM OR AREA FOR PEDIATRIC PATIENTS. Refer to WAC 248-18-539.

(iii) DAYROOM WITH WINDOWS OR SOLARIUM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS. Refer to WAC 248-18-534.

(iv) RECREATION ROOM ON PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.

(v) DINING AREA ON OR AVAILABLE TO PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.

(vi) OCCUPATIONAL THERAPY AREA ON OR AVAILABLE TO PSYCHIATRIC NURSING UNITS AND NURSING HOME OR LONG-TERM CARE UNITS.²⁴ Refer to WAC 248-18-534.

(vii) Above areas may be combined in one room.²⁴

(viii) Suitable outdoor recreational space for patients on nursing home or long-term care units and psychiatric units. Refer to WAC 248-18-534.

(ix) Barber and beauty shop facilities available for psychiatric and nursing home or long-term care units. Refer to WAC 248-18-534.

(n) Patient laundry facilities.²⁴

(i) REQUIRED ON PSYCHIATRIC UNITS. Refer to WAC 248-18-534. Recommended on nursing home or long-term care units.²⁴

(ii) **EQUIPMENT:**
SINK AND COUNTER.⁶
 Drying facilities.^{6, 24}
STORAGE CABINET.⁶
 Ironing facilities.^{6, 24}

(o) Interview room. **REQUIRED ON OR ACCESSIBLE TO PSYCHIATRIC UNITS.** Refer to WAC 248-18-534. Recommended on nursing home or long-term care units. May be combined with private office.

(p) Patient classroom. Recommended availability for obstetric, psychiatric, and pediatric units and other units where group instruction to patients may be given. Refer to WAC 248-18-539.

(q) **OFFICE FOR HEAD NURSE OR NURSING SUPERVISOR ON OR CONVENIENT TO UNITS OF TWENTY BEDS OR MORE.**²⁴ **AT LEAST ONE NURSING OFFICE PER HOSPITAL.**

(r) **CONFERENCE ROOM FOR CONFIDENTIAL STAFF COMMUNICATION.**²⁴ Combined with rooms for other nursing functions as appropriate.

(s) **AT LEAST ONE WAITING ROOM OR AREA PER FLOOR.**²⁴

NOTES:

⁵See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(5), HOUSEKEEPING FACILITIES.

⁶May be movable equipment.

⁷See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-530, filed 10/23/81; Order 119, § 248-18-530, filed 5/23/75; Regulation 18.560, §§ 1, 2 and 3, filed 1/25/62.]

WAC 248-18-534 Psychiatric nursing unit. Optional, SHALL MEET REQUIREMENTS, IF INCLUDED. (Requirements in capital letters—see WAC 248-18-515.)

(1) **WHEN A SEPARATE PSYCHIATRIC UNIT IS PLANNED, WAC 248-18-534 SHALL APPLY. WHEN TEN OR MORE BEDS ARE PLANNED, A PSYCHIATRIC UNIT SHALL BE PROVIDED.**

(2) **DESIGNED FOR CARE OF AMBULATORY AND/OR NONAMBULATORY INPATIENTS.**

(a) **PROVISION FOR FLEXIBILITY IN ARRANGEMENT FOR VARIOUS TYPES OF PSYCHIATRIC THERAPIES.**

(b) Design should present as noninstitutional an appearance as possible or practicable.

(c) **FACILITIES SHALL BE SAFE FOR PATIENTS AND STAFF.**

(3) **WINDOWS AND RELITES IN ALL ROOMS ON PSYCHIATRIC UNITS SHALL MEET REQUIREMENTS OF WAC 248-18-718(4)(b) EXCEPT THAT ALL WINDOWS SHALL BE SECURITY OR MAXIMUM SECURITY WINDOWS OR EQUIVALENT.**²⁴

(4) **PATIENT ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(6) EXCEPTIONS:**

(a) **WINDOWS AND RELITES,** refer to WAC 248-18-534(3).

(b) **NURSE CALL SYSTEM.** Optional in ambulatory patient room.²⁴

(c) **Oxygen and suction outlets at head of each bed.**²⁴

(d) **Lavatory,** Optional.²⁴

(e) **Cubicle curtain tracks or rails in multibed rooms not required, PROVIDED OTHER EQUIVALENT MEANS OF INSURING PATIENT PRIVACY SHALL BE AVAILABLE, WHEN REQUIRED.**

(f) **CEILINGS SHALL MEET REQUIREMENTS UNDER WAC 248-18-718(5)(c)(viii).**

(5) **TOILET AND BATHING FACILITIES SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(7) AND (8).**

(a) **Bedpan flushing devices optional in patient toilet rooms.**

(b) **WAC 248-18-530(8)(b) shall not apply to ambulatory psychiatric units.**²⁴

(6) **SECURITY ROOM(S).**

(a) **DESIGNED TO MINIMIZE POTENTIAL FOR ESCAPE, HIDING, INJURY OR SUICIDE.** If more than one psychiatric nursing unit, the rooms may be centralized on one nursing unit or decentralized on each nursing unit.²⁴

(b) **MAXIMUM CAPACITY, TWO-BED ROOM.**

(c) **DOORS SHALL HAVE PROVISION TO OPEN OUTWARD.**

(d) **AT LEAST EIGHTY SQUARE FEET FLOOR SPACE PER BED IN MULTI-BED ROOMS. AT LEAST ONE HUNDRED SQUARE FEET FLOOR SPACE IN ONE-BED ROOMS.**

(e) **WARDROBE, CLOSET OR LOCKER.** May be located in adjoining anterooms, or nearby.

(f) **TOILET WITH LOCK ON DOOR, STAFF CONTROLLED AND OPERABLE FROM BOTH SIDES OF DOOR, ADJOINING SECURITY ROOM.** May serve more than one room and maximum of four patients.

(g) **BATHING FACILITY MEETING MAXIMUM SAFETY AND SECURITY REQUIREMENTS.** Refer to WAC 248-18-530(8) and definition of security room.

(h) **SPECIAL FIXTURES AND HARDWARE INCLUDING DUPLEX RECEPTACLES.** Refer to WAC 248-18-718(10)(c)(ix).

(7) **Seclusion room(s).**

(a) **DESIGNED TO MINIMIZE POTENTIAL FOR STIMULATION, ESCAPE, HIDING, INJURY OR SUICIDE** for short periods of time generally not to exceed twenty-four hours. If more than one psychiatric nursing unit, the rooms may be centralized on one nursing unit or decentralized on each nursing unit.²⁴

(b) **MAXIMUM CAPACITY, ONE PATIENT.**

(c) **MAXIMUM SECURITY WINDOW IF USED AS ASSIGNED PATIENT ROOM, IN ACCORDANCE WITH WAC 248-18-718(4)(b), 248-18-534(3), and 248-18-530(6).**

(d) DOORS SHALL HAVE PROVISION TO OPEN OUTWARD.

(e) AT LEAST EIGHTY SQUARE FEET AND MINIMUM DIMENSION OF EIGHT FEET. Ceiling height ten feet recommended.

(f) STAFF CONTROLLED, LOCKABLE TOILET ROOM ADJOINING SECLUSION ROOM(S). May be entered through an adjoining anteroom. One toilet may serve more than one and maximum of four patients.

(g) SPECIAL FIXTURES AND HARDWARE. Refer to WAC 248-18-718. Receptacles and other electrical devices other than ceiling lights not recommended.

(8) SERVICE AND SUPPORT FACILITIES.

(a) NURSES STATION OR CONTROL FACILITIES WITH SPACE FOR CLERICAL FUNCTIONS, TELEPHONES, confidential staff communication.²⁴

(b) STANDARDS FOR NURSING UNIT IN WAC 248-18-530(9)(b), (d), (e), (g), (h), (i), (j), and (k) apply.

(c) MEDICINE DISTRIBUTION OR STORAGE FACILITIES WITH PROVISIONS FOR SECURITY AGAINST UNAUTHORIZED ACCESS. Refer to WAC 248-18-710(1).

(d) Time out room, optional. SHALL MEET REQUIREMENTS OF SECLUSION ROOM IF INCLUDED.

(e) EXAMINATION AND TREATMENT ROOM SHALL MEET REQUIREMENTS IN WAC 248-18-530(9)(l). LOCATED ON UNIT OR WITHIN SAME BUILDING.

(9) Treatment room for electroconvulsive therapy (ECT) REQUIRED WHEN ECT PERFORMED UNLESS SURGERY, RECOVERY OR OTHER ROOM(S) MEETING FOLLOWING REQUIREMENTS ARE AVAILABLE.²⁴

(a) MINIMUM DIMENSION OF TWELVE FEET AND MINIMUM AREA OF ONE HUNDRED FIFTY SQUARE FEET.

(b) EQUIPMENT:

EMERGENCY CALL.

LAVATORY OR SINK.

TREATMENT LIGHT.⁶

STORAGE FOR SUPPLIES AND EQUIPMENT.^{6, 18}

ROBE HOOK AND SHELF.

SPACE AND ELECTRICAL RECEPTACLE(S) FOR ECT MACHINE.

OXYGEN OUTLET.

SUCTION OUTLET.

STRETCHER OR TREATMENT TABLE OR EQUIVALENT.²⁴

SPACE FOR EMERGENCY MEDICAL SUPPLIES AND EQUIPMENT (CRASH CART).²⁴

SPACE FOR ANESTHESIA MACHINE OR CART AND EQUIPMENT.

SPACE FOR EKG MONITOR.²⁴

CLOCK WITH SWEEP SECOND HAND.

(10) RECOVERY FACILITY^{14, 24}; REQUIRED IF ECT IS PROVIDED.²⁴ May use post anesthesia recovery room or other room provided with following:

(a) Located near ECT treatment facilities.

(b) OXYGEN OUTLET FOR EACH BED, STRETCHER OR CART. SUCTION OUTLET FOR EACH BED, STRETCHER OR CART.

(c) Clean and soiled utility or material rooms may be combined with other suitable facilities, if properly located.

(11) SOCIAL FACILITIES.

(a) AT LEAST TWO SEPARATE ROOMS.

(i) QUIET ACTIVITY ROOM.

(ii) NOISY RECREATION/ACTIVITY ROOM.

(b) DINING AREA²⁴ - may be shared with other areas. Centralized or decentralized.

(c) COMBINED ROOMS AND AREAS NOT LESS THAN FOUR HUNDRED SQUARE FEET.²⁴ FOR EVERY PLANNED PATIENT OCCUPANCY OF UNIT OVER EIGHT, ADD TWENTY SQUARE FEET PER PATIENT.

(d) Outside court or activity area, recommended.

(12) OTHER TREATMENT FACILITIES.

(a) GROUP ROOM MINIMUM AREA OF TWO HUNDRED FIFTY SQUARE FEET.

(b) INTERVIEW AND CONSULTATION ROOM(S).

(i) May be within psychiatric unit or immediately accessible to it.

(ii) Eighty square feet in each room.

(iii) ONE ROOM FOR EACH TWELVE PSYCHIATRIC BEDS OR MAJOR FRACTION THEREOF.

(iv) May be combined with examination and treatment room.

(c) OCCUPATIONAL THERAPY SPACE(S) and/or recreational therapy space(s):

(i) LOCATED WITHIN PSYCHIATRIC UNIT OR IN AN ACCESSIBLE AREA. One room of at least three hundred square feet recommended.

(ii) May serve more than one nursing unit if properly located.

(iii) May be combined with a social activity area.

(iv) EQUIPMENT:

SINK plaster trap recommended.

WORK COUNTER(S).⁶

STORAGE CABINETS.⁶

DISPLAY CABINETS⁶ AND AREAS.

(13) PATIENT LAUNDRY FACILITIES OR EQUIVALENT.²⁴

EQUIPMENT:

AUTOMATIC WASHER AND DRYER.

SINK AND COUNTER.⁶

Drying facilities.

Storage cabinet⁶, including storage for ironing equipment.

Ironing facilities.⁶

NOTES: ⁶ May be moveable equipment.

⁷ See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(1).

¹⁴ See RECOVERY UNIT, WAC 248-18-560.

¹⁸ See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴ In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70-41 RCW. 81-22-014 (Order 216), § 248-18-534, filed 10/23/81.]

WAC 248-18-539 Pediatric nursing unit--Optional. SHALL MEET REQUIREMENTS, IF INCLUDED, AS WELL AS REQUIREMENTS OF WAC 248-18-530, WAC 248-18-710, WAC 248-18-718. (REQUIREMENTS IN CAPITAL LETTERS--SEE WAC 248-18-515).

(1) SEPARATE, IDENTIFIED, AND STAFFED UNIT(S) PLANNED FOR PEDIATRIC PATIENTS SHALL MEET REQUIREMENTS HEREIN.

WHEN SIXTEEN OR MORE PEDIATRIC BEDS ARE PLANNED, THERE SHALL BE A SEPARATE PEDIATRIC UNIT.

(2) ELECTRICAL OUTLETS,³⁶ EQUIPMENT, FIXTURES, AND OPERABLE WINDOWS IN PEDIATRIC ROOMS AND ACTIVITY AREAS OF A TYPE TO AVOID OPPORTUNITY FOR INJURY TO PATIENTS.

(3) DIRECT VISUALIZATION INTO ALL NURSERY ROOMS.²⁴ Recommended between corridors and rooms with cribs.

(4) PATIENT ROOMS AND EQUIPMENT.

(a) ADULT REQUIREMENTS FOR CAPACITY AND AREA APPLY TO ROOMS FOR YOUTH CRIBS AND BEDS.

(b) Nursery rooms and rooms for infants. AT LEAST FIFTY SQUARE FEET PER BASSINET.

(c) AT LEAST ONE ISOLATION ROOM FOR AIRBORNE COMMUNICABLE DISEASE WITH ADJOINING TOILET, BEDPAN FLUSHING EQUIPMENT, AND BATHING FACILITY. LAVATORY LOCATED IN ROOM AT ENTRY. Refer to WAC 248-18-718(8)(B) Table B.

(d) MAXIMUM CAPACITY OF TEN INFANT CRIBS AND/OR BASSINETS PER ROOM.

(5) PATIENT TOILET ROOMS SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(7) EXCEPT ADJOINING TOILETS MAY BE OMITTED FROM NURSERY ROOMS.

(6) BATHING FACILITIES. SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(8).

(a) One elevated pediatric tub recommended.

(b) Infant cribs or bassinets excluded from ratio of one to eight required in WAC 248-18-530(8)(a).

(7) TREATMENT AND EXAMINATION ROOM may be shared with other units.

(a) ONE ROOM REQUIRED. Two rooms recommended (one for examinations and one for treatments).²⁴

(b) SHALL MEET REQUIREMENTS UNDER WAC 248-18-530(9)(1).

(c) Walls, ceilings, and doors constructed to minimize sound transmission.

(d) Additional radiant heat source such as panels in ceiling, sidewalls or equivalent.²⁴

(8) MULTIPURPOSE ROOM(S).

(a) At least one activity space designed for playing and dining. Individual space recommended. Educational

facilities (classrooms, etc.) may be located in other convenient areas.

(b) Separate activity room for adolescents when routinely admitted to the unit.

(c) WALLS, CEILINGS, AND DOORS CONSTRUCTED TO MINIMIZE SOUND TRANSMISSION.

(9) STORAGE.²⁴

(a) CLOSET OR CABINETS FOR TOYS, RECREATIONAL EQUIPMENT, AND EDUCATIONAL MATERIAL.

(b) SPACE FOR CRIBS AND ADULT BEDS TO PROVIDE FLEXIBILITY FOR INTERCHANGE OF PATIENT ACCOMMODATIONS. May be located elsewhere, in readily accessible area of hospital.

NOTES:

²⁴In accordance with program.

³⁶Refer to WAC 248-18-718(10)(c)(ix)

[Statutory Authority: RCW 43.20.050. 82-06-031 (Order 227), § 248-18-539, filed 2/26/82.]

WAC 248-18-710 General requirements for service facilities. (REQUIREMENTS IN CAPITAL LETTERS - SEE WAC 248-18-515). This section pertains to detailed requirements for facilities in certain rooms and areas which are required by other sections of these regulations.

(1) MEDICINE DISTRIBUTION FACILITIES.

(a) PREPARATION OF MEDICATIONS FOR ADMINISTRATION SHALL BE ON A CLEAN SURFACE. INTRAVENOUS ADMIXTURES PREPARED FOR ADMINISTRATION IN AN AREA OF A CLEAN ROOM DESIGNED TO MINIMIZE TRAFFIC.

(b) SPACE PROVIDED FOR MEDICATIONS TO BE SECURED. Practice may consist of a system with closed storage provided in locked medication carts, cabinets or patient rooms.

(c) EQUIPMENT:
WORK COUNTER⁶

LOCKED DRUG STORAGE INCLUDING SEPARATELY LOCKED STORAGE FOR CONTROLLED SUBSTANCES⁶

SINK OR LAVATORY IN PREPARATION AREA.²⁴ (Sink in clean utility room may serve if properly located).

SPACE AND ELECTRICAL RECEPTACLE FOR REFRIGERATOR.

(2) UTILITY OR MATERIALS ROOMS.

FACILITIES FOR CLEAN FUNCTIONS SHALL BE SEPARATE FROM FACILITIES FOR SOILED FUNCTIONS. LOCATED FOR DIRECT ACCESS FROM CORRIDOR.

Size of rooms, work surfaces and storage space dependent upon volume of work. May be shared with other units.²⁴

(a) CLEAN UTILITY ROOM.

(i) EQUIPMENT:

WORK COUNTER,⁶

SINK OR LAVATORY.

STORAGE UNITS,^{6 18}

AUTOCLAVE OF ADEQUATE SIZE WITH RECORDING THERMOMETER (OR EQUIVALENT), EXCEPT IF ALL STERILIZATION IS TO BE DONE ELSEWHERE.

(b) CLEAN MATERIALS ROOM SHALL BE PART OF A SYSTEM FOR STORAGE AND DISTRIBUTION OF CLEAN AND STERILE SUPPLIES AND MATERIALS. SUFFICIENT SPACE FOR PARKING OF CLEAN SUPPLY CARTS, (i.e., linen, medical, and nursing supplies, sterile items, etc.)

(c) SOILED UTILITY ROOM.

(i) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, AND OTHER LARGE EQUIPMENT.

(ii) EQUIPMENT:

WORK COUNTER

DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF WASHING OF UTENSILS OR OTHER EQUIPMENT IN THIS AREA, SINGLE COMPARTMENT SINK IF RINSING OF SOILED ITEMS ONLY.²⁴

STORAGE CABINETS,^{6 18}

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT) WITH BEDPAN FLUSHING ATTACHMENT

(d) SOILED MATERIAL ROOM SHALL BE PART OF A SYSTEM FOR COLLECTION AND DISPOSAL OF SOILED MATERIALS.

(i) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, CARTS, AND OTHER LARGE EQUIPMENT.

(ii) EQUIPMENT:

HAND WASHING FACILITY,

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT) UNLESS A TOILET CONTAINING A BEDPAN FLUSHING ATTACHMENT ADJOINS EACH PATIENT ROOM OR A SOILED UTILITY ROOM IS ON THE SAME NURSING UNIT.

(3) STORAGE FACILITIES.

(a) LOCATED AND ARRANGED TO PROVIDE SEPARATION OF CLEAN AND STERILE SUPPLIES AND EQUIPMENT FROM USED OR SOILED ITEMS.

(b) ALL STORAGE TO BE OUTSIDE REQUIRED CORRIDOR WIDTHS.

(c) STORAGE UNITS OR CARTS⁶ (SHELVES, DRAWERS) FOR CLEAN AND STERILE SUPPLIES SHALL BE ENCLOSED.

(d) SEPARATE ROOM OR DUST-PROOF CLOSED STORAGE CARTS⁶ (SHELVES, DRAWERS, BINS) FOR ALL CLEAN AND STERILE SUPPLIES AND EQUIPMENT, EXCEPT OPEN STORAGE UNITS MAY BE USED IN CLEAN ROOMS WHERE STERILE SUPPLIES AND EQUIPMENT WILL BE USED OR EXCHANGED WITHIN EVERY TWENTY-FOUR HOUR PERIOD.

(e) ADEQUATE STORAGE SPACE FOR STORAGE OF LARGE NURSING AND MEDICAL

EQUIPMENT USED IN PATIENT CARE IN SEPARATE ROOM OR WITHIN A ROOM OR AREA THAT SERVES ONLY FOR CLEAN FUNCTIONS.²⁴ Alcove space acceptable for equipment, e.g., stretchers, wheelchairs, walkers, and lifts.

(4) CLEAN-UP FACILITIES (FOR SURGICAL OR DELIVERY SUITE OR EQUIVALENT.)

(a) SHALL BE IN A ROOM SEPARATE FROM CLEAN ROOMS.

(b) ADEQUATE SPACE FOR WASTE CONTAINERS, LINEN HAMPERS, CARTS, AND OTHER SIMILAR LARGE EQUIPMENT.

(c) EQUIPMENT:

CLINIC SERVICE SINK (SIPHON JET OR EQUIVALENT)

WORK COUNTER

SINK - TO BE DOUBLE COMPARTMENT SINK MOUNTED IN COUNTER OR INTEGRAL WITH COUNTER IF INSTRUMENTS AND UTENSILS OR OTHER EQUIPMENT ARE TO BE WASHED IN CLEAN-UP FACILITIES. The sink should be of sufficient size and depth to accommodate the largest instruments and utensils, e.g., basins and trays.

ADEQUATE STORAGE SPACE FOR CLEANING SUPPLIES AND EQUIPMENT.

Washer - sterilizer, recommended.

(5) HOUSEKEEPING FACILITIES.

(a) May be in a separate area of a soiled utility room, clean-up room or other suitable room used for soiled functions only.

(b) ADEQUATE STORAGE SPACE FOR HOUSEKEEPING EQUIPMENT, CARTS, AND SUPPLIES.

(c) EQUIPMENT:

SERVICE SINK OR EQUIVALENT. May be omitted if clinic service sink is available in room and suitable facilities for cleaning housekeeping equipment are provided.

SOAP AND TOWEL DISPENSERS OR EQUIVALENT FOR HANDWASHING PURPOSES WHEN NO LAVATORY OR SINK LOCATED IN ROOM.

MOP RACK²⁴

WORK SURFACE⁶ (IF FACILITIES ARE ALSO TO SERVE FOR FLOWER CARE).

(6) CENTRALIZED OR DEPARTMENTALIZED FACILITIES FOR CLEANING AND SANITIZING CARTS AND LARGE EQUIPMENT. In alteration projects, recommended.

(a) LOCATED IN AREA FOR SOILED FUNCTIONS ONLY.

(b) PLUMBING:

(i) HOT AND COLD RUNNING WATER, steam recommended;

(ii) FLOOR DRAIN CONNECTED TO SANITARY SEWAGE SYSTEM.

NOTES:

⁶May be movable equipment.

¹⁸See GENERAL REQUIREMENTS FOR SERVICE FACILITIES, WAC 248-18-710(3), STORAGE FACILITIES.

²⁴In accordance with program.

[Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-710, filed 10/23/81; Order 119, § 248-18-710, filed 5/23/75; Order 107, § 248-18-710, filed 1/13/75; Regulation 18.760, filed 1/25/62.]

WAC 248-18-99901 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-18-99902 Appendix B--Dates of documents adopted by reference in chapter 248-18 WAC. (1) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 56A, 1978 edition.

(2) Use of the guide, published by the American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE), recommended for design of heating and ventilating systems. ASHRAE Handbook series - four volumes: 1978 Applications; 1979 Equipment; 1980 Systems; 1981 Fundamentals.

(3) UNIFORM PLUMBING CODE, International Association of Plumbing and Mechanical Officials (IAPMO), 1979 edition.

(4) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), 56F, 1977 edition.

(5) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA), Standard Number 90A, 1978 edition.

(6) Food Service Equipment Standards of the National Sanitation Foundation, 1976.

(7) Recommend use of the following standards:

(a) "Classification of Etiologic Agents on the Basis of Hazard"

United States Department of Health, Education and Welfare Publication

Public Health Service

Center for Disease Control

Office of Biosafety

Atlanta, Georgia 30333

(b) "Selecting a Biological Safety Cabinet"

United States Department of Health, Education and Welfare

Public Health Service

National Institutes of Health

National Cancer Institute

Office of Research Safety

Bethesda, Maryland 20014

(c) For the design, construction, and performance of "Class II Biohazard Cabinetry NSF No. 49"

National Science Foundation

NSF Building

Ann Arbor, Michigan 48105

(8) UNIFORM MECHANICAL CODE (UMC), International Association of Plumbing and Mechanical Officials (IAPMO), 1979 edition.

(9) UNDERWRITERS LABORATORIES (UL), 181-15 Standard for Safety Air Ducts, 1974 edition.

(10) SHEET METAL AND AIR CONDITIONING CONTRACTORS' NATIONAL ASSOCIATION, INC., (SMACNA), Duct Liner Application Standard, Second edition, 1975.

(11) Compressed Air Association, Pamphlet Number 2-2.1, "Standards for Medical-Surgical Vacuum Systems," 1976 edition.

(12) Illuminating Engineers Lighting Handbook (IES), 1981 Application Volume.

(13) NATIONAL FIRE PROTECTION ASSOCIATION (NFPA-70), 1981 edition.

(14) METHOD OF TESTING AIR-CLEANING DEVICES USED IN GENERAL VENTILATION FOR REMOVING PARTICULATE MATTER," American Society of Heating, Refrigeration, and Air conditioning Engineers (ASHRAE), Standard 52-76, 1976 edition.

[Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-001 (Order 248), § 248-18-99902, filed 11/18/82.]

Chapter 248-19 WAC

CERTIFICATE OF NEED--HOSPITALS AND NURSING HOMES

WAC

248-19-200	Purpose of chapter 248-19 WAC.
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248-19-490	Certificate of need program reports.
248-19-500	Public access to records.

WAC 248-19-200 Purpose of chapter 248-19 WAC. The following rules and regulations are adopted pursuant to chapter 70.38 RCW for the purpose of establishing a certificate of need program which is consistent with the provisions of Title XV of the Public Health Service Act as amended by the health planning and resources development amendments of 1979 (Public Law 96-79). [Statutory Authority: RCW 70.38.135. 81-09-

012 (Order 210), § 248-19-200, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-200, filed 11/30/79.]

WAC 248-19-210 Purpose of certificate of need program. The purpose of the certificate of need program is to ensure the obligation of capital expenditures, the development and offering of institutional health services, and the acquisition of major medical equipment are consistent with the public policy of the state of Washington, set forth in RCW 70.38.015.

"(1) That planning for promoting, maintaining, and assuring a high level of health for all citizens of the state, and for the provision of health services, health manpower, health facilities, and other resources is essential to the health, safety, and welfare of the people of the state. Such planning is necessary on both a state-wide and regional basis and must maintain responsiveness to changing health and social needs and conditions. The marshaling of all health resources to assure the quality and availability of health services to every person must be the goal of such planning, which must likewise assure optimum efficiency, effectiveness, equity, coordination, and economy in development and implementation to reach that goal -----;

(2) That the development and offering of new institutional health services should be accomplished in a manner which is orderly, timely, economical, and consistent with the effective development of necessary and adequate means of providing quality health care for persons to be served by such facilities without unnecessary duplication or fragmentation of such facilities;

(3) That the development of health resources, including the construction, modernization, and conversion of health facilities, should be accomplished in a planned, orderly fashion, consistent with identified priorities;

(4) That the development and maintenance of adequate health care information and statistics essential to effective health planning and resources development be accomplished; and

(5) That the strengthening of competitive forces in the health services industry, wherever competition and consumer choice can constructively serve to advance the purposes of quality assurance, cost effectiveness, and access, should be implemented." [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-210, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-210, filed 11/30/79.]

WAC 248-19-220 Definitions. For the purposes of chapter 248-19 WAC, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Acute care facilities" means hospitals and ambulatory surgical facilities.

(2) "Affected persons" means the applicant, the health systems agency for the health service area in which the proposed project is to be located, health systems agencies serving contiguous health service areas,

health care facilities and health maintenance organizations located in the health service area in which the project is proposed to be located which provide services similar to the services under review, health care facilities and health maintenance organizations, which, prior to receipt by the department of the proposal being reviewed, have formally indicated an intention to provide similar services in the future, third-party payers who reimburse health care facilities for services in the health service area in which the project is proposed to be located, any agency which establishes rates for health care facilities or health maintenance organizations located in the health service area in which the project is proposed to be located, any person residing within the geographic area served or to be served by the applicant, and any person who regularly uses health care facilities within that geographic area.

(3) "Ambulatory care facility" means any place, building, institution or distinct part thereof which is not a health care facility as defined in this section and which is operated for the purpose of providing health services to individuals without providing such services with board and room on a continuous twenty-four hour basis. The term "ambulatory care facility" includes the offices of private physicians, whether for individual or group practice.

(4) "Ambulatory surgical facility" means a facility, not a part of a hospital, which provides surgical treatment to patients not requiring inpatient care in a hospital. This term does not include a facility in the offices of private physicians or dentists, whether for individual or group practice, if the privilege of using such facility is not extended to physicians or dentists outside the individual or group practice.

(5) "Applicant," except as used in WAC 248-19-390, means any person who proposes to engage in any undertaking which is subject to review under the provisions of chapter 70.38 RCW and Title XV of the Public Health Service Act as amended by Public Law 96-79.

"Applicant," as used in WAC 248-19-390, means any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity that engages in any undertaking which is subject to review under the provisions of chapter 70.38 RCW and Title XV of the Public Health Service Act as amended by Public Law 96-79.

(6) "Annual implementation plan" means a description of objectives which will achieve goals of the health systems plan and specific priorities among the objectives. The annual implementation plan is for a one-year period and must be reviewed and amended as necessary on an annual basis.

(7) "Board" means the Washington state board of health.

(8) "Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. Where a person

makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a health care facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

(9) "Certificate of need" means a written authorization by the secretary for a person to implement a proposal for one or more undertakings.

(10) "Certificate of need unit" means that organizational unit of the department which is responsible for the management of the certificate of need program.

(11) "Commencement of construction" means whichever of the following occurs first: Giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension or expansion of an existing building.

(12) "Construction" means the erection, building, alteration, remodeling, modernization, improvement, extension or expansion of a physical plant of a health care facility or the conversion of a building or portion thereof to a health care facility.

(13) "Council" means the state health coordinating council established under the provisions of chapter 70.38 RCW and Title XV of the Public Health Service Act as amended by Public Law 96-79.

(14) "Days," except when called "working days," means calendar days which are counted by beginning with the day after the date of the act, event or occurrence from which the designated period of time begins to run. If the last day of the period so counted should fall on a Saturday, Sunday or legal holiday observed by the state of Washington, a designated period shall run until the end of the first working day which follows the Saturday, Sunday or legal holiday.

"Working days" exclude all Saturdays and Sundays, January 1, February 12, the third Monday in February, the last Monday of May, July 4, the first Monday in September, November 11, the fourth Thursday in November, the day immediately following Thanksgiving day and December 25. Working days are counted by beginning with the first working day after the date of the act, event or occurrence from which a designated period of time begins to run.

(15) "Department" means the Washington state department of social and health services.

(16) "Expenditure minimum" means one hundred fifty thousand dollars for the twelve-month period beginning with October 1979, and for each twelve-month period thereafter the figure in effect for the preceding twelve-month period adjusted to reflect the change in

the preceding twelve-month period, in an index established by rules and regulations by the department for the purpose of making such adjustment.

(17) "Health care facility" means hospitals, psychiatric hospitals, tuberculosis hospitals, nursing homes, both skilled nursing facilities and intermediate care facilities, kidney disease treatment centers including freestanding hemodialysis units, ambulatory surgical facilities, rehabilitation facilities, and home health agencies, and includes such facilities when owned and operated by the state or a political subdivision or instrumentality of the state and such other facilities as required by Title XV of the Public Health Service Act as amended by Public Law 93-641 and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts.

(18) "Health maintenance organization" means a public or private organization, organized under the laws of the state, which:

(a) Is a qualified health maintenance organization under Title XIII, Section 1310(d) of the Public Health Service Act; or

(b)(i) Provides or otherwise makes available to enrolled participants health care services, including at least the following basic health care services: Usual physician services, hospitalization, laboratory, x-ray, emergency and preventive services, and out-of-area coverage;

(ii) Is compensated (except for copayments) for the provision of the basic health care services listed in (b)(i) of this subsection to enrolled participants by a payment which is paid on a periodic basis without regard to the date the health care services are provided and which is fixed without regard to the frequency, extent, or kind of health service actually provided; and

(iii) Provides physicians' services primarily (A) directly through physicians who are either employees or partners of such organization, or (B) through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

(19) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse and mental health services.

(20) "Health systems agency" means a public regional planning body or a private nonprofit corporation which is organized and operated in a manner that is consistent with the laws of the state of Washington and Public Law 93-641 and which is capable of performing each of the functions described in RCW 70.38.085 and is capable as determined by the secretary of the United States department of health and human services, upon recommendation of the governor or the council, of performing each of the functions described in the federal law, Title XV of the Public Health Service Act as amended by Public Law 96-79.

"Appropriate health systems agency" means the health systems agency for the health service area in which a particular project is to be located.

(21) "Health systems plan" means a plan established by a health systems agency which is a detailed statement of goals and resources required to reach those goals as described in the federal law, Title XV of the Public Health Service Act as amended by Public Law 96-79.

(22) "Home health agency" means any entity which is or is to be certified as a provider of home health services in the Medicaid or Medicare program.

(23) "Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW or any state owned and operated institution which is primarily engaged in providing to inpatients, by or under the supervision of physicians, diagnostic services and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons, or rehabilitation services of injured, disabled, or sick persons. Such term includes tuberculosis hospitals but does not include psychiatric hospitals.

(24) "Hospital commission" means the Washington state hospital commission established pursuant to chapter 70.39 RCW.

(25) "Inpatient" means a person who receives health care services with board and room in a health care facility on a continuous twenty-four hour a day basis.

(26) "Institutional health services" means health services provided in or through health care facilities and entailing annual direct operating costs of at least seventy-five thousand dollars for the twelve-month period beginning with October 1979, and for each twelve-month period thereafter the figure in effect for the preceding twelve-month period adjusted to reflect the change in the preceding twelve-month period in an index established by rules and regulations by the department.

(27) "Intermediate care facility" means any institution or distinct part thereof which is certified as an intermediate care facility for participation in the Medicaid (Title XIX of the Social Security Act) program.

(28) "Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof which is equipped and operated to provide services, which include dialysis services, to persons who have end stage renal disease.

(29) "Long-range health facility plan" means a document prepared by each hospital which contains a description of its plans for substantial changes in its facilities and services for three years.

(30) "Major medical equipment" means a single unit of medical equipment or a single system of components which is used for the provision of medical and other health services and which costs in excess of one hundred fifty thousand dollars, except that such term does not include dental equipment or medical equipment acquired by or on behalf of a clinical laboratory to provide clinical laboratory services if the clinical laboratory is independent of a physician's office and a hospital and it has been determined under Title XVIII of the Social Security Act to meet the requirements of paragraphs (10) and (11) of section 1861(s) of such act. If the equipment is acquired for less than fair market value, the term "cost" includes the fair market value.

(31) "May" means permissive or discretionary.

(32) "Nursing home" means any home, place, institution, building or agency or distinct part thereof which operates or maintains facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. The term "nursing home" includes any such entity which is owned and operated by the state or which is licensed or required to be licensed under the provisions of chapter 18.51 RCW and any other intermediate care facility or skilled nursing facility as these terms are defined in this section. The term "nursing home" does not include: General hospitals or other places which provide care and treatment for the acutely ill and maintain and operate facilities for major surgery or obstetrics or both; psychiatric hospitals as defined in this section; private establishments, other than private psychiatric hospitals, licensed or required to be licensed under the provisions of chapter 71.12 RCW; boarding homes licensed under the provisions of chapter 18.20 RCW; or any place or institution which is operated to provide only board, room and laundry to persons not in need of medical or nursing treatment or supervision.

(33) "Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility:

(a) An enforceable contract has been entered into by a health care facility or by a person proposing such capital expenditure on behalf of the health care facility for the construction, acquisition, lease or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility for a force account expenditure which constitutes a capital expenditure; or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

(34) "Offer," when used in connection with health services, means the health facility provides or holds itself out as capable of providing or as having the means for the provision of one or more specific health services.

(35) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

(36) "Predevelopment expenditures" means capital expenditures, the total of which exceeds the expenditure minimum, which are made for architectural designs, plans, drawings or specifications in preparation for the acquisition or construction of physical plant facilities. "Predevelopment expenditures" exclude any obligation

of a capital expenditure for the acquisition or construction of physical plant facilities and any activity which may be considered the "commencement of construction" as this term is defined in this section.

(37) "Project" means any and all undertakings which may be or are proposed in a single certificate of need application or for which a single certificate of need is issued.

(38) "Psychiatric hospital" means any institution or distinct part thereof which is primarily engaged in providing to inpatients, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill persons and which is licensed or required to be licensed under the provisions of chapter 71.12 RCW or is owned and operated by the state or by a political subdivision or instrumentality of the state.

(39) "Rehabilitation facility" means an inpatient facility which is operated for the primary purpose of assisting in the rehabilitation of disabled persons through an integrated program of medical and other health services which are provided under competent professional supervision.

(40) "Secretary" means the secretary of the Washington state department of social and health services or his designee.

(41) "Shall" means compliance is mandatory.

(42) "Skilled nursing facility" means any institution or distinct part thereof which is certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

(43) "State health plan" means a document, described in Title XV of the Public Health Service Act, developed by the department and the council in accordance with RCW 70.38.065.

(44) "State Health Planning and Resources Development Act" means chapter 70.38 RCW.

(45) "Undertaking" means any action which, according to the provisions of chapter 248-19 WAC, is subject to the requirements for a certificate of need or an exemption from the requirements for a certificate of need. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-220, filed 11/30/79.]

WAC 248-19-230 Applicability of chapter 248-19 WAC. (1) The following undertakings shall be subject to the provisions of chapter 248-19 WAC, with the exceptions provided for in this section.¹

(a) The construction, development, or other establishment of a new health care facility.

(b) Capital expenditure by or on behalf of a health care facility which (i) Is associated with the addition of a substantial health service not provided by or on behalf of the facility within the previous twelve months or which is associated with the termination of a substantial health service provided in or through the facility, or

(ii) Which exceeds the expenditure minimum as defined by WAC 248-19-220(16). The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort

and consulting and other services which under generally accepted accounting principles are not properly chargeable as an expense of operation and maintenance) essential to the acquisition, improvement, expansion, or replacement of any plant or equipment with respect to which such expenditure is made shall be included in determining the amount of the expenditure. Functional programming and general long range planning activities, including marketing surveys and feasibility studies, are not to be included when determining whether an expenditure exceeds the expenditure minimum.

(c) A change in bed capacity of a licensed health care facility which increases the total number of licensed beds or redistributes beds among facility and service categories of acute care, skilled nursing, intermediate care, and boarding home care if the bed redistribution is to be effective for a period in excess of six months.

(d) The obligation of any capital expenditure by or on behalf of a health care facility which is not required to be licensed for a change in bed capacity which increases the total number of beds, or redistributes beds among various categories, by more than ten beds or more than ten percent of total bed capacity as defined by the department, whichever is less, over a two-year period.

(e) Acquisition of major medical equipment:

(i) If the equipment will be owned by or located in an inpatient health care facility; or

(ii) If the equipment is not to be owned by or located in a health care facility and the department finds, consistent with WAC 248-19-403, that: (A) The equipment will be used to provide services for inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure; or (B) the person acquiring such equipment did not notify the department of the intent to acquire such equipment at least thirty days before entering into contractual arrangements² for such acquisition.

(f) The acquisition of an existing health care facility which the department has determined, in accordance with the provisions of subsection (2) of this section, is subject to review;

(g) Any new institutional health services which are offered by or on behalf of a health care facility and which were not offered on a regular basis by or on behalf of such health care facility within the twelve-month period prior to the time such services would be offered.

(h) Any expenditure by or on behalf of a health care facility in excess of the expenditure minimum made in preparation for any undertaking under this subsection and any arrangement or commitment made for financing such undertaking. Expenditures of preparation shall include expenditures for architectural designs, plans, working drawings and specifications.

(i) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates beds from one physical facility or site to another by ten beds or ten percent whichever is less in any two year period.

(j) Any acquisition by donation, lease, transfer or comparable arrangement, by or on behalf of a health

care facility, if the acquisition would otherwise be reviewable under chapter 248-19 WAC if made by purchase.

(2) At least thirty days before any person acquires or enters into a contract² to acquire an existing health care facility, the person shall provide written notification to the department and the appropriate health systems agency, and in the case of a hospital, the hospital commission, of the person's intent to acquire the facility.

(a) Written notification of intent, to be considered valid, shall be made in a form and manner acceptable to the secretary and shall include:

(i) The name and address of the health care facility to be acquired;

(ii) The name and address of the person who intends to acquire the health care facility;

(iii) A description of the means by which the health care facility would be acquired, including the total capital expenditures associated with the acquisition, and the intended date of incurring the contractual obligation to acquire the health care facility;

(iv) The name and address of the person from whom the facility is to be acquired; and

(v) A description of any changes in institutional health services or bed capacity proposed by the person who would acquire the health care facility.

(b) A certificate of need shall be required for the obligation of a capital expenditure to acquire by purchase, or under lease or comparable arrangement, an existing health care facility if

(i) A written notification of intent to acquire an existing health care facility is not provided in accordance with WAC 248-19-230(2), or

(ii) The department finds within fifteen working days after receipt of a written notification to acquire a health care facility that the services or bed capacity of the facility will be changed in being acquired.

(c) Within fifteen working days after receipt of a written notification of intent, the department shall send written notice to the person intending to acquire the health care facility, indicating:

(i) Whether the written notification constitutes a valid notification, as prescribed in subdivision (a) of this subsection and, if such notification is valid,

(ii) Whether such acquisition is subject to certificate of need review.

(d) If the department fails to make a determination within thirty days after receipt of a valid notice, the health care facility may be acquired without a certificate of need.

(3) With respect to ambulatory care facilities and inpatient health care facilities which are controlled (directly or indirectly) by a health maintenance organization or combination of health maintenance organizations, the provisions of chapter 248-19 WAC shall apply only to the offering of inpatient institutional health services, the acquisition of major medical equipment and the obligation of capital expenditures for the offering of inpatient institutional health services, and then only to the extent that such offering, acquisition or

obligation is not exempt under the provisions of WAC 248-19-405.

(4) The extension, on more than an infrequent basis, of a home health agency's services to a population residing in a county not previously regularly included in the service area of that home health agency during the preceding twelve months constitutes extension of home health services beyond its defined geographic area and shall be considered the development or establishment of a new home health agency.

(5) No person shall engage in any undertaking which is subject to certificate of need review under the provisions of this chapter unless a certificate of need authorizing such undertaking has been issued and remains valid or an exemption has been granted in accordance with the provisions of this chapter.

(6) No person may divide a project in order to avoid review requirements under any of the thresholds specified in this section.

(7) The department may issue certificates of need permitting predevelopment expenditures only, without authorizing any subsequent undertaking with respect to which such predevelopment expenditures are made.

(8) A certificate of need application, the review of which had begun but upon which final action had not been taken prior to January 1, 1981, shall be reviewed and final action taken based on chapter 70.38 RCW and chapter 248-19 WAC as in effect prior to January 1, 1981.

(9) Certificates of need issued prior to January 1, 1981, shall not be terminated and the periods of validity of such certificates of need shall not be modified under the provisions of chapter 248-19 WAC which become effective January 1, 1981.

(10) A project for which certificate of need review was waived under the provisions of WAC 248-19-230(8) as in effect January 1, 1980, to January 1, 1981, shall have been completed by January 1, 1981, or, in the case of a construction project, commencement of construction shall have occurred by January 1982. If this requirement is not met, the project shall become subject to the requirements for a certificate of need.

(11) A proposed change in a project associated with a capital expenditure for which a certificate of need has been issued shall be subject to certificate of need review if the change is proposed within one year after the date the activity for which the capital expenditure was approved has been undertaken.

(a) Projects subject to review under this subsection include proposed changes in projects originally subject to review according to the provisions of subsection (1)(b), (c), (d), or (i) of this section.

(b) No capital expenditure need be associated with a proposed change in a project subject to review under this subsection.

(c) A proposed change in a project shall include any change in the licensed bed capacity of a facility, and the addition or termination of an institutional health service.

(12) Administrative review.

(a) The secretary shall have the authority to review and take action on the basis of information submitted on

an abbreviated application form acceptable to the secretary the following categories of expenditures:

- (i) The acquisition of land;
 - (ii) Capital costs associated with the refinancing of existing debt;
 - (iii) The obligation of any capital expenditure by or on behalf of a health care facility which decreases the total number of licensed beds or relocates licensed beds from one physical facility or site to another by ten beds or ten percent whichever is less in any two year period; and
 - (iv) A proposed change in a project reviewed in accordance with WAC 248-19-230(11).
- (b) Such review shall be completed within ten working days after receipt of an application.

NOTE:

¹Where a hospital is part of a larger institution, such as a university, the components of the larger institution (e.g., a component conducting medical research) not related to the hospital will not be considered part of the hospital, whether or not the hospital is a distinct legal entity. Similarly, when there is a legal entity, the primary activity of which is operating a hospital, but which also operates a distinct research component, the research component will not be considered part of the hospital. In these cases, the component conducting medical research that is distinct from the hospital and that neither provides inpatient services nor uses revenues derived from patient charges at the hospital to finance its operations will not be considered part of the hospital.

Further, expenditures by a component of a larger institution, such as a university, which is distinct from a separate health care facility component, such as the university's hospital, will not be viewed as being "by a health care facility." Thus, a capital expenditure by a university medical school that is a distinct component of the university will not be considered to be "by" the hospital of the university. In finding that the medical school is distinct, the department must find at least that the revenues derived from patient charges at the hospital of the university are not used for operating expenses of the medical school.

If a capital expenditure exceeds the expenditure minimum, for it to be required to be subject to review, the department must find that it is "on behalf of" a health care facility. Such an expenditure is also required to be subject to review if it is for the acquisition of major medical equipment and meets the conditions set forth in WAC 248-19-230(1)(e). The same analysis would apply to a distinct research component of a legal entity, the primary activity of which is operating a hospital.

²A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed or upon issuance of a certificate of need.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-230, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-230, filed 11/30/79.]

WAC 248-19-240 Applicability determination. (1) Any person wanting to know whether an action the person is considering is subject to certificate of need requirements (chapter 248-19 WAC) should submit a written request to the certificate of need unit requesting a formal determination of applicability of the certificate of need requirements to the action.

(a) A copy of a written request for determination of applicability shall be sent simultaneously to the appropriate health systems agency and, in the case of a hospital project, to the hospital commission.

(b) The written request shall be in a form prescribed by the department and contain an explicit description of the action. The description shall include the nature and extent of any construction, changes in services and the estimated total costs of the action.

(2) The department may request such additional written information as is reasonably necessary to making an applicability determination on the action.

(3) The department shall respond in writing to a request for an applicability determination within thirty days of receipt of all the information needed for such determination. In the written response, the department shall state the reasons for its determination that the action is or is not subject to certificate of need requirements.

(4) Information or advice given by the department as to whether an action is subject to certificate of need requirements shall not be considered an applicability determination unless it is in written form in response to a written request submitted in accordance with provisions of this section.

(5) A written applicability determination on an action in response to a written request and based on written information shall be binding upon the department: *Provided*, The nature, extent or cost of the action does not significantly change. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-240, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-240, filed 11/30/79.]

WAC 248-19-250 Sanctions for violations. The department may take or cause to be taken any action against a person who has failed to comply with certificate of need regulations which is provided for in RCW 70.38.125. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-250, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-250, filed 11/30/79.]

WAC 248-19-260 Periodic reports on development of proposals. (1) During April of each year, each health care facility and any other person developing proposals subject to certificate of need review shall submit to the department a report which describes each such undertaking. Such report shall be submitted in a form prescribed by the department.

(2) If the appropriate health systems agency requires submission of reports, on at least an annual basis, regarding undertakings which are under consideration, the department shall accept a copy of each such report sent to the health systems agency in lieu of the report required under subsection (1) of this section.

(3) Submission to the department of a long-range plan which includes all undertakings which are under consideration by a health care facility or other person shall be accepted as meeting the requirement of this section for a periodic report. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-

260, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-260, filed 11/30/79.]

WAC 248-19-270 Letter of intent. Any person planning to develop a construction project shall submit a letter of intent to the department at the earliest possible opportunity in the course of planning such construction project.

(1) The letter of intent shall inform the department of the nature and scope of the project, clearly describing the size and extent of any new or expanded services which will be included.

(2) A copy of the letter of intent shall be sent to the health systems agency for the health service area in which the project is to be located and, in the case of a hospital project, to the hospital commission.

(3) The letter of intent submitted in accordance with the provisions of this section does not constitute "notice of intent" with respect to the acquisition of existing health care facilities, as required by WAC 248-19-230(2) or to the acquisition of major medical equipment, as required by WAC 248-19-403. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-270, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-270, filed 11/30/79.]

WAC 248-19-280 Submission and withdrawal of applications. (1) General.

(a) A person proposing an undertaking which is subject to review shall, prior to the date on which the certificate of need review of such undertaking begins, submit a complete certificate of need application in such form and manner and containing such information as the department, after consultation with health systems agencies and the hospital commission, has prescribed and published as necessary to such a certificate of need application.

(i) The information, which the department prescribes and publishes as required for a certificate of need application, shall be limited to the information which is necessary for the department to perform a certificate of need review and, shall vary in accordance with and be appropriate to the category of review or the type of proposed project: *Provided, however,* That the required information shall include that which is necessary to determining whether the proposed project meets applicable criteria.

(ii) Information regarding a certificate of need application which is submitted by an applicant after the department has given "notification of the beginning of review" in the manner prescribed by WAC 248-19-310 shall be submitted in writing to the department, the health systems agency, and for hospital projects, to the hospital commission.

(iii) Except as provided in WAC 248-19-325 no information regarding a certificate of need application, which is submitted by an applicant after the conclusion of a public hearing conducted under the provisions of WAC 248-19-320 or the date on which the appropriate

health systems agency takes final action on the application, whichever occurs first, shall be considered by the department in reviewing and taking action on a certificate of need application. An exception to this rule shall be made when, during its final review period, the department finds an unresolved pivotal issue requires submission of further information by an applicant and the applicant agrees to an extension of the review period in order to resolve this issue as provided for in WAC 248-19-330(2)(b), 248-19-340(2)(c), and 248-19-350(4). The department shall furnish copies of its request to the applicant for such additional information to the appropriate health systems agency and, for a hospital project, to the hospital commission. The department shall give public notice of such request for additional information through the same newspaper in which the "notification of beginning of review" for the project was published. The notice shall identify the project, the nature of the unresolved issue and the information requested of the applicant and shall state the period of time allowed for receipt of written comments from interested persons.

(b) A person submitting a certificate of need application shall simultaneously submit copies of such application to the certificate of need unit of the department, the appropriate health systems agency and, in the case of a hospital project, to the hospital commission.

(i) The original and two copies of the application shall be submitted to the certificate of need unit of the department.

(ii) At least three and such additional copies of the application as may be required by the health systems agency shall be submitted to the appropriate health systems agency.

(iii) For a hospital project, one copy shall be submitted to the hospital commission.

(c) On or before the last day of the applicable screening period for a certificate of need application, as prescribed in subsections (2) and (3) of this section, the department shall send a written notice to the person who submitted the application stating whether or not the application has been declared complete. If an application has been found to be incomplete, the notice from the department shall specifically identify the portions of the application in which the information provided has been found to be insufficient or indefinite and request the supplemental information needed to complete the application. The notice from the department shall incorporate the findings as to insufficient or indefinite application information which have been transmitted to the department by the health systems agency and the hospital commission.

(d) The department shall not request any supplemental information of a type which has not been prescribed and published as being necessary to a certificate of need application for the type of project being proposed.

(e) A response to the department's request for information to supplement an incomplete application shall be written and submitted to the same agencies and in the same numbers as required for an application under the provisions of subsection (1)(b) of this section.

(2) Emergency, expedited and regular reviews.

(a) The department, the appropriate health systems agency, and the hospital commission for a hospital project, shall within a fifteen-day period, screen the application to determine whether the information provided in the application is complete and as explicit as is necessary for a certificate of need review. This screening period shall begin on the first day after which the department, the health systems agency and, for hospital projects, the hospital commission, have each received copies of the application.

(b) The department shall return an incomplete certificate of need application to the person who submitted the application if the department has not received a response to a request for the supplemental information sent in accordance with subsection (1)(c) of this section within forty-five days after such request was sent.

(c) A person who submits a response to the department's request for supplemental information to complete a certificate of need application within forty-five days after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall have the right to exercise one of the following options:

(i) Submission of written supplemental information and a written request that such information be screened and the applicant be given opportunity to submit further supplemental information if the application is still incomplete;

(ii) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department notifying the applicant as to whether the supplemental information is adequate to complete the application; or

(iii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(d) After receipt of a request for review of a certificate of need application, submitted in accordance with subsection (2)(c) (ii) or (iii) of this section, the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 248-19-310.

(e) If a person requests the screening of supplemental information in accordance with subsection (2)(c)(i) of this section, such screening shall be carried out in the same number of days and in the same manner as required for an application in accordance with the provisions of subsection (1)(c) and (2)(a) of this section. The process of submitting and screening supplemental information may be repeated until the department declares the certificate of need application complete, the applicant requests that review of the incomplete application begin, or the one hundred twentieth day after the beginning of the first screening period for the application, whichever occurs first. The department shall return an application to the applicant if it is still incomplete on the one hundred twentieth day after the beginning of the first screening period and the applicant has not requested review of such incomplete application.

(3) Amendment of certificate of need applications.

(a) Applications for emergency review. If an applicant amends an application during the screening period, the department, after consultation with the appropriate health systems agency and, in the case of a hospital project, the hospital commission shall determine whether the amended application constitutes a new application. An application which is amended during the review period shall be considered a new application.

(b) Application for expedited or regular review.

(i) If an applicant amends an application during the screening or review period, the department, after consultation with the appropriate health systems agency and, in the case of a hospital project, the hospital commission shall determine whether the amended application constitutes a new application.

(ii) To provide any affected person the opportunity for a public hearing on an amended application, the department may extend the expedited review period as necessary to conduct such public hearing and complete the review process.

(4) Submission of an amendment to an application. An amendment to an application shall be submitted to the same agencies and in the same numbers as required for an application under the provisions of subsection (1)(b) of this section.

(5) Withdrawal of applications. A certificate of need application shall be withdrawn from the certificate of need process if the department receives a written request for withdrawal of the application from the person who submitted the application at any time before final action on such application has been taken by the secretary.

(6) Resubmission of applications withdrawn or returned as incomplete. A submission of a new certificate of need application shall be required for a certificate of need review of any undertaking for which the department has returned an incomplete application in accordance with subsection (2)(b) of this section, or for which a certificate of need application has been withdrawn in accordance with subsection (5) of this section. The content of the application should be updated as necessary before resubmission. [Statutory Authority: RCW 70.38-.135, 81-09-012 (Order 210), § 248-19-280, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-280, filed 11/30/79.]

WAC 248-19-300 Categories of review. (1) In the review of any certificate of need application, one of the following review processes shall be used: Regular review, emergency review or expedited review.

(2) Determination of review process.

The department, after any necessary consultation with the appropriate health systems agency and, if a hospital project, the hospital commission, shall determine which review process will be used in the review of a given certificate of need application.

(a) Emergency review.

(i) Beginning January 1, 1981, an emergency review may, with the written consent of the appropriate health

systems agency, be conducted when an immediate capital expenditure is required in order for a health care facility to maintain or restore basic and essential patient services.

(ii) The department may, after consulting with the appropriate health systems agency and, for a hospital project, the hospital commission, determine that an application submitted for emergency review does not qualify for such review. Such a determination and notification to the applicant shall be made within five days after receipt of the application. When the department makes a determination that an application is not subject to emergency review procedures, the application will be reviewed under another review process which is appropriate for the type of undertaking proposed. The department will notify the applicant of the other process under which the application will be reviewed.

(b) Expedited review.

(i) Beginning January 1, 1981, an expedited review shall be conducted on a certificate of need application for the following:

(A) All projects which do not involve health services or the addition, replacement, expansion or alteration of facilities for health services.

(B) Projects proposed for the correction of deficiencies as described in WAC 248-19-415.

(C) The replacement of equipment having similar functional capability and which does not result in the offering or development of any new health services.

(D) Installation, replacement, or improvement of energy conservation and mechanical and electrical systems.

(E) Demonstration or research projects related to new technology: *Provided*, That such projects do not involve a change in bed capacity, or the provision of a new institutional health service.

(F) Acquisition of an existing health care facility.

(G) Projects which are limited to predevelopment expenditures.

(ii) An expedited review shall be conducted on a certificate of need application for a hospital's project when:

(A) The hospital has developed a long-range facility plan in accordance with the provisions of RCW 70.38.145;

(B) When an application has been found to be consistent with the applicant's long-range health facility plan and the applicable health systems plan, annual implementation plan and state health plan; and

(C) When there has not been a significant change, since the long-range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services.

(iii) That until January 1, 1983, or until such time as the department has developed a common form for hospital long range plans, whichever is earlier, an expedited review may, with the written consent of the appropriate health systems agency, be conducted for a project, the type, scope and location of which has been specifically described and provided for in a current health systems plan, annual implementation plan or state health plan, or when:

(A) The hospital has developed a long range plan whose form is acceptable to the appropriate health systems agency and the department.

(B) The appropriate health systems agency has reviewed the plan in conjunction with potentially competing plans and the health systems agency has approved the hospital's long range plans.

(C) The certificate of need application for the project has been found to be consistent with the hospital's health systems agency approved long range health facility plan and the applicable health systems plan, annual implementation plan and state health plan.

(D) There has not been a significant change, since the long range health facility plan was approved, in existing health facilities of the same type or in the need for such health facilities and services; and there has not been a significant change in financial feasibility.

(E) The appropriate health systems agency has given the department a written consent to an expedited review of the project.

(c) Regular review process. The regular review process shall be used for any application unless the department has determined that the emergency or expedited review process will be used in the review of such application. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-300, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-300, filed 11/30/79.]

WAC 248-19-310 Notification of beginning of review. (1) Notice required. The department shall provide written notification of the beginning of the review of a certificate of need application and notification of the beginning of the review of a proposed withdrawal of a certificate of need to affected persons (other than persons residing within the geographic area served or to be served by the applicant, any persons who regularly use health care facilities within that geographic area, and third-party payers who reimburse health care facilities for services in the health service area in which the project is proposed to be located) and any other person who has submitted a written request that the person's name be on the mailing list for such notice. Notification of the beginning of the review of a certificate of need application shall be provided to persons residing within the geographic area served or to be served by the applicant, to any person who regularly uses health care facilities within that geographic area, and third-party payers who reimburse health care facilities for services in the health service area in which the project is proposed to be located, through a newspaper of general circulation in the health service area of the project.

(2) Specific notice requirements.

(a) The department shall give "notification of the beginning of review" of an application after the department, the appropriate health systems agency and, for a hospital project, the hospital commission have each received a complete application or the applicant's request, submitted in accordance with WAC 248-19-280(2)(c) that review of the application begin. Such notice shall be given according to the following requirements.

(i) Emergency review. When an application is being reviewed under the emergency review process, required notices shall be given within five working days following the receipt of a complete application or the applicant's written request that review of the application begin.

(ii) Expedited and regular review. When an application is being reviewed under the expedited or regular review process, required notices shall be given within five working days of a declaration that the application is complete or the applicant's request that review of the application begin.

(b) The department shall give notification of the beginning of the review of a proposed withdrawal of a certificate of need when it determines that there may be good cause to withdraw a certificate of need.

(c) The notices shall include:

(i) A general description of the project;

(ii) In the case of a proposed withdrawal of a certificate of need, the reasons for the proposed withdrawal;

(iii) The proposed review schedule;

(iv) The period within which one or more affected persons may request the conduct of a public hearing during the review;

(v) The name and address of the agency to which a request for a public hearing should be sent; and

(vi) The manner in which notification will be provided of the time and place of any hearing so requested.

(d) The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(3) Beginning of review.

(a) Review of a certificate of need application under the expedited, regular or concurrent review process shall begin on the day the department sends notification of the beginning of review to the general public and other affected persons.

(b) Review of a certificate of need application under emergency review shall begin on the first day after the date on which the department, the appropriate health systems agency and, for a hospital project, the hospital commission have determined the application is complete, or have each received a written request to begin review submitted by the applicant in accordance with WAC 248-19-280(2)(c).

(c) Review of a proposed withdrawal of a certificate of need shall begin on the day the department sends notification of the beginning of review to the general public and to other affected persons. [Statutory Authority: RCW 70.38.135, 81-09-012 (Order 210), § 248-19-310, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-310, filed 11/30/79.]

WAC 248-19-320 Public hearings. (1) "Opportunity for a public hearing," as used in this section, shall mean a public hearing will be conducted if a valid request for such a hearing has been submitted by one or more affected persons.

(2) The department shall provide opportunity to affected persons for a public hearing on:

(a) A certificate of need application which is under review, unless the application is being reviewed according to the emergency review process; and

(b) The proposed withdrawal of a certificate of need.

This requirement for a public hearing shall be deemed satisfied if the appropriate health systems agency has provided opportunity for such a public hearing to "affected persons" as this term is defined in WAC 248-19-220: *Provided, however,* That the department has delegated the responsibility for such hearing to the appropriate health systems agency, and such health systems agency has followed public hearing procedures required under the provisions of this section.

(3) To be valid, a request for a public hearing on a certificate of need application or on the proposed withdrawal of a certificate of need shall:

(a) Be submitted in writing;

(b) Be received by the agency identified in the "notification of beginning of review" within fifteen days after the date on which the department's "notification of beginning of review" for the particular certificate of need application or proposed withdrawal of a certificate of need was published in a newspaper of general circulation; and

(c) Include identification of the particular certificate of need application or proposed certificate of need withdrawal for which the public hearing is requested and the full name, complete address and signature of the person making the request.

(4) The department or the health systems agency to which the department delegated responsibility for public hearings shall give written notice of a public hearing conducted pursuant to this section.

(a) Written notice shall be given to affected persons and the public at least fifteen days prior to the beginning of the public hearing.

(b) The notices shall include: Identification of the certificate of need application or certificate of need on which the public hearing is to be conducted and the date, time and place of the public hearing.

(c) Notice to the general public to be served by the proposed project to which the certificate of need application or certificate of need pertains shall be through a newspaper of general circulation in the health service area of the proposed project. The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(5) In a public hearing on a certificate of need application or on a proposed withdrawal of a certificate of need, any person shall have the right to be represented by counsel and to present oral or written arguments and evidence relevant to the matter which is the subject of the hearing. Any person affected by the matter may conduct reasonable questioning of persons who make relevant factual allegations.

(6) The department or health systems agency, whichever conducts the hearing, shall maintain a verbatim record of a public hearing and shall not impose fees for the hearing.

(7) The department shall not be required to conduct a public hearing on a certificate of need application which is being reviewed according to the emergency review procedure. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-320, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-320, filed 11/30/79.]

WAC 248-19-325 Prohibition of ex parte contacts.

(1) There shall be no "ex parte contact" respecting an application for a certificate of need after whichever of the following occurs first: The commencement of a public hearing on an application for a certificate of need or proposed withdrawal of a certificate of need, or final action of the appropriate health systems agency and hospital commission.

(a) The term "ex parte contact" shall be interpreted to mean any oral or written communication respecting an application for a certificate of need or proposed withdrawal of a certificate of need between:

(i) An applicant for or holder of a certificate of need, any person acting on behalf of such an applicant or holder, or any person opposed to the issuance of or in favor of the withdrawal of a certificate of need, and

(ii) Any person in the department who exercises any responsibility respecting the application for or withdrawal of the certificate of need.

(b) Notwithstanding the provisions of subsection (1)(a) of this section, "ex parte contact" shall not be construed to include:

(i) Communication limited to requesting and giving status reports on any matter or proceeding relating to the review of a certificate of need application or proposed withdrawal of a certificate of need application;

(ii) Information related to the application for or proposed withdrawal of a certificate of need which has been incorporated in the record of administrative proceedings prior to the beginning of a public hearing on such application or withdrawal held according to the provisions of WAC 248-19-320 or before final action on such application or proposed withdrawal has been taken by the appropriate health systems agency or hospital commission, or

(iii) Information incorporated in the record of a public hearing held in accordance with WAC 248-19-320 on such application or proposed withdrawal of a certificate of need.

(2) The department shall consider information regarding an application for or proposed withdrawal of a certificate of need, the submission of which is not consistent with subsection (1) of this section, only if the following conditions are met.

(a) The information shall be writing.

(b) The person submitting the information shall affirm that such information was not reasonably available prior to the commencement of the public hearing or final action by the health systems agency or hospital commission.

(c) Upon receipt of such information, the department shall make a determination as to whether the information is substantive and material to the department's final

decision to issue, deny or withdraw the certificate of need.

(i) If such information is material to the department's decision, the department shall, within five working days of the receipt of such information, send notice to affected persons, other than persons residing within the geographic area served or to be served by the applicant, persons who regularly use health care facilities within that geographic area, and third-party payers who reimburse health care facilities for services in the health service area in which the project is proposed to be located. Notice to persons residing within the geographic area served or to be served by the applicant, persons who regularly use health care facilities within that geographic area, and third-party payers who reimburse health care facilities for services in the health service area in which the project is proposed to be located shall be through a newspaper of general circulation in the appropriate health service area. The notice shall

(A) Describe the general nature of the information received;

(B) Identify the project to which the information pertains; and

(C) Establish the date by which any request for a public hearing must be submitted to the department.

(ii) If such information is not material to the department's decision, the information shall be placed in the record of administrative proceedings; copies shall be furnished by the department to the appropriate health systems agency, the hospital commission in the case of a hospital project, and to the applicant or holder of the certificate of need if the information was submitted by a person other than the applicant or holder. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-325, filed 4/9/81, effective 5/20/81.]

WAC 248-19-330 Regular review process. (1) The regular review process shall not exceed ninety days from the beginning of the review period and shall be conducted in accordance with the following subdivisions of this subsection unless the review period is extended in accordance with the provisions of subsection (2) of this section.

(a) Within sixty days from the first day of the review period the health systems agency and, in the case of a hospital project, the hospital commission, shall submit written findings and recommendations on a certificate of need application to the department unless the health systems agency or hospital commission has requested and received an extension of this review period from the department.

(b) The department shall complete its final review and the secretary shall make his decision on a certificate of need application within thirty days of the end of the review period or extended review period of the health systems agency and, in the case of a hospital project, the hospital commission.

(2) The review period for a regular review may be extended according to the following provisions.

(a) The review period for the health systems agency or, in the case of a hospital project, the hospital commission, may be extended for up to an additional thirty days upon the written request of either of these advisory review agencies when such additional time is needed to complete the review and submit written findings and recommendations to the department. The department may grant further extensions to this review period: *Provided*, The person who submitted the certificate of need application gives written consent to such further extensions.

(b) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may make one request for additional information from the person who submitted the application. The department may extend its final review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement.

(c) The department may extend either the review period for the health systems agency and the hospital commission or the department's final review period upon receipt of a written request of the person who submitted the application: *Provided, however*, That such an extension shall not exceed sixty days. [Statutory Authority: RCW 70.38.135. 82-19-055 (Order 244), § 248-19-330, filed 9/15/82; 81-09-012 (Order 210), § 248-19-330, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-330, filed 11/30/79.]

WAC 248-19-340 Expedited review process. (1) The expedited review process shall not exceed fifty days from the beginning of the review period unless extended in accordance with the provisions of subsection (2) of this section: *Provided, however*, That the appropriate health systems agency consents in writing to a thirty-day review period and does not need to conduct a public hearing in accordance with WAC 248-19-320. If the health systems agency does not consent to a thirty-day review period, the expedited review process shall not exceed eighty days from the beginning of the review period.

(a) If the review period for the health systems agency is thirty days, the health systems agency and, in the case of a hospital project, the hospital commission, shall submit written findings and recommendations to the department within thirty days of the beginning of the review period. If the review period for the health systems agency is sixty days, the health systems agency and, in the case of a hospital project, the hospital commission, shall submit written findings and recommendations to the department within sixty days of the beginning of the review period.

(b) The department shall complete its final review and the secretary shall make his decision on a certificate of need application under an expedited review within twenty days of the end of the review period or extended

review period of the health systems agency and, in the case of a hospital project, the hospital commission.

(2) The review period for an expedited review may be extended according to the following provisions.

(a) If the health systems agency has consented to a thirty-day review period, the review period may be extended for up to an additional thirty days when the health systems agency conducts a public hearing in accordance with the provisions of WAC 248-19-320 or when additional time is needed by the health systems agency or, in the case of a hospital project, the hospital commission, to complete the review and submit written findings and recommendations to the department. The department may grant further extensions to this review period: *Provided*, The person who submitted the certificate of need application gives written consent to further extension.

(b) The department may extend its final review if a public hearing is requested in accordance with the provisions of WAC 248-19-320 and the hearing is conducted by the department. Such extension may be for an additional period of up to thirty days.

(c) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may make one request for additional information from the person who submitted the application. The department may extend its final expedited review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement.

(d) The department may extend either the expedited review period for the health systems agency and the hospital commission or the department's final review period upon receipt of a written request of the person who submitted the application: *Provided, however*, That such an extension shall not exceed sixty days.

(3) Projects reviewed under expedited review provisions in WAC 248-19-300(2)(b)(ii) and (iii) shall not be subject to WAC 248-19-370. The evaluation of criteria in WAC 248-19-380, 248-19-390 and 248-19-400 shall be reviewed only to the extent applicable criteria were not considered in the plan approval process and a reasonable expectation exists that consideration of these criteria could materially alter the approval of projects. [Statutory Authority: RCW 70.38.135. 82-19-055 (Order 244), § 248-19-340, filed 9/15/82; 81-09-012 (Order 210), § 248-19-340, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-340, filed 11/30/79.]

WAC 248-19-350 Emergency review process. (1) The emergency review process shall not exceed fifteen working days from the beginning of the review period.

(2) Written findings and written recommendations of the health systems agency, and in the case of hospital projects, the hospital commission, shall be submitted to the department within ten working days after the beginning of the emergency review period.

(3) The department shall complete its final review and the secretary shall make his decision on an emergency certificate of need application within fifteen working days after the beginning of the review period unless the department extends its final review period in accordance with the provisions of subsection (4) of this section.

(4) If an issue, which is pivotal to the secretary's decision remains unresolved, the department may make one request for additional information from the person who submitted the application. The department may extend its final emergency review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information. Such pivotal issues include but are not limited to pending action for medicare or medicaid decertification, license revocation or patient trust fund violation or termination of a provider agreement. [Statutory Authority: RCW 70.38.135. 82-19-055 (Order 244), § 248-19-350, filed 9/15/82; 81-09-012 (Order 210), § 248-19-350, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-350, filed 11/30/79.]

WAC 248-19-360 Bases for findings and action on applications. (1) The findings of the department's review of certificate of need applications and the secretary's action on such applications shall, with the exceptions provided for in WAC 248-19-410 and 248-19-415 be based on determinations as to:

- (a) Whether the proposed project is needed;
- (b) Whether the proposed project is financially feasible;
- (c) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 248-19-390; and
- (d) Whether the proposed project will foster containment of the costs of health care.

(2) The secretary's decision on a certificate of need application shall be consistent with the state health plan in effect, except in emergency circumstances which pose a threat to the public health. A finding of inconsistency shall not be based solely on the fact that a proposed project is not specifically referenced in the state health plan.

(3) Criteria contained in WAC 248-19-370, 248-19-380, 248-19-390, and 248-19-400 shall be used by the department in making the required determinations.

(a) In the use of criteria for making the required determinations, the department shall consider:

(i) The relationship of the proposed project to the applicable health systems plan (HSP) and annual implementation plan (AIP), and the state health plan (SHP);

(ii) The standards in the state health plan which have been identified to be used for certificate of need review purposes and are applicable to the type of project under review;

(iii) In the event that standards in the state health plan do not address, in sufficient detail for a required determination, the services or facilities for health services which are proposed, the department may consider

standards which are not in conflict with the state health plan in accordance with subsection (3)(b) of this section;

(iv) The findings and recommendations of the health systems agency and the hospital commission (in relation to the immediate and long-range financial feasibility of a hospital project as well as the probable impact of such project on the cost of and charges for providing health services by the hospital); and

(v) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.

(b) The department may consider any of the following in its use of criteria for making the required determinations:

(i) Nationally recognized standards from professional organizations;

(ii) Standards developed by professional organizations in Washington state;

(iii) Federal Medicare and Medicaid certification requirements;

(iv) State licensing regulations;

(v) The hospital commission's policies, guidelines and regulations;

(vi) Applicable standards which have been developed by other individuals, groups or organizations with recognized expertise related to a proposed undertaking; and

(vii) The written findings and recommendations of individuals, groups or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.

(c) At the request of an applicant the department shall identify the criteria and standards it will use prior to the submission and screening of a certificate of need application: *Provided, however,* That when a person requests identification of criteria and standards prior to the submission of an application, the person shall submit such descriptive information on a project as is determined by the department to be reasonably necessary in order to identify the applicable criteria and standards. The department shall respond to such request within fifteen working days of its receipt. In the absence of an applicant's request under this subsection, the department shall identify the criteria and standards it will use during the screening of a certificate of need application. The department shall inform the applicant about any consultation services it will use in the review of a certificate of need application prior to the use of such consultation services.

(d) Representatives of the department or consultants whose services are engaged by the department may make an on-site visit to a health care facility, or other place for which a certificate of need application is under review or for which a proposal to withdraw a certificate of need is under review when the department deems such an on-site visit is necessary and appropriate to the department's review of a proposed project. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-360, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-360, filed 11/30/79.]

WAC 248-19-370 Determination of need. The determination of need for any project shall be based on the following criteria.

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need. The assessment of the conformance of a project with this criterion shall include, but need not be limited to, consideration of the following:

(a) In the case of a reduction, relocation, or elimination of a service, the need that the population presently served has for the service, the extent to which the need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care;

(b) In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

(c) In the case of an application by an osteopathic or allopathic facility for a certificate of need to construct, expand or modernize a health care facility, acquire major medical equipment, or add services, the need for that construction, expansion, modernization, acquisition of equipment, or addition of services on the basis of the need for and the availability in the community of services and facilities for osteopathic and allopathic physicians and their patients, and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels; and

(d) In the case of a project which does not involve health services, the contribution of the project toward overall management and support of such services.

(2) All residents of the service area, including low income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service(s). The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether the proposed services makes a contribution toward meeting the health related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services, particularly those needs identified in the applicable health systems plan, annual implementation plan, and state health plan as deserving of priority. Such consideration shall include an assessment of the following:

(a) The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;

(b) The past performance of the applicant in meeting obligations, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any unresolved civil rights access complaints against the applicant);

(c) The extent to which Medicare, Medicaid and medically indigent patients are served by the applicant; and

(d) The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

(3) The resources for the proposed project are not needed for higher priority alternative uses identified in applicable health plans.

(4) The applicant has substantiated any of the following special needs and circumstances which the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers which provide a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(5) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided; and

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(6) If appropriate, the project fosters competition. The assessment of conformance to this criterion shall include consideration of the following:

(a) Factors identified in the state health plan which influence the effect of competition on the supply of health services of the type being reviewed;

(b) Improvements or innovations in the financing and delivery of health services which foster competition and serve to promote quality assurance and cost effectiveness; or

(c) Community or regional circumstances where competition and consumer choice constructively serve to advance the purposes of quality assurance, cost effectiveness and access.

(7) The project is needed to meet the special needs and circumstances of enrolled members or reasonably

anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner which is consistent with the basic method of operation of the health maintenance organization or proposed health maintenance organization. In assessing the availability of these health services from these providers, the department shall consider only whether the services from these providers:

(a) Would be available under a contract of at least five years duration;

(b) Would be available and conveniently accessible through physicians and other health professionals associated with the health maintenance organization or proposed health maintenance organization (for example - whether physicians associated with the health maintenance organization have or will have full staff privileges at a nonhealth maintenance organization hospital);

(c) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(d) Would be available in a manner which is administratively feasible to the health maintenance organization or proposed health maintenance organization. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-370, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-370, filed 11/30/79.]

WAC 248-19-390 Criteria for structure and process of care. A determination that a project fosters an acceptable or improved quality of health care shall be based on the following criteria.

(1) A sufficient supply of qualified staff for the project, including both health manpower and management personnel, are available or can be recruited.

(2) The proposed service(s) will have an appropriate relationship, including organizational relationship, to ancillary and support services, and ancillary and support services will be sufficient to support any health services included in the proposed project.

(3) There is reasonable assurance that the project will be in conformance with applicable state licensing requirements and, if the applicant is or plans to be certified under the Medicaid or Medicare program, with the applicable conditions of participation related to those programs.

(4) The proposed project will promote continuity in the provision of health care, not result in an unwarranted fragmentation of services, and have an appropriate relationship to the service area's existing health care system.

(5) There is reasonable assurance that the services to be provided through the proposed project will be provided in a manner that ensures safe and adequate care to the public to be served and in accord with applicable federal and state laws, rules, and regulations. The assessment of the conformance of a project to this criterion

shall include but not be limited to consideration as to whether:

(a) The applicant has no history, in this state or elsewhere, of a criminal conviction which is reasonably related to the applicant's competency to exercise responsibility for the ownership or operation of a health care facility, a denial or revocation of a license to operate a health care facility, a revocation of a license to practice a health profession, or a decertification as a provider of services in the Medicare or Medicaid program because of failure to comply with applicable federal conditions of participation; or

(b) If the applicant has such a history, whether the applicant has affirmatively established to the department's satisfaction by clear, cogent and convincing evidence that the applicant can and will operate the proposed project for which the certificate of need is sought in a manner that ensures safe and adequate care to the public to be served and conforms to applicable federal and state requirements. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-390, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-390, filed 11/30/79.]

WAC 248-19-400 Determination of cost containment. A determination that a proposed project will foster cost containment shall be based on the following criteria.

(1) Superior alternatives, in terms of cost or effectiveness, are not available or practicable.

(2) In the case of a project involving construction:

(a) The costs and methods of construction and energy provision are reasonable; and

(b) The project will probably not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.

(3) The project takes into consideration the special needs and circumstances of health care facilities with respect to the need for energy conservation.

(4) The project will promote efficiency or productivity. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-400, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-400, filed 11/30/79.]

WAC 248-19-403 Major medical equipment not owned by or located in a health care facility. (1) For purposes of this section, purchases, donations and leases of major medical equipment shall be considered acquisitions of such equipment. An acquisition of major medical equipment through a transfer of such equipment for less than fair market value shall be considered an acquisition of major medical equipment if its fair market value is at least one hundred fifty thousand dollars.

(2) Before any person enters into a contractual arrangement¹ to acquire major medical equipment which is not to be owned by or located in a health care facility, such person shall submit a valid notice to the department and the appropriate health systems agency of the intent to acquire the equipment.

(a) The notices to the department and the appropriate health systems agency shall be submitted in writing at least thirty days before entering into contractual arrangements to acquire the equipment with respect to which the notice is given.

(b) To be valid, a notice shall include:

(i) A complete description of the major medical equipment to be acquired and the health services to be provided with such equipment;

(ii) The name, address, and general description of the facility in which the equipment is to be located;

(iii) The date on which any contractual arrangement for acquisition of the equipment was or is to be entered into;

(iv) A statement as to whether the equipment is to be used for any hospital's inpatients and, if so, whether such use will be only on a temporary basis in the case of a natural disaster, a major accident or equipment failure.

(3) The acquisition of major medical equipment which is not to be owned by or located in a health care facility shall be subject to review if the department finds that:

(a) The written notice of intent to acquire the equipment was not submitted in accordance with the provisions of subsection (2) of this section; or

(b) The equipment will be used to provide services to a hospital's inpatients on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure.

(4) Within fifteen working days after receipt of a valid notice of intent to acquire the major medical equipment, the department shall respond to the person who submitted the notice of intent, informing such person as to whether the acquisition of the equipment is subject to certificate of need review. A copy of the response shall be sent to the appropriate health systems agency. If the department fails to make a determination within thirty days after the receipt of a valid notice, the major medical equipment may be acquired without a certificate of need.

(5) If a person has acquired major medical equipment not located in a health care facility which the department has determined was not subject to review under the provisions of subsections (2), (3) and (4) of this section and subsequently proposes to use such equipment to serve inpatients of a hospital on other than a temporary basis in the case of a natural disaster, a major accident, or equipment failure, the proposed new use of the major medical equipment shall be subject to certificate of need review.

NOTE:

¹A person may enter into a contractual arrangement at an earlier date, provided such contractual arrangement is contingent upon a determination by the department that a certificate of need is not needed, or upon issuance of a certificate of need.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-403, filed 4/9/81, effective 5/20/81.]

WAC 248-19-405 Exemptions from requirements for a certificate of need. (1) Provisions for exemptions.

[1982 WAC Supp—page 840]

The secretary shall grant an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an institutional health service or the obligation of a capital expenditure in excess of one hundred fifty thousand dollars for the provision of an inpatient institutional health service to any entity which meets the eligibility requirements set forth in subdivision (a) of this subsection for such an exemption and submits an application for an exemption which meets the requirements of subdivision (b) of this subsection.

(a) Eligibility requirements. To be eligible for an exemption from the requirements for a certificate of need for the offering of an inpatient institutional health service, the acquisition of major medical equipment for the provision of an inpatient institutional health service, or the obligation of a capital expenditure in excess of one hundred fifty thousand dollars for the provision of an institutional health service, an applicant entity shall be one of the following:

(i) A health maintenance organization or a combination of health maintenance organizations if:

(A) The organization or combination of organizations has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(B) The facility in which the service will be provided is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients who can reasonably be expected to receive the institutional health service will be individuals enrolled in such organization or organizations in the combination;

(ii) A health care facility if:

(A) The facility primarily provides or will provide inpatient health services;

(B) The facility is or will be controlled, directly or indirectly, by a health maintenance organization or a combination of health maintenance organizations which has, in the service area of the organization or service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals;

(C) The facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals; and

(D) At least seventy-five percent of the patients who can reasonably be expected to receive the institutional health service will be individuals enrolled with such organization or organizations in the combination; or

(iii) A health care facility (or portion thereof) if:

(A) The facility is or will be leased by a health maintenance organization or combination of health maintenance organizations which has, in the service area of the organization or the service areas of the organizations in the combination, an enrollment of at least fifty thousand individuals and, on the date the application for an exemption is submitted, at least fifteen years remain in the term of the lease;

(B) The facility is or will be geographically located so that the service will be reasonably accessible to such enrolled individuals; and

(C) At least seventy-five percent of the patients who can reasonably be expected to receive the institutional health service will be individuals enrolled with such organization;

(b) Requirements for an application for exemption. An application for an exemption from a certificate of need shall meet the following requirements.

(i) The application for an exemption shall have been submitted at least thirty days prior to the offering of the institutional health service, acquisition of major medical equipment, or obligation of the capital expenditure to which the application pertains. A copy of the application for the exemption shall be sent simultaneously to the appropriate health systems agency and, in the case of a hospital, to the hospital commission.

(ii) A complete application shall be submitted in such form and manner as has been prescribed by the department. The information which the department prescribes shall include:

(A) All of the information required to make a determination that the applicant entity qualifies in accordance with subdivision (a) of this subsection; and

(B) A complete description of the offering, acquisition, or obligation to which the application pertains.

(2) Action on an application for exemption.

(a) Within thirty days after receipt of a complete application for exemption from certificate of need requirements, the department shall send the applicant a written notice that the exemption has been granted or denied. A copy of such written notice shall be sent simultaneously to the appropriate health systems agency and, in the case of a hospital, to the hospital commission.

(b) The secretary shall deny an exemption if he finds the applicant has not met the requirements of subsections (1) (a) and (b) of this section. Written notice of the denial shall include the specific reasons for the denial.

(c) In the case of an application for a proposed health care facility (or portion thereof) which has not begun to provide institutional health services on the date the application for an exemption is submitted, the secretary shall grant the exemption if he determines the facility (or portion thereof) will meet the applicable requirements of subsection (1)(a) of this section when the facility first provides health services.

(d) If the secretary fails to grant or deny an exemption in accordance with the provisions of this section within thirty days after receipt of a complete application for such exemption, the applicant for the exemption may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

(3) Subsequent sale, lease or acquisition of exempt facilities or equipment. Subsequent sale, lease, or acquisition of exempt health care facilities (or portions thereof) or medical equipment for which an exemption was granted under the provisions of subsection (2) of this section, any acquisition of a controlling interest in such facility or equipment, and any use of such facility

or equipment by a person other than the one to whom the exemption was granted, shall meet one of the following conditions:

(a) A certificate of need for the purchase, lease, acquisition of controlling interest in, or use of such facility or equipment, shall have been applied for and issued by the department; or

(b) The department shall have determined, after receipt of an application for an exemption, submitted in accordance with subsection (1) of this section, that the requirements of either subsection (1)(a)(i) or subsection (1)(a)(ii)(A) and (B) are met.

(4) The method of payment for services (i.e., prepaid or fee for service) shall not be considered relevant in determining whether an undertaking of a health maintenance organization qualifies for an exemption under this section. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-405, filed 4/9/81, effective 5/20/81.]

WAC 248-19-410 Review and action on health maintenance organization projects. (1) Undertakings requiring a certificate of need. A certificate of need shall be required for any undertaking which, in accordance with WAC 248-19-230, is subject to the provisions of chapter 248-19 WAC, unless an exemption has been granted for such undertaking under the provisions of WAC 248-19-405.

(2) Required approval. The secretary shall issue a certificate of need for a proposed project if the certificate of need applicant for the proposed project is a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization and the department finds the proposed project meets the criteria set forth in WAC 248-19-370(7).

(3) Limitation on denials. The secretary shall not deny a certificate of need to a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization solely because a proposed project is not discussed in the applicable health systems plan, annual implementation plan or state health plan.

(4) Sale, acquisition or lease of facilities or equipment for which a certificate of need has been issued. A health care facility (or portion thereof) or medical equipment for which a certificate of need has been issued under the provisions of this section shall not be sold or leased and a controlling interest in such facility or equipment or in a lease of the facility or equipment shall not be acquired unless an exemption or a certificate of need for such sale, lease or acquisition has been granted by the secretary. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-410, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-410, filed 11/30/79.]

WAC 248-19-415 Projects proposed for the correction of deficiencies. (1) For the purposes of this section, "correction of deficiencies" shall mean one or more of the following:

(a) Eliminating or preventing imminent safety hazards as defined by federal, state or local fire, building, or life safety codes or regulations; or

(b) Complying with state licensing standards; or

(c) Complying with accreditation or certification standards which must be met to receive reimbursement under Titles XVIII or XIX of the Social Security Act.

(2) An application which is submitted for a project which is limited to the correction of deficiencies, as defined in subsection (1) of this section, shall be approved unless the department finds, after consultation with the appropriate health systems agency, that:

(a) The facility or service with respect to which such capital expenditure is proposed is not needed; or

(b) The obligation of such capital expenditure is not consistent with the state health plan in effect.

(3) A determination that a facility or service is not needed shall be made only if the department finds that the facility or service has been identified in the state health plan as not being needed.

(4) An application, which is submitted for the correction of deficiencies, shall be reviewed under the expedited review process, in accordance with WAC 248-19-340, unless it qualifies for emergency review in accordance with WAC 248-19-350.

(5) An application reviewed under the provisions of this section shall be approved only to the extent that the capital expenditure is needed for the correction of the deficiency.

(6) If the department finds that any portion of the project or the project as a whole is not needed for the correction of deficiencies, such portion or entire project shall be reviewed in accordance with WAC 248-19-360, 248-19-370, 248-19-380, 248-19-390, and 248-19-400.

(7) If the department finds that a proposed capital expenditure is needed to correct deficiencies, as defined in subsection (1) of this section, the criteria in WAC 248-19-370 shall not be applied to the consideration of the project. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-415, filed 4/9/81, effective 5/20/81.]

WAC 248-19-420 Written findings and actions on certificate of need application. (1) Written findings.

(a) The findings of the department's review of a certificate of need application shall be stated in writing and include the basis for the secretary's decision as to whether a certificate of need is to be issued or denied for the proposed project.

(b) In making its findings and taking action on a certificate of need application, the department shall use all criteria contained in chapter 248-19 WAC which are applicable to the proposed project.

(i) The written findings shall identify any criterion which the department has decided is not applicable to the particular project and give the reason for such decision.

(ii) The secretary may deny a certificate of need if the applicant has not provided the information which is necessary to a determination that the project meets all applicable criteria and which the department has prescribed and published as necessary to a certificate of need review of the type proposed: *Provided, however,* That the department has requested such information in a screening letter sent in accordance with WAC 248-19-280(1)(c).

(c) The department shall make written findings on the extent to which the project meets the criteria set forth in WAC 248-19-370 (1) and (2) when the secretary issues a certificate of need directly related to the provision of health services, beds, or major medical equipment: *Provided, however,* That no such written finding shall be necessary for projects for the correction of deficiencies of the types described in WAC 248-19-415 and for projects proposed by or on behalf of a health maintenance organization or a health care facility which is controlled, directly or indirectly, by a health maintenance organization.

(d) When, as a part of concurrent review proceedings, the secretary makes a decision to approve an application or applications and to disapprove other competing applications, he shall provide a specific written statement of reasons for determining the approved application or applications to be superior.

(2) Separability of application and action. When a certificate of need application is for multiple services or multiple components or the proposed project is to be multiphased, the secretary may take individual and different action on separable portions of the proposed project.

(3) Conditional certificate of need.

(a) The secretary in making his decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds that the project is justified only under specific circumstances: *Provided, however,* That conditions shall relate directly to the project being reviewed and to review criteria.

(b) When the department finds that a project for which a certificate of need is to be issued does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the secretary may impose a condition or conditions that the applicant take affirmative steps so as to satisfy those review criteria. In evaluating the accessibility of the project, the current accessibility of the facility as a whole shall be taken into consideration.

(c) The conditions attached to a certificate of need may be released by the secretary upon the request of the health care facility or health maintenance organization for which the certificate of need was issued: *Provided,* It can be substantiated that the conditions are no longer valid and the release of such conditions would be consistent with the purposes of chapter 70.38 RCW.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the secretary's decision on a certificate of need application shall be sent to:

(i) The person who submitted the certificate of need application;

(ii) The health systems agency for the health service area in which the proposed project is to be located;

(iii) The hospital commission, if the proposed project is for a hospital;

(iv) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States department of health and human services; and

(v) When the secretary issues a certificate of need for a project which does not satisfy the review criteria set forth in WAC 248-19-370 (1) and (2), the appropriate regional office of the department of health and human services.

(b) The written findings and statement of the secretary's decision on a certificate of need application shall be available to others who request the certificate of need unit to provide access to a copy of such findings and statement.

(5) Explanation of inconsistency with the health systems agency recommendation or plan. The department shall send to the applicant and to the appropriate health systems agency a detailed, written statement as to the reasons why a decision which the secretary has made on a certificate of need application is inconsistent with any of the following:

(a) The health systems agency's recommendation as to the action to be taken on the certificate of need application;

(b) The goals of the applicable health systems plan; or

(c) The priorities of the applicable annual implementation plan. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-420, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-420, filed 11/30/79.]

WAC 248-19-430 Provision for reconsideration decision. (1) Any person may, for good cause shown, request a public hearing for the purpose of reconsideration of the secretary's decision on a certificate of need application or withdrawal of a certificate of need.¹

(2) The department shall conduct a reconsideration hearing if it finds the request is in accord with the following requirements.

(a) The request for a reconsideration hearing shall be written, be received by the department within thirty days of the department's decision on the certificate of need application or withdrawal of the certificate of need, state in detail the grounds which the person requesting the hearing believes to show good cause, and be signed by the person making the request.

(b) Grounds which the department may deem to show good cause for a reconsideration hearing shall be limited to the following:

(i) Significant relevant information not previously considered by the department which, with reasonable diligence, could not have been presented before the department made its decision;

(ii) Information on significant changes in factors or circumstances relied upon by the department in making its findings and decision; or

(iii) Evidence the department materially failed to follow adopted procedures in reaching a decision.

(3) A reconsideration hearing shall commence within thirty days after receipt of the request for the hearing.

(4) Notification of a public reconsideration hearing on a certificate of need application or withdrawal of a certificate of need shall be sent prior to the date of such hearing by the department to the following:

(a) The person who requested the reconsideration hearing;

(b) The person who submitted the certificate of need application which is under reconsideration or the holder of the certificate of need;

(c) The health systems agency for the health service area in which the proposed project is to be offered or developed;

(d) The hospital commission, if the proposed project is a hospital project; and to

(e) Other persons who request the department to send them such notification.

(5) The department shall, within forty-five days after the conclusion of a reconsideration hearing, make written findings which state the basis of the decision made after such hearing.

(6) The secretary may, upon the basis of the department's findings on a reconsideration hearing, issue or reissue, amend, revoke, or withdraw a certificate of need or impose or modify conditions on a certificate of need for the project about which the reconsideration hearing was conducted.

NOTE:

¹No fee will be charged for a reconsideration hearing.

[Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-430, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-430, filed 11/30/79.]

WAC 248-19-440 Issuance, suspension, denial, revocation and transfer of a certificate of need. (1) Issuance of a certificate of need.

(a) The secretary shall issue a certificate of need to the person who submitted the certificate of need application for the proposed project or a separable portion of the proposed project only if the department's findings and decision are that the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 248-19 WAC. In issuing a certificate of need, the secretary shall specify the maximum capital expenditure which may be obligated under the certificate and prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(b) The secretary may issue a conditional certificate of need for a proposed project if it is justified only under specific circumstances. The conditions specified in a conditional certificate of need must directly relate to the

project being reviewed and to criteria contained in chapter 248-19 WAC.

(2) Suspension of a certificate of need.

(a) Grounds for which the secretary may suspend a certificate of need shall include, but not be limited to, suspicion of fraud, misrepresentation, false statements, misleading statements, evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The secretary shall issue an order for any suspension of a certificate of need to the person to whom the certificate of need had been issued.

(i) Such order shall state the reason for the suspension.

(ii) A copy of such order of suspension shall be sent to the appropriate health systems agency and, if for a hospital project, the hospital commission.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) The department shall review the facts and circumstances relevant to the suspension and the secretary shall reinstate, amend or revoke a certificate of need within the one hundred twenty calendar days.

(ii) The secretary shall send written notice of its decision on a suspended certificate of need to the person to whom the certificate of need had been issued. A copy of such notice shall be sent to the appropriate health systems agency and, if a hospital project, to the hospital commission.

(3) Denial of a certificate of need.

The secretary shall send written notification of denial of a certificate of need for a proposed project or a separable portion of a proposed project to the person who submitted the certificate of need application for the proposed project for which the certificate of need is not issued.

(a) Such notification shall state the reasons for the denial of a certificate of need.

(b) Copies of such notification shall be sent to the appropriate health systems agency and, if for a hospital project, to the hospital commission.

(4) Continuing effect of a denial.

In any case in which a proposed project or separable portion of the proposed project has been denied a certificate of need, another certificate of need application for such proposed project or separable portion thereof shall not be accepted by the department or reviewed under the provisions of chapter 248-19 WAC following the denial unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) Three years have lapsed since the submission of the application for the certificate of need which was denied.

(5) Revocation of a certificate of need.

(a) The secretary may revoke a certificate of need for fraud, misrepresentation, false statements, misleading

statements, evasion or suppression of material facts in the application of a certificate of need, or in any of its supporting materials.

(b) The secretary shall send written notification of a revocation of a certificate of need to the person to whom the certificate of need had been issued.

(i) The notice of revocation shall include a statement of the reasons for such revocation.

(ii) A copy of a notice of revocation shall be sent to the appropriate health systems agency and, if a hospital project, to the hospital commission.

(6) Transfer or assignment of a certificate of need. A certificate of need which has been issued to one person shall not be transferred or assigned to another person without the written approval of the secretary.

(a) The person to whom the certificate of need was originally issued shall submit to the department a written request that the certificate of need be transferred to another person and give the full name and complete address of the other person.

(b) The person to whom the current holder of the certificate of need wishes to transfer the certificate shall send a written request for such transfer on a form and in such a manner as prescribed and published by the department.

(c) The secretary, after the department's consultation with the appropriate health systems agency and, for a hospital project, the hospital commission shall:

(i) Transfer the certificate of need;

(ii) Deny the transfer of the certificate of need and send written notice of the denial and the reasons for such denial to the persons who requested the transfer; or

(iii) If the person, who wishes to receive the certificate of need, plans to modify the project for which the certificate was issued, notify such person that an application for a new or amended certificate of need is necessary.

(7) Secretary's failure to act. If the secretary fails to issue or deny a certificate of need in accordance with the provisions of chapter 248-19 WAC, the applicant for the certificate of need may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-440, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-440, filed 11/30/79.]

WAC 248-19-450 Circumstances for which an amended certificate of need is required. (1) An amended certificate of need shall be required for any of the following modifications of a project for which a certificate of need was issued:

(a) An addition of a new service;

(b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based;

(c) An increase in the inpatient bed capacity; or

(d) A significant reduction in the scope of a project for which a certificate of need has been issued without a commensurate reduction in the cost of the project, or the project cost increases (as represented in bids on a construction project or final cost estimate(s)) acceptable to

the person to whom the certificate of need was issued) when the total of such increases exceeds twelve percent or fifty thousand dollars, whichever is greater, over the maximum capital expenditure specified by the secretary in issuing the certificate of need: *Provided, however,* That the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 248-19-380 and 248-19-400.

(2) An application for an amended certificate of need shall be submitted in accordance with the provisions of WAC 248-19-280.

(3) An application for an amended certificate of need may be reviewed under the expedited review process set forth in WAC 248-19-340.

(4) The department shall provide a written determination as to the requirement for an amended certificate of need within twenty-one days after receipt of a request for such determination. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-450, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-450, filed 11/30/79.]

WAC 248-19-475 Withdrawal of a certificate of need. (1) The secretary may withdraw a certificate of need if the department determines, after consultation with the appropriate health systems agency and, in the case of a hospital project, the hospital commission, that the holder of a certificate is not meeting the timetable specified in the certificate of need application for making services or equipment available or completing the project and is not making a good faith effort to meet such timetable.

(2) In reviewing a proposed withdrawal of a certificate of need, the department shall adhere to the provisions of WAC 248-19-310, 248-19-320, 248-19-325 and 248-19-430.

(3) The review period for a proposed withdrawal of a certificate of need shall not exceed ninety days unless extended by the department to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. The review period of the appropriate health systems agency and, in the case of a hospital project, the hospital commission shall not exceed sixty days unless extended by the department at the written request of the health systems agency to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 248-19-320. Such extension shall not exceed thirty days.

(4) The findings of the department's review of a proposed withdrawal of a certificate of need shall be stated in writing and include the basis for the secretary's decision as to whether the certificate of need is to be withdrawn for a proposed project. A copy of the department's written findings and statement of the secretary's decision on the proposed withdrawal of a certificate of need shall be sent to:

- (a) The holder of the certificate of need;
- (b) The health systems agency for the health service area in which the proposed project is to be located;

(c) The hospital commission, if the proposed project is for a hospital; and

(d) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States department of health and human services.

(5) The written findings and statement of the secretary's decision on the proposed withdrawal of a certificate of need shall be available to others who request the certificate of need unit to provide access to a copy of such findings and statement.

(6) The department shall send to the appropriate health systems agency a detailed, written statement as to the reasons why a decision which the secretary has made is inconsistent with any of the following:

- (a) The health systems agency's recommendation as to the action to be taken;
- (b) The goals of the applicable health systems plan; or
- (c) The priorities of the applicable annual implementation plan.

(7) When a certificate of need is for multiple services or multiple components or the proposed project is to be multiphased, the secretary may take individual and different action regarding withdrawal of the certificate of need on separable portions of the certificate of need. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-475, filed 4/9/81, effective 5/20/81.]

WAC 248-19-480 Right and notice of appeal. (1) Any affected person may request and shall be afforded the opportunity for an administrative hearing on the secretary's decision to issue or deny a certificate of need for a project or a separable portion of a project, to grant or deny an exemption requested under WAC 248-19-405, to suspend or revoke a certificate of need, or to withdraw or not withdraw a certificate of need.

(2) To be effective, a request for an administrative hearing shall be in writing and received by the department within thirty days after the person requesting the hearing received the particular decision of the department which is being appealed or, if a reconsideration hearing was requested and denied, thirty days after the denial of the request for the reconsideration hearing.

(3) An administrative hearing shall be conducted in accordance with the provisions of chapter 34.04 RCW.

(4) The decision of the secretary shall be subject to review in an administrative hearing to establish a record of the decision of the secretary. The determination of the official who conducts such an administrative hearing shall be made in writing within forty-five days after the conclusion of the hearing. The official who conducts such an administrative hearing may make a proposed decision, findings of fact and conclusions of law, pursuant to RCW 34.04.110, or the official may remand the matter to the secretary for further action or consideration.¹ The written determination shall be sent to the applicant, the appropriate health systems agency, the hospital commission in the case of a hospital project, and the department. The department shall make any written determination available to others upon request.

NOTE:

¹Chapter 34.04 RCW provides entitlement to judicial review to any person aggrieved by a final decision in a contested case, whether such decision is affirmative or negative in form.

[Statutory Authority: RCW 70.38.135. 82-19-055 (Order 244), § 248-19-480, filed 9/15/82; 81-09-012 (Order 210), § 248-19-480, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-480, filed 11/30/79.]

WAC 248-19-490 Certificate of need program reports. (1) The department shall prepare and publish annual reports containing information on certificate of need reviews in progress, reviews completed in the preceding twelve month period, and a general statement of the findings and decisions made in the course of those reviews.

(2) Upon request, the department shall provide notification to health care facilities and to other persons of the status of the department's review of projects subject to review and the findings made in the course of such review. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-490, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-490, filed 11/30/79.]

WAC 248-19-500 Public access to records. The general public shall have access in accordance with the provisions of chapter 42.17 RCW to all applications reviewed by the department and to all other written materials essential to any review by the department pursuant to the provisions of chapter 248-19 WAC. [Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-500, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-500, filed 11/30/79.]

Chapter 248-21 WAC HOSPICE CARE CENTER

WAC

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WAC 248-21-001 Purpose. Regulations for hospice care centers are hereby adopted pursuant to chapter 70.41 RCW. The purpose of these regulations is to provide minimal standards for safety and adequate care of terminally ill individuals who choose to receive palliative rather than curative care and treatment for varying periods of time in a segregated, organized, specialized hospital or health care center. [Statutory Authority: RCW

43.20.050. 81-23-003 (Order 218), § 248-21-001, filed 11/6/81.]

WAC 248-21-002 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Active volunteer" means unpaid worker(s) providing direct care to patients or clients and/or working with clinical records or confidential client information.

(2) "Adjunctive therapies" means those prescribed services provided by medically related disciplines which include but are not limited to physical therapy, occupational therapy, recreational therapy, music therapy, respiratory therapy.

(3) "Administrator" means an individual appointed as chief executive officer by the governing body of the center to act in its behalf in the overall management of the hospice care center.

(4) "Authenticated" or "authentication" means authorization of a written entry in a record or chart by means of a signature which shall include, minimally, first initial, last name, and title.

(5) "Bathing facility" means a bathtub, shower or equivalent.

(6) "Bereavement care" means consultation, support, counseling and follow-up of the client before and following the death of a patient.

(7) "Board" means the Washington state board of health.

(8) "Client" means the patient and family which together compose the unit of care in the hospice care center.

(9) "Client education" means provision of information on physical care, disease symptomatology, palliative treatment, psychosocial coping skills, availability and utilization of community resources.

(10) "Clinical record" means a file containing all pertinent clinical information about a particular patient, to include: Identifying information, data bases, assessment, individualized comprehensive care plan, diagnosis, treatment, progress notes, other clinical events, and a discharge summary.

(11) "Department" means the Washington state department of social and health services.

(12) "Dietitian" means a person who is eligible for membership in the American dietetic association.

(13) "Drug" means medication, chemical, device, or other material used in the diagnosis and/or treatment of injury, illness or disease.

(14) "Drug administration" means an act in which a single dose of a prescribed drug or a biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the order of the physician, giving the individual dose to the proper patient, and properly recording the time and dose given.

(15) "Drug dispensing" means an act entailing the interpretation of an order (prescription) for a drug or biological and, pursuant to that order, (prescription), proper selection, measuring, labeling, packaging and issuance of the drug for a patient or for a service unit of the facility.

(16) "Family" means individuals, who need not be relatives, who are important to a patient and designated by that patient.

(17) "Governing body" means the individual or group legally responsible for the operation and maintenance of the hospice care center.

(18) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(19) "Hospice care center" means any building, facility, place or equivalent organized, maintained and operated specifically to provide beds, accommodations, facilities and services over a continuous period of twenty-four hours or more for palliative care of two or more individuals, not related to the operator, who are diagnosed as being in the latter stages of an advanced disease which is expected to lead to death. Hospice care centers are specialized types of health care facilities which come within the scope of chapter 70.41 RCW, hospital licensing and regulation. Hospice care centers may be freestanding or separately licensed portions or areas of another type of health care facility: *Provided*, That the hospice care center is under control and administered by a separate and autonomous governing body. Hospice care centers as used in this chapter, do not include hotels or similar places furnishing only food and lodging or similar domiciliary care; nor does it include clinics or physicians offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include hospitals licensed pursuant to chapter 70.41 RCW which provide services in addition to or in combination with hospice care services; nor does it include nursing homes as defined and which come under the scope of chapter 18.51 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering mental illness, mental retardation, convulsive disorders or other abnormal mental conditions. Furthermore, nothing in this act or the rules and regulations adopted pursuant thereto, shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creeds or tenants of any well recognized church or religious denomination.

(20) "Hospital" means any institution, place, building or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two

or more individuals not related to the operator who are suffering from illness, injury, deformity or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital," as used in this chapter does not include hotels, or similar places furnishing only food and lodging, or simply domiciliary care; nor does it include clinics, or physicians offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come under the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital, or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders or other abnormal mental conditions. Furthermore, nothing in this chapter or the rules and regulations adopted pursuant thereto, shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well recognized church or religious denominations.

(21) "Individualized care plan" means a written statement of care to be provided for a client based upon physical, psychosocial, spiritual assessment of the patient, and assessment of family as appropriate. This statement shall include short- and long-term goals, client education, discharge planning, and the name of the individual member of the interdisciplinary care team designated as responsible for implementation. This statement shall be developed with participation of clients as appropriate.

(22) "Interdisciplinary care team" means a group composed of the patient, the family, and professional care providers which may include, but not limited to, required adjunctive therapists, registered nurses, nutritionists, spiritual advisors, pharmacists, physicians, mental health professionals, or social workers. "Core team" means those individuals required to provide services for clients within the hospice care center program and shall include a registered nurse, physician, medical director, social worker, spiritual consultant or advisor, and volunteer director.

(23) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(24) "Licensed nurse" means a registered nurse under provisions of chapter 18.88 RCW or a licensed practical nurse under provisions of chapter 18.78 RCW.

(25) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff by-laws of the hospice care center.

(26) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as part of the hospice care center;

(b) Addition(s) to existing hospice care center to be used as part of the hospice care center;

(c) Alteration(s) or modification(s) other than minor alteration(s) to a hospice care center. "Minor alteration(s)" means any structural or functional modification within the existing center which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department.

(27) "Palliative care" means activities, interventions and interactions which are planned and executed to cause a lessening or reduction of physical, psychosocial and spiritual pain and intended to ease without curing.

(28) "Patient" means the terminally ill individual.

(29) "Patient care coordinator" means a designated, qualified employee who is responsible for the organization, implementation and evaluation of the individualized care plan of a patient.

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

(31) "Personnel" means individuals employed and receiving monetary payment from the hospice care center.

(32) "Pharmacist" means an individual who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(33) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians or 18.57 RCW, Osteopathy—Osteopathic Medicine and Surgery.

(34) "Prescription" means a written or oral order for drugs issued by a medical practitioner, licensed in the state of Washington, in the course of his or her professional practice, as defined by Washington state statute, for a legitimate medical purpose (RCW 18.64.011(a)).

(35) "Registered nurse" means an individual licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(36) "Scheduled drug" means those substances or immediate precursors listed in Schedules I through V, Article II, RCW 69.50.201, state uniform substance act, now or is hereafter amended.

(37) "Self-administration" means those instances when a patient or member of the client family administer a medication from a properly labeled container while on the premises of the hospice care center.

(38) "Shall" means compliance when the regulation is mandatory.

(39) "Should" means compliance with the regulation or rule is suggested or recommended but not required.

(40) "Social worker" means an individual with a masters degree in social work from an accredited school of social work or an individual eligible for membership in the academy of certified social workers.

(41) "Staff" means those individuals providing services within the hospice care center. These individuals may be paid or unpaid and shall be designated as medical staff, personnel or volunteers, respectively.

(42) "Toilet" means a room containing at least one water closet.

(43) "Useable floor area" means floor spaces in patient rooms excluding areas taken up by vestibules, closets, wardrobes, portable lockers, lavatories, and toilet rooms.

(44) "Water closet" means a plumbing fixture fitted with a seat and a device for flushing the bowl of the fixture with water. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-002, filed 11/6/81.]

WAC 248-21-005 Licensure. (1) After January 1, 1982, no person acting separately or jointly with any other person shall establish, maintain, conduct or operate a hospice care center in this state or use the words "hospice care center" to describe or identify a place or building which does not have a license as a hospice care center as defined and described herein.

(2) An application for a hospice care center license shall be submitted to the department on forms provided by the department. The application shall be signed by the operator of the facility and the legal representative of the governing body.

(3) Other requirements related to licensure, fees, and inspection are as stipulated in RCW 70.41.100, 70.41.110, 70.41.120, 70.41.130, 70.41.140, 70.41.150, 70.41.160 and 70.41.170.

(4) There shall be compliance with other regulations to include:

(a) Applicable rules and regulations for hospice care centers adopted by the Washington state fire marshal pursuant to RCW 70.41.080 and chapter 48.48 RCW;

(b) Applicable national, state, and local electrical, fire, zoning, building, and plumbing codes. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-005, filed 11/6/81.]

WAC 248-21-010 Governing body and administration. (1) The hospice care center shall have a governing body which is responsible for the overall operation and maintenance of the center.

(2) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services to meet the needs of clients.

(3) The governing body shall assure, through documentation of a biennial review, the establishment and maintenance of a current, written organizational plan which includes all positions and services and delineates responsibilities, authority and relationship of the positions within the center. The governing body shall approve medical staff bylaws, rules, and regulations to include conditions for medical staff membership, delineation of medical staff privileges, and organization of the medical staff.

(4) The governing body shall establish, review biennially, and revise as needed written policies related to the safety, care, and treatment of clients and policies for staff.

(5) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(6) The governing body shall have the authority and responsibility for appointment, review, and reappointment of the medical staff.

(7) The governing body shall appoint a physician as medical director. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-010, filed 11/6/81.]

WAC 248-21-015 Staff--Personnel--Volunteers.

(1) There shall be sufficient qualified staff to provide the services needed by clients and to provide for the safe maintenance and operation of the hospice care center. Appropriate "on call" schedules shall be available.

(a) There shall be a written job description for each position classification, including active volunteers;

(b) There shall be a written record for each employee and active volunteer to include application, verification of education and training, verification of a valid, current license for any staff member when licensure is required for tasks performed, record of orientation, ongoing education and an annual, written performance evaluation;

(c) There shall be regular coordination, and supervision of each staff member consistent with the organizational plan;

(d) There shall be written policies, procedures, and screening criteria.

(2) A planned, supervised, and documented orientation shall be provided for each new employee and active volunteer to include but not [be] limited to fire, disaster, infection control procedures, and confidentiality.

(3) There shall be planned ongoing education affording each employee and active volunteer an opportunity to maintain and update the skills needed to perform assigned duties. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-015, filed 11/6/81.]

WAC 248-21-020 Policies and procedures. Written policies and procedures shall include but not be limited to:

(1) Admission criteria or definition of the patients who shall be eligible for services offered in the hospice care center.

(2) Coordinated transfer of patients to and from home or other facilities as desired, including transfer of appropriate information.

(3) Needed psychosocial support for all members of the interdisciplinary care team and volunteers.

(4) Smoking by staff, clients, and others within the center.

(5) Fire and disaster with planned, documented rehearsals and appropriate emergency phone numbers available and posted.

(6) Action to be taken in event of failure of essential equipment and major utilities services. The written procedure shall include a system for summoning essential assistance when required.

(7) Actions to be taken following an accident or incident which may be injurious to clients.

(8) Consideration of family sleeping or living spaces within the facility.

(9) Consideration of family participation in patient care. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-020, filed 11/6/81.]

WAC 248-21-025 Patient care services. (1) There shall be evidence of interdisciplinary planning and provision of coordinated palliative care of clients during, between and after presence in the facility with an emphasis on symptom management specific to the desires and needs of the individual patients.

(a) An individualized care plan shall be developed upon initial admission, implemented, monitored and modified as needed.

(b) There shall be a designated patient care coordinator.

(2) Core team services shall include the following:

(a) Physician services.

(i) Each patient admitted to the center shall be under the care of a physician.

(ii) The medical director shall be responsible for general performance of medical staff within the hospice care center.

(b) Nursing services.

(i) A registered nurse who is an employee shall be responsible for supervision of nursing services.

(ii) There shall be a licensed nurse on duty within the center at all times when patients are present. A registered nurse shall be immediately available by phone at all times.

(c) Social work services. There shall be sufficient, qualified social work staff coordinated by a social worker to provide psychosocial services as appropriate.

(d) Spiritual counseling services. Provisions shall be made for the individual spiritual needs of each patient, and family as possible.

(e) Bereavement care services. The center shall be responsible for arranging for the provision of a bereavement care program which shall be integrated into the individualized care plan.

(f) Home care services. There shall be provision for continuity of patient care through a certified home care program and/or liaison with a certified home care service in the community, as indicated in the individualized care plan.

(g) The center shall facilitate obtaining of prescribed diagnostic, treatment or palliative services.

(h) Hospice care centers should employ and/or arrange translation and consultation to facilitate communication where barriers exist, (i.e., language or cultural differences; hearing, speech or sight impairment). [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-025, filed 11/6/81.]

WAC 248-21-030 Food and dietary services. (1) The dietary and food service shall be provided and managed by an individual trained in food service.

(2) Food and dietary services shall incorporate the periodic input of a dietitian. Appropriate nutritional and dietary consultation shall be provided patients.

(3) Food shall be prepared and served at intervals appropriate to the needs of patients. Unless contraindicated, current recommendations of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a nourishing quality shall be available as needed for patients. Cultural and ethnic preferences of patients should be respected in planning and serving meals.

(4) There shall be written physician orders for all therapeutic diets served to patients. A current therapeutic diet manual approved in writing by a dietitian and the medical director shall be used for planning and preparing therapeutic diets.

(5) All menus shall be retained for one year.

(6) When the hospice care center policy provides for allowing for the preparation and/or storage of personal food brought in by clients for consumption by clients, there shall be adequate mechanical refrigeration capable of maintaining a temperature of forty-five degrees fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred fifty degrees fahrenheit. Suitable dining area(s) should be provided for clients.

(7) Food service sanitation shall be governed by chapter 248-84 WAC, rules and regulations of the state board of health governing food service sanitation.

(8) There shall be current written policies and procedures for food storage, food preparation, food service, scheduled cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the food service area and shall be available for reference by dietary or food service personnel and other personnel at all times. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-030, filed 11/6/81.]

WAC 248-21-035 Infection control. (1) There shall be written policies and procedures addressing infection control, including: Housekeeping; cleaning, sterilization, disinfection, sanitization, and storage of supplies and equipment; health of personnel; pets; food service sanitation.

(2) Provision shall be made for isolation of patients with infectious conditions in accordance with Isolation Techniques For Use In Hospitals, United States Department of Health and Human Services, most recent edition.

(3) There shall be reporting of communicable disease in accordance with chapter 248-100 WAC.

(4) Recognized standards of medical aseptic technique including basic hand washing practices shall be followed in all direct personal care of patients.

(5) Methods for cleaning, disinfecting or sterilizing, handling and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(6) Written procedures shall specify daily and periodic cleaning schedules and routines for facility and equipment.

(7) Sewage, garbage, refuse, and liquid waste shall be collected and disposed of in a manner to prevent the

creation of an unsafe or unsanitary condition or nuisance.

(8) There shall be in effect a current system of discovering, reporting, investigating, and reviewing infections among patients and personnel with maintenance of records on such infections.

(9) Upon employment and annually thereafter each employee and volunteer shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. A negative skin test shall consist of less than ten millimeters induration read at forty-eight to seventy-two hours. A positive skin test shall consist of ten millimeters of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specifics are as follows:

(a) Those with positive skin tests as defined above shall have an annual screening in the form of a chest x-ray;

(b) Those with positive skin tests whose chest x-rays show no sign of active disease at least two years after the first documented positive skin test shall be exempted from further annual testing and chest x-rays;

(c) Those with positive skin tests who have completed the recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing;

(d) A record of test results, x-rays or exemptions from such, shall be kept by the facility.

(10) Employees with a communicable disease in a known infectious stage shall not be on duty. Policy and procedures shall specify conditions for staff who are working despite presence of communicable disease. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-035, filed 11/6/81.]

WAC 248-21-040 Pharmaceutical service. (1) Pharmaceutical services shall be available to provide drugs and supplies and to fill, without delay, orders for drugs to be administered. A pharmacist shall provide sufficient on-site consultation to ensure that medications are secured, labeled, stored and utilized in accordance with the policies of the center and appropriate standards of pharmacy practice.

(2) The hospice care center shall provide for the proper handling and utilization of drugs in accordance with federal and state laws and regulations:

(a) A pharmacist in conjunction with representatives from nursing, medical and administrative staff, shall be responsible for developing written policies and procedures addressing all aspects of pharmaceutical services including: Procuring, prescribing, administering, dispensing and storage of medications, transcription of orders; use of protocols; disposal of drugs; self-administration of medications; control or disposal of drugs brought into the facility by patients; and recording of drug administration in the clinical records;

(b) There shall be written orders signed by a physician for all medications administered to patients or self-

administered. There shall be a system which ensures accuracy in receiving, transcribing and implementing orders for the administration of medications;

(c) Drugs shall be dispensed only by a pharmacist. Drugs shall be administered only by practitioners licensed to administer drugs except in those instances when self-administration has been ordered;

(d) Drug containers within the center shall be clearly and legibly labeled and the label shall include at least the drug name (generic and/or trade), drug strength, expiration date if applicable, and in addition the lot number of the drug, if provided as floor stock;

(e) All drugs shall be stored in specifically designated, securely locked, well illuminated cabinets, closets or store rooms and made accessible only to authorized personnel. External medications shall be separated from internal medications;

(f) Poisonous and/or caustic drugs and materials including housekeeping and personal grooming supplies shall show proper warning or poison labels and shall be stored safely and separately from other drugs and food supplies;

(g) All Schedule II drugs in any area of the hospice care center shall be checked by two licensed persons at least one time each shift. There shall be records of receipt, issuance, and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospice care center by patients for use by patients while in the center shall be specifically ordered by a physician. These drugs shall be checked to ensure proper identification and acceptable quality for use in the center. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-040, filed 11/6/81.]

WAC 248-21-045 Clinical records. (1) The hospice care center shall have one well defined clinical record system, adequate facilities, equipment and supplies necessary for the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospice care center shall have current written policies and procedures related to the clinical record system which shall include the following:

(a) Establishment of a standardized format for clinical records;

(b) Prohibition of the release of client information without specific, written approval of the individual client concerned;

(c) Retention, preservation, and destruction of clinical records.

(3) There shall be an adequate clinical record maintained for every patient and readily accessible to members of the interdisciplinary care team. Each entry shall be legible, dated and authenticated.

(4) The originals or durable, legible direct copies of original reports shall be filed in the patients individual clinical record.

(5) Diagnosis, abbreviations, and terminology shall be consistent with the most recent edition of the International Classification of Diseases.

(6) There shall be a master patient index.

(7) Procedures related to retention, preservation or final disposal of clinical records and other patient care data and reports shall include the following:

(a) The clinical record of each patient over the age of eighteen years shall be retained and preserved for a period of no less than ten years. Clinical records of patients under the age of eighteen shall be retained and preserved for at least ten years or until the patient attains the age of twenty-one whichever is the longer period of time;

(b) Final disposal of any patient clinical record, or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of the data contained therein are impossible;

(c) In event of a transfer of ownership or operation of a hospice care center, clinical records of the patients, indices and reports shall be retained and preserved by the new operator in accordance with subsections (2)(a), (b), and (3) of this section;

(d) If the hospice care center ceases operation, it shall make arrangements for preservation of its clinical records and reports of patient data in accordance with subsection (3) of this section. The plan for such arrangements shall have been approved by the department prior to the cessation of operation. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-045, filed 11/6/81.]

WAC 248-21-050 Physical environment and equipment. (1) The hospice care center shall provide a safe and clean environment for clients, staff, and visitors. Equipment shall be kept clean, calibrated, adjusted, and in good repair.

(2) The hospice care center shall be accessible and equipped to accommodate physically handicapped individuals, to include minimally:

(a) Corridors serving as egress from patient rooms eight feet wide;

(b) Corridors elsewhere in the center minimally four feet wide;

(c) Doorways for use by clients at least thirty-two inches clear width (thirty-four inch door);

(d) Doorways for patient rooms and exterior exit doors from eight foot corridors forty-four inches clear width, (forty-six inch door);

(e) Minimally, one toilet, lavatory, and bathing facility which meet barrier free code, on each floor used for client services;

(f) Stairways and stairwells shall be minimally forty-four inches clear width;

(i) Interior and exterior stairways and stairwells shall have handrails on both sides. Railing ends shall be returned to wall;

(ii) Exterior stairways and stairwells shall have adequate protection from moisture, ice, other hazards, and slipping.

(iii) Exterior steps shall be equipped with nonslip material on treads; open risers are prohibited; nosing shall be flush, slip resistant and rounded to one-half inch maximum radius.

(g) Ramps shall be minimally forty-four inches clear width;

(i) There shall be handrails on both sides;

(ii) Ramps shall not exceed slope ratio of one in twelve;

(iii) Ramps shall be provided with nonslip surfaces.

(3) There shall be provision for adequate personal privacy for personal and private activities such as toileting, bathing, dressing, sleeping, communicating with family and time alone.

(4) Patient rooms:

(a) Each patient room shall be directly accessible from a corridor or common use activity room or an area for patients;

(b) Each sleeping room shall have a clear window or relite area of approximately one-tenth of the usable floor area providing for patient visibility of the out-of-doors. A court or glass covered atrium may be equivalent to out-of-doors. Distance from relites to exterior windows or atrium relites shall not exceed eight feet, six inches.

(i) Windows shall be at least twenty-four feet from other buildings or the opposite wall of a court or at least ten feet from a property line, except on street sides;

(ii) If the depth of a court is less than one-half its width, the width requirement shall not apply.

(iii) Outside window walls shall be at least eight feet from outside public walkways.

(iv) Operable windows or openings that serve for ventilation shall be provided with screening.

(c) No room more than two foot six inches below grade shall be used for the housing of patients. Room size shall be determined by program, provided all patient rooms have at least one hundred square feet of usable floor space in each single patient room. Multi-patient rooms shall provide not less than eighty-five square feet of usable floor area per bed. There shall not be less than seven and one-half foot ceiling height over the usable floor area;

(d) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within his or her room or nearby. There shall be provision for secure storage of patient valuables;

(e) Each patient shall be provided a bed appropriate to the special needs and size of the patient with a cleanable mattress which is in good repair and a cleanable or disposable pillow;

(f) Room furnishings shall be provided and maintained in a clean and safe condition;

(g) Patient beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the room. Patient rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(5) There shall be, minimally, one bathing facility for each six patients within the center, or major fraction thereof, (tub, shower, portable shower, portable tub or equivalent). This ratio includes the bathing facility described in WAC 248-21-050(2)(e).

(6) Toilets shall be in a ratio of at least one toilet for every four patients, or major fraction thereof. This ratio excludes toilet described in WAC 248-21-050(2)(e).

(7) Lavatories shall be provided in a ratio of at least one lavatory for each toilet located in toilet room(s). Lavatories shall be provided in a ratio of at least one per four patients. Lavatories shall be located at entry of patient rooms used for isolation.

(8) At least one toilet and lavatory shall be provided on each floor for use by those who are not patients. This may include toilet and lavatory described in WAC 248-21-050(2)(e).

(9) Carpets may be used in patient and nonpatient occupied areas with the following exceptions; toilet rooms, bathing facilities, isolation rooms, laundry rooms, utility rooms, examination or treatment rooms, house-keeping closets;

(a) Specifications for acceptable carpeting include:

(i) Carpet material which meets the standards of the state fire marshal and is easily cleanable;

(ii) Pile tufts shall be a minimum of sixty-four per square inch or equivalent density;

(iii) Rows shall be a minimum of eight per square inch or equivalent density;

(b) Installation of carpet material.

(i) Pad and carpet shall be installed according to manufacturer recommendations;

(ii) Edges of carpet shall be covered and cove or base shoe used at all wall junctures. Seams shall be sewn or bonded together with manufacturer recommended cement.

(10) There shall be adequate visiting and lounge areas provided, excluding hallways and corridors. Ratio of fifteen square feet per patient bed and not less than one hundred eighty square feet per facility recommended, excluding hallways and corridors.

(11) There shall be adequate meeting rooms and office areas for use by the interdisciplinary care team. Other rooms or areas may serve as meeting rooms provided confidentiality is maintained.

(12) Linen and laundry:

(a) A safe and adequate clean linen storage area shall be provided with a supply of clean linen available for patients use;

(b) Any laundry done in the facility shall be done in a laundry room separate from the kitchen, dining areas, clean and soiled storage and handling areas;

(c) The soiled laundry storage and sorting area shall be in a well ventilated area separate from the clean linen handling area, clean storage areas, and food preparation areas. If linen or laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of one hundred sixty degrees fahrenheit in the washing machine.

(13) Utility and storage facilities:

(a) Sufficient clean storage and handling room(s) shall provide closed storage for clean and sterile supplies and equipment;

(b) Washing, disinfection, storage and other handling of medical and nursing supplies and equipment shall be accomplished in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated;

(c) Soiled room(s) shall provide:

- (i) Clinic service sink, siphon jet or equivalent;
- (ii) Space for soiled linen or laundry containers;
- (iii) Counter top, double compartment sink, and goose-neck spout or equivalent;
- (iv) Storage for cleaning supplies and equipment.

(14) Housekeeping:

- (a) Adequate and clean housekeeping equipment shall be maintained;
- (b) At least one service sink and housekeeping closet or enclosed cabinet equipped with shelving shall be provided in a suitable setting within the facility. May be combined with a soiled room as described in WAC 248-21-050(13)(c). Clinic service sink may be considered equivalent to service sink.

(15) Communications:

- (a) There shall be a telephone readily available for patients to make and receive confidential calls;
- (b) There shall be at least one "nonpay" telephone per floor readily accessible in event of fire and other emergencies.
- (c) A nurse call shall be provided at each bed and in each toilet room and bathing facility.

(16) Appropriate first aid supplies and equipment shall be maintained and available in a safe and sanitary location.

(17) Water supply and plumbing. The water supply plumbing, the fixtures and the waste and drainage system of the hospice care center shall be maintained to avoid insanitary conditions:

- (a) There shall be an adequate supply of hot and cold running water under pressure which conforms with chapter 248-54 WAC;
- (b) Hot water shall be a safe temperature at all fixtures used by patients. Hot water temperatures at bathing fixtures used by patients shall be automatically regulated so as not to exceed one hundred and twenty degrees fahrenheit;

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may occur.

(18) Heating. Heating systems shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospice care center.

(19) Ventilation. There shall be ventilation of all rooms used by patients and personnel sufficient to remove all objectional odors, excess heat, and condensation. Inside rooms including toilets, bathrooms, smoking rooms, and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(20) Lighting, wiring, and power. Adequate lighting shall be provided in all usable areas of the hospice care center, appropriate to the function:

- (a) Appropriate, adequate, and safe electrical service shall be provided;
- (b) Adequate emergency lighting for means of egress, (battery operated acceptable);

(c) Adequate emergency power available, (battery operated acceptable). [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-050, filed 11/6/81.]

WAC 248-21-055 Nonflammable medical gases—Respiratory care. (1) Nonflammable medical gases shall include but not be limited to oxygen, nitrous oxide, medical compressed air, carbon dioxide, helium, nitrogen, and mixtures of such gases when used for medical purposes.

(2) When nonflammable medical gases are stored or used on the premises, the following shall apply:

- (a) Electric equipment used in an oxygen enriched environment shall be properly designed for use with oxygen and should be labeled for use with oxygen;
- (b) "No smoking" signs shall be posted where oxygen is being administered;
- (c) Procedures shall specify the safe storage and handling of medical gas containers.

(3) When piped-in medical gas systems are provided, the facility shall comply with published standards of National Fire Protection Association 56-F, 1977.

(4) Equipment and instruments used for respiratory care shall be safe, functional, and appropriate for the respiratory care service provided. [Statutory Authority: RCW 43.20.050. 81-23-003 (Order 218), § 248-21-055, filed 11/6/81.]

Chapter 248-22 WAC

LICENSING REGULATIONS FOR PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS AND MINIMUM LICENSING STANDARDS FOR ALCOHOLISM TREATMENT FACILITIES

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 248--22--060 Housing requirements for patients. (Construction, floor space, lighting, ventilation). [Regulation .22.060, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
- 248--22--070 Therapy. [Regulation .22.070, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
- 248--22--080 Restraint. [Regulation .22.080, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.
- 248--22--090 Records. [Regulation .22.090, effective 3/11/60.] Repealed by 81-07-035 (Order 211), filed 3/13/81. Statutory Authority: RCW 43.20.050.

WAC 248--22--001 Definitions. For the purposes of these rules and regulations for private psychiatric and alcoholism hospitals, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means the injury or sexual abuse of an individual patient by a person who is legally responsible for the welfare of that patient under circumstances which indicate that the health, welfare and safety of the patient is harmed thereby.

Person "legally responsible" shall include a parent, guardian or an individual to whom parental or guardian responsibility has been delegated, (e.g., teachers, providers of residential care and/or treatment, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility to act in its behalf in the overall management of the hospital.

(3) "Alcoholic patient" means an individual demonstrating signs or symptoms of alcoholism.

(4) "Alcoholism" means a chronic, progressive, potentially fatal disease characterized by tolerance and physical dependency, pathological organic changes, or both, all of which are the consequences of alcohol ingestion.

(a) "Chronic and progressive" means that physical, emotional and social changes that develop are cumulative and progress as drinking continues.

(b) "Tolerance" means physiological adaptation to the presence of high concentration of alcohol.

(c) "Physical dependency" means that withdrawal symptoms occur from decreasing or ceasing ingestion of alcohol.

(5) "Alcoholism counselor" means a member of the clinical staff who is knowledgeable about the nature and

treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of alcoholism counseling and is skilled in the application of these principles and techniques.

(6) "Authenticated" or authentication means authorization of a written entry in a record or chart by means of a signature which shall include, minimally, first initial, last name and title.

(7) "Bathing facility" means a bathtub or shower.

(8) "Child psychiatrist" means a psychiatrist who is certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(9) "Clinical record" means a file containing all pertinent clinical information about a particular patient to include: Identifying information, data bases, assessment, individualized comprehensive treatment plan, diagnosis and treatment, progress notes, other clinical events and a discharge summary.

(10) "Clinical staff" means qualified individuals, licensed when applicable, appointed by the governing body to practice within the parameters of the clinical staff bylaws as approved by the governing body of the hospital.

(11) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact regardless of whether or not damage is inflicted.

(12) "Department" means the Washington state department of social and health services.

(13) "Detoxified" means withdrawn from alcohol and/or associated substance use and recovered from the transitory effects of intoxication and any associated acute physiological withdrawal reaction.

(14) "Detoxification" means the process in which an individual recovers from the transitory effects of intoxication and/or any associated physiological withdrawal reaction.

(15) "Dietitian" means an individual who is eligible for membership in the American Dietetic Association.

(16) "Discipline" means reasonable actions by personnel and staff aimed at regulation of unacceptable behavior.

(17) "Drug administration" means an act in which a single dose of prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's order, giving the individual dose to the proper patient, and properly recording the time and dose given.

(18) "Drug dispensing" means an act entailing the interpretation of an order (prescription) for a drug or biological and, pursuant to that order (prescription), proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(19) "Family" means individuals who are important to and designated by a patient, who need not be relatives.

(20) "Governing body" means the individual or group legally responsible for operation and maintenance of the hospital.

(21) "Grade" means the level of the ground adjacent to the building measured at required windows. The ground must be level or slope downward for a distance of at least ten feet from the wall of the building. From there the ground may slope upward not greater than an average of one foot vertical to two feet horizontal within a distance of eighteen feet from the building.

(22) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his/her strengths and problems. This statement shall include short-term and long-term goals with an estimated time frame stipulated and shall include discharge planning. When appropriate, the statement shall be developed with participation of the patient.

(23) "Intoxication" means acute poisoning or temporary impairment of an individual's mental and/or physical functioning caused by alcohol and/or associated substance use.

(24) "Intoxicated" means in the state of intoxication.

(25) "Lavatory" means a plumbing fixture designed and equipped for handwashing purposes.

(26) "Legend drug" means any drug which is required by an applicable state or federal law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(27) "Licensed pharmacy" means a pharmacy licensed by the state board of pharmacy and a place where the practice of pharmacy is conducted.

(28) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff by-laws within the hospital.

(29) "Multidisciplinary treatment team" means a group comprised of individuals from the various clinical services who assess, plan, implement and evaluate treatment for patients under care.

(30) "Neglect" means negligent treatment or maltreatment: An act or omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to an individual patient's health, welfare and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations and disordered development.

(31) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as a part of the hospital.

(b) Addition(s) to existing hospital(s) to be used as part of the hospital(s).

(c) Alteration(s) or modification(s) other than minor alteration(s) to a hospital. "Minor alterations" means any structural or functional modification within the existing hospital which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department, however, this does not constitute a release from the applicable requirements contained in chapter 248-16 WAC.

(32) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American occupational therapy association.

(33) "Owner" means an individual, firm or joint stock association or the legal successor thereof who operates the hospital whether owning or leasing the premises.

(34) "Pharmacist" means an individual who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW, as now or hereafter amended.

(35) "Physician" means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statute, for legitimate medical purposes (RCW 18.64.011(8)).

(37) "Private alcoholism hospital" means an institution, facility, building or equivalent designed, organized, maintained and operated to provide diagnosis, treatment and care of individuals demonstrating signs or symptoms of alcoholism, including the complications of associated substance use and other medical diseases that can be appropriately treated and cared for in the facility and providing accommodations, medical services and other necessary services over a continuous period of twenty-four hours or more for two or more individuals unrelated to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(38) "Private psychiatric hospital" means an institution, facility, building or agency specializing in the diagnosis, care and treatment of individuals demonstrating signs and/or symptoms of mental disorder (as defined in RCW 71.05.020(2)) and providing accommodations and other necessary services over a continuous period of twenty-four hours or more for two or more individuals not related to the operator, provided that this chapter shall not apply to any facility, agency or other entity which shall be both owned and operated by a public or governmental body.

(39) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is eligible for certification by the American board of psychiatry and neurology.

(40) "Psychologist" means an individual who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW, as now or hereafter amended.

(41) "Recreational therapist" means an individual with a bachelor's degree with a major or option in therapeutic recreation or in recreation for ill and handicapped.

(42) "Registered nurse" means an individual duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW, as now or hereafter amended.

(43) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movements.

(44) "Scheduled drugs" means those drugs, substances or immediate precursors controlled under Article II of the Uniform Controlled Substances Act, chapter 69.50 RCW.

(45) "Seclusion room" means a small secure room specifically designed and organized to provide for temporary placement, care and observation of one patient and further, providing an environment with minimal sensory stimuli, maximum security and protection and visualization of the patient by authorized personnel and staff.

(a) Inside or outside rooms are acceptable for seclusion.

(b) Doors of seclusion rooms shall be provided with locks. There shall be relites in the door, or equivalent, affording visibility of the occupant at all times.

(c) Seclusion room shall provide at least eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet.

(46) "Security room" means a patient sleeping room designed, furnished and equipped to provide maximum safety and security. This room shall be provided with window protection or security windows and a lockable door with provision for observation of the occupant(s).

(47) "Security window" means a window designed to inhibit exit, entry and injury to a patient. A "maximum security window" shall mean a window that can only be opened by keys or tools that are under control of personnel. The operation of the sash of the maximum security window shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and/or other appropriate security features shall be incorporated.

(48) "Self-administration" means those instances when a patient takes his/her own medication from a properly labeled container, while on the premises of the hospital, with the responsibility for appropriate use maintained by the hospital.

(49) "Shall" means compliance with the regulation is mandatory.

(50) "Should" means compliance with the regulation or rule is suggested or recommended but not required.

(51) "Social worker" means an individual with a master's degree in social work from an accredited school of social work.

(52) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Educational and vocational training; speech, language, hearing, vision, dentistry, and physical therapy.

(53) "Toilet" means a room containing at least one water closet.

(54) "Water closet" means a plumbing fixture for defecation fitted with a seat and a device for flushing the bowl of the fixture with water. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-001, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-001, filed 12/30/80; Regulation .22.001, effective 3/11/60.]

WAC 248-22-005 Licensure. Private psychiatric hospitals and private alcoholism hospitals for adults, adolescents, and children shall be licensed under chapter 71.12 RCW, Private establishments. The purpose of this section is to establish minimum standards for safety and adequate care of patients with signs and/or symptoms of acute emotional or psychiatric impairment or acute alcoholism and associated substance use during diagnosis and treatment.

(1) Application for license.

(a) An application for a private hospital license shall be submitted on forms furnished by the department. The application shall be signed by the legal representative of the governing body.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect current accuracy of such information as to the identity of each officer and director of the corporation, if the hospital is operated by a legally incorporated entity, profit or nonprofit, and of each partner if the hospital is operated through a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a license shall be considered separately and jointly as applicants and if anyone is deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked. A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations promulgated pursuant thereto and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Aiding or abetting the commission of an illegal act on the premises of the hospital;

(iii) Cruelty, assault, abuse, neglect or indifference to the welfare of any patient;

(iv) Misappropriation of property of the patients; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual patient, the department, or the business community.

(b) Before granting a license to operate as a hospital, the department shall consider the ability of each individual named in the application to operate a hospital in accordance with the law and with these regulations. Individuals who have previously been denied a license to operate a health care facility in the state or elsewhere, or who have been convicted criminally or civilly of operating such a facility without a license, or who have had

their license to operate such a facility suspended or revoked shall not be granted a license unless, to the satisfaction of the department, they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the hospital for which the license is sought, and for conformance with all applicable laws and rules and regulations.

(3) Denial, suspension or revocation of a license. Upon finding as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the patients so demand, issue a written notification letter to the applicant or licensee giving notice of intent to deny a license application, suspend or revoke a license thirty days after the date of mailing. This letter shall be followed by a formal revocation letter, provided the applicant or licensee does not within thirty days from the date of mailing of the department's notice of intent to reject, revoke or suspend a license make written application to the department for a hearing. Upon receipt of such an application, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-750 through 248-08-790, as now or hereafter amended. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

(4) Submission of plans. The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department for previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building in which patients are to be housed.

(b) Floor plans for each building in which patients are to be housed. The floor plans shall provide the following information: Identification of each patient's sleeping room by use of a lettering or numbering system; the useable square feet of floor space in each room; the clear glass window area in each patient's sleeping room, the height of the lowest portion of the ceiling in any patient's sleeping room; the floor elevations referenced to the grade level.

(5) Posting of a license. The license for the hospital shall be posted in a conspicuous place on the premises.

(6) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations;

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, water and sewage disposal systems, grade and

location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment in the planned locations of beds and other furniture in patient's sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows; plumbing, heating ventilation and electrical systems; and

(v) Specifications which fully describe workmanship and finishes.

(c) Adequate provision shall be made for the safety and comfort of patients if construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. As indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into the construction project shall be submitted for the department's file on the project, even though it was not required that these be submitted prior to approval.

(7) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the uniform plumbing code of the international association of plumbing and mechanical officials shall be followed.

(c) Compliance with these regulations does not exempt private hospitals from compliance with the local and state electrical codes or local zoning, building, and plumbing codes.

(8) Transfer of ownership. The ownership of a hospital shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved. Change in administrator shall be reported to the department. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-005, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-005, filed 12/30/80.]

WAC 248-22-011 Governing body and administration. (1) The hospital shall have a governing body which is responsible for the overall operation and maintenance of the hospital, including adoption of written personnel policies and written policies for safety, care and treatment of patients.

(2) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services to meet the needs of the patients.

(3) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(4) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relationships of positions within the hospital.

(5) Governing body bylaws, in accordance with legal requirements, shall be adopted by the governing body, reviewed biennially and revised as necessary.

(6) The governing body shall have the authority and responsibility for the appointment and reappointment of the medical and clinical staff. This authority may be delegated.

(a) Each private alcoholism hospital shall have a medical director who is a physician preferably with training and/or experience in alcoholism and associated substance use. Each private psychiatric hospital shall have a medical director who is a psychiatrist. The medical director shall have twenty-four hour accountability and responsibility for directing and supervising medical care and medical treatment of patients.

(b) The governing body shall keep on file evidence that each practitioner appointed to the medical or clinical staff has appropriate, current qualification and, when required by Washington state law, a current license to practice and/or certification as required.

(c) The medical and clinical staff shall develop bylaws, rules and regulations subject to approval by the governing body. These bylaws and rules shall include requirements for medical and clinical staff membership, delineation of clinical privileges and organization of the medical and clinical staff. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-011, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-011, filed 12/30/80.]

WAC 248-22-016 Personnel--Volunteers--Research. (1) There shall be sufficient, qualified personnel to provide the services needed by the patients and to maintain the hospital.

(a) There shall be a written job description for each position classification within the hospital.

(b) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required and an annual written performance evaluation.

(c) A planned, supervised and documented orientation, including employee responsibility regarding patient

rights, patient discipline and patient abuse shall be provided for each new employee. (See WAC 248-22-021(7).)

(d) There shall be an ongoing inservice education program which is documented and affords each employee the opportunity to maintain and update the competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training shall be provided. Employees who work with patients should have first aid training.

(2) When volunteer services are provided or permitted within the hospital, the following shall apply:

(a) Volunteer services and activities shall be coordinated by a designated, qualified employee of the hospital.

(b) There shall be appropriate, documented orientation and training provided for each volunteer in accordance with the service or job to be performed which shall include patient rights.

(c) There shall be supervision and periodic written evaluation by qualified hospital personnel of volunteers who work directly with patients.

(3) Research and human subjects review committee. When research is proposed or conducted which involves patients, there shall be a documented multidisciplinary initial and continuing review process.

(a) The purpose of this review shall be to protect the patient's rights with acceptance or rejection and continuing review for the duration of the study.

(b) Policies and procedures of the committee shall reflect Title 42 Code of Federal Regulations, Part 2. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-016, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-016, filed 12/30/80.]

WAC 248-22-021 Patient care services. (1) Each hospital shall have written policies regarding admission criteria and treatment methods. Admission and retention of patients shall be in keeping with the stated policies and shall be limited to patients for whom the facility is qualified by staff, services and equipment to give adequate care. When alcoholic patients are admitted and retained in psychiatric hospitals, all rules and regulations specific to alcoholism hospitals shall apply.

(2) Treatment and discharge planning.

(a) Private psychiatric hospital treatment and discharge planning shall include:

(i) An initial treatment plan for each patient upon admission to the hospital.

(ii) A written, comprehensive, individualized, treatment plan developed for each patient within seventy-two hours of admission. This plan shall be implemented, reviewed and modified as indicated by the clinical course of the patient. The individualized treatment plan and revisions shall be interpreted to the personnel, staff and patient and to the family when possible and appropriate.

(iii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning and participation of patient, family and/or guardian when possible and appropriate.

(b) Private alcoholism hospital treatment and discharge planning shall include:

(i) A written, comprehensive, individualized treatment plan developed for each patient not requiring detoxification within seventy-two hours of admission or seventy-two hours following completion of detoxification of a patient. This plan shall be implemented, regularly reviewed, and modified as indicated by the clinical course of the patient.

(ii) There shall be participation of the multidisciplinary treatment team in treatment and discharge planning. There should be participation of patient, family, and/or guardian when possible and appropriate.

(3) Clinical services. Clinical services shall be prescribed by the attending physician or other appropriate clinical staff.

(a) Private alcoholism hospital clinical services shall include but not be limited to, provision of physiological care, collection of social data, alcohol and associated substance use education, direct therapeutic services and activities, and development of referral procedures to community resources.

(b) Private psychiatric hospital clinical services shall include, but not be limited to, provision of physiological care, emotional care, social services, direct therapeutic services and activities, health education, development of community resources, and referral procedures.

(4) Private psychiatric hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private psychiatric hospital shall be admitted by a member of the medical staff as defined by the staff bylaws.

(i) A staff psychiatrist shall be available for consultation daily and make visits as necessary to meet the needs of each patient.

(ii) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty-eight hours after admission unless a comprehensive health assessment and medical history has been done within fourteen days prior to admission and the information is recorded in the clinical record.

(iii) A psychiatric evaluation, including provisional diagnosis, shall be completed and documented for each patient within seventy-two hours following admission.

(iv) There shall be orders signed by a physician for drug prescriptions, medical treatments and discharge.

(v) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(vi) When hospital policy permits admission of children and/or adolescents, a child psychiatrist shall be available for regular consultation.

(b) Nursing services. There shall be a director of nursing who is a registered nurse employed full time who shall be responsible for nursing services twenty-four hours per day.

(i) The director of nursing shall have, at least, a bachelor's degree and experience in working with psychiatric patients or there shall be documented evidence

of regular consultation with a registered nurse who has a masters degree in psychiatric nursing.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Social work services. There shall be a social worker with experience in working with psychiatric patients responsible for supervision and coordination of social work service staff, review of social work activities and integration of social work services into treatment.

(d) Psychological services. There shall be a psychologist, who should provide documented evidence of skill and experience in working with psychiatric patients, responsible for supervision and coordination of psychological services.

(e) Occupational therapy services. There shall be available an occupational therapist who has experience in working with psychiatric patients and who shall be responsible for the occupational therapy functions and for the integration of these into the individualized treatment plans.

(f) Recreational therapy services. There shall be available a recreational therapist who has experience in working with psychiatric patients and who shall be responsible for the recreational therapy functions and for the integration of these into the individualized treatment plans.

(5) Private alcoholism hospital specific service requirements shall include the following:

(a) Medical services. Each patient in a private alcoholism hospital shall be admitted by a physician and receive continuing care from a member of the medical staff.

(i) There shall be an initial health assessment by a qualified person upon admission. There shall be a comprehensive health assessment and medical history completed and recorded by a physician within forty-eight hours after admission or within seventy-two hours after completion of detoxification.

(ii) There shall be a physician on call at all times. Provisions shall be made for emergency medical services when needed.

(b) Nursing services. There shall be a director of nursing who is a registered nurse, preferably with experience and/or training in alcoholism and associated substance use, employed full time who shall be responsible for nursing services twenty-four hours per day.

(i) The director of nursing shall be responsible for appropriate nursing assessment and implementation of nursing elements of the individualized treatment plan.

(ii) There shall be a registered nurse on duty within the hospital at all times who shall supervise nursing care.

(c) Alcoholism counseling services. There shall be on staff at least one full-time alcoholism counselor and such additional alcoholism counselors as necessary to provide the alcoholism counseling services needed by patients.

(6) Private psychiatric and private alcoholism hospitals shall make provisions for special services. These services shall be provided within the facility or contracted outside the facility to meet the needs of patients and

shall be prescribed by a staff physician or other appropriate clinical staff. Special services shall be provided by qualified individuals.

(7) General patient safety and care requirements.

(a) Patient rights shall be described in policy and reflected in care as described in chapter 71.05 RCW and in WAC 275-55-170, 275-55-200(1), 275-55-050, 275-55-260, 275-55-270, and 275-55-288.

(b) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be related to the behavior of the patient, the responsibility of the multidisciplinary treatment team, and documented in the clinical record.

(ii) Corporal punishment shall not be used.

(iii) Discipline shall not be prescribed or administered by patients.

(c) Seclusion and restraints, when used, shall be used in accordance with WAC 275-55-280 (2)(o), (p)(i), (ii), (iii), (iv). There shall be documentation in the clinical record of observation and assessment of patient needs every fifteen minutes during restraint or seclusion with intervention as indicated.

(d) Patients shall be protected from assault, abuse and neglect.

(i) Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect of a patient shall be reported to the department or to a law enforcement agency, within provisions of applicable state or federal statute (see chapter 71.05 RCW and Title 42 Code of Federal Regulations, Part 2).

(ii) Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(e) Each patient's personal property and valuables left on deposit with the facility shall be properly recorded.

(f) Patients shall not be used for basic maintenance of the facility and/or equipment, housekeeping, or food service. Tasks may be performed under direct supervision insofar as they are included in and appropriate to the individualized treatment plan and documented as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the patient.

(g) There shall be current written policies and orders signed by a physician to guide the action of personnel when medical emergencies or threat to life arise and a physician is not present.

(i) Emergency medical policies shall be reviewed annually and revised as needed in writing, by representatives of the medical, nursing and administrative staffs.

(ii) There shall be a current transfer agreement with an acute care general hospital. Relevant data shall be transmitted with the patient in the event of a transfer.

(h) Written policies and procedures shall address immediate notification of legal guardian or next-of-kin in the event of a serious change in the patient's condition, transfer of a patient to another facility, elopement, death or when unusual circumstances warrant (see Title 42 Code of Federal Regulations, Part 2).

(i) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, patients, visitors and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms or any other rooms occupied by patients.

(iii) Availability and access to emergency supplies and equipment to include airways, bag resuscitators, intravenous fluids, oxygen, appropriate sterile supplies, and other equipment as identified in the emergency medical policies.

(iv) The summoning of internal or external resource agencies and/or persons (e.g., poison center, fire department, police).

(v) Systems for routine preventive maintenance, checking and calibration of electrical, biomedical and therapeutic equipment with documentation of the plan and dates of inspection.

(vi) Fire and disaster plans which include documentation of rehearsals on a regular basis.

(vii) Immediate actions or behaviors of facility staff when patient behavior indicates that he/she is assaultive, out of control or self-destructive. There shall be documentation of rehearsals by staff on a regular basis and an attendance record shall be maintained.

(j) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a patient and which shall include documentation in the clinical record.

(k) There shall be written policies and procedures addressing transportation of patients for hospital connected business or programs. [Statutory Authority: Chapter 71-.12 RCW. 82-23-003 (Order 1898), § 248-22-021, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-021, filed 12/30/80.]

WAC 248-22-026 Food and dietary services. (1) There shall be an individual designated to manage and supervise food and dietary services who shall assume twenty-four hour per day responsibility. Personnel from dietary or food service shall be present in the hospital during all meal times.

(2) The dietary service shall incorporate the ongoing input of a dietitian. Adequate nutritional and dietary consultation services shall be provided by a dietitian.

(3) At least three meals a day shall be served at regular intervals with not more than fourteen hours between the evening meal and breakfast. Meals shall be prepared and served under the supervision of food service personnel.

(4) Meals and nourishment shall provide a well balanced diet of food of sufficient quantity and quality to meet the nutritional needs of the patients. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council, adjusted for age, sex and activities shall be used. Snacks of nourishing quality shall be available as needed for patients and posted as part of the menu.

(5) There shall be written medical orders for all therapeutic diets served to patients. Therapeutic diets shall

be prepared and served as prescribed. A current therapeutic diet manual, approved in writing by the dietitian and medical staff, shall be used for planning and preparing therapeutic diets.

(6) All menus shall be approved in writing by the dietitian, written at least one week in advance, posted in a location easily accessible to all patients, and retained for one year.

(7) Food service sanitation shall be governed by chapter 248-84 WAC.

(8) There shall be current written policies and procedures for food storage, food preparation, food service, scheduled cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service area and shall be available for reference by dietary personnel at all times. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-026, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-026, filed 12/30/80.]

WAC 248-22-031 Pharmaceutical services. (1) Pharmacy services shall be available to provide drugs, supplies and to fill prescriptions within an appropriate interval. A pharmacist shall be responsible for coordinating and supervising pharmaceutical services.

(2) The hospital shall provide for the proper handling and storage of drugs and shall comply with federal and state laws controlling drugs and pharmacy operation.

(a) A pharmacist, in conjunction with representatives from nursing, medical and administrative staff, shall be responsible for developing written policies and procedures addressing all aspects of pharmaceutical services including: Procuring, prescribing, administering, dispensing and storage of medications; transcription of orders; use of standing orders; disposal of drugs; self-administration of medication; control or disposal of drugs brought into the facility by patients; and recording of drug administration in the clinical record.

(b) There shall be written orders signed by a physician for all medications administered to patients. There shall be an organized system which insures accuracy in receiving, transcribing and implementing orders for the administration of medications.

(c) Drugs shall be dispensed only by practitioners licensed to dispense and administered only by practitioners licensed to administer drugs.

(d) Whether provided as floor stock, individual prescription supply or unit dose packaging, all drugs within the hospital shall be clearly and legibly labeled. The label shall include, at least, the drug name (trade and/or generic), drug strength and, if available, expiration date. Labeling shall comply with applicable state and federal drug labeling regulations.

(e) All medicines, poisons and chemicals kept in any department of the hospital shall be plainly labeled and stored in specifically designated, securely locked, well illuminated cabinets, closets or storerooms and made accessible only to authorized personnel. External medications shall be separated from internal medications.

(f) All prescription records shall be kept for five years. All records for Schedule II drugs shall be kept for three years.

(g) All Schedule II drugs in any department of the hospital except the pharmacy shall be checked by actual count of two licensed persons at least one time each shift. There shall be records of receipts, issuance and disposition of Schedule II drugs stored in the facility.

(3) Drugs brought into the hospital for patients use while in the hospital shall be specifically ordered by the attending physician. These drugs shall be checked by a pharmacist or physician to insure proper identification and lack of deterioration of the drug prior to administration.

(4) Purchase, storage and control of drugs shall be such as to prevent outdated, deteriorated, impure or improperly standardized drugs in the hospital.

(5) Profiles of drug use for each patient, while in the hospital, shall be maintained and utilized by the pharmacist in accordance with WAC 360-16-260.

(6) If a licensed pharmacy is maintained by the hospital, the pharmacy shall be organized, managed and equipped as described in chapter 360-16 WAC and there shall be:

(a) Provision for supervision of the pharmacy by pharmacists;

(b) Provision for adequate area which is secure, properly lighted and ventilated, and suitably equipped to carry out all pharmacy operations, including proper storage for all pharmaceuticals;

(c) Provision for only legally authorized members of the pharmacy staff to have access to the pharmacy stock of drugs, except that in a pharmacist's absence from the hospital, a registered nurse, designated by the hospital, may obtain from the pharmacy stock of drugs such drugs as are needed in an emergency, not available in floor supplies (excepting Schedule II drugs) and the nurse, not the pharmacist, becomes accountable for her/his actions. Only one registered nurse in a given shift shall have access to the pharmacy stock of drugs.

(i) A nurse shall leave in the pharmacy on a suitable form a record of any drugs removed. Such records shall be kept for three years.

(ii) The container from which the single dose was taken for drug administration purposes shall be left in order that it may be properly checked by a pharmacist. Such records shall be kept for three years. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-031, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-031, filed 12/30/80.]

WAC 248-22-036 Infection control. (1) There shall be written policies and procedures addressing infection control.

(2) Provisions shall be made for isolation of patients in accordance with the most recent edition of *Isolation Techniques for Use in Hospitals, United States Department of Health, Education and Welfare*.

(3) There shall be a written policy related to reporting of communicable disease in accordance with chapter 248-100 WAC.

(4) Recognized standards of medical aseptic techniques including basic handwashing practices shall be followed in all direct personal care of patients.

(5) Methods for cleaning, disinfecting or sterilizing, handling and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(6) There shall be in effect a current system of discovering, reporting, investigating and reviewing infections among patients and personnel with maintenance of records on such infections.

(7) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When this skin test is negative (less than 10mm induration read at forty-eight to seventy-two hours), no further tuberculin skin tests shall be required. A positive skin test shall consist of 10mm of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specifics are as follows:

(a) Those with positive skin tests as defined above, shall have an annual screening in the form of a chest x-ray.

(b) Those with positive skin test whose chest x-ray shows no sign of active disease at least two years after the first documented positive skin test shall be exempted from further annual testing and chest x-rays.

(c) Those with positive skin test who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(d) A record of test results, x-rays or exemptions from such shall be kept by the facility.

(8) Employees with a communicable disease in an infectious stage shall not be on duty. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-036, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-036, filed 12/30/80.]

WAC 248-22-041 Clinical records. (1) The hospital shall have one well defined clinical record system, staff with demonstrated competence and experience or training in patient record administration, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use and preservation of patient care data.

(2) The hospital shall have current written policies and procedures related to the clinical record system which shall meet requirements of Title 42 Code of Federal Regulations, Part 2, and shall include the following:

(a) Establishment of the format of the clinical record for each patient.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(c) Retention, preservation, and destruction of clinical records in accordance with Title 42 Code of Federal Regulations, Part 2 and RCW 71.05.390.

(3) There shall be an adequate clinical record maintained for every patient which is readily accessible for members of the treatment team. Each entry shall be legible, dated, authenticated, and in permanent form.

(4) There shall be one systematic method for identification of each patient's clinical record(s) in a manner which provides for ready identification, filing, and retrieval of all of the patient record(s).

(5) The originals or durable, legible, direct copies of original reports shall be filed in patient's individual clinical records.

(6) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders and International Classification of Diseases*.

(7) In private psychiatric hospitals, the psychiatric condition of the patient shall be clearly described, including history of findings and treatment rendered for the specific psychiatric condition for which the patient is hospitalized.

In private alcoholism hospitals, the disease of alcoholism and associated substance use shall be clearly described, including history of findings and treatment rendered for the condition for which the patient is hospitalized.

(8) There shall be a master patient index.

(9) Procedures related to retention, preservation and final disposal of clinical records and other patient care data and reports shall include the following:

(a) The clinical record of each patient over the age of eighteen years shall be retained and preserved for a period of no less than ten years. Clinical records of patients under the age of eighteen years shall be obtained and preserved for at least ten years or until the patient attains the age of twenty-one, whichever is the longer period of time.

(b) Final disposal of any patient clinical record(s), indices, or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(c) In event of transfer or ownership of the hospital, patient clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new owner in accordance with subsections above. Records of patients with diagnosed alcoholism and/or substance use shall be handled as prescribed in Title 42, Code of Federal Regulations, Part 2.

(d) If the hospital ceases operation, it shall make arrangements for preservation of its clinical records, reports and patient data in accordance with subsections above and when appropriate, Title 42, Code of Federal Regulations, Part 2. The plan for such arrangements shall have been approved by the department prior to cessation of operation. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-041, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-041, filed 12/30/80.]

WAC 248-22-046 Physical environment. (1) The hospital shall provide a safe and clean environment for patients, staff and visitors.

(a) There shall be current, written policies and procedures for maintenance and housekeeping functions.

(b) Routine and periodic maintenance and cleaning schedules shall be developed and maintained.

(2) The hospital shall be readily accessible to and equipped to accommodate physically handicapped individuals.

(3) A safely maintained outdoor recreation area shall be available for use of patients in private psychiatric hospitals.

(4) There shall be provision for adequate personal privacy for each patient during toileting, bathing, showering, and dressing.

(5) Patient sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or a common use activity room or an area for patients.

(b) Sleeping rooms shall be outside rooms with clear window area on the outside wall or approximately 1/8 of the usable floor area or more.

(i) When security rooms are provided, security or maximum security windows appropriate to the area and program shall be used.

(ii) Shatterproof glass or other clear, shatterproof materials shall be used in sleeping rooms used as security rooms.

(c) No room more than three feet six inches below grade shall be used for the housing of patients. There shall be at least 80 squared feet of usable floor space in a single bedroom and multipatient rooms shall provide not less than 70 square feet of floor area per bed. The maximum capacity shall not exceed four patients. There shall not be less than 7 1/2 feet ceiling height over the required floor area.

(d) Each patient shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within her/his room or nearby. There shall be provision in the room or elsewhere for secure storage of patients' valuables.

(e) Each patient shall have access to his/her room except when contraindicated by the determination of the treatment team staff.

(f) Each patient shall be provided a bed at least 36 inches wide or appropriate to the special needs and size of the patient with a cleanable, firm mattress and cleanable or disposable pillow.

(g) Sufficient room furnishings shall be provided and maintained in a clean and safe condition.

(h) Patient beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the room. Patient rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(6) Each patient occupied floor of the facility shall provide one toilet and lavatory for every six patients or fraction thereof.

(a) There shall be one bathing facility for each six patients or fraction thereof.

(b) Separate toilet and bathing facilities for each sex are required if the toilet facility contains more than one water closet or bathing facility. Such facilities shall provide doors and partitions for privacy.

(c) Grab bars shall be provided at each water closet and bathing facility.

(7) Adequate lighting shall be provided in all areas of the hospital.

(8) Ventilation.

(a) Ventilation of all rooms used by patients or personnel shall be sufficient to remove all objectionable odors, excessive heat or condensation.

(b) All inside rooms, including toilets, bathrooms, smoking rooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(9) Heating. The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospital.

(10) Water supply. There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC. Hot water at all fixtures used by patients shall be at a safe temperature. Hot water temperature at bathing fixtures used by patients shall be automatically regulated so as not to exceed 110° F. There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(11) Linen and laundry.

(a) A safe and adequate storage area with a supply of clean linen shall be provided.

(b) When laundry facilities are provided, they shall be located in an area separate from food preparation and dining area(s).

(c) The soiled laundry storage and sorting area(s) shall be in well ventilated area(s), separate from clean linen handling area(s). If linen/laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of 160° F in the washing machine.

(d) When commercial laundry service is used, the hospital shall ensure that all requirements above are met.

(e) Provision for laundering of personal clothing of patients shall meet the above standards.

(12) Visiting area. An adequate number of rooms shall be provided within the hospital to allow privacy for patients and visitors.

(13) Counseling/therapy rooms.

(a) An adequate number of rooms shall be provided for group or individual therapy programs.

(b) Therapy rooms shall be enclosed and reasonably soundproofed, as necessary to maintain confidentiality.

(c) Private psychiatric hospitals shall provide at least one seclusion room, intended for short term occupancy, which provides for direct supervision by the treatment staff. Each seclusion room shall have provisions for ventilation and light.

(14) Physical examination room. There shall be a physical examination room within the facility. An inside room may be used.

(a) The examination room shall be equipped with an examination table, examination light, and storage units for medical supplies and equipment.

(b) There shall be a handwashing facility and soap dispenser in or readily accessible to the examination room.

(15) Utility and storage facilities. There shall be sufficient utility and storage facilities which are designed and equipped for washing, disinfecting, storing and other handling of medical and nursing supplies and equipment in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(16) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting on each floor of the facility.

(b) All sewage, garbage, refuse and liquid waste shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition or a nuisance.

(17) There shall be designated charting area(s) which provides space for reading and charting in patient records and provides for maintenance of confidentiality of each record.

(18) Dining area. There shall be a dining area(s) for those patients wishing to eat in the dining area(s). Appropriate furnishings shall be provided for dining.

(19) Communications.

(a) There shall be a telephone readily available for patients to make and receive confidential calls.

(b) There shall be a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor in event of fire or other emergencies. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-046, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-046, filed 12/30/80.]

WAC 248-22-051 Laboratory services. Laboratory services shall be immediately available to or provided by the hospital. If the hospital maintains and operates a laboratory service within the facility, the following standards shall apply:

(1) Proficiency testing.

(a) The laboratory shall successfully participate in state-operated or state-approved proficiency testing programs covering all the specialties or subspecialties in which the laboratory is approved to perform tests. Records of proficiency testing performance shall be maintained and available for review.

(b) The clinical laboratory shall perform only those laboratory tests and procedures that are within the specialties or subspecialties in which the laboratory director or supervisors are qualified.

(2) Quality controls imposed and practiced by the laboratory must provide for and assure:

(a) Preventive maintenance, periodic inspection, and testing for proper operation of equipment and instruments as may be appropriate; validation of methods; evaluation of reagents and volumetric equipment; surveillance of results; and remedial action to be taken in response to detected defects.

(b) Adequacy of facilities, equipment, instruments, and methods for performance of the procedures or categories of procedures for which a certification is approved; proper lighting for accuracy and precision; convenient location of essential utilities; monitoring of temperature-controlled spaces and equipment, including water baths, incubators, sterilizers and refrigerators, to assure proper performance; evaluation of analytical measuring devices, such as photometers and radioactivity counting equipment, with respect to all critical operating characteristics.

(c) Labeling of all reagents and solutions to indicate identity, and when significant, titer strength, or concentration, recommended storage requirements, preparation or expiration date, and other pertinent information. Materials of substandard reactivity and deteriorated materials may not be used.

(d) The availability at all times, in the immediate bench area of personnel engaged on examining specimens and performing related procedures within a category (e.g., clinical chemistry, hematology, and pathology), current laboratory manuals or other complete written descriptions and instructions relating to:

(i) The analytical methods used by those personnel, properly designated and dated to reflect the most recent supervisory reviews;

(ii) Reagents;

(iii) Control and calibration procedures; and

(iv) Pertinent literature references.

(v) Textbooks may be used as supplements to such written descriptions but may not be used in lieu thereof.

(e) Written approval by the director or supervisor of all changes in laboratory procedures.

(f) Maintenance of the laboratory, availability of laboratory personnel and availability of records reflecting dates and, where appropriate, the nature of inspection, validation, remedial action, monitoring, evaluation, changes and dates of changes in laboratory procedures.

(g) Solicitation designed to provide for collection, preservation, and transportation of specimens sufficiently stable to provide accurate and precise results suitable for clinical interpretation.

(3) Provision shall be made for an acceptable quality control program covering all types of analysis performed by the laboratory for verification and assessment of accuracy, measurement of precision, and detection of error. The factors explaining the standard are as follows:

(a) Microbiology. Chemical and biological solutions, reagents, and antisera shall be tested and inspected each day of use for reactivity and deterioration.

(i) Bacteriology and mycology. Staining materials shall be tested for intended reactivity by concurrent application to smears of micro-organisms with predictable staining characteristics. Each batch of medium shall be

tested before or concurrently with use with selected organisms with predictable staining characteristics. Each batch of medium shall be tested before or concurrently with use with selected organisms to confirm required growth characteristics, selectivity, enrichment, and biochemical response.

(ii) Parasitology. A reference collection of slides, photographs, or gross specimens of identified parasites shall be available and used in the laboratory for appropriate comparison with diagnostic specimens. A calibrated ocular micrometer shall be used for determining the size of ova and parasites, if size is a critical factor.

(iii) Virology. Systems for the isolation of viruses and reagents for the identification of viruses shall be available to cover the entire range of viruses which are etiologically related to clinical diseases for which services are offered.

Records shall be maintained which reflect the systems used and the reaction observed. In tests for the identification of viruses, controls shall be employed which will identify erroneous results. If serodiagnostic tests for virus diseases are performed, requirements for quality control as specified for serology shall apply.

(b) Serology.

(i) Serologic tests or unknown specimens shall be run concurrently with a positive control serum of known titer or controls of graded reactivity plus a negative control in order to detect variations in reactivity levels. Controls for all test components (antigens, complement, erythrocyte indicator systems, etc.) shall be employed to insure reactivity and uniform dosage. These results shall not be reported unless the predetermined reactivity pattern of the controls is obtained.

(ii) Each new lot of reagent shall be tested concurrently with one of known acceptable reactivity before the new reagent is placed in routine use.

(iii) Equipment, glassware, reagents, controls, and techniques for tests for syphilis shall conform to those recommended in the "Manual of Tests for Syphilis 1969," United States Public Health Service Publication No. 411, January 1969.

(c) Clinical chemistry.

(i) Each instrument or other device shall be recalibrated or rechecked at least once on each day of use. Records which document the routine precision of each method, automated or manual, and its recalibration schedule shall be maintained and be available to laboratory personnel and the secretary. At least one standard and one reference sample (control) shall be included with each run of unknown specimens where such standards and reference samples are available. Control limits for standards and reference samples shall be recorded and displayed and shall include the course of action to be instituted when the results are outside the acceptable limits.

(ii) Screening or qualitative chemical urinalysis shall be checked daily by use of suitable reference samples.

(d) Immuno-hematology.

(i) ABO grouping shall be performed by testing unknown red cells with anti-A and anti-B grouping serums

licensed under Part 73, Title 42, Code of Federal Regulations, or possessing equivalent potency, using the technique for which the serum is specifically designed to be effective. For conformation of ABO grouping, the unknown serum shall be tested with known A1 and B red cells.

(ii) The Rh. (D) type shall be determined by testing unknown red cells with anti-RH (anti-D) typing serum licensed under 42 CFR Part 73, or possessing equivalent potency, using the technique for which the serum is specifically designed to be effective. Anti-RH' (CD), anti-RH'' (DE) and anti-RH rh'rh'' (CDE) serums licensed pursuant to 42 CFR Part 73, or possessing an equivalent potency may be used for typing donor blood. All Rh negative donor and patient cells shall be tested for the Rh variant (D''). A control system of patient's cells suspended in his own serum or in albumin shall be employed when the test is performed in a protein medium.

(iii) The potency and reliability of reagents (antisera known test cells, and antiglobulin-Coombs serum) which are used for ABO grouping, RH typing, antibody detection and compatibility determinations must be tested for reactivity on each day of use and when a new lot of reagents is first used.

(e) Hematology. Instruments and other devices used in hematological examination of specimens shall be recalibrated or retested or reinspected, as may be appropriate, each day of use. Each procedure for which standards and controls are available shall be rechecked each day of use with standards or controls covering the entire range of expected values. Tests such as the one-stage prothrombin time test shall be run in duplicate unless the laboratory can demonstrate that low frequency of random error or high precision makes such testing unnecessary. Reference materials, such as hemoglobin pools, and stabilized cells, shall be tested at least once each day of use to insure accuracy of results. Standard deviation, coefficient of variation, or other statistical estimates of precision shall be determined by random replicate testing of specimens. The accuracy and precision of blood cell counts and hematocrit and hemoglobin measurements shall be tested each day of use.

(f) Exfoliative cytology; histopathology; oral pathology—

(i) Exfoliative cytology. The laboratory director or supervisor qualified in cytology or cytotechnologist shall rescreen for proper staining and correct interpretation at least a 10-percent random sample of gynecological smears which have been interpreted to be in one of the benign categories by personnel not possessing director or supervisor qualifications. All gynecological smears interpreted to be in the "suspicious" or positive categories by screeners shall be confirmed by the laboratory director or qualified supervisor and the report shall be signed by a physician qualified in pathology or cytology. All nongynecological cytological preparations, positive and negative, shall be reviewed by a director or supervisor qualified in cytology. Nonmanual methods shall provide

quality control similar to that provided in other non-manual laboratory procedures. All smears shall be retained for not less than two years from date of examination.

(ii) **Histopathology and oral pathology.** All special stains shall be controlled for intended reactivity by use of positive slides. Stained slides shall be retained for not less than two years from date of examination and blocks shall be retained for not less than one year from such date. Remnants of tissue specimens shall be retained in a fixative solution until those portions submitted for microscopy have been examined and a diagnosis made by a pathologist.

(g) **Radiobioassay.** The counting equipment shall be checked for stability at least once on each day of use, with radioactive standards or reference sources. Reference samples with known activity and within expected levels of normal samples shall be processed in replicate quarterly. For each method, records which document shall be maintained and be available to the department. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-051, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-051, filed 12/30/80.]

WAC 248-22-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-22-500 Purpose. Regulations relating to alcoholism treatment facilities are hereby adopted pursuant to chapter 71.12 RCW. The purpose of these regulations is to provide health and safety standards and procedures for the issuance, denial, suspension, and/or revocation of licenses for facilities maintained and operated primarily for receiving or caring for alcoholics.

The board recognizes the secretary's authority to allocate and delegate the various functions, duties and responsibilities involved in licensing alcoholism treatment facilities to the department's administrative units and staff as he deems necessary to ensure the administration of these licensing regulations is consistent with the administration of the Uniform Alcoholism and Intoxication Treatment Act, chapter 70.96A RCW. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-500, filed 11/4/82; Order 100, § 248-22-500, filed 6/10/74.]

WAC 248-22-501 Definitions. For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) All adjectives and adverbs such as adequate, approved, competent, qualified, necessary, reasonable, satisfactory, sufficiently, effectively, appropriately, or suitable used in these rules and regulations to qualify a person, a procedure, equipment, or building shall be as determined by the Washington state department of social and health services.

(2) **Administrator** – means the individual appointed as the chief executive officer by the governing body of a facility to act in its behalf in the overall management of the alcoholism treatment facility.

(3) **Alcoholic** – means a person with alcoholism.

(4) **Alcoholism** – means an illness characterized by habitual lack of self-control as to the consumption of alcoholic beverages or the consumption of alcoholic beverages to the extent that a person's health is substantially impaired or endangered or his social or economic function is substantially disrupted.

(5) **Alcoholism counselor** – means a person who is knowledgeable about the nature and treatment of alcoholism, is knowledgeable about community resources which provide services alcoholics may need, knows and understands the principles and techniques of counseling and is skilled in the application of these principles and techniques.

(6) **Alcoholism treatment facility** – means a private hospital, sanitarium, treatment center or other place which is operated primarily for the treatment of alcoholism.

(7) **Alteration** – means any structural, electrical, mechanical, or functional changes in any room or area of an alcoholism treatment facility.

(a) **Minor alteration** – means any repair or replacement which is necessary to maintain the facility in good operating condition. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from applicable rules and regulations.

(8) **Area (except when used in reference to a major section of an alcoholism treatment facility)** – means a portion of a room which contains the equipment essential to carry out a particular function and is separated from other facilities of the room by a physical barrier or adequate space.

(9) **Bathing facility** – means a bathtub or shower.

(10) **Client** – means any person (inpatient or outpatient) receiving services for the treatment of alcoholism.

(11) **Counseling, individual** – means an interaction between a counselor and a client for the purpose of helping the client gain a better understanding of himself and develop the ability to deal more effectively with the realities of his environment.

(12) **Counseling, group (or group therapy)** – means an interaction between two or more clients and alcoholism counselor(s) for the purpose of helping the clients gain better understandings of themselves and develop abilities to deal more effectively with the realities of their environments.

(13) **Distinct part** – means a segregated, physical, and functional section of an alcoholism treatment facility

which provides the facilities, staff, and services required for a particular category of alcoholism treatment service.

(14) **Detoxification** – means care or treatment of an intoxicated person during a period in which his system is cleared of alcohol and he recovers from the transitory effects of intoxication.

(15) **Detoxicated** – means withdrawn from the consumption of alcohol and recovered from the transitory effects of intoxication.

(16) **Department** – means the Washington state department of social and health services.

(17) **Facilities** – means a room or area and/or equipment to serve a specific function.

(18) **General health supervision** – means provision of the following services as indicated:

(a) Reminding a client to self-administer medically prescribed drugs and treatments;

(b) Encouraging a client to follow any modified diet and rest or activity regimen which has been medically prescribed for him;

(c) Reminding and assisting a client to keep appointments for health care services, such as appointments with physicians, dentists, visiting nurse service or clinics;

(d) Encouraging a client to have a complete physical examination if he has not had such an examination within the past year or if he manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment are indicated.

(19) **Governing body** – means an individual or group which is legally responsible for the conduct of an alcoholism treatment facility.

(20) **Grade (adjacent ground elevation)** – means the lowest point of elevation of the finished surface of the ground between the exterior wall of a building and a point five feet distant from said wall, or the lowest point of elevation of the finished surface of the ground between the exterior wall of a building and the property line if it is less than five feet distant from said wall. In case walls are parallel to and within five feet of public sidewalk, alley, or other public way, the grade shall be the elevation of the sidewalk, alley, or public way.

(21) **Immediate supervision** – means being on duty at the same time as another person over whose work performance one has responsibility and authority to maintain surveillance and take corrective action when indicated.

(22) **Inpatient** – means a client to whom the alcoholism treatment facility is providing board and room on a 24-hour a day basis.

(23) **Intoxication** – means acute alcohol poisoning or temporary impairment of a person's mental or physical functioning caused by alcohol in his system.

(24) **Intoxicated** – means in the state of intoxication.

(25) **Lavatory** – means a plumbing fixture of adequate size and proper design for washing hands.

(26) **Legend drug** – means a drug bearing the legend, "Caution, Federal law prohibits dispensing without a prescription."

(27) **Licensed nurse** – means either a registered nurse or a licensed practical nurse.

(a) **Licensed practical nurse** – means a person duly licensed under the provisions of the Licensed Practical Nurse Act of the state of Washington, chapter 18.78 RCW.

(b) **Registered nurse** – means a person duly licensed under the provisions of the law regulating the practice of registered nursing in the state of Washington, chapter 18.88 RCW.

(28) **May** – means permissive or at the discretion of the department.

(29) **New construction** – means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as an alcoholism treatment facility.

(b) Addition(s) to existing building(s) to be used as an alcoholism treatment facility.

(c) Alteration(s) other than minor alteration(s) to an existing alcoholism treatment facility.

(30) **Outpatient** – means a client to whom the alcoholism treatment facility does not provide board and room on a 24-hour a day basis.

(31) **Owner** – means an individual, firm, partnership, corporation, company, association, or joint stock association or the legal successor thereof who operates an alcoholism treatment facility whether he owns or leases the premises.

(32) **Pharmacist** – means a person duly licensed by the Washington state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(33) **Pharmacy** – means a place where the practice of pharmacy is conducted, properly licensed under the provisions of chapter 18.64 RCW by the Washington state board of pharmacy.

(34) **P.r.n. drug** – means a drug which a physician has ordered to be administered only when needed under certain circumstances.

(35) **Physician** – means a doctor of medicine or a doctor of osteopathy duly licensed in the state of Washington.

(36) **Room** – means a space set apart by floor to ceiling partitions on all sides with proper access to a corridor or a common-use living room or area and with all openings provided with doors or windows.

(37) **Secretary** – means the secretary of the Washington state department of social and health services, or his designee.

(38) **Service sink** – means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(39) **Shall** – means compliance is mandatory.

(40) **Should** – means compliance is suggested or recommended but is not required.

(41) **Through traffic** – means traffic for which the origin and destination are outside the room or area which serves as a passageway.

(42) **Toilet** – means a room containing at least one water closet.

(43) **Usable floor space** – as used in reference to clients' sleeping rooms means the floor space exclusive of vestibules and closets, wardrobes, or portable lockers.

[Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-501, filed 11/4/82; Order 148, § 248-22-501, filed 6/29/77; Order 100, § 248-22-501, filed 6/10/74.]

WAC 248-22-510 Licensure. (1) APPLICATION FOR LICENSE.

(a) An application for an alcoholism treatment facility license shall be submitted on forms furnished by the department. An application shall be signed by the owner of the facility or his legal representative and by the administrator.

(b) The applicant shall furnish to the department full and complete information, and promptly report any changes which would affect the current accuracy of such information, as to the identity:

(i) Of each person having (directly or indirectly) an ownership interest of 10 percent or more in such alcoholism treatment facility;

(ii) Of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit, or nonprofit; and

(iii) Of each partner, if the program is a legal partnership.

(2) DISQUALIFIED APPLICANTS.

(a) Each and every individual named in an application for an alcoholism treatment facility license shall be considered separately and jointly as applicants, and if anyone be deemed unqualified by the department in accordance with the law or these rules and regulations, the license may be denied, suspended, or revoked. A license may be denied, suspended, or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with these rules and regulations promulgated pursuant thereto, and, in addition, any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of any illegal act on the premises of the alcoholism treatment facility;

(iii) Cruelty or indifference to the welfare of any client;

(iv) Misappropriation of the property of the clients; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate an alcoholism treatment facility, the department shall consider the ability of each individual named in the application to operate the alcoholism treatment facility in accordance with the law and these regulations. Individuals who have previously been denied a license to operate a health care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked shall not be granted a license unless to the satisfaction of the department they affirmatively establish clear, cogent, and convincing evidence of their ability to operate the

alcoholism treatment facility, for which the license is sought, in full conformance with all applicable laws and rules and regulations.

(3) **SUBMISSION OF PLANS.** The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plot plan showing streets, driveways, water and sewage disposal systems, the location of buildings on the site and grade elevations within ten feet of any building in which clients are to be housed.

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information: Identification of each client's sleeping room by use of a lettering or numbering system; the usable square feet of floor space in each room; the clear window glass area in each client's sleeping room; the height of the lowest portion of the ceiling in any client's sleeping room; and floor elevations referenced to the grade level.

(4) **CLASSIFICATION OF ALCOHOLISM TREATMENT SERVICES.** For the purpose of licensing, alcoholism treatment services provided by alcoholism treatment facilities shall be classified as follows:

(a) *Alcoholism detoxification services* are those services required for the care and/or treatment of persons intoxicated or incapacitated by alcohol during the period in which the system is cleared of alcohol and the individual recovers from the transitory effects of intoxication. These include screening of intoxicated persons; detoxification of intoxicated persons; counseling of alcoholics regarding their illness to stimulate motivation to obtain further treatment, and referral of detoxicated alcoholics to other, appropriate alcoholism treatment programs.

(b) *Alcoholism intensive inpatient treatment services* are those services provided to the detoxified alcoholic in a residential setting which include, as a minimum, limited medical evaluation and health supervision, alcoholism education, organized individual and group counseling, discharged referral to necessary supportive services, and a client follow-through program after discharge.

(c) *Alcoholism recovery house services* are the provision of an alcohol free residential setting with supportive services and social and recreational facilities for detoxicated alcoholics to aid their adjustment to normal patterns of living and their engagement in occupational training, gainful employment or other types of normal community activities.

(d) *Alcoholism long-term treatment services* are long term (90 days or more) provision of a residential care setting with personal care services for alcoholics with impaired self-maintenance capabilities who need personal guidance and assistance to maintain sobriety and optimum health status.

(5) CONDITIONS FOR AUTHORIZATION OF MULTIPLE CATEGORIES OF ALCOHOLISM TREATMENT SERVICES.

(a) An alcoholism treatment facility may provide more than one category of alcoholism treatment services provided the following requirements are met:

(i) The owner (licensee) shall request the department to license the alcoholism treatment facility as one with distinct parts classified according to categories of treatment.

(ii) For each category of alcoholism treatment service, the owner (licensee) shall designate and maintain a distinct part for which the department has shown approval for the particular category of alcoholism treatment service on the license.

(iii) Each distinct part of an alcoholism treatment facility shall comply with all special regulations applicable to a facility which provides the particular category of alcoholism treatment service for which it is approved as well as the applicable general regulations for alcoholism treatment facilities.

(iv) For each distinct part there shall be a staff which is sufficient in numbers and qualifications to provide the services needed by clients and to comply with the regulations applicable to a facility which provides the particular category of alcoholism treatment service for which the distinct part is approved. Administrative, supervisory and other personnel may be shared by an entire alcoholism treatment facility provided consistency and continuity in the care and treatment of clients are assured and the sharing of staff does not adversely affect the program for any category of alcoholism treatment service.

(v) Prior to initiation of a program for a particular category of alcoholism treatment service which is not shown on an alcoholism treatment facility's current license, the owner of the facility shall obtain the department's approval of the designated distinct part and the program for the particular category of treatment service.

(b) If the maintenance and operation of a distinct part is not in compliance with applicable laws and regulations, the department may deny, suspend, or revoke authorization to provide the particular category of alcoholism treatment service for which the distinct part is designated without denying, suspending, or revoking the alcoholism treatment facility's license: *Provided, however,* That the maintenance and operation of the alcoholism treatment facility is otherwise in essential compliance with applicable laws and regulations.

(6) DESIGNATION OF CATEGORIES OF ALCOHOLISM TREATMENT SERVICES ON LICENSE. The license issued to an alcoholism treatment facility shall show the category(ies) of alcoholism treatment which the alcoholism treatment facility is authorized to provide and the number of beds approved for each category of treatment service.

(7) POSTING OF LICENSE. The license for an alcoholism treatment facility shall be framed and posted in a conspicuous place on the premises.

(8) NEW CONSTRUCTION.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; and plans of each floor of the building(s), existing and proposed, which designate the function of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plan;

(ii) Plans of each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned locations of beds and other furniture in clients' sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilating, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients if construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(9) EXEMPTIONS.

(a) The secretary or his designee may, in his discretion, exempt an alcoholism treatment facility from compliance with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without jeopardizing the safety or health of the clients in the particular alcoholism treatment facility.

(b) The secretary or his designee, may upon written application, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his satisfaction to be at least equivalent to those prescribed.

(c) All exemptions or substitutions granted pursuant to the foregoing provisions shall be reduced to writing and filed with the department of social and health services and the alcoholism treatment facility.

(10) COMPLIANCE WITH OTHER REGULATIONS.

(a) Rules and regulations adopted by the Washington state fire marshal under the provisions of RCW 71.12-.485 which are found in chapter 212 WAC apply.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials shall be followed.

(c) Compliance with these regulations does not exempt an alcoholism treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(11) TRANSFER OF OWNERSHIP. The possession or ownership of an alcoholism treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for license has been approved.

(12) DENIAL, SUSPENSION OR REVOCATION OF LICENSE. Upon finding, as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue an order to the applicant or licensee giving notice of any denial of a license application, suspension, or revocation of a license, which order shall become final thirty days after the date of mailing, provided the applicant or licensee does not within ten (10) days from the date of mailing of the department's order of rejection, revocation or suspension of license make written application to the department for a hearing. Upon receipt of such an application, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-700 through 248-08-740. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-510, filed 11/4/82; Order 148, § 248-22-510, filed 6/29/77; Order 118, § 248-22-510, filed 5/23/75; Order 100, § 248-22-510, filed 6/10/74.]

WAC 248-22-520 Administrative management. (1) Governing body.

(a) The alcoholism treatment facility shall have an effective governing body which is legally responsible for the conduct of the alcoholism treatment facility.

(b) The governing body shall:

(i) Adopt bylaws which establish the mechanism for selection of officers and members of the governing body.

(ii) Maintain a current job description for the position of administrator, which delineates the qualifications for and the responsibilities of the position.

(iii) Establish the philosophy and overall objectives for the alcoholism treatment facility and each distinct part thereof.

(iv) Adopt administrative policies which establish the mechanism for delegation of responsibility and accountability for operation and maintenance of the alcoholism treatment facility.

(v) Adopt policies for the care of clients in the facility and every distinct part thereof. These policies shall govern the admission of clients, the length of stay, the type and scope of services provided to clients, and the transfer or discharge of clients and shall provide for a continuing evaluation of the alcoholism treatment program(s).

(vi) Provide for the personnel, facilities, equipment, supplies, and special services which are necessary to meet clients' needs for services and to maintain and operate the facility in accordance with applicable laws and regulations.

(c) The bylaws, job description for the administrator, philosophy and objectives, administrative policies and policies regarding the care of clients shall be: consistent with applicable federal and state laws and regulations; written, current, dated and signed by officers of the governing body; and shall be readily available to all members of the governing body and other persons in accordance with their responsibilities or involvement in implementation.

(2) Administrator.

(a) There shall be an administrator at least 21 years of age who manages the alcoholism treatment facility effectively.

(b) At any time the administrator is not on duty or on call, there shall be a person on duty or on call to whom the administrator has delegated the authority and responsibility to act in his stead. Any person to whom the administrator's authority and responsibility are delegated shall be a competent person at least 21 years of age who is not currently a client in the facility.

(c) The administrator shall establish and maintain a current written plan of organization which includes all positions and delineates the functions, responsibilities, authority and relationships of all positions within the alcoholism treatment facility.

(d) The administrator shall ensure that written policies and procedures are: developed, reviewed and revised, as necessary to keep them current; dated and signed by persons having responsibility for approval of the policies and procedures; readily available to personnel; and followed in the care and treatment of clients.

(3) Personnel.

(a) There shall be sufficient qualified personnel, who are not of the client population, to provide the services needed by clients and properly maintain the alcoholism treatment facility. This shall not preclude the assignment of work to a client when the assignment is part of

the client's treatment program and the client works under the immediate supervision of a member of the staff.

(b) There shall be a written job description for each position classification within the facility.

(i) Each job description shall include: The job title, the definition of the position, the title of the immediate supervisor, a summary of the duties and responsibilities and the minimum qualifications.

(ii) Qualifications listed in a job description shall include the education, training, experience, knowledge and special abilities required for the position.

(iii) The appropriate job description shall be explained to each employee, and shall be used thereafter as one of the means for evaluating his performance.

(iv) Job descriptions shall be dated and shall be reviewed and revised so they are kept current.

(c) There shall be an education program which affords each employee opportunity to develop the competencies needed to perform the duties and responsibilities assigned to him.

(i) A planned, supervised orientation shall be provided to each new employee to acquaint him with the organization of the facility, the physical plant layout, his particular duties and responsibilities, the policies, procedures and equipment which are pertinent to his work and the disaster plan for the facility.

(ii) A planned training program shall be provided to any employee who has not been prepared for his job responsibilities through completion of a recognized, formal educational program.

(iii) Each employee shall be provided training for the performance of the specific functions, duties, and procedures for which he is responsible, but lacks adequate training or experience.

(iv) A record shall be maintained of the orientation, on-the-job training and continuing education provided for the employee. The data contained in this record shall be sufficient to allow determination of whether or not the employee has received the training or education necessary for performance of his functions and duties.

(d) Upon employment, each person shall have or provide documented evidence of a tuberculin test by the Mantoux method unless medically contraindicated. When this skin test is negative (less than 10 mm of induration) no tuberculin skin test shall be required. A positive test will consist of 10 mm or more of induration read at 48 to 72 hours. Positive reactors shall have a chest x-ray within 90 days of the first day of employment. Exceptions:

(i) Those with positive tests (as defined above) shall have an annual screening in the form of a chest x-ray.

(ii) Those with positive tests whose chest x-ray shows no sign of active disease, at least two years after the first documented positive skin test, shall be exempted from further annual testing.

(iii) Those with positive tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(e) Employees with a communicable disease in an infectious stage shall not be on duty.

(f) For each employee there shall be a current personnel record (or file) which includes the following:

(i) Application form, which includes or is supplemented by a resume' of the employee's education or training and work experience.

(ii) Verification of the employee's professional, technical or vocational education or training.

(iii) Written performance evaluations for the initial six months of employment and for each year of employment thereafter.

(iv) A record of verification of a valid, current license for any employee for whom licensure is required.

(v) Evidence of adequate health supervision including a record of tuberculin skin tests or chest x-rays, accidents occurring on duty, and illness occurring during the time of employment.

(4) **Agreement for student practice.** If an alcoholism treatment facility provides a setting for student practice in a formal educational or training program, there shall be a written agreement with the educational agency or institution concerned. This agreement shall define the nature and scope of student activities within the facility, and ensure supervision of student activities in the interest of clients' welfare.

(5) **Disaster plan.** The alcoholism treatment facility shall have a current written plan to be followed in the event of fire, explosion or other type of disaster. This plan shall be developed with the assistance of fire, safety and other appropriate experts and shall include directions regarding: the course of action to be taken according to the type and nature of a disaster; the location and use of devices for activating the alarm system; procedures for notifying the fire department; methods of containing fire; the location and use of equipment for extinguishing fires; evacuation procedures and routes; procedures for notifying appropriate persons; care and transfer of casualties; and removing and safeguarding records. The plan shall be posted in appropriate locations throughout the alcoholism treatment facility so it is readily available to all personnel. Orientation and training on the disaster plan and procedures shall be provided to all personnel and drills shall be conducted at irregular intervals during the day and night and at least 12 times each year so each employee is prepared to act in the role for which he would be responsible should a disaster occur. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-520, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-22-520, filed 1/4/80; Order 100, § 248-22-520, filed 6/10/74.]

WAC 248-22-530 Client care and services, general.

(1) **INDIVIDUAL TREATMENT PLAN.** For each client there shall be an individual treatment plan which is designed to help him understand and overcome his illness and which takes into account: his current health status; any medical treatment prescribed for him; and his physical, mental, emotional, social and religious needs. The client shall be encouraged to participate in developing his treatment plan to the extent that he is able.

(2) GENERAL CARE AND TREATMENT.

(a) Each client shall be provided the equipment, supplies, and assistance he needs to maintain his personal comfort, cleanliness and grooming.

(b) Each client shall be provided at least one comfortable pillow and adequate, lightweight warm bedding, clean bed linen, towels and washcloths.

(c) The client shall be treated in a manner that respects his individual identity and human dignity and fosters a constructive self-esteem on his part.

(d) The client's right to observe the tenets of his faith shall be respected. The client's care and treatment regimen shall be adapted to accommodate the client's religious beliefs and practices insofar as is reasonable.

(3) COUNSELING SERVICES. There shall be on staff at least one alcoholism counselor and such additional counselors as necessary to provide the alcoholism counseling services needed by clients. The alcoholism treatment facility may meet this requirement by having in effect a written agreement with a community alcoholism treatment agency or private practitioner who is an alcoholism counselor.

(4) SOCIAL AND RECREATIONAL ACTIVITIES. There shall be definite provision for social and recreational activities to promote and assist a client's engagement in normal activities in accordance with his interests, needs and potential.

(5) HEALTH CARE SERVICES, GENERAL.

(a) There shall be a physician who is responsible for direction of the medical aspects of the alcoholism treatment program. This physician may be one whose services the alcoholism treatment facility has engaged on a regular basis or, where there is an organized medical staff, a representative of the medical staff. This physician's responsibility for medical guidance of the treatment program shall include approval of policies and procedures pertaining to: medical screening of clients; care of clients having minor illnesses or other conditions requiring minor treatment or first aid; and medical emergencies. At the time of making original application for license, the alcoholism treatment facility shall furnish the department with the name of such physician together with a letter from the physician stating he has accepted responsibility for directing the medical aspects of the alcoholism treatment program. In the event of a change of such physician, immediate notice shall be given the department together with a similar letter from the physician who has then assumed the responsibility.

(b) There shall be written medical policies and procedures to guide the action of personnel in caring for clients having minor illnesses or other conditions requiring minor treatment or first aid. First aid supplies as needed to implement medical policies and procedures shall be readily available.

(c) If a client manifests signs and symptoms of a physical or mental condition for which services not provided by the alcoholism treatment facility are indicated, the alcoholism treatment facility shall, to the extent feasible, advise and assist the client to obtain the services which are indicated.

(d) A client shall be transferred to a hospital at any time he manifests signs and symptoms of a condition (serious illness including delirium tremens or severe trauma) that warrant acute care and treatment in a hospital.

(e) The delegation or assignment of any medical or nursing function, duty, or responsibility to personnel shall be consistent with the laws governing the practice of medicine, osteopathy, registered nursing, and licensed practical nursing in Washington state and with the training and experience of the person to whom the delegation or assignment is made.

(f) Recognized standards of medical aseptic technics, including basic handwashing practices, shall be followed in all direct, personal care of clients.

(g) There shall be reporting of communicable diseases in accordance with chapter 248-100 WAC.

(6) ADMINISTRATION OF DRUGS AND TREATMENTS.

(a) There shall be written orders, signed by a physician or other legally authorized practitioner acting within the scope of his license, for all drugs and treatments administered to a client by personnel. There shall be an organized system, which ensures accuracy in receiving, transcribing, and implementing physicians' or other legally authorized practitioners' orders for the administration of drugs and treatments.

(i) Orders for drugs and treatments, including standing orders, used in the care of a client, shall be entered in the client's treatment record and shall be signed by a physician or other legally authorized practitioner prior to administration except when it is necessary to accept a verbal or telephone order.

(ii) Orders for drugs or medical treatments shall include: the date ordered; the name of the drug or description of the treatment including the name of the drug, solution or other agent to be used in the treatment; the dose of the drug or, for a treatment, the dose concentration or intensity of a drug, solution or other agent to be used; the route or method of administration; and the time and frequency of administration. In lieu of the time and frequency, a p.r.n. order for a drug or treatment shall clearly indicate: the minimum interval of time between doses or treatments; the maximum number of doses or treatments that may be administered; and the circumstances for which the drug or treatment is to be administered.

(iii) A verbal or telephone order for the administration of drug(s) or medical treatment(s) shall be received by a licensed nurse from the physician or other practitioner legally authorized to prescribe. Upon receipt of such an order the following shall be entered into the client's treatment record immediately: the data required under the preceding (6)(a)(ii); the name of the physician or other authorized practitioner who gave the order; and the signature of the licensed nurse who received the order. The physician's or other legally authorized practitioner's signature for such an order shall be obtained as soon as possible and not later than 48 hours after receipt of the verbal or telephone order.

(iv) Persons who administer drugs and medical treatments to clients shall be qualified by training and legally permitted to assume this responsibility.

(v) Any drug administered to a client shall be prepared, administered, and recorded in the client's record by the same person. This shall not be interpreted to preclude a physician's administration of a drug which has been prepared for administration by a person who is assisting the physician in the performance of a diagnostic or treatment procedure or the administration of a single, properly labeled drug which has been dispensed or issued from a pharmacy so it is ready to administer.

(b) Self-administration of drugs by a client shall be in accord with the following:

(i) The client shall be physically and mentally capable of administering his own drug properly.

(ii) Any legend drug which a client has for self-administration shall have been prescribed for the client by a physician or other legally authorized practitioner acting within the scope of his license and shall have been dispensed in a legibly and securely labeled container by a pharmacist.

(iii) Prescription drugs, over-the-counter drugs purchased independently by the client and other medicinal materials used by a client shall be kept in individually keyed and locked storage units (e.g., drawers, medicine cabinets, compartments). Access to and use of such drugs and materials shall be restricted to the particular client for self-administration. It is recommended that all such individual, locked drug storage units be in a central location where personnel can maintain surveillance over clients' self-administration of drugs.

(7) PHARMACEUTICAL SERVICES. There shall be provision for timely delivery of necessary drugs and biologicals from a pharmacy so a physician's orders for drug therapy can be implemented without undue delay.

There shall be written policies and procedures which provide for the procurement, storage, control, use, retention, release, and disposal of drugs and biologicals in accordance with applicable federal and state laws and regulations. Except as provided for in the preceding WAC 248-22-530(6)(b) for self-administration of drugs by a client, the procurement, storage, control, use, retention, release and disposal of drugs shall comply with the following:

(a) There shall be adequate drug facilities which provide for locked storage of all drugs without crowding and for the observance of safe procedures and techniques in the preparation of medicines for administration. Any room or area which serves as a drug facility shall serve clean functions only and shall be well illuminated and ventilated. There shall be a sink with hot and cold running water in or adjacent to the room serving as a drug facility.

(b) All drugs shall be stored in an orderly fashion in locked cabinets or in cabinets in a locked room which serve exclusively for storage of drugs and supplies and equipment used in the administration of drugs. Drugs shall be accessible only to persons who are legally authorized to dispense or administer drugs and shall be kept

in locked storage at any time such a legally authorized person is not in immediate attendance.

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet: *Provided, however,* That schedule III controlled substances may be stored with schedule II controlled substances.

(d) Drugs for external use shall be stored apart from drugs for internal use on a separate shelf or in a separate compartment or cabinet. Any shelf, compartment, or separate cabinet used for storage of external drugs shall be clearly labeled to indicate it is to be used for external drugs only.

(e) All drugs requiring refrigeration shall be stored in a separate, locked box or compartment within a refrigerator, or in a separate refrigerator which is locked or in a locked room and shall be accessible only to persons legally authorized to dispense or administer drugs. In each refrigerator in which drugs are stored, there shall be a thermometer located so it can be read easily. The inside temperature of a refrigerator in which drugs are stored shall be maintained within a 35°F. to 50°F. range.

(f) At all times, keys to drug boxes, cabinets, and rooms shall be carried by persons who are legally authorized to administer drugs.

(g) All drugs shall be obtained and kept in containers which have been labeled securely and legibly by a pharmacist, or in their original containers labeled by their manufacturers and shall not be transferred from the container in which they were obtained except for preparation of a dose for administration.

(i) Each legend drug shall have a label which shows: the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the patient's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; the controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed; and the expiration date, if any. In the case of a compounded drug which contains schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(ii) A label on a container of drugs shall not be altered or replaced except by a pharmacist. Drug containers having soiled, damaged, incomplete, illegible or makeshift labels shall be returned to the pharmacy for relabeling or disposal. Drugs in containers having no labels shall be destroyed.

(h) No drugs may be returned from the alcoholism treatment facility to a pharmacy except as provided in the preceding subsection (g)(ii).

(i) Drugs shall be released to a client upon discharge only upon authorization of a physician. A receipt shall be secured for all legend drugs released to a client or a responsible person who accepts the drug(s) for the client. The client, or other responsible person to whom the drugs are released, shall acknowledge receipt of the drugs by signing a statement in which the following data are included: the name of the client; the date of the release of the drugs; the prescription number, name,

strength, and amount of each drug; the signature of the person releasing the drugs and the signature of the person receiving the drugs. Signed acknowledgements of receipt of drugs shall be kept in the client's treatment record. The release record for any schedule II and III controlled substance shall be entered on the appropriate page for the given legend drug in the bound controlled substances record book. This entry shall include the date, the amount of the drug, the location to which the client is going, the signature of the person releasing the drug, and the signature of the person receiving the drug.

(j) Any drug having an expiration date shall be removed from usage and destroyed immediately after the expiration date.

(k) All of an individual client's drugs, except those released to the client on discharge and schedule II controlled substances, shall be destroyed by a licensed nurse immediately after discharge of the client.

(i) Drugs shall be destroyed by a licensed nurse in the presence of a witness in such a manner that they cannot be retrieved, salvaged, or used; they shall not be discarded with garbage or refuse.

(ii) For any drug which is destroyed, there shall be an entry in the client's record which shall include the following: the date; the name, strength, and quantity of the drug; the signature of the licensed nurse who destroyed the drug; and the signature of the witness. In addition, a record of the destruction of any schedule III controlled substance shall be entered on the page for the particular prescription in the schedule III record book.

(l) The physician responsible for the direction of the medical aspects of the alcoholism detoxification service may provide an emergency drug supply within the alcoholism detoxification service provided the following requirements are met.

(i) The emergency drug supply shall be considered an extension of the physician's own drug supply and remain his responsibility.

(ii) All drugs for an emergency supply shall be kept in a separate, secure, locked, emergency drug drawer or cabinet.

(iii) The emergency drug supply shall be limited to drugs needed for genuine medical emergencies, including the need for the medical management of an intractable intoxicated person.

(iv) The quantity of any drug in a particular dosage strength shall be limited to a seventy-two hour supply which shall be determined by calculating the number of clients and their potential need for emergency medication.

(v) A list of the drugs to be kept in the emergency drug supply shall be kept on file in the alcoholism treatment facility. This list shall include the name and dosage strength of each drug, and be dated and signed by the physician. The emergency drug supply shall contain only those drugs which are on this list.

(vi) There shall be an emergency drug supply record book, which is a bound book with numbered pages, in which a continuous inventory of the emergency drug supply is maintained and each receipt and withdrawal of an emergency drug is recorded. The record for each

emergency drug (according to name and strength) shall be on a separate page. For each receipt of a drug, the following shall be recorded: the date of receipt, the number of dosage units received, the total amount of the drug on hand after the receipt and the signature of the physician or licensed nurse who placed the drug in the emergency drug supply. For each withdrawal of an emergency drug, the following shall be recorded: the name of the client to whom the drug was administered, the nature of the medical emergency condition for which the drug was administered, the date and time of administration, the amount of the drug withdrawn, the balance of the drug remaining in the emergency supply after the withdrawal and the signature of the licensed nurse or physician who withdrew the drug from the emergency drug supply.

(vii) The contents of the emergency drug supply, the approved list of drugs to be kept in the emergency drug supply, and records relating to the emergency drug supply shall be subject to inspection by representatives of the department and the state board of pharmacy.

(m) Special requirements for controlled substances. The following requirements shall apply to all controlled substances except controlled substances which are self-administered by a client and stored in accordance with WAC 248-22-530(6)(b) and controlled substances in an emergency drug supply which is maintained in accordance with WAC 248-22-530(7)(l).

(i) All schedule II controlled substances shall be stored in separately keyed and locked, secure storage within a drug facility. This may be accomplished by maintaining a separately keyed and locked secure cabinet or metal-lined drawer or separately keyed and locked metal box securely fastened down within a locked drug cabinet or locked drug room.

(ii) There shall be a schedule II controlled substances record book which shall be a bound book with numbered pages in which each receipt and withdrawal of a schedule II controlled substance is recorded. The record for each prescription of a schedule II controlled substance shall be on a separate page. For each receipt of a schedule II controlled substance the following shall be recorded: the client's full name; the prescription number; the name of the pharmacy; the name of the prescribing physician; the name, strength, and number of dosage units of the drug received; the method of administration; the date of receipt and the signature of the licensed nurse who received the drug. For each withdrawal from a prescription container of a schedule II controlled substance, the following shall be recorded: the date and time; the signature of the nurse who withdrew the drug; the amount of the drug withdrawn; and the balance of the drug in the container after the withdrawal.

(iii) At least once a day, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule II controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two persons, one of whom is legally authorized to administer drugs. A record of each count shall be entered on the page for the particular prescription in the schedule II

controlled substances record book and signed by persons who made the count.

(iv) There shall be a schedule III controlled substances record book which shall be a bound book with numbered pages in which each receipt and withdrawal of a schedule III controlled substance shall be recorded in the same manner as that required for schedule II controlled substances.

(v) At least once a week, the amount (e.g., number of tablets, ampules or cc's) of the drug in each container of a schedule III controlled substance (including any for which a physician has ordered discontinuance of administration) shall be counted simultaneously by at least two persons, one of whom is legally authorized to administer drugs. A record of each count shall be entered on the page for the particular prescription in the schedule III controlled substances record book and signed by persons who made the count.

(vi) For any discrepancy between actual count and the record for any schedule II or schedule III controlled substance prescription, a signed entry describing the discrepancy shall be made on the record page for the particular prescription in which the discrepancy was found. The discrepancy shall be reported in writing immediately to the responsible supervisor who shall investigate. Any discrepancy which has not been corrected within seven calendar days shall be reported to the department or the Washington state board of pharmacy.

(vii) Unused schedule II controlled substances for which a physician has ordered discontinuance of administration shall be returned to the drug enforcement administration within 60 days after having been discontinued.

All schedule II controlled substances which remain after the discharge of clients shall be returned to the drug enforcement administration at least once each month. They may be delivered in person by an authorized representative of the alcoholism treatment facility or sent by registered mail to:

District Supervisor
 Drug Enforcement Administration
 221 First Avenue West, Room 200
 Seattle, Washington 98199

Appropriate forms are furnished by the drug enforcement administration. Receipts for drugs from the drug enforcement administration shall be kept on file in the alcoholism treatment facility and readily accessible to authorized representatives of the department and the Washington state board of pharmacy.

(8) SAFETY MEASURES.

(a) There shall be written policies and procedures governing the action to be taken following any accident or incident which jeopardizes a client's health or life. These should include: errors in the administration of drugs or treatments; adverse reactions to a drug or treatment; and any accident or other untoward incident within the alcoholism treatment facility which may have been harmful or injurious to the client. Policies and procedures should ensure the following for each such accident or injury: timely reporting to a physician when

indicated; reporting to appropriate administrative staff; and entry in the client's treatment record describing what happened and the action taken; investigation to ascertain the circumstances of the accident or incident; and institution of appropriate measures to prevent similar occurrences in the future insofar as possible.

(b) There shall be provision for personnel to gain immediate emergency access to any sleeping room, toilet, shower or bathroom and any other room occupied by clients.

(c) Methods for the cleaning, disinfecting or sterilizing, handling, and storage of all supplies and equipment shall be such as to prevent the transmission of infection.

(9) NOTIFICATION REGARDING CHANGE IN A CLIENT'S CONDITION. A client's next of kin, legal guardian or other person or agency responsible for the client shall be notified as rapidly as possible should a serious change in the client's condition, transfer of the client to a hospital or death of the client occur.

(10) REGISTER AND TREATMENT RECORDS.

(a) Client Register. There shall be a permanent, current register of all persons admitted for care or treatment in the alcoholism treatment facility on either an inpatient or outpatient basis. This shall contain the following data for each person: date and time of admission, full name, date of birth, social security number and address; date and time of discharge or transfer; and the name and address of the place to which discharged or transferred. Data on clients shall be entered into the register in chronological order according to the date and time of admission. When an alcoholism treatment facility provides more than one category of alcoholism treatment service, there shall be a separate register for each distinct part of the facility.

(b) Record system. There shall be an organized record system which provides for:

(i) Maintenance of a current, complete treatment record for each client;

(ii) A systematic method of identifying and filing clients' records so each record can be located readily;

(iii) Maintenance of the confidentiality of clients' treatment records by storing and handling them under conditions which allow only authorized persons access to them.

(c) Individual treatment records. Each client's treatment record shall include:

(i) Identifying and sociological data including the client's full name, birthdate, social security number, marital status, home address and religion;

(ii) The date of admission;

(iii) The name, address, and telephone number of the client's next of kin or other responsible person;

(iv) The name, address, and telephone number of the client's personal physician, if any;

(v) A record of the findings of each health screening;

(vi) A record of the findings of any physical examination by a physician within the alcoholism treatment facility;

(vii) A record of observations of the client's condition;

(viii) Written orders for any drugs or medical treatment administered to a client by personnel (these orders shall be dated and signed by a physician);

(ix) A physician's written order for any modified diet provided to the client;

(x) A record of any administration of a drug or treatment to a client by a physician or personnel (this shall include the time and date of administration and the signature of the person who administered the drug or treatment);

(xi) A record of counseling and educational services;

(xii) Progress notes on response to care and treatment;

(xiii) A record of a client's signed voluntary admission and consent to care and treatment or a commitment record;

(xiv) A record of discharge or transfer which shall include the date and time and a statement on the client's condition at the time of discharge or transfer;

(xv) Each entry in a client's record shall be dated and shall be authenticated by the signature and title of the person making the entry.

(11) FOOD SERVICES.

(a) The dietary service shall be directed by a person who manages the food service effectively.

(b) The number and scheduled working hours of dietary service personnel shall be adequate to meet the food service needs of clients.

(c) Work assignments of dietary personnel and schedules of routine duties of each position in the dietary service shall be posted in the dietary service area and shall be kept on file at least thirty (30) days.

(d) At least three meals a day or their equivalent shall be served daily at regular intervals with not more than 14 hours between a substantial evening meal and breakfast. The substantial evening meal shall be one that provides one-third to one-half of the protein requirement for the day.

(e) There shall be written physicians' orders for all therapeutic (special) diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current diet manual which is approved by the department shall be used as a guide in planning and preparing therapeutic diets.

(f) Meals shall provide a well-balanced diet of good quality food in sufficient quantity to meet the nutritional needs of clients and, unless medically contraindicated, the dietary allowances of the Food and Nutrition Board of the National Research Council, adjusted for age, sex and activity.

(g) All menus shall be written and prepared at least a week in advance for use in purchasing, preparing, and serving food for clients. When changes in menus are necessary, the variations or substitutions shall be recorded on the menu by the person who prepared the meal(s). Menus as prepared and served (showing any variations or substitutions which were made) shall be kept on file for at least 12 months.

(h) A file of recipes tested in the facility and adjusted to appropriate yield should be maintained.

(i) Snacks of nourishing quality shall be available as needed by clients.

(j) Cooking shall not be permitted in sleeping rooms.

(k) There shall be current written policies and procedures for food storage, preparation, and service. A copy of these policies and procedures shall be kept within the dietary service and shall be readily available to food service personnel at all times.

(l) There shall be current written procedures and schedules for cleaning of all food service equipment and work areas. A copy of the procedures shall be kept within the dietary service and shall be available for reference by the dietary personnel at all times.

(m) Food service sanitation shall be governed by chapter 248-84 WAC, "Rules and regulations of the state board of health governing food service sanitation."

(12) LAUNDRY SERVICES. The alcoholism treatment facility shall make provision and be responsible for the proper handling, cleaning, and storage of linen and other washable goods. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-530, filed 11/4/82; Order 100, § 248-22-530, filed 6/10/74.]

WAC 248-22-540 Maintenance and housekeeping.

(1) The alcoholism treatment facility structure, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained in the interest of clients' safety and well-being.

(2) The storage and disposal of garbage and refuse shall be by methods which prevent conditions which are conducive to the transmission of disease or create a nuisance, breeding place for flies, or a feeding place for rodents.

(3) The alcoholism treatment facility shall be kept free from insects and rodents. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-540, filed 11/4/82; Order 100, § 248-22-540, filed 6/10/74.]

WAC 248-22-550 Special additional requirements for an alcoholism treatment facility which provides alcoholism detoxification service. Any alcoholism treatment facility, or distinct part thereof, which provides alcoholism detoxification service shall comply with the following additional requirements.

(1) REQUIRED SERVICES. There shall be an organized treatment program and staff which provide the following services:

(a) Medical screening of each person prior to admission to determine whether he manifests signs or symptoms of serious illness (including delirium tremens) or severe trauma which warrants acute care and treatment in a hospital and whether he needs detoxification.

(b) Detoxification of intoxicated persons.

(c) Counseling of alcoholics regarding their illness.

(d) Referral of detoxicated alcoholics to other appropriate alcoholism treatment programs.

(2) CATEGORY OF CLIENTS. Admission of clients to an alcoholism detoxification service shall be limited to persons who need detoxification services and do not manifest signs and symptoms of a condition (serious

illness including delirium tremens or severe trauma) which warrants acute care and treatment in a hospital.

(3) **TRANSFER AGREEMENT.** The alcoholism treatment facility shall have in effect a written transfer agreement with one or more hospitals which provides assurance that a person can and will be transferred to a hospital when his condition necessitates acute care and treatment in a hospital.

(4) **MEDICAL SCREENING.** There shall be policies and procedures governing the medical screening of persons prior to admission. These shall be designed to ensure that any medical screening is done by a person who is: knowledgeable about medical conditions, skilled in observation and in eliciting information pertinent to assessment of a health problem, and competent to recognize significant signs and symptoms of illness or trauma.

(5) **EMERGENCY MEDICAL POLICIES AND ORDERS.**

(a) There shall be current, written medical policies and orders to guide the action of personnel should a medical emergency arise when a physician is not present. These shall:

(i) Delineate the circumstances or signs and symptoms for which the particular policies and orders are to be followed;

(ii) Provide for a physician to be called as rapidly as possible;

(iii) Delineate the minimum qualifications or training of persons who may execute particular medical orders; and

(iv) Be approved in writing by the administrator, the physician responsible for direction of the medical aspects of the treatment program and the registered nurse responsible for the direction and supervision of nursing services.

(b) Any order for the administration of drugs or treatments during a medical emergency shall include:

(i) The name of the drug or a description of the treatment which includes the name of any drug or other agent;

(ii) The dosage of a drug, or the concentration or intensity of another agent;

(iii) The route or method of administration;

(iv) Where pertinent, the time interval, frequency or duration of administration;

(v) The date the order was written; and

(vi) The signature of the physician.

(6) **PROVISIONS FOR MEDICAL COVERAGE.** The alcoholism treatment facility shall make definite arrangements for a physician to be on call at all times to advise regarding medical problems and to provide emergency medical services if needed. A current schedule of the names and telephone numbers or the call services through which on-call physicians can be contacted rapidly shall be posted at the nurse's station in the alcoholism treatment facility.

(7) **NURSING SERVICES.**

(a) Nursing services shall be provided to each client in accordance with his needs.

(b) A registered nurse shall be responsible for planning and supervising the nursing services and for the selection and training of personnel who provide nursing observation and care. In an alcoholism treatment facility where there is not need for the full-time services of a registered nurse, the facility may, through a written contract, employ a registered nurse supervisor on a part-time basis, provided such a supervisor is on duty within the facility at least four hours per week and such additional time as may be needed to perform nursing supervisory functions.

(c) At least one staff member who is qualified to provide the nursing observation and care needed by persons undergoing detoxification shall be on duty at all times.

At any time a licensed nurse is not on duty, there shall be on call a registered nurse who will come to the alcoholism treatment facility when indicated and who is able to reach the alcoholism treatment facility within 15 minutes.

(d) Continuing observation of each client's condition shall be by persons competent to recognize and evaluate significant signs and symptoms and take appropriate action. The frequency of observation shall correspond with the degrees of acuity, severity, and instability of a client's condition.

(i) Observations of a client's condition shall include the client's vital signs, motor and sensory abilities, mental and emotional behavior, physical discomfort, response to care and treatment, and other signs and symptoms indicative of abnormality, adverse change, or favorable progress.

(ii) Observation of significant signs and symptoms which are indicative of abnormality, adverse change or favorable progress shall be recorded in the client's record and signed by the person who made the observations.

(iii) There shall be timely reporting to a physician about significant adverse signs and symptoms presented by a client in accordance with the nature and severity of the signs and symptoms and the indications for medical evaluation or intervention.

(8) **REQUIRED FACILITIES FOR DISTINCT PART.** When an alcoholism detoxification service is in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities which shall be used exclusively for the alcoholism detoxification services: clients' sleeping rooms, toilets and bathing facilities, drug facilities and nurse's station with a telephone. Dining and living areas shall be available but may be shared with alcoholism intensive treatment or alcoholism rehabilitative services. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-550, filed 11/4/82; Order 148, § 248-22-550, filed 6/29/77; Order 100, § 248-22-550, filed 6/10/74.]

WAC 248-22-560 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism intensive inpatient treatment or services or alcoholism recovery house services. (1) CATEGORY OF CLIENTS.

(a) Admission and retention of clients for care and treatment shall be limited to detoxicated alcoholics. Persons needing detoxification shall be referred or transferred to an alcoholism detoxification service unless they manifest signs and symptoms of a condition that warrants acute care and treatment in a hospital.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by a lay person to a client with a mild temporary illness which does not exceed fourteen days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines and simple treatments properly; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

(2) **REQUIRED FACILITIES FOR A DISTINCT PART.** When alcoholism intensive inpatient treatment services or alcoholism recovery house services are provided in a distinct part of an alcoholism treatment facility, the distinct part shall include the following facilities: clients' sleeping rooms and toilet and bathing facilities. There shall be two or more rooms, suitably furnished, to accommodate client dining and social activities, group meetings for clients and staff meetings. An alcoholism detoxification service, an alcoholism intensive treatment service and an alcoholism recovery house service may share the use of such rooms, provided such sharing does not result in the activities of one category of alcoholism service interfering with or otherwise detracting from the program of another category of alcoholism treatment service.

(3) **REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM INTENSIVE INPATIENT TREATMENT SERVICES.**

(a) Required services. There shall be an organized alcoholism intensive treatment program and staff which provide the following services:

- (i) Education of clients regarding alcoholism;
- (ii) Intensive individual and group counseling;
- (iii) Social and recreational activities;
- (iv) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty. During the night hours, a staff member shall make regular periodic tours of the facility to check on safety of the clients and the facility.

(4) **REQUIRED SERVICES AND STAFF COVERAGE — ALCOHOLISM RECOVERY HOUSE SERVICE.**

(a) Required services. There shall be an organized alcoholism rehabilitative program and staff which provide the following services:

(i) Vocational rehabilitative services, which may be provided through arrangements with another appropriate community agency;

(ii) Social and recreational activities, which shall include provision for participation in community activities as well as activities within the alcoholism treatment facility;

(iii) General health supervision.

(b) Staff coverage. At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-560, filed 11/4/82; Order 148, § 248-22-560, filed 6/29/77; Order 100, § 248-22-560, filed 6/10/74.]

WAC 248-22-570 Special additional requirements for an alcoholism treatment facility, or distinct part thereof, which provides alcoholism long-term treatment service. (1) CATEGORY OF CLIENTS.

(a) Admission and retention of clients for care shall be limited to detoxicated alcoholics who are ambulatory or are independently mobile by use of a functional aid (i.e., wheel chair, brace or cane) but need personal care services to maintain sobriety and optimum health.

(b) Nursing care of ill or disabled persons shall be limited to the following services: simple nursing care of a type ordinarily given in a private home by lay persons, to a client with a mild temporary illness which does not exceed fourteen (14) days in duration; administration of medicines and treatments of minimal complexity to clients who are unable to administer their own medicines and simple treatments; and periodic or occasional visiting nurse service from a community health agency. Any person who requires nursing care beyond these services shall not be admitted or retained as a client but shall be referred or transferred to another health care facility which regularly provides the nursing services he needs.

(2) **REQUIRED SERVICES.**

(a) Alcoholism long-term treatment services shall include the furnishing of board, room, laundry, a program of social and recreational activities, and personal care services.

(b) Personal care services shall include the furnishing of the following services to clients in accordance with their individual needs:

(i) Ensuring that functional aids or equipment (e.g., glasses, hearing aids, wheel chairs, canes) which a client needs are properly maintained.

(ii) Assistance, guidance or supervision in personal hygienic care, dressing and grooming, maintaining clothing and other personal effects, maintaining a safe and comfortable personal environment, handling personal business or financial affairs, participation in social, recreational, or church activities, and engagement in productive employment in accordance with their potentials.

(iii) General health supervision.

(3) **REQUIRED FACILITIES FOR A DISTINCT PART.** When an alcoholism long-term treatment service is provided in a distinct part of an alcoholism facility, the distinct part shall include the following: client's sleeping rooms, toilets and bathing facilities and two or

more rooms suitably furnished to accommodate clients' dining, social and recreational activities.

(4) **STAFF COVERAGE.** At all times, a staff member who is competent to supervise clients shall be on duty or in residence within the alcoholism treatment facility and available should a client need his services. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-570, filed 11/4/82; Order 148, § 248-22-570, filed 6/29/77; Order 100, § 248-22-570, filed 6/10/74.]

WAC 248-22-580 Site and grounds. (1) The alcoholism treatment facility shall be located in an area which is properly drained and is served by at least one street which is usable under all weather conditions.

(2) There should be adequate grounds for clients' outdoor exercise and recreation. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-580, filed 11/4/82; Order 100, § 248-22-580, filed 6/10/74.]

WAC 248-22-590 Physical plant and equipment.

(1) CLIENTS' SLEEPING ROOMS.

(a) There shall be at least 80 square feet of usable floor space in single-bed sleeping rooms and 70 square feet of usable floor space per bed in multi-bed sleeping rooms. No portion of a sleeping room having less than 7'6" ceiling height may be counted as part of the required area. For an alcoholism receiving and detoxification service, there shall be at least one semi-private room or two private rooms. For an alcoholism intensive inpatient treatment service, alcoholism recovery house or an alcoholism long-term treatment service, the maximum capacity of any client's sleeping room shall not exceed twelve beds. It is recommended that no client's sleeping room exceed a four bed capacity.

(b) Each sleeping room shall be located to prevent through traffic and to minimize the entrance of excessive noise, odors and other nuisances.

(c) Each sleeping room shall be directly accessible from a corridor or a common-use activity room or area for clients.

(d) Sleeping rooms shall be outside rooms with a clear glass window area of approximately 1/8 of the usable floor area or more. Rooms shall not be considered to be outside rooms if such required window area is within 10 feet of another building or other obstruction to view or opens into a window well, enclosed porch, light shaft, ventilation shaft or other enclosure of a similar confining nature. Windows shall operate freely.

(e) No room, the floor of which is more than 3 feet, 6 inches below grade at any required window, shall be used as a client's sleeping room.

(f) Each client shall be provided with sufficient storage facilities, either in or immediately adjacent to his sleeping room, to adequately store a reasonable quantity of clothing and personal possessions.

(g) Each client shall be provided a bed which is at least 36" wide and has a firm spring and firm mattress with a waterproof protective covering. A client's bed may be a standard household bed, studio couch or day

bed. A folding bed, rollaway bed, cot, daveno, or davenport shall not be used as a client's bed. Beds used for detoxification of clients should be equipped with side rails.

(h) Clients' beds shall be spaced at least 3 feet apart.

(i) Each sleeping room shall be provided with adequate furnishings which shall include one chair per bed in the room.

(2) TOILET AND BATHING FACILITIES.

(a) There shall be, for the floor served, one water closet and one lavatory for each eight persons or fraction thereof. There shall be one bathing facility for each twelve persons or fraction thereof residing in the facility. The word "persons" as used in this requirement includes all clients and staff members who do not have private toilet and bathing facilities for their exclusive use.

(b) Each water closet and each bathing facility shall be enclosed in a separate room or stall, with the exception that one water closet may be permitted in a bathroom containing a single bathing facility. When a room contains more than one water closet or one bathing facility, it shall be used for one sex only.

(c) Grab bars shall be securely mounted at water closets and bathing facilities in such numbers and in such locations that accidental falls will be minimized.

(3) CLIENT DINING, LIVING AND THERAPY ROOMS.

(a) The alcoholism treatment facility shall have two or more rooms, suitably furnished, to accommodate clients' dining, social, educational and recreational activities, group therapy and staff meetings. At least one of these rooms shall be an outside room with window(s).

(i) There shall be a dining room or area large enough to provide table service for all clients at one time.

(ii) If a multi-purpose room is used for dining and social and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(iii) At least 25 square feet of floor space per bed shall be provided for dining, social, educational, recreational activities and group therapy.

(b) There shall be at least one room (or office) which provides privacy for interviewing and counseling of clients on an individual basis. Such additional rooms (or offices) shall be provided as needed to provide the individual counseling services needed by clients.

(4) **MEDICAL EXAMINATION ROOM.** If there is regular provision for a physician to perform physical examinations of clients within the facility, there shall be an examination room in the alcoholism treatment facility. This examination room shall be equipped with an examination table, examination light and storage units for medical supplies and equipment. There shall be a hand-washing facility in or readily accessible to the examination room.

The examination room may also serve as a private interviewing and counseling room if the room space and arrangement are adequate to accommodate the equipment and furniture for both purposes.

(5) UTILITY AND STORAGE FOR MEDICAL AND NURSING SUPPLIES AND EQUIPMENT. If

the services provided by the alcoholism treatment facility involve the use of medical and nursing supplies and equipment, there shall be utility and storage facilities which are designed and equipped for washing, disinfection or sterilization, storage and other handling of medical and nursing supplies and equipment in a manner that ensures segregation of clean and sterile supplies and equipment from those that are contaminated.

(6) **STAFF QUARTERS.** Any sleeping or living quarters provided for staff within the alcoholism treatment facility shall be separate from clients' sleeping rooms and living area.

(7) **FOOD SERVICE FACILITIES.**

(a) The alcoholism treatment facility shall have food service facilities which are adequate to meet the food service needs of clients and to comply with chapter 248-84 WAC, "Rules and regulations of the state board of health governing food service sanitation."

(b) Areas used for the storage, preparation, display or serving of food shall be located to avoid through traffic to other areas of the alcoholism treatment facility and shall be used for no other purpose except that a dining room may be used as a client or staff activity room.

(c) The location and arrangement of food service facilities shall be such that clients and personnel (other than dietary personnel) do not go through a food storage, preparation or serving area in order to go to the dining room.

(8) **LAUNDRY FACILITIES.**

(a) If a commercial laundry service is utilized, adequate soiled linen storage facilities shall be provided.

(b) If linen is washed on the premises:

(i) The laundry equipment shall be located in an area separate from the kitchen, dining, and living areas;

(ii) An adequate supply of hot water shall be available to provide water at a minimum of 160°F. in the washing machine; and

(iii) The soiled linen storage and sorting area shall be in a well-ventilated area separate from the washing and clean linen handling area.

(9) **HOUSEKEEPING FACILITIES.** At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable location. Additional service sinks and housekeeping closets equipped with shelving may be required depending on the size and arrangement of the alcoholism treatment facility.

(10) **STORAGE FACILITIES.** There shall be sufficient, suitable storage facilities to provide for storage of clean linen, and other supplies and equipment under sanitary conditions.

(11) **HANDRAILS ON STAIRWAYS AND RAMPS.**

(a) All stairways and ramps shall be provided with handrails on both sides.

(b) Adequate guardrails and other safety devices shall be provided on all open stairways and ramps.

(12) **SURFACES (FLOORS, WALLS, CEILINGS).**

(a) The surfaces in each room and area of the alcoholism treatment facility shall be easily cleanable and suited to the functions of the room or area.

(b) Toilet rooms, bathrooms, kitchens, and other rooms subject to excessive soiling or moisture shall have washable, impervious floors.

(c) Interior ramp surfaces and stairway treads shall be of nonslip materials.

(13) **COMMUNICATIONS.**

(a) There shall be at least one telephone and such additional telephones as may be needed to operate the alcoholism treatment facility and to provide for a telephone to be readily accessible in the event of a fire or other emergency.

(b) There should be a public telephone which is readily available for clients' use.

(14) **LIGHTING.**

(a) Lighting in all areas of the facility shall provide adequate illumination.

(b) Adequacy of lighting will be determined according to the following table.

<u>Location</u>	<u>Lighting Level (foot candles)</u>
Corridors and interior ramps	20
Exit stairways and landing, on floor	5
Recreation area	30
Dining area	30
Sleeping room	
General	10
Reading light	30
Toilet and bathing facilities	30
Laundry	50
Kitchen activities	
Sink	70
Range and work surfaces	50
Shaving (face grooming at mirror)	50
Storage rooms	15

(c) An adequate number of electrical outlets shall be provided to permit the use of lamps, radios, and other electrical fixtures as needed.

(d) General lighting shall be provided for sleeping rooms.

(e) Emergency lighting facilities such as flashlights or battery-operated lamps shall be available and maintained in operating condition.

(15) **HEATING.**

(a) The heating system shall be capable of maintaining a temperature of 72° to 76° throughout the alcoholism treatment facility during winter conditions in the particular geographical area.

(b) The heating system shall be operated to provide a comfortable temperature for clients and personnel at all times.

(c) Reliable thermometers shall be mounted four feet from the floor in a sufficient number of suitable locations to provide for monitoring the temperature throughout the building(s).

(16) **VENTILATION.**

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove all objectionable odors or excessive heat or condensation.

(b) All inside rooms including toilets, bathrooms and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(17) **WATER SUPPLY.** There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC. The hot water temperature at bathing fixtures used by clients shall be automatically regulated so as not to exceed 110°F.

(18) **PLUMBING AND PLUMBING FIXTURES.**

(a) Plumbing for the water supply, plumbing fixtures and the waste and drainage system shall be constructed and maintained so as to avoid unsanitary conditions.

(b) Plumbing fixtures shall be designed and installed to be easily cleaned and maintained.

(c) There shall be a lavatory in each toilet room.

(d) Each plumbing fixture, except water closets, shall be provided with a hot and cold water outlet.

(e) There shall be devices to prevent back flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(19) **SEWAGE DISPOSAL SYSTEM.**

(a) All sewage shall be discharged into a public sewerage system where such system is available and is acceptable to the department. Otherwise, sewage shall be collected, treated and disposed of in an independent sewage disposal system which has been approved by the appropriate local health department.

(b) Discharge of sewage directly onto the ground surface, into bodies of water or directly into the ground water is prohibited.

(20) **GARBAGE AND REFUSE DISPOSAL FACILITIES.**

(a) A separate well-ventilated room or suitable outside area shall be provided for the storage of garbage and refuse.

(b) Garbage and refuse storage containers shall be of a leakproof, nonabsorbent construction with close fitting covers. [Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-590, filed 11/4/82; Order 148, § 248-22-590, filed 6/29/77; Order 100, § 248-22-590, filed 6/10/74.]

Chapter 248-23 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALY IMPAIRED CHILDREN AND YOUTH

WAC

248-23-001	Definitions.
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WAC 248-23-001 Definitions. (1) "Abuse" means injury, sexual abuse or negligent treatment or maltreatment of a child or adolescent by a person who is legally

responsible for the child's/adolescent's welfare under circumstances which indicate that the child's/adolescent's health, welfare and safety is harmed thereby. (RCW 26.44.020.)

Person "legally responsible" shall include a parent or guardian or a person to whom parental responsibility has been delegated (e.g., teachers, providers of residential care, providers of day care).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment or other actions which may result in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility, to act in its behalf in the overall management of the residential treatment facility.

(3) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature which shall include, minimally, first initial, last name, and title.

(4) "Child psychiatrist" means a psychiatrist who has specialization in the assessment and treatment of children and youth with psychiatric impairments. This individual shall be certified in child psychiatry by the board of psychiatry and neurology or board eligible.

(5) "Client" means an individual child or youth who is living in a residential treatment facility for the purpose of receiving treatment and/or other services for a psychiatric impairment.

(6) "Clinical staff" means mental health professionals who have been appointed by the governing body of a residential treatment facility to practice within the parameters of the clinical staff bylaws as established by the governing body of that residential treatment facility.

(7) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact of a harmful or potentially harmful nature regardless of whether or not damage is actually inflicted.

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

(9) "Dietician" means a person who is eligible for membership in the American dietetic association.

(10) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable client behavior. The individualized treatment plan shall define both of these.

(11) "Drug administration" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container), verifying it with the physician's orders, giving the individual dose to the proper patient, and properly recording the time and dose given.

(12) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a patient or for a service unit of the facility.

(13) "Governing body" means the individual or group which is legally responsible for operation and maintenance of the residential treatment facility.

(14) "Individualized treatment plan" means a written statement of care to be provided to a client based upon assessment of his/her strengths, assets, interests, and problems. This statement shall include short and long-term goals with an estimated time frame stipulated, identification of the process for attaining the goals and a discharge plan. When possible, this statement shall be developed with participation of the client.

(15) "Mental health professional" means those individuals described in RCW 71.05.020 and WAC 275-55-100.

(16) "Multidisciplinary treatment team" means a group comprised, when indicated, of individuals from various clinical services, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, education, speech, and hearing. Members of this group shall assess, plan, implement, and evaluate treatment for clients under care.

(17) "Neglect" means negligent treatment or maltreatment or an act of omission which evinces a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a child's/adolescent's health, welfare, and safety. (RCW 26.44.020.)

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for client level of development, inadequate food, clothing, or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation, or other acts of commission or omission which may result in emotional or behavioral problems, physical manifestations, and disordered development.

(18) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as part of the residential treatment facility;

(b) Addition(s) to or conversions of existing building(s) to be used as part of the residential treatment facility;

(c) Alteration(s) or modification(s) other than minor alteration(s) to a residential treatment facility or to a facility seeking licensure as a residential treatment facility.

"Minor alteration(s)" means any structural or functional modification(s) within the existing residential treatment facility which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in chapter 248-16 WAC.

(19) "Occupational therapist" means a person eligible for certification as a registered occupational therapist by the American occupational therapy association.

(20) "Occupational therapy services" means activities directed toward provision of ongoing evaluation and treatment which will increase the client's ability to perform those tasks necessary for independent living, including daily living skills, sensory motor, cognitive and psychosocial components.

(21) "Owner" means an individual, firm, or joint stock association or the legal successor thereof who operates residential treatment facilities for psychiatrically impaired children, whether owning or leasing the premises.

(22) "Pharmacist" means a person who is licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(23) "Physician" means a doctor of medicine or a doctor of osteopathy licensed to practice in the state of Washington.

(24) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his/her professional practice, as defined by Washington state statutes for legitimate medical purposes. (RCW 18.64.011.)

(25) "Psychiatric impairment" means severe emotional disturbance corroborated by clear psychiatric diagnosis provided that one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, chronic school failure, or other signs or symptoms which are the result of gross, ongoing distortions in thought processes;

(b) School phobias, suicide attempts, or other signs or symptoms associated with marked severe or chronic affective disorders as defined in the most recent edition of "American Psychiatric Association Diagnostic and Statistical Manual;"

(c) Chronic sexual maladjustment, history of aggressive unmanageability including violent, chronic, grossly maladaptive behaviors which are associated with (a) or (b) above.

(26) "Psychiatrist" means a physician who has successfully completed a three-year residency program in psychiatry and is certified by the American board of psychiatry and neurology.

(27) "Psychological services" means activities directed towards the provision of interpretation, review and supervision of psychological evaluations; treatment services; participation in admission and discharge; diagnostic formulation; consultation and research.

(28) "Psychologist" means a person who is licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW with training in child clinical psychology.

(29) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(30) "Recreational therapist" means a person with a bachelor's degree with a major or option in therapeutic

recreation or in recreation for ill and handicapped or a bachelor's degree in a related field with equivalent professional experience.

(31) "Recreational therapy services" means those activities directed toward providing assessment of a client's current level of functioning in social and leisure skills and implementation of treatment in areas of deficiency.

(32) "Residential treatment facility for psychiatrically impaired children and youth" means a residence, place or facility designed and organized to provide twenty-four hour residential care and long-term individualized, active treatment for clients who have been diagnosed or evaluated as psychiatrically impaired.

(33) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting volitional body movement.

(34) "Scheduled drugs" means those drugs, substances, or immediate precursors listed in Scheduled I through V, Article II, RCW 69.50.201, State Uniform Controlled Substance Act, as now or hereafter amended.

(35) "Self-administration of medication" means that a client administers or takes his/her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility for seeing that medications are used correctly and that the client is responding appropriately.

(36) "Shall" means that compliance with regulation is mandatory.

(37) "Should" means that compliance with a regulation or standard is suggested or recommended but not required.

(38) "Social work services" means "professional social work services" which includes activities and/or services which are performed to assist individuals, families, groups or communities in improving their capacity for social functioning or in effecting changes in their behavior, emotional responses or social conditions.

(39) "Social worker" means a person with a master's degree in social work obtained from an accredited school of social work.

(40) "Special services" means clinical and rehabilitative activities and/or programs which shall include but not be limited to: Laboratory, radiology and anesthesiology services; education and vocational training; speech, language, hearing, vision, dentistry, and physical rehabilitation. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-001, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-001, filed 3/3/80.]

WAC 248-23-010 Licensure. Residential treatment facilities shall be licensed under chapter 71.12 RCW, private establishments. Chapter 248-23 WAC establishes minimum licensing standards for the safety, adequate care and treatment of clients who are residents in a residential treatment facility.

(1) Application for license.

(a) An application for a residential treatment facility license shall be submitted on forms furnished by the department. Applications shall be signed by the legal representative of the owner.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes which would affect the current accuracy of such information as to the identity of each officer and director of the corporation, if the program is operated by a legally incorporated entity, profit or nonprofit, and of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a residential facility license shall be considered separately and jointly as applicants, and if anyone is deemed disqualified/unqualified by the department in accordance with the law or these rules and regulations, a license may be denied, suspended or revoked. A license may be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW or with rules and regulations promulgated pursuant thereto, and, in addition, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding or abetting the commission of an illegal act on the premises of the residential treatment facility;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any client;

(iv) Misappropriation of the property of the client; and

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate a residential treatment facility, the department shall consider the ability of each individual named in the application to operate the residential treatment facility in accordance with the law and with these regulations. Individuals who have previously been denied a license to operate a health care or child care facility in this state or elsewhere, or who have been convicted civilly or criminally of operating such a facility without a license, or who have had their license to operate such a facility suspended or revoked, shall not be granted a license unless, to the satisfaction of the department, they affirmatively establish clear, cogent and convincing evidence of their ability to operate the residential treatment facility, for which the license is sought, in full conformance with all applicable laws, rules and regulations.

(3) Visitation and examination of the residential treatment facility by the department to ascertain compliance with this chapter and chapter 71.12 RCW shall occur as necessary and at least one time each twelve months.

(4) Denial, suspension or revocation of license. Upon finding, as a result of an inspection, that a facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue a written notification letter to the applicant or licensee giving notice of intent to deny a license application or to suspend or revoke a license thirty days after the date of mailing. This letter shall be followed by

a denial, suspension or revocation letter provided the applicant or licensee does not within thirty days from the date of mailing of the department's notice of intent to reject, revoke or suspend a license make written application to the department for a hearing. Upon receipt of such an application to the department, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC, especially WAC 248-08-700 through 248-08-740. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

(5) Submission of plans. The following shall be submitted with an application for license: *Provided, however,* That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes which are not on file need to be submitted.

(a) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site and grade elevations within ten feet of any building in which clients are to be housed.

(b) Floor plans of each building in which clients are to be housed. The floor plans shall provide the following information:

(i) Identification of each client's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each client's sleeping room;

(iv) The height of the lowest portion of the ceiling in any client's sleeping room;

(v) The floor elevations referenced to the grade level.

(6) Posting of license. A license for the residential treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans which are drawn to scale and include: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, which designate the functions of each room and show all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications

have been submitted to and approved by the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. These shall include:

(i) Plot plans;

(ii) Plans for each floor of the building(s) which designate the function of each room and show all fixed equipment and the planned location of beds and other furniture in client's sleeping rooms;

(iii) Interior and exterior elevations, building sections and construction details;

(iv) A schedule of floors, wall and ceiling finishes, and the types and sizes of doors and windows;

(v) Plumbing, heating, ventilation, and electrical systems; and

(vi) Specifications which fully describe workmanship and finishes.

(c) Adequate provisions shall be made for the safety and comfort of clients as construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent of proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only those changes which have been approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes which are incorporated into the construction project shall be submitted for the department's file on the project even though it was not required that these be submitted prior to approval.

(8) Exemptions. The state board of health may, in its discretion, exempt a residential treatment facility from complying with parts of these rules pursuant to the procedures set forth in WAC 248-08-595.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshall under provisions of RCW 71.12.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the uniform plumbing code of the international association of plumbing and mechanical officials shall be followed.

(c) Compliance with these regulations does not exempt a residential treatment facility from compliance with local and state electrical codes or local zoning, building and plumbing codes.

(10) Transfer of ownership. The ownership of a residential treatment facility shall not be transferred until the transferee has been notified by the department that the transferee's application for a license has been approved. Change in administrator shall be reported to the department. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-010, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-010, filed 3/3/80.]

WAC 248-23-020 Administration. (1) Governing body.

(a) The residential treatment facility shall have a governing body which shall establish and adopt personnel policies; written policies for the admission, care, safety and treatment of clients; bylaws, rules and regulations for the responsible administrative and clinical staffs.

(b) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies and special services necessary to meet the needs of clients.

(c) The governing body shall appoint an administrator who shall be responsible for implementing the policies adopted by the governing body.

(d) The governing body shall establish and maintain a current written organizational plan which includes all positions and delineates responsibilities, authority and relation of positions within the facility.

(2) Personnel.

(a) There shall be sufficient qualified personnel to provide the services needed by the clients and to maintain the residential treatment facility.

(b) There shall be a current written job description for each position classification.

(c) There shall be a personnel record system and a current personnel record for each employee to include application for employment, verification of education or training when required, a record of verification of a valid, current license for any employee for whom licensure is required, and an annually documented performance evaluation.

(d) A planned, supervised and documented orientation shall be provided for each new employee.

(e) There shall be ongoing in-service education which affords each employee the opportunity to maintain and update competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training and review shall be provided.

(f) Volunteer services and activities, when provided shall be coordinated by a qualified member of the facility staff.

(i) There shall be appropriate documented orientation and training provided for each volunteer in accordance with the job to be performed.

(ii) There shall be supervision and periodic written performance evaluation of volunteers who have contact with clients, by qualified staff.

(3) Research and human subjects review committee. When research is proposed or conducted which directly involves clients, there shall be a documented multidisciplinary initial and continuing review process. The purpose of this review shall be to protect rights of the clients with acceptance or rejection and continuing review for the duration of the study. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-020, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-020, filed 3/3/80.]

WAC 248-23-030 Client care services. (1) The residential treatment facility shall have written policies regarding admission criteria and treatment methods. The admission of clients shall be in keeping with the

stated policies and shall be limited to clients for whom the facility is qualified by staff, services, and equipment to give adequate care.

(2) Acceptance of a client for admission and treatment shall be based upon an assessment and intake procedure that determines the following:

(a) A client requires treatment which is appropriate to the intensity and restrictions of care provided by the programs; and/or

(b) The treatment required can be appropriately provided by the program(s) or program component(s); and

(c) Alternatives for less intensive or restrictive treatment are not available.

(3) Treatment and discharge planning.

(a) An initial treatment plan shall be developed for each client upon admission.

(b) The multidisciplinary treatment team shall develop an individualized treatment plan for each client within fourteen days of admission to the facility.

(i) This plan shall be developed following a complete client assessment which shall include, but not be limited to assessment of physical, psychological, chronological age, developmental, family, educational, social, cultural, environmental, recreational, and vocational needs of the clients.

(ii) The individualized treatment plan shall be written and interpreted to the client, guardian, and client care personnel.

(iii) There shall be implementation of the individualized treatment plan by the multidisciplinary treatment team with written review and evaluation at least one time each thirty days. Modifications in the treatment plan shall be made as necessary. Implementation and review shall be evidenced in the clinical record.

(iv) The individualized treatment plan shall include a written discharge plan developed and implemented by the multidisciplinary treatment team.

(v) The individualized treatment plan shall be included in the clinical record.

(4) A written plan shall be developed describing the organization of clinical services. This plan shall address the following:

(a) Medical services.

(i) A comprehensive health assessment and medical history shall be completed and recorded by a physician within five working days after admission unless a comprehensive health assessment and history have been completed within thirty days prior to admission and records are available to the residential treatment facility.

(ii) A complete neurological evaluation shall be completed when indicated.

(iii) A physician member of the clinical staff shall be responsible for the care of any medical condition that may be present during residential treatment.

(iv) Orders for medical treatment shall be signed by a physician.

(v) There shall be a physician on call at all times to advise regarding emergency medical problems. Provisions shall be made for emergency medical services when needed.

(vi) A psychiatric evaluation shall be completed and documented by a psychiatrist within thirty days prior or fourteen days following admission.

(vii) If there is not a child psychiatrist on the staff, there shall be a child psychiatrist available for consultation.

(b) Psychological services. There shall be a psychologist with documented evidence of skill and experience in working with children and youth available either on the clinical staff or by consultation, responsible for planning and reviewing psychological services and for developing a written set of guidelines for psychological services.

(c) Nursing service. There shall be a registered nurse, with training and experience in working with psychiatrically impaired children and youth, on staff as a full-time or part-time employee who shall be responsible for all nursing functions.

(d) Social work services. There shall be a social worker with experience in working with children and youth on staff as a full-time or part-time employee who shall be responsible for social work functions and the integration of these functions into the individualized treatment plan.

(e) Special services.

(i) There shall be an educational/vocational assessment of each client with appropriate educational/vocational programs developed and implemented or assured on the basis of that assessment.

(ii) Special services shall be provided by qualified persons as necessary to meet the needs of the clients.

(f) Occupational therapy services. There shall be an occupational therapist available who has experience in working with psychiatrically impaired children and youth responsible for occupational therapy functions and the integration of these functions into treatment.

(g) Recreational therapy services. There shall be a recreational therapist available who has had experience in working with psychiatrically impaired children and youth responsible for the recreational therapy functions and the integration of these functions into treatment.

(h) Food and dietary services.

(i) Food and dietary services shall be provided and managed by a person knowledgeable in food service.

(ii) Dietary service shall incorporate the services of a dietician in order to meet the individual nutritional needs of clients.

(iii) All menus shall be written at least one week in advance, approved by a dietician, and retained for one year.

(iv) There shall be client-specific physician orders for therapeutic diets served to clients. Therapeutic diets shall be prepared and served as prescribed. A current therapeutic diet manual approved by the dietician shall be used for planning and preparing therapeutic diets.

(v) Meals and nourishment shall provide a well balanced diet of good quality food in sufficient quantity to meet the nutritional needs of children and youth. Unless contraindicated, the dietary allowances of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a

nourishing quality shall be available as needed for clients.

(vi) Food service sanitation shall be governed by chapter 248-84 WAC, "food service sanitation."

(5) Other client safety and care requirements.

(a) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be fair, reasonable, consistent, and related to the behavior of the client. Discipline, when needed, shall be consistent with the individualized treatment plan.

(ii) Abusive, cruel, hazardous, frightening, or humiliating disciplinary practices shall not be used. Seclusion and restraints shall not be used as punitive measures. Corporal punishment shall not be used.

(iii) Disciplinary measures shall be documented in the clinical record.

(b) Assault, abuse and neglect. Clients shall be protected from assault, abuse and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty or neglect to a child or adolescent shall be reported to a law enforcement agency or to the department.

Reporting requirements for suspected incidents of child abuse and/or neglect shall comply with chapter 26.44 RCW.

(i) Staff and/or practitioners legally obligated to report suspected abuse or neglect include licensed practical nurses, registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, pharmacists, professional school personnel, and employees of the department.

(ii) Orientation material shall be made available to the facility personnel, clinical staff and/or consultants informing practitioners of their reporting responsibilities and requirements. Appropriate local police and department phone numbers shall be available to personnel and staff.

(iii) When suspected or alleged abuse is reported, the clinical record shall reflect the fact that an oral or written report has been made to the child protective services of the department or to a law enforcement agency. This note shall include the date and time that the report was made, the agency to which it was made and the signature of the person making the report. Contents of the report need not be included in the clinical record.

(iv) Conduct conforming with reporting requirements of this section or chapter 26.44 RCW shall not be deemed a violation of the confidential communication privileges of RCW 5.60.060 (3) and (4) and 18.83.110.

(c) Allowances, earnings, and expenditures shall be accounted for by the facility. When a client is discharged, he/she may be permitted to take the balance of his/her money or be fully informed about the transfer of his/her money to another facility or other transfer as permitted by state or federal law.

(d) Clients shall not be used to carry the responsibility for basic housekeeping and maintenance of the facility and equipment. Assigned tasks may be performed insofar as they are appropriate and are a part of the individualized treatment plan. Work assignments shall be

adequately supervised and there shall be documentation of the work as part of the treatment program. Work assignments shall be appropriate to the age, physical and mental condition of the client.

(e) Written policy statements and procedures shall describe client rights as specified in WAC 275-55-170, 275-55-200(1), 275-55-260, and 275-55-270.

(f) There shall be current written policies and orders signed by a physician to guide the action of facility personnel when medical emergencies or a threat to life arise and a physician is not present.

(i) Medical policies shall be reviewed as needed and at least biennially and approved in writing by representatives of the medical, nursing, and administrative staffs.

(ii) There shall be current transfer agreement with an acute care general hospital. Medical and related data shall be transmitted with the client in the event of a transfer.

(g) Written policies and procedures shall address notification of legal guardian or next of kin in the event of a serious change in the client's condition, transfer of a client to another facility, elopement, death, or when unusual circumstances warrant.

(h) There shall be written policies and procedures addressing safety precautions to include:

(i) Smoking by personnel, clients, visitors, and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or any other rooms occupied by clients.

(iii) Use and monitoring of seclusion rooms and restraints in accordance with WAC 275-55-280(2) (o), (p) (i) through (iv).

(iv) Availability and access to emergency supplies and equipment to include airways, bag resuscitators and other equipment as identified in the emergency medical policies.

(v) Summoning of internal or external resource agencies or persons, e.g., poison center, fire department, police.

(vi) Systems for routine preventative maintenance, checking and calibration of electrical, biomedical, and therapeutic equipment with documentation of the plan and dates of inspection.

(vii) Fire and disaster plans which include a documentation process and evidence of rehearsals on a regular basis.

(viii) Immediate actions or behaviors of facility staff when client behavior indicates that he/she is assaultive, out of control, or self-destructive. There shall be documentation that rehearsals of staff occur on a regular basis.

(i) There shall be written policies and procedures governing actions to be taken following any accident or incident which may be harmful or injurious to a client which shall include documentation in the clinical record.

(j) There shall be written policies addressing transportation of clients which shall include consideration of the following:

(i) When transportation is provided for clients in a vehicle owned by the facility, the vehicle shall be in safe

operating condition as evidenced by preventive maintenance records.

(ii) Authorization of all drivers of vehicles transporting clients by administration of the facility. Drivers shall possess a current driver's license.

(iii) Observation of maximum safe vehicle driving capacity. Seat belts or other safety devices shall be provided for and used by each passenger.

(iv) Conditions under which clients may be transported in nonfacility-owned vehicles. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-030, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-030, filed 3/3/80.]

WAC 248-23-040 Pharmaceutical services. (1) The facility shall have an agreement with a pharmacist to provide the services called for in the following paragraphs and to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) There shall be written policies and procedures approved by a physician and pharmacist addressing the procuring, prescribing, administering, dispensing, storage, transcription of orders, use of standing orders, disposal of drugs, self-administration of medication, control or disposal of drugs brought into the facility by clients, and recording of drug administration in the clinical record.

(a) There shall be written orders signed by a physician or by another legally authorized practitioner acting within the scope of his/her license for all medications administered to clients. There shall be an organized system which ensures accuracy in receiving, transcribing, and implementing orders for administration of medications.

(b) Drugs shall be dispensed by persons licensed to dispense drugs. Drugs shall be administered by persons licensed to administer drugs.

(c) Drugs brought into the facility for client use while in the facility shall be specifically ordered by a physician.

(i) These drugs shall be checked by a pharmacist prior to administration to determine proper identification of the drug and lack of deterioration of the drug.

(ii) The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) There shall be provision for procurement, labeling, and storage of medications, drugs and chemicals.

(i) Drugs ordered or prescribed for specific clients shall be procured by individual prescription.

(ii) The services of the pharmacist and the pharmacy shall be such that medications, supplies and individual prescriptions are provided without undue delay.

(iii) Medication containers within the facility shall be clearly and legibly labeled with the medication name (generic and/or trade), strength and expiration date, (if available).

(iv) Medications, poisons and chemicals kept anywhere in the facility shall be plainly labeled and stored

in a specifically designated, secure, well-illuminated cabinet, closet or store room and made accessible only to authorized persons. External medications shall be separated from internal medications.

(v) Poisonous external chemicals, caustic materials and drugs shall show appropriate warning or poison labels and shall be stored separately from all other drugs.

(3) The facility shall have a current drug reference readily available for use by clinical staff and treatment team members. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-040, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-040, filed 3/3/80.]

WAC 248-23-050 Infection control. (1) There shall be written policies and procedures addressing infection control and isolation of clients (should isolation be necessary and medically appropriate for an infectious condition).

(2) There shall be reporting of communicable disease in accordance with WAC 248-100-075 and 248-100-080 as now or hereafter amended.

(3) There shall be a current system for reporting, investigating and reviewing infections among clients and personnel and for maintenance of records on such infections.

(4) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When the skin test is negative (less than ten millimeters induration read at forty-eight to seventy-two hours), no further tuberculin skin test shall be required. A positive skin test shall consist of ten millimeters of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specific requirements are as follows:

(a) Those with positive skin tests (as defined above) shall have an annual screening in the form of a chest x-ray.

(b) Those with positive skin tests whose chest x-rays show no sign of active disease at least three years after the first documented positive skin test shall be exempted from further annual testing.

(c) Those with positive skin tests who have completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing and chest x-rays.

(d) A record of test results, x-rays or exemptions to such shall be kept by the facility.

(5) Employees with communicable diseases in an infectious stage shall not be on duty. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-050, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-050, filed 3/3/80.]

WAC 248-23-060 Clinical records. (1) The residential treatment facility shall have a well defined clinical record system, adequate and experienced staff, adequate facilities, equipment and supplies necessary to

the development, maintenance, security, control, retrieval, analysis, use and preservation of client care data. There shall be a person responsible for the clinical record system who has demonstrated competency and experience or training in clinical record administration.

(2) The client records and record system shall be documented and maintained in accordance with recognized principles of clinical record management.

(3) The residential treatment facility shall have current policies and procedures related to the clinical record system which shall include the following:

(a) The establishment of the format and documentation expectations of the clinical records for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of the information contained in records and release of information in accordance with RCW 71.05.390 and WAC 275-55-260.

(4) There shall be an adequate clinical record maintained for each client which is readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated and authenticated.

(5) There shall be a systematic method for identifying the clinical record of each client.

(6) Entries in the clinical record shall be made on all diagnostic and treatment procedures and other clinical events. Entries shall be in ink, typewritten, or on a computer terminal.

(7) Diagnosis, abbreviations and terminology shall be consistent with the most recent edition of the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders" and "International Classification of Diseases."

(8) Clinical records shall include identifying information, assessments by the multidisciplinary treatment team, regular progress notes by members of the multidisciplinary treatment team, individualized treatment plans and a discharge summary.

(9) There shall be a master client index.

(10) Procedures related to retention, preservation, and final disposal of clinical records and other client care data shall include the following:

(a) Each client's clinical record shall be retained and preserved for a period of no less than five years, or for a period of no less than three years following the date upon which the client obtained the age of eighteen years, or five years following the client's most recent discharge, whichever is the longer period of time.

(b) A complete discharge summary, by a member of the clinical staff, and reports of tests related to the psychiatric condition of each client shall be retained and preserved for a period of no less than ten years or for a period of no less than three years following the date upon which the patient obtained the age of eighteen years, or ten years following the client's most recent discharge, whichever is the longer period of time.

(c) Final disposal of any client clinical record(s), indices or other reports which permit identification of the individual shall be accomplished so that retrieval and subsequent use of data contained therein are impossible.

(d) In the event of transfer of ownership of the residential treatment facility, client clinical records, indices

and reports shall remain in the facility and shall be retained and preserved by the new operator of the facility in accordance with subsections above.

(e) If the residential treatment facility ceases operation, it shall make arrangements for preservation of its clinical records, reports, indices, and client data in accordance with subsections above. The plans for such arrangements shall have been approved by the department prior to cessation of operation. [Statutory Authority: Chapter 71.12 RCW, 82-23-004 (Order 1899), § 248-23-060, filed 11/4/82. Statutory Authority: RCW 43.20.050, 80-03-079 (Order 194), § 248-23-060, filed 3/3/80.]

WAC 248-23-070 Physical environment. (1) The residential treatment facility shall provide a safe, clean environment for clients, staff, and visitors.

(2) The residential treatment facility shall be accessible to physically handicapped persons.

(3) Client sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or a common use activity room or an area for clients.

(b) Sleeping rooms shall be outside rooms with a clear glass window area of approximately one-eighth of the usable floor area. Windows shall be shatter-proof and of the security type. This may be an operating security type window.

(c) No room more than three feet six inches below grade shall be used for the housing of clients. There shall be a minimum of ninety square feet of usable floor space in a single bedroom and multi-client rooms shall provide not less than eighty square feet of floor area per bed. The maximum capacity of a sleeping room shall be two clients. There shall not be less than seven and one-half foot ceiling height over the required floor area.

(d) There shall be provision for visual privacy from other clients as needed. This may be achieved through program assuring privacy in toileting, bathing, showering and dressing.

(e) Each client shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within or convenient to his/her room. There shall be provision in the room or elsewhere for secure storage of client valuables.

(f) Each client shall have access to his/her room except when contraindicated by the determination of the treatment team staff.

(g) Each client shall be provided a bed at least thirty-six inches wide or appropriate to the special needs and size of the client with a cleanable, firm mattress and cleanable or disposable pillow.

(h) Sufficient room furnishings shall be provided and maintained in a clean and safe condition.

(i) Client beds shall be spaced so that they do not interfere with entrance, exit or traffic flow within the client's room. Client rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(4) Each client-occupied floor of the facility shall provide one toilet and sink for each five clients or any

fraction thereof. There shall be one bathing facility for each five clients or fraction thereof. If there are more than five clients, separate toilet and bathing facility for each sex are required. Privacy shall be assured.

(5) Adequate lighting shall be provided in all areas of the residential treatment facility.

(a) An adequate number of electrical outlets shall be provided to permit use of electrical fixtures appropriate to the needs of the program. These outlets shall be of a tamper-proof type.

(b) General lighting shall be provided for sleeping rooms. There shall be an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room.

(c) Emergency lighting equipment, such as flashlights or battery-operated lamps, shall be available and maintained in operating condition.

(6) Ventilation.

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove objectionable odors, excessive heat or condensation.

(b) Inside rooms, including toilets, bathrooms, and other rooms in which excessive moisture, odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(7) There shall be an adequate supply of hot and cold running water under pressure which conforms with the standards of the state board of health, chapter 248-54 WAC.

(a) The hot water temperature at bathing fixtures used by clients shall be automatically regulated and shall not exceed one hundred twenty degrees Fahrenheit.

(b) There shall be hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment and dishwashing.

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross-connections may be used.

(8) Linen and laundry.

(a) An adequate storage area and supply of clean linen, washcloths and towels shall be available for client use.

(b) At least one laundry room with washer and dryer located in an area separate from the kitchen and dining area shall be available.

(c) Soiled laundry/linen storage area and sorting areas shall be in a well-ventilated area physically separated from the clean linen handling area, the kitchen and the eating areas.

(9) Within the facility, at least one private area shall be provided for the visiting of clients and visitors.

(10) An adequate number of rooms shall be provided for group and individual therapy.

(a) These rooms shall be enclosed and reasonably sound-proofed as necessary to maintain confidentiality.

(b) When seclusion or maximum security rooms are required by program(s), at least one seclusion room intended for short-term occupancy, which provides for direct supervision by the treatment team staff shall be provided.

(i) Seclusion rooms and furnishings shall be designed to provide maximum security for clients.

(ii) Seclusion rooms shall have provisions for natural or artificial light and may be inside or outside rooms.

(iii) There shall be window lights in doors or other provisions for direct visibility of a client at all times during occupancy.

(iv) Seclusion rooms shall provide fifty square feet of floor space, exclusive of fixed equipment, with a minimum dimension of six feet.

(11) When physical examinations of clients are done on a regular basis within the facility, there should be an examination room available which provides privacy and adequate light. A handwashing facility and soap dispenser shall be available.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored or handled within the facility, there shall be utility and storage areas which shall be designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from those that are contaminated.

(13) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting.

(b) Sewage, garbage, refuse and liquid wastes shall be collected and disposed of in a manner to prevent the creation of an unsafe or unsanitary condition or nuisance.

(14) The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by clients during the coldest weather conditions ordinarily encountered in the geographical location of the residential treatment facility.

(15) There shall be an area provided for secure storage of client records and for privacy of authorized personnel to read and document in the client records.

(16) There shall be a dining room(s) or area(s) large enough to provide table service for all clients. Appropriate furnishings shall be provided for dining.

(a) If a multipurpose room is used for dining and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without their interference with one another.

(b) At least forty square feet per bed shall be provided for the total combined area which is utilized for dining, social, educational, recreational activities and group therapies.

(17) There shall be at least one "nonpay" telephone readily accessible in the event of fire or other emergencies. There shall be a telephone which is readily available for use of clients (located so that privacy is possible).

(18) A safely maintained outdoor recreation area shall be available for use of clients. [Statutory Authority: Chapter 71.12 RCW. 82-23-004 (Order 1899), § 248-23-070, filed 11/4/82. Statutory Authority: RCW 43.20.050. 80-03-079 (Order 194), § 248-23-070, filed 3/3/80.]

Chapter 248-25 WAC

ADULT RESIDENTIAL TREATMENT FACILITIES AND PRIVATE ADULT TREATMENT HOMES

WAC

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248-25-020	Administration.
248-25-030	Client care services in adult residential treatment facilities.
248-25-040	Pharmaceutical services in adult residential treatment facilities.
248-25-050	Infection control in adult residential treatment facilities.
248-25-060	Clinical records.
248-25-070	Physical environment in adult residential treatment facilities.
248-25-100	Client care services in private adult treatment homes.
248-25-120	Physical environment requirements for private adult treatment homes.

WAC 248-25-001 Purpose. The purpose of these regulations is to provide standards for the establishment of residential facilities designed and operated primarily to assist psychiatrically impaired adults to live as independently as possible and to provide essential care, treatment, and training in the skills of individual and community living. This shall be a level of care other than hospital inpatient care. Rules and regulations for private adult treatment homes certified as evaluation and treatment facilities under chapter 71.05 RCW are contained herein. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-001, filed 8/6/82.]

WAC 248-25-002 Definitions. (1) "Abuse" means injury, sexual use or abuse, negligent or maltreatment of a client by a person legally responsible for the client's welfare under circumstances indicating the client's health, welfare, and safety is harmed thereby.

Person "legally responsible" shall include a guardian or a person to whom legal responsibility has been delegated (e.g., providers of residential care, day care, etc.).

(a) "Physical abuse" means damaging or potentially damaging, nonaccidental acts or incidents resulting in bodily injury or death.

(b) "Emotional abuse" means verbal behavior, harassment, or other actions resulting in emotional or behavioral problems, physical manifestations, disordered or delayed development.

(2) "Administrator" means the individual appointed as chief executive officer by the governing body of the facility, to act in the facility's behalf in the overall management of the residential treatment facility.

(3) "Adult residential treatment facility" means a residence, place, or facility designed and organized primarily to provide twenty-four hour residential care, crisis and short-term care, and/or long-term individualized active treatment and rehabilitation for clients diagnosed or evaluated as psychiatrically impaired or chronically mentally ill as defined herein or in chapter 204, Laws of 1982.

(4) "Ambulatory" means a client physically and mentally capable of walking unaided or is capable of independent mobility with the use of a cane, crutches, walkerette, walker, wheelchair or artificial limb. Ambulatory shall be interpreted to mean an individual able to walk or traverse a normal path to safety unaided by another individual. Ambulatory shall not be interpreted to mean an individual needing the assistance of another individual in order to get into and out of bed, to transfer to a chair or toilet or to move from place to place.

(5) "Authenticated" or "authentication" means authorization of a written entry in a record by means of a signature including minimally, first initial, last name, and title.

(6) "Board and domiciliary care" means provision of daily meal service, lodging, and care offered within the living accommodation and includes the general responsibility for safety and well-being of the client with provision of assistance in activities of daily living as needed.

(7) "Client" means an individual living in an adult residential facility or private adult treatment home for the purpose of participating in treatment and rehabilitation for psychiatric impairment or an individual living in the facility for board and domiciliary care.

(8) "Clinical staff" means mental health professionals, paraprofessionals, and medical personnel appointed by the governing body of a residential treatment facility to provide direct client treatment, training, and rehabilitation services within the residential treatment facility, and includes full- and part-time staff and consultants.

(9) "Corporal punishment" means punishment or negative reinforcement accomplished by direct physical contact of a harmful or potentially harmful nature regardless of whether or not damage is actually inflicted.

(10) "Department" means the Washington state department of social and health services.

(11) "Dietitian" means an individual meeting the eligibility requirements described in "Directory of Dietetic Programs Accredited and Approved," American Dietetic Association, Edition 100, 1980.

(12) "Discipline" means actions taken by personnel and staff to encourage the establishment of habits of self-control or to regulate unacceptable client behavior. The individualized treatment plan shall define establishment of habits of self-control and unacceptable client behavior.

(13) "Drug administration" means an act where a single dose of a prescribed drug or biological is given to a client by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from the previously dispensed, properly labeled container (including the unit dose container), verifying the individual dose with the physician's orders, giving the individual dose to the proper client, and properly recording the time and the dose given.

(14) "Drug dispensing" means an act entailing the interpretation of an order for a drug or biological and, pursuant to that order, proper selection, measuring, labeling, packaging, and issuance of the drug for a client or for a service unit of the facility.

(15) "Dwelling" means any building or any portion thereof which is not an apartment house, lodging house or hotel, containing one or two guest rooms which are used, rented, leased, let, or hired out to be occupied for living purposes.

(16) "Governing body" means the individual or group legally responsible for operation and maintenance of the residential treatment facility.

(17) "Independent living skill training" consists of:

(a) Social skill training: A service designed to aid clients in learning appropriate social behavior in situations of daily living (e.g., the use of appropriate behavior in families, work settings, the residential facility and other community settings).

(b) Self-care skills training: A service designed to aid clients in developing appropriate skills of grooming, self-care and other daily living skills such as eating, food preparation, shopping, handling money, the use of leisure time, and the use of other community and human services.

(18) "Individualized treatment plan" means a written statement of care to be provided to a client based upon assessment of his or her strengths, assets, interests, and problems. The statement shall include short- and long-term goals with an estimated time frame stipulated, identification of the process for attaining the goals, and a discharge plan. When possible, the statement shall be developed with participation of the client.

(19) "Mental health professional" means the individuals described in RCW 71.05.020 and WAC 275-55-020.

(20) "Multidisciplinary treatment team" means the availability of a group comprised, when indicated, of individuals from various clinical disciplines, to include medicine, psychiatry, psychology, social work, nursing, occupational and recreational therapies, dietary, pharmacy, speech, and hearing services. Members of the group shall assess, plan, implement, and evaluate treatment and rehabilitation for clients under care.

(21) "Neglect" means negligent treatment or maltreatment or an act of omission, evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a client's health, welfare, and safety.

(a) "Physical neglect" means physical or material deprivation (e.g., lack of medical care, lack of supervision necessary for client level of functioning, inadequate food, clothing or cleanliness).

(b) "Emotional neglect" means acts such as rejection, lack of stimulation or other acts of commission or omission, resulting in emotional or behavioral problems, or physical manifestations.

(22) "New construction" means any of the following started after promulgation of these rules and regulations:

(a) New building(s) to be used as a part of the residential treatment facility;

(b) Addition(s) to or conversions of the existing building(s) to be used as part of the residential treatment facility;

(c) Alteration(s) or modification(s) other than minor alteration(s) to a residential treatment facility or to a

facility seeking licensure as a residential treatment facility;

(d) "Minor alteration(s)" means any structural or functional modification(s) within the existing residential treatment facility, without changing the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department; however, this does not constitute a release from the applicable requirements contained in chapter 248-25 WAC.

(23) "Occupational therapist" means an individual having graduated with a bachelors degree from a university or college occupational therapy program and having completed field work requirements.

(24) "Owner" means an individual, partnership or corporation, or the legal successor thereof, operating residential treatment facilities for psychiatrically impaired adults, whether owning or leasing the premises.

(25) "Paraprofessional" means a person qualified, through experience or training, or a combination thereof, deemed competent while under supervision of a mental health professional, to provide counseling, rehabilitation, training, and treatment services to psychiatrically impaired adults. Such a person shall have, at a minimum:

(a) One year of training in the field of social, behavioral, or health sciences, and one year of experience in an approved treatment program for the mentally ill; or

(b) Two years of training in the field of social, behavioral, or health sciences; or

(c) Three years of work experience in an approved treatment program for the mentally ill.

(26) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under the provisions of chapter 18.64 RCW.

(27) "Physician" means an individual licensed under provisions of chapter 18.57 or 18.71 RCW.

(28) "Prescription" means the written or oral order for drugs issued by a duly licensed medical practitioner in the course of his or her professional practice, as defined by Washington state statutes for legitimate medical purposes. (RCW 18.64.011)

(29) "Private adult treatment home" means a dwelling which is the residence or home of two adults providing food, shelter, beds, and care for two or fewer psychiatrically impaired clients, provided these clients are detained under chapter 71.05 RCW and the dwelling is certified as an evaluation and treatment facility under chapter 71.05 RCW.

(30) "Psychiatric impairment" means serious mental disorders, excluding mental retardation, substance abuse disorders, simple intoxication with alcohol or drugs, personality disorders, and specific developmental disorders as defined in the third edition of "American Psychiatric Association Diagnostic and Statistical Manual," 1980, where one or more of the following symptomatic behaviors is exhibited:

(a) Bizarreness, severe self-destructiveness, schizophrenic ideation, or other signs or symptoms resulting from gross, on-going distortions in thought processes;

(b) Suicide attempts or other signs or symptoms associated with marked, severe, or chronic affective disorders;

(c) Chronic sexual maladjustment, or other grossly maladaptive behaviors, in accordance with subsection (30)(a) or (b) of this section.

(31) "Psychiatrist" means a physician having successfully completed a three-year residency program in psychiatry and is eligible for certification by the American board of psychiatry and neurology (ABPN) as described in "Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education," American Medical Association, 1981-1982 or eligible for certification by the American osteopathic board of neurology and psychiatry as described in "American Osteopathic Association Yearbook and Directory," 1981-1982.

(32) "Psychologist" means a person licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(33) "Recreational therapist" means a person with a bachelors degree with a major or option in therapeutic recreation or in recreation for ill and handicapped or a bachelors degree in a related field with equivalent professional experience.

(34) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, regulating the practice of registered nursing in the state of Washington.

(35) "Rehabilitation services" means a combination of social, physical, psychological, vocational, and recreational services provided to strengthen and enhance the capability of psychiatrically impaired persons and to enable these persons to function with greater independence. The services include, but are not limited to, training in independent living skills.

(36) "Restraint" means any apparatus or chemical used for the purpose of preventing or limiting free body movement.

(37) "Scheduled drugs" means drugs, substances, or immediate precursors listed in schedules I through V, article II, RCW 69.50.201, state uniform controlled substance act, as now or hereafter amended.

(38) "Security window" means a window designed to inhibit exit, entry, and injury to a client, incorporating approved, safe, transparent material.

(39) "Self-administration of medication" means the client administers or takes his or her own medication from a properly labeled container: *Provided*, That the facility maintains the responsibility to assure medications are used correctly and the client is responding appropriately.

(40) "Shall" means compliance with regulation is mandatory.

(41) "Should" means compliance with a regulation or standard is suggested or recommended, but not required.

(42) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-002, filed 8/6/82.]

WAC 248-25-010 Licensure--Adult residential treatment facilities. Adult residential treatment facilities shall be licensed under chapter 71.12 RCW. Chapter 248-25 WAC establishes minimum licensing standards for the safety, adequate care, and treatment of clients living in a residential treatment facility.

(1) Application for license.

(a) An application for a residential treatment facility license shall be submitted on forms furnished by the department. Applications shall be signed by the legal representative of the owner.

(b) The applicant shall furnish to the department full and complete information and promptly report any changes effecting the current accuracy of such information as to the identity of each officer and director of the corporation, if the program is operated by legally incorporated entity, profit or nonprofit, and of each partner, if the program is a legal partnership.

(2) Disqualified applicants.

(a) Each and every individual named in an application for a residential facility license shall be considered separately and jointly as applicants, and if anyone is deemed disqualified or unqualified by the department in accordance with the law or these rules and regulations, a license may be denied, suspended or revoked. A license may be denied, suspended or revoked for failure or refusal to comply with the requirements established by chapter 71.12 RCW, or with rules and regulations promulgated pursuant thereto, and in addition, for any of the following:

(i) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(ii) Permitting, aiding, or abetting the commission of an illegal act on the premises of the residential treatment facility;

(iii) Cruelty, abuse, neglect or assault, or indifference to the welfare of any client;

(iv) Misappropriation of the property of the client;

(v) Failure or inability to exercise fiscal accountability and responsibility toward the individual client, the department, or the business community.

(b) Before granting a license to operate a residential treatment facility, the department shall consider the ability of each individual named in the application to operate the residential treatment facility in accordance with the law and with these regulations. Individuals previously denied a license to operate a health care facility in the state of Washington or elsewhere, or convicted civilly or criminally of operating such a facility without a license, or having had the license to operate such a facility suspended or revoked, shall not be granted a license unless, to the satisfaction of the department, the individual affirmatively establishes clear, cogent, and convincing evidence of ability to operate the residential treatment facility, for which the license is sought, in full conformance with all applicable laws, rules and regulations.

(3) Visitation and examination of the residential treatment facility by the department to ascertain compliance with chapter 248-25 WAC and chapter 71.12

RCW shall occur as necessary and at least one time each twelve months.

(4) Denial, suspension, or revocation of license. Upon finding, as a result of an inspection, the facility has failed or refused to comply with the requirements of chapter 71.12 RCW and these rules and regulations, the department may, if the interests of the clients so demand, issue a written notification letter to the applicant or licensee giving notice of intent to deny a license application or to suspend or revoke a license thirty days after the date of mailing. The letter shall be followed by a denial, suspension, or revocation letter provided the applicant or licensee does not within thirty days from the date of mailing of the department's notice of intent to reject, revoke or suspend the license, make written application to the department for a hearing. Upon receipt of such an application to the department, the department shall fix a time for such hearing and shall give the applicant or licensee a notice of the time fixed for such hearing. Procedures governing hearings under these regulations shall be in accord with procedures set out in chapter 248-08 WAC. All hearings conducted under these regulations shall be deemed to be contested cases within the meaning of chapter 34.04 RCW.

(5) Submission of plans. The following shall be submitted with an application for license: *Provided however*, That when any of the required plans are already on file with the department through previous applications for license or construction approval, only plans for portions or changes not on file need to be submitted.

(a) A plot plan showing street, driveways, water and sewage disposal systems, the location of buildings on the site, and grade elevations within ten feet of any building housing clients.

(b) Floor plans of each building housing clients shall provide the following information:

(i) Identification of each client's sleeping room by use of a lettering or numbering system, or some equivalent mechanism of identification;

(ii) The usable square feet of floor space in each room;

(iii) The clear window glass area in each client's sleeping room;

(iv) The height of the lowest portion of the ceiling in any client's sleeping room;

(v) The floor elevations referenced to the grade level.

(6) Posting of license. A license for the residential treatment facility shall be posted in a conspicuous place on the premises.

(7) New construction.

(a) When new construction is contemplated, the following shall be submitted to the department for review:

(i) A written program containing, at a minimum, information concerning services to be provided and operational methods to be used effecting the extent of facilities required by these regulations.

(ii) Duplicate sets of preliminary plans drawn to scale and including: A plot plan showing streets, driveways, the water and sewage disposal systems, grade and location of building(s) on the site; the plans for each floor of the building(s), existing and proposed, designating the

functions of each room and showing all fixed equipment. The preliminary plans shall be accompanied by a statement as to the source of the water supply and the method of sewage and garbage disposal and a general description of construction and materials, including interior finishes.

(b) Construction shall not be started until duplicate sets of final plans (drawn to scale) and specifications have been submitted to, and approved by, the department. Final plans and specifications shall show complete details to be furnished to contractors for construction of buildings. The plans and specifications shall include:

- (i) Plot plans;
- (ii) Plans for each floor of the building(s) designating the function of each room and showing all fixed equipment and the planned location of beds and other furniture in clients' sleeping rooms;
- (iii) Interior and exterior elevations, building sections, and construction details;
- (iv) A schedule of floor, wall and ceiling finishes, and the types and sizes of doors and windows;
- (v) Plumbing, heating, ventilation, and electrical systems; and
- (vi) Specifications fully describing workmanship and finishes.

(c) Adequate provisions shall be made for safety and comfort of clients as construction work takes place in or near occupied areas.

(d) All construction shall take place in accordance with the approved final plans and specifications. The department shall be consulted prior to making any changes from the approved plans and specifications. When indicated by the nature or extent for proposed changes, the department may require the submission of modified plans or addenda for review prior to considering proposed change(s) for approval. Only changes approved by the department may be incorporated into a construction project. In all cases, modified plans or addenda on changes incorporated into the construction project shall be submitted for the department's file on the project even though the modified plans or addenda were not required to be submitted prior to approval.

(8) The department may, in the department's discretion, exempt an adult residential treatment facility pursuant to the rules herein.

(9) Compliance with other regulations.

(a) Rules and regulations adopted by the Washington state fire marshal under provisions of RCW 71.12.485 which are found in Title 212 WAC apply.

(b) If there is no local plumbing code, the Uniform Plumbing Code of the International Association of Plumbing and Mechanical Officials, 1979 Edition, shall be followed.

(c) Compliance with these regulations does not exempt a residential treatment facility from compliance with local and state electrical codes or local zoning, building, and plumbing codes.

(10) Transfer of ownership. The ownership of a residential treatment facility shall not be transferred or, if a

corporation, a majority of its stock sold, until the transferee has been notified by the department the application for a license has been approved. Change in administrator shall be reported to the department. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-010, filed 8/6/82.]

WAC 248-25-015 Licensure--Private adult treatment home. Private adult treatment homes shall be licensed under chapter 71.12 RCW, private establishments. Chapter 248-25 WAC establishes minimum licensing rules and regulations for safety and adequate care of psychiatrically-impaired clients living in a private adult treatment home. WAC 248-25-010(1), (2), (3), (4), (6), (8), (9), and (10) shall apply. All other rules and regulations for private adult treatment homes are contained in WAC 248-25-002, 248-25-100, and 248-25-120. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-015, filed 8/6/82.]

WAC 248-25-020 Administration. (1) Governing body.

(a) The residential treatment facility shall have a governing body to establish and adopt personnel policies; written policies for the admission, care, safety, and treatment of clients; rules and regulations for the responsible administrative and clinical staffs.

(b) The governing body shall be responsible for the provision of personnel, facilities, equipment, supplies, and other services necessary to meet the needs of clients.

(c) The governing body shall appoint an administrator responsible for implementing the policies adopted by the governing body.

(d) The governing body shall establish and maintain a current, written organizational plan, including all positions and delineating responsibilities, authority, and relation of positions within the facility.

(2) Personnel.

(a) There shall be sufficient qualified personnel to provide the services needed by the clients, and to maintain the residential treatment facility.

(b) Job descriptions for each position classification shall be written and current.

(c) There shall be a personnel record system and a current personnel record for each employee including application for employment, verification of education or training when required, a record or verification of a valid, current license for any employee requiring licensure, and an annually documented performance evaluation.

(d) A planned, supervised, and documented orientation shall be provided for each new employee.

(e) There shall be on-going in-service education affording each employee the opportunity to maintain and update competencies needed to perform assigned duties and responsibilities. Cardiopulmonary resuscitation training and review shall be provided.

(f) Volunteer services and activities, when provided, shall be coordinated by a qualified member of the facility staff.

(i) There shall be appropriate screening, documented orientation, and training provided for each volunteer in accordance with the job to be performed.

(ii) There shall be supervision by qualified staff.

(3) When research is proposed or conducted directly involving clients, a multidisciplinary committee shall review, monitor, and approve or disapprove any research project in order to protect the rights and safety of clients. The committee shall have the right and responsibility to modify or discontinue research. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-020, filed 8/6/82.]

WAC 248-25-030 Client care services in adult residential treatment facilities. (1) The residential treatment facility shall have written policies regarding admission criteria and treatment methods. The admission of clients shall be in keeping with stated policies and shall be limited to clients for whom the facility is qualified by staff, services, and equipment to give adequate care.

(2) Acceptance of a psychiatrically impaired client shall be based upon an assessment by a mental health professional under chapter 71.05 RCW or by a community mental health program under chapter 71.24 RCW. Assessment shall be documented and shall establish the following:

(a) A client requires treatment appropriate to the intensity and restrictions of care provided by the program;

(b) The treatment required can be appropriately provided by the program(s) or program component(s);

(c) The client does not represent an imminent danger to others and does not have a physical condition requiring medical or nursing care available only in a hospital.

(3) Clients requiring only board and domiciliary care may be admitted and reside in the adult residential treatment facility.

(4) Unless the facility is excepted in writing by the Washington state fire marshal and the department, admission criteria shall be used to screen out individuals in need of physical restraints, not ambulatory, or lacking adequate cognitive functioning to enable response to a fire alarm or unable to evacuate the premises in an emergency without assistance.

(5) Treatment and discharge planning.

(a) An initial assessment of each psychiatrically impaired client shall occur within seventy-two hours of admission with development of a provisional treatment plan.

(b) The multidisciplinary treatment team shall develop an individualized treatment plan for each client within fourteen days of admission to the facility.

(i) The individualized treatment plan shall be written and interpreted to client care personnel. When possible, the client will participate in development of the plan.

(ii) There shall be implementation of the individualized treatment-rehabilitation plan by the multidisciplinary team with written review and evaluation at least once each thirty days. Modifications in the treatment plan shall be made as necessary. Implementation and review shall be evidenced in the clinical record.

(iii) The plan shall include a written discharge plan developed and implemented by the multidisciplinary team.

(iv) The plan shall be included in the clinical record.

(6) A written plan shall be developed describing the organization of clinical services. The plan shall address the following:

(a) Medical services.

(i) A comprehensive health assessment and medical history shall be completed and recorded by a physician within seventy-two hours after admission unless a comprehensive health assessment performed within the previous thirty days is available upon admission.

(ii) A complete neurological evaluation shall be completed only when indicated.

(iii) A physician member of the clinical staff shall be responsible for the care of any medical condition present during residential treatment.

(iv) Orders for medical treatment shall be signed by a physician or by another authorized practitioner acting within the scope of Washington state statutes defining practice.

(v) There shall be a physician on call at all times to advise regarding emergency medical problems. Provisions shall be made for emergency medical services when needed.

(vi) A psychiatric evaluation shall be completed and documented by a psychiatrist within thirty days prior or seventy-two hours following admission.

(b) Nursing service. There shall be a registered nurse, with training and experience in working with psychiatrically impaired adults, on staff as a full-time or part-time employee, or under contract or written agreement. The nurse shall be responsible for all nursing functions.

(c) Psychologists, social workers, psychiatric nurses, occupational therapists, recreational therapists, and paraprofessionals with experience in working with psychiatrically impaired adults shall be available as necessary to develop, integrate, and implement the individualized treatment plan.

(d) Rehabilitation services under long-term care.

(i) There shall be an educational and vocational assessment of each client with appropriate educational and vocational programs developed and implemented or arranged on the basis of the assessment.

(ii) Services in the skills of daily living shall be provided by qualified persons as necessary to meet the needs of the clients.

(e) Food and dietary services.

(i) Food and dietary services shall be managed by a person knowledgeable in food service.

(ii) Dietary service shall incorporate the services of a dietitian in order to meet the individual nutritional needs of clients.

(iii) All menus shall be written at least one week in advance, approved by a dietitian, and retained for six months.

(iv) There shall be a client-specific physician order for therapeutic diets served to clients. Therapeutic diets shall be prepared and served as prescribed.

(v) Meals and nourishment shall provide a well-balanced diet sufficient in quality, quantity, and variety to meet the nutritional needs of clients. Unless contraindicated, the "Recommended Dietary Allowances," Ninth Edition, 1980, of the food and nutrition board of the national research council adjusted for age, sex, and activity, shall be used.

(vi) Food service sanitation shall be governed by chapter 248-84 WAC.

(7) Other client safety and care requirements.

(a) Disciplinary policies and practices shall be stated in writing.

(i) Discipline shall be fair, reasonable, consistent, and related to the behavior of the clients. Discipline, when needed, shall be consistent with the individualized treatment plan.

(ii) Abusive, cruel, hazardous, frightening, or humiliating disciplinary practices shall not be used. Seclusion and restraint shall not be used as punitive measures. Corporal punishment shall not be used.

(iii) Disciplinary measures shall be documented in the clinical record.

(b) Assault, abuse, and neglect. Clients shall be protected from assault, abuse, and neglect. Suspected or alleged incidents of nonaccidental injury, sexual abuse, assault, cruelty, or neglect shall be reported to the department.

(c) Allowances, earnings, and expenditures shall be accounted for by the facility. When a client is discharged, he or she may be permitted to take the balance of his or her money, or be fully informed about the transfer of his or her money to another facility or other transfer as permitted by state or federal law. The client shall be informed of any responsibility for the cost of care and treatment under the law or regulations.

(d) Clients shall not be used to carry the responsibility for basic housekeeping and maintenance of the facility and equipment. Assigned tasks may be performed insofar as the tasks are appropriate and are part of the individualized treatment plan. Work assignments shall be adequately supervised and documented as part of the treatment program. Work assignment shall be appropriate to the age, physical, and mental condition of the client.

(e) Written policy statements and procedures shall describe client rights as specified in WAC 275-55-211 and 275-55-241.

(f) Current written policy and orders shall be signed by a physician to guide the action of facility personnel when medical emergencies or a threat to life arise and the physician is not present.

(i) Medical policies shall be reviewed as needed and at least one time each two years and approved in writing by representatives of the medical, nursing, and administrative staff.

(ii) There shall be a current transfer agreement with an acute care general hospital. Medical and related data shall be transmitted with the client in the event of a transfer.

(g) Written policies and procedures shall address notification of legal guardian or next-of-kin in the event of

a serious change in the client's condition, transfer of client to another facility, elopement, death, or when unusual circumstances warrant.

(h) Written policies and procedures addressing safety precautions shall include:

(i) Smoking by personnel, clients, visitors, and others within the facility.

(ii) Provision for immediate emergency access to sleeping rooms, toilets, showers, bathrooms, or any other rooms occupied by clients.

(iii) Use and monitoring of seclusion rooms and restraints in accordance with WAC 275-55-263(2)(e).

(iv) Availability of access to emergency supplies and equipment to include airways, and other equipment as identified in the emergency medical policies.

(v) Summoning of internal or external resource agencies or persons (e.g., poison center, fire department, police).

(vi) Systems for routine preventive maintenance with documentation of the plan and dates of inspection.

(vii) Fire and disaster plans including a documentation process and evidence of rehearsal on a regular basis.

(viii) Immediate actions or behaviors of facility staff when client behavior indicates the client is assaultive, out-of-control or self-destructive. There shall be documentation staff rehearsals occur on a regular basis.

(i) There shall be written policies and procedures governing actions to be taken following any accident or incident considered harmful or injurious to the client which shall include documentation in the clinical record.

(j) Policies concerning transportation of clients shall include consideration of the following:

(i) When transportation is provided for clients in a vehicle owned by the facility, the vehicle shall be in safe operating condition as evidenced by preventive maintenance records.

(ii) Authorization of all drivers of vehicles transporting clients by the administration of the facility. Drivers shall possess a current driver's license.

(iii) Observation of maximum safe vehicle driving capacity. Seat belts or other safety devices shall be provided for and used by each passenger.

(iv) Conditions allowing clients to be transported in nonfacility-owned vehicles.

(k) At least one staff member with current first aid and cardiopulmonary resuscitation training shall be on duty at all times. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-030, filed 8/6/82.]

WAC 248-25-040 Pharmaceutical services in adult residential treatment facilities. (1) The facility shall have an agreement with a pharmacist to advise the facility on matters relating to the practice of pharmacy, drug utilization, control, and accountability.

(2) Written policies and procedures shall be approved by a physician and pharmacist addressing the procuring, prescribing, administering, dispensing, storage, transcription of orders, use of standing orders, disposal of

drugs, self-administration of medication, control or disposal of drugs brought into the facility by clients, and recording of drug administration in the clinical record.

(a) Written orders shall be signed by a physician or other legally authorized practitioner acting within the scope of his or her license for all medications administered to clients. An organized system shall be instituted to ensure accuracy in receiving, transcribing, and implementing orders for administration of medications.

(b) Drugs shall be dispensed by persons licensed to dispense drugs. Drugs shall be administered by persons licensed to administer drugs.

(c) Drugs brought into the facility for client use while in the facility shall be specifically ordered by a physician. The facility is responsible for the control and appropriate use of all drugs administered or self-administered within the facility.

(d) Provision shall be made for procurement, drug profiles, labeling and storage of medications, drugs, and chemicals.

(i) Drugs ordered or prescribed for a specific client shall be procured by individual prescription.

(ii) The services of the pharmacist and the pharmacy shall be such that medications, supplies, and individual prescriptions are provided without undue delay.

(iii) Medication containers within the facility shall be clearly and legibly labeled with the medication name (generic and/or trade), strength, and expiration date (if available).

(iv) Medications, poisons, and chemicals kept anywhere in the facility shall be plainly labeled and stored in a specifically designated, secure, well-illuminated cabinet, closet or store room, and made accessible only to authorized persons. External medications shall be separated from internal medications.

(v) Poisonous external chemicals, caustic materials, and drugs shall show appropriate warning or poison labels and shall be stored separately from all other drugs.

(3) The facility shall have a current drug reference readily available for use by clinical staff and treatment team members. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-040, filed 8/6/82.]

WAC 248-25-050 Infection control in adult residential treatment facilities. (1) There shall be written policies and procedures addressing infection control and isolation of clients (should isolation be necessary and medically appropriate for an infectious condition).

(2) Communicable disease shall be reported in accordance with WAC 248-100-075 and 248-100-080 as now or hereafter amended.

(3) There shall be a current system for reporting, investigating, and reviewing infections among clients and personnel, and for maintenance of records on such infections.

(4) Upon employment, each person shall have or provide documented evidence of a tuberculin skin test by the Mantoux method, unless medically contraindicated. When the skin test is negative (less than ten millimeters in duration read at forty-eight to seventy-two hours), no

further tuberculin skin test shall be required. A positive skin test shall consist of ten millimeters of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment and shall be evaluated for an appropriate course of treatment (preventive or curative). Exceptions and specific requirements are as follows:

(a) Persons with positive skin tests having completed a recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing and/or chest x-rays.

(b) A record of test results, x-rays or exemptions to such shall be kept by the facility.

(5) Employees with communicable diseases in an infectious stage shall not be on duty. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-050, filed 8/6/82.]

WAC 248-25-060 Clinical records. (1) The residential treatment facility shall have a well-defined clinical record system, adequate and experienced staff, adequate facilities, equipment and supplies necessary to the development, maintenance, security, control, retrieval, analysis, use, and preservation of client care data. A person demonstrating competency and experience or training in clinical record administration shall be responsible for the clinical record system.

(2) The client records and record system shall be documented and maintained in accordance with recognized principles of clinical record management.

(3) The residential treatment facility shall have current policies and procedures related to the clinical record system including the following:

(a) The establishment of the format and documentation expectations of the clinical record for each client.

(b) Access to and release of data in clinical records. Policies shall address confidentiality of information contained in records and release of information in accordance with RCW 71.05.390.

(4) An adequate clinical record shall be maintained for each client and be readily accessible to members of the treatment team. Each entry in the clinical record shall be legible, dated, and authenticated.

(5) A systematic method for identifying the clinical record of each client shall be maintained.

(6) Entries in the clinical record shall be made on all diagnostic and treatment procedures and other clinical events. Entries shall be in ink, typewritten, or on a computer terminal, or equivalent.

(7) Psychiatric diagnosis, abbreviations, and terminology shall be consistent with the most recent edition of the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders," 1980. Physical diagnosis, abbreviations, and terminology shall be consistent with "International Classification of Disease," Ninth Revision, Volumes I and II, September 1980.

(8) Clinical records shall include identifying information, assessments by the multidisciplinary team, regular progress notes by members of the multidisciplinary

team, individualized treatment plans, and a discharge summary.

(9) There shall be a master client index.

(10) Procedures related to retention, preservation, and final disposal of clinical records and other client care data shall include the following:

(a) Each client's clinical record shall be retained and preserved for a period of no less than five years, or for five years following the client's most recent discharge, whichever is the longer period of time.

(b) A complete discharge summary, by a member of the clinical staff, and reports of tests related to the psychiatric condition of each client shall be retained and preserved for a period of no less than ten years or for a period of no less than ten years following the client's most recent discharge, whichever is the longer period of time.

(c) Final disposal of any client clinical record(s), indices or other reports permitting identification of the individual shall be accomplished so retrieval and subsequent use of data contained therein are impossible.

(d) In the event of transfer of ownership of the residential treatment facility, client clinical records, indices and reports shall remain in the facility and shall be retained and preserved by the new operator of the facility in accordance with subsections (10)(a), (b), (c), (d), and (e) of this section.

(e) If the residential treatment facility ceases operation, the facility shall make arrangements for preservation of the clinical records, reports, indices, and client data in accordance with subsections (10)(a), (b), and (c) of this section. The plans for such arrangements shall have been approved by the department prior to cessation of operation. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-060, filed 8/6/82.]

WAC 248-25-070 Physical environment in adult residential treatment facilities. (1) The residential treatment facility shall provide a safe, clean environment for clients, staff, and visitors.

(2) At least the ground floor shall be accessible to the physically handicapped. Program activity areas and sleeping quarters for any physically handicapped clients shall be on floors meeting applicable standards.

(3) Clients' sleeping rooms.

(a) Each sleeping room shall be directly accessible from a corridor or common-use activity room or an area for clients.

(b) Sleeping rooms shall be outside rooms with a clear glass window area of approximately one-tenth of the usable floor area. Windows above the ground floor level shall be appropriately screened or of a security type.

(c) No room more than three feet, six inches below grade shall be used for the housing of clients. There shall be a minimum of eighty square feet of usable floor space in a single bedroom and multient rooms shall provide no less than seventy square feet of floor area per bed. The maximum capacity of a sleeping room shall be four clients. There shall not be less than seven and one-half feet of ceiling height over the required floor area.

(d) Visual privacy from other clients shall be provided as needed. Visual privacy may be achieved through a program assuring privacy in toileting, bathing, showering, and dressing.

(e) Each client shall be provided an enclosed space suitable for hanging garments and storage of personal belongings within or convenient to his or her room. Provision for secure storage of client valuables in the room or elsewhere shall be provided.

(f) Each client shall have access to his or her room except when contraindicated by determination of staff.

(g) Each client shall be provided a bed at least thirty-six inches wide or appropriate to the special needs and size of the client, with a cleanable, firm mattress, and a cleanable or disposable pillow.

(h) Room furnishings shall be provided and maintained in a clean and safe condition.

(i) Client beds shall be spaced so the beds do not interfere with the entrance, exit, or traffic flow within the client's room. Client rooms shall be of a dimension and conformation allowing not less than three feet between beds.

(4) Each client occupied floor of the facility shall provide one toilet and sink for each eight clients or any fraction thereof. There shall be one bathing facility for each twelve clients or fraction thereof. If there are more than five clients, separate toilet and bathing facilities for each sex are required. Privacy shall be assured.

(5) Adequate lighting shall be provided in all areas of the residential treatment facility.

(a) An adequate number of electrical outlets shall be provided to permit use of electrical fixtures appropriate to the needs of the program.

(b) General lighting shall be provided for sleeping rooms. There shall be an electrical wall switch located at the door of each sleeping room to control one built-in light fixture within the room.

(c) Emergency lighting equipment such as flashlights or battery-operated lamps shall be available and maintained in operating condition.

(6) Ventilation.

(a) Ventilation of all rooms used by clients or personnel shall be sufficient to remove objectionable odors, excessive heat or condensation.

(b) Inside rooms, including toilets, bathrooms, and other rooms where excessive moisture, odors, or contaminants originate, shall be appropriately vented.

(7) There shall be an adequate supply of hot and cold running water under pressure conforming with standards of the state board of health, chapter 248-54 WAC.

(a) The hot water temperature at bathing fixtures used by the clients shall be automatically regulated and shall not exceed one hundred twenty degrees Fahrenheit.

(b) There shall be hot water at a temperature of one hundred forty degrees Fahrenheit available for laundry equipment and dishwashing.

(c) There shall be devices to prevent back-flow into the water supply system from fixtures where extension hoses or other cross connections may be used.

(8) Linen and laundry.

(a) An adequate storage area and supply of clean linen, washcloths, and towels shall be available for client use.

(b) At least one laundry room with washer and dryer located in an area separated from the kitchen and dining area shall be available.

(c) Soiled laundry or linen storage and sorting areas shall be in a well-ventilated area physically separated from the clean linen handling area, the kitchen, and the eating areas.

(9) Within the facility, at least one private area shall be provided for visitation of clients and guests.

(10) An adequate number of rooms shall be available for group and individual therapy.

(a) The rooms shall be enclosed and reasonably sound-proofed as necessary to maintain confidentiality.

(b) If seclusion or maximum security rooms are required by a program, at least one seclusion room intended for short-term occupancy, with direct supervision by staff, shall be available or immediately accessible in a hospital or other facility.

(i) Seclusion rooms and furnishings shall be designed to provide maximum security and safety for clients.

(ii) Seclusion rooms shall have provisions for natural or artificial light and may be inside or outside rooms.

(iii) There shall be window lights in doors or other provisions for direct visibility of a client at all times during occupancy.

(iv) Seclusion rooms shall provide fifty square feet of floor space, exclusive of fixed equipment, with a minimum dimension of six feet.

(11) When physical examinations of clients are done on a routine basis within the facility, an examination room should be available, providing privacy and adequate light. A handwashing facility with towel dispenser and soap dispenser shall be available.

(12) When medical and nursing supplies and equipment are washed, disinfected, stored or handled within the facility, utility and storage areas shall be designed and equipped for these functions providing for segregation of clean and sterile supplies and equipment from contaminated supplies and equipment.

(13) Housekeeping facilities.

(a) At least one service sink and housekeeping closet equipped with shelving shall be provided in a suitable setting.

(b) Sewage, garbage, refuse, and liquid wastes shall be collected and disposed of in a manner to prevent creation of an unsafe or unsanitary condition or nuisance.

(14) The heating system shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by clients during the coldest weather conditions ordinarily encountered in the geographical location of the residential treatment facility.

(15) There shall be an area provided for secure storage of client records and for privacy of authorized personnel to read and document in the client records.

(16) There shall be a dining room(s) or area(s) large enough to provide table service for all clients. Appropriate furnishings shall be provided for dining.

(a) If a multipurpose room is used for dining and recreational activities or meetings, there shall be sufficient space to accommodate each of the activities without interference with one another.

(b) At least forty square feet per bed shall be provided for the total combined area utilized for dining, social, educational, recreational activities, and group therapies.

(17) There shall be at least one "nonpay" telephone readily accessible in the event of fire or other emergencies. There shall be a telephone readily available for use of clients (located so privacy is possible).

(18) A safely maintained outdoor recreational area shall be available for use of clients. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-070, filed 8/6/82.]

WAC 248-25-100 Client care services in private adult treatment homes. (1) The home shall have written policies regarding admission criteria and treatment methods. Admission of clients shall be in keeping with stated policies and shall be limited to psychiatrically impaired clients for whom the home can provide adequate safety and care.

(2) Rules and regulations contained in WAC 248-25-030(2), (4), (5), (6), and (7) shall apply with the following exclusions: WAC 248-25-030(7)(h)(vi) and 248-25-030 (7)(j)(i).

(3) Medications shall be specifically ordered by a physician or other legally authorized practitioner and controlled by the licensee.

(a) All medications shall be kept in locked storage or otherwise made unaccessible to unauthorized persons and shall be refrigerated when required.

(b) External medications shall be stored separately (separate compartments) from internal medications.

(c) Medications shall be stored in the medication's original container. Each container shall be labeled and the label shall include the name of the client and the date of purchase.

(d) Only the licensee shall disperse or have access to medications except for self-administered medications.

(e) Medications shall be dispersed only on the written approval of an individual or agency having authority by court order to approve medical care. Medications shall be dispersed only as specified on the prescription label or as otherwise authorized by a physician.

(f) Self-administration of medications by a client shall be in accordance with the following:

(i) The client shall be physically and mentally capable of properly taking his or her own medicine;

(ii) Prescription drugs, over-the-counter drugs and other medical materials used by individuals shall be kept so the prescription drugs are not available to other individuals.

(4) Tuberculosis, communicable disease.

(a) Each licensee, employee, adult volunteer, and other adult individuals providing services or care and having regular contact with the clients shall have a tuberculosis skin test, by the Mantoux method, upon employment or licensing unless medically contraindicated.

(i) Individuals whose tuberculosis skin test is positive (10 mm or more induration) shall have a chest x-ray within ninety days following the skin test.

(ii) Routine periodic testing or x-ray after entry is not required.

(iii) An entry test shall not be required of individuals whose tuberculosis skin test has been documented as negative (less than 10 mm within the last two years, nor shall routine periodic retesting or x-ray be required of such individuals.

(b) A record of tuberculosis skin test results, x-rays, or exemptions to such shall be kept in the home.

(c) Individuals with a communicable disease in an infectious stage shall not be on duty.

(5) Clinical records and record systems shall comply with WAC 248-25-060. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-100, filed 8/6/82.]

WAC 248-25-120 Physical environment requirements for private adult treatment homes. (1) The home shall be located on a well-drained site, free from hazardous conditions, and accessible to other facilities necessary to carry out the home's program. There shall be at least one telephone on the premises which shall be accessible for emergency use at all times.

(2) The physical plant, premises, and equipment shall be maintained in a clean and sanitary condition, free of hazards, and in good repair.

(3) Suitable space shall be provided and used for storage of clothing.

(4) Client bedrooms shall be outside rooms permitting entrance of natural light.

(a) Multiple occupancy bedrooms shall provide not less than fifty square feet per occupant of floor area exclusive of closets.

(b) Each client shall have a bed of his or her own which is at least thirty-six inches wide with a clean mattress, pillow, sheets, blankets, and pillowcases.

(5) Adequate facilities shall be provided for separate storage of soiled linen and clean linen.

(6) There shall be at least one indoor flush-type toilet, one lavatory, and one bathtub or shower with hot and cold or tempered running water.

(a) Toilet and bathing facilities shall provide for privacy.

(b) Soap and individual towels or disposable towels shall be provided.

(7) Adequate lighting shall be provided.

(8) Sewage and liquid wastes shall be discharged into a public sewer system or into an independent sewage system approved by the local health authority or the department.

(9) A private water supply shall be approved by the local health authority or department.

(10) The heating system shall be operated and maintained to provide not less than sixty-eight degrees Fahrenheit temperature in rooms used by clients during waking hours.

(11) The premises shall be kept free from rodents, flies, cockroaches, and other insects. [Statutory Authority: Chapter 71.12 RCW. 82-17-009 (Order 1858), § 248-25-120, filed 8/6/82.]

Chapter 248-29 WAC CHILDBIRTH CENTERS

WAC

248-29-050 Birth center policies and procedures.

WAC 248-29-050 Birth center policies and procedures. Written policies and procedures shall include, but not be limited to:

(1) Definition of a low-risk maternal client who shall be eligible for birth services offered by the birth center.

(2) Definition of a client who shall be ineligible for birth services at the birth center.

(3) Identification and transfer of clients who, during the course of pregnancy, are determined to be ineligible.

(4) Identification and transfer of clients who, during the course of labor or recovery, are determined to be ineligible for continued care in the birth center.

(5) Written plans for consultation, backup services, transfer and transport of a newborn and/or maternal client to a hospital where appropriate care is available.

(6) Written informed consent which shall be obtained prior to the onset of labor and shall include evidence of an explanation by personnel of the birth services offered and potential risks.

(7) Provision for the education of clients, family, and support persons in childbirth and newborn care.

(8) Plans for immediate and long term follow-up of clients after discharge from the birth center.

(9) Registration of birth and reporting of complications and anomalies.

(10) Prophylactic treatment of the eyes of the newborn in accordance with RCW 70.24.040, WAC 248-100-295 as now, or as hereafter, amended.

(11) Metabolic screening of newborns.

(a) Educational materials shall be provided to each client relative to metabolic screening and informed consent for metabolic screening. These materials shall be obtained from the genetics program of the department.

(b) There shall be a mechanism for weekly reporting of all live births to the genetics program of the department on forms provided by the genetics program.

(c) The birth center shall provide each client with instructions and a metabolic screening collection kit, (obtained from the genetics program of the department). There shall be a procedure and/or evidence of a plan for follow-up so that blood samples are collected between the eighth and twelfth day of life.

(d) When parents refuse metabolic screening, there shall be provisions for a signed refusal statement which shall be sent to the genetics program of the department in lieu of the blood sample.

(12) Infection control to include consideration of housekeeping; cleaning, sterilization, sanitization, and

storage of supplies and equipment, and health of personnel. Health records for personnel shall include documented evidence of a tuberculin skin test by the Mantoux method upon employment and annually unless medically contraindicated. A positive skin test shall consist of 10mm of induration, or greater, read at 48 to 72 hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exceptions and specifics are as follows:

(a) Those with positive skin tests, (as defined above) shall have an annual screening in the form of a chest x-ray.

(b) Those with positive skin tests whose chest x-rays show no sign of active disease at least two years after the first documented, positive skin test shall be exempted from further annual testing and chest x-rays.

(c) Those with positive skin tests who have completed the recommended course of preventive or curative treatment, as determined by the local health officer, shall be exempted from further testing.

(d) A record of test results, x-rays, or exemptions to such, shall be kept by the facility.

(e) Employees with any communicable disease in an infectious stage shall not be on duty. [Statutory Authority: RCW 43.20.050. 82-06-011 (Order 226), § 248-29-050, filed 2/22/82; 80-05-099 (Order 197), § 248-29-050, filed 5/2/80.]

Chapter 248-30 WAC KIDNEY CENTERS

WAC
248-30-110 Eligibility.

WAC 248-30-110 Eligibility. The kidney center shall determine and review at least annually the eligibility of an individual patient for the state kidney disease program according to criteria established by the department. Generally a patient shall be considered eligible if he or she has exhausted or is ineligible for all other resources providing similar benefits to meet the costs of ESRD related medical care. Resources shall include:

(1) Income in excess of a level necessary to maintain a moderate standard of living, as defined by the department, using accepted national standards;

(2) Savings, property, and other assets;

(3) Government and private medical insurance programs;

(4) Government or private disability programs;

(5) Local funds raised for the purpose of providing financial support for a specified ESRD patient:

Provided, That in determining eligibility the following resources shall be exempt:

(a) A home, defined as real property owned by a patient as a place of residence together with the property surrounding and contiguous thereto not to exceed five acres. Commercial property or property used for the purpose of producing income shall be considered excess property and subject to the limitations of subsection (5)(d) of this section;

(b) Household furnishings;

(c) An automobile; and

(d) Savings, property or other assets, the value not to exceed the sum of five thousand dollars. [Statutory Authority: RCW 43.20.050 and SB 5021. 82-19-070 (Order 243), § 248-30-110, filed 9/20/82. Statutory Authority: RCW 43.20.050. 80-06-065 (Order 198), § 248-30-110, filed 5/22/80.]

Chapter 248-54 WAC PUBLIC WATER SUPPLIES

WAC
248-54-560 Definitions.
248-54-740 Quality.
248-54-750 Reporting and public notification.

WAC 248-54-560 Definitions. (1) "Class 1 system" – A system having one hundred permanent services or more or serves a transitory population of one thousand or greater on any one day.

(2) "Class 2 system" – A system having ten through ninety-nine permanent services or serves a transitory population of three hundred through nine hundred ninety-nine on any one day.

(3) "Class 3 system" – A system serving a transitory population of twenty-five through two hundred ninety-nine on any one day.

(4) "Class 4 system" – A system having two through nine permanent services or serving a transitory population of less than twenty-five on any one day, or any other public water system which is not a Class 1, 2, or 3 system.

(5) "Contaminant" – Any physical, chemical, biological, or radiological substance or matter in water which at sufficient levels may be deleterious to health.

(6) "Critical water supply service area" – A geographical area which is characterized by a proliferation of small, inadequate water systems or by water supply problems which threaten the present or future water quality or reliability of service in such a manner that efficient and orderly development may best be achieved through coordinated planning by the water utilities in the area in accordance with chapter 142, Laws of 1977, 1st ex. sess. (Public Water System Coordination Act)

(7) "Department" – The Washington state department of social and health services or the health officer in accordance with WAC 248-54-570.

(8) "Disinfection" – Introduction of chlorine, or other agent approved by the department, in a sufficient concentration and followed by an adequate contact time so as to kill or inactivate pathogenic and indicator organisms.

(9) "Distribution system" – The piping used to deliver water intended for human consumption without additional treatment by the purveyor and which meets the water quality standards of WAC 248-54-740.

(10) "Dose equivalent" – The product of the absorbed dose from ionizing radiation and such factors as account for differences in biological effectiveness due to the type of radiation and its distribution in the body as specified

by the international commission on radiological units and measurements (ICRU).

(11) "Exemption" – Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248-54-740 or any treatment technique requirement because of factors other than the nature of the raw water sources. See "variance" and "waiver."

(12) "Gross alpha particle activity" – The total radioactivity due to alpha particle emission as inferred from measurements on a dry sample.

(13) "Gross beta particle activity" – The total radioactivity due to beta particle emission as inferred from measurements on a dry sample.

(14) "Health officer" – The city, county, city-county, or district health person having jurisdiction, or his authorized agent.

(15) "Man-made beta particle and photon emitters" – All radionuclides emitting beta particles and/or photons listed in Maximum Permissible Body Burdens and Maximum Permissible Concentration of Radionuclides in Air or Water for Occupational Exposure, National Bureau of Standards Handbook 69, except the daughter products of thorium-232, uranium-235 and uranium-238.

(16) "Maximum contaminant level" – The maximum permissible level of a contaminant in water which is delivered to the free flowing outlet of the ultimate user of a public water system, except in the case of turbidity where the maximum permissible level is measured at the point of entry to the distribution system. The free flowing outlet shall be considered any location in the active portion of the distribution system where water samples may be gathered which represent the quality of water typically served to and ingested by the consumer. The outlet may be continuously running or flushed out as needed to remove stale or standing water. If deemed necessary, the department may require that a certain percentage of samples be collected from standing water sources. Contaminants added to the water under circumstances controlled by the user, except those resulting from corrosion of piping and plumbing caused by water quality, are excluded from this definition.

(17) "Permanent" – That population which would normally be resident to the system for three continuous months or more.

(18) "Picocurie (pCi)" – That quantity of radioactive material producing 2.22 nuclear transformations per minute.

(19) "Public water system" – Any system or water supply intended or used for human consumption or other domestic uses, including source, treatment, storage, transmission, and distribution facilities where water is furnished to any community, collection or number of individuals, or is made available to the public for human consumption or domestic use, but excluding water system serving one single family residence.

(20) "Purveyor" – The federal agency, state agency, county agency, city, town, municipal corporation, firm, company, mutual, cooperative, association, corporation,

partnership, district, institution, person or persons, owning or operating a public water system or his authorized agent.

(21) "Rem" – The unit of dose equivalent from ionizing radiation to the total body or any internal organ or organ system. A "millirem" (mrem) is 1/1000 of a rem.

(22) "Service" – A connection designed to serve a single family or use. For example, a single family home or dormitory room would each be one service.

(23) "Standard methods" – *Standard Methods for the Examination of Water and Waste Water, 14th Edition*, jointly published by the American public health association, American water works association, and water pollution control federation, or any superseding edition.*

(24) "Transitory population" – Any population using a water system on a nonpermanent basis (i.e., campground, airport, motel, restaurant).

(25) "Variance" – Permission granted by the state board of health which officially allows a water purveyor to exceed one or more of the maximum contaminant levels identified in WAC 248-54-740 in those cases where, because of the nature of the raw water sources, the maximum contaminant level requirements cannot be met despite application of the best technology, treatment techniques or other means generally available. See "exemption" and "waiver."

(26) "Waiver" – Permission granted by the state board of health which officially waives the need for compliance with specific requirements of these regulations excluding any mandatory provisions of the Safe Drinking Water Act of 1974 or any mandatory provision of regulations adopted by the United States environmental protection agency pursuant thereto. See "Exemption" and "Variance."

(27) The following abbreviations are defined as:

kPa – kilo Pascal (Metric equivalent of psi)

m – meter

ml – milliliter

mm – millimeter

mg/l – milligrams per liter

MPN – most probable number

psi – pounds per square inch.

*Copies of this book may be obtained by writing APHA, Inc., 1015 Eighteenth St. N.W., Washington D.C. 20036.

[Statutory Authority: RCW 43.20.050. 81-21-054 (Order 215), § 248-54-560, filed 10/19/81; Order 153, § 248-54-560, filed 12/5/77.]

WAC 248-54-740 Quality. (1) The standards of water quality in this section shall apply throughout the distribution system unless otherwise specified. The purveyor shall be responsible for satisfying the requirements of this section. The monitoring requirements set forth in this section are minimums, additional monitoring may be required by the department.

(2) Samples required in this section shall be analyzed in accordance with methods approved by the department and only in the state public health laboratory or laboratories holding a current certificate of approval from the

department, except that measurements for turbidity, free chlorine residual, and fluoride as required by WAC 248-54-670, may be performed by trained water utility personnel.

(3) When a public water system receives its water from another public water system, the water quality of the received water shall meet all bacteriological, inorganic chemical, organic chemical, turbidity, and radionuclide requirements of this section. Unless additional monitoring is required by the department, only bacteriological monitoring as required by this section need be performed by the receiving public water system.

(4) Bacteriological.

(a) The presence of organisms of the coliform group as found in the distribution system samples examined shall not exceed the limits in subdivision (4)(b) of this subsection.

(i) Bacteriological samples shall be collected at regular intervals from representative points in the distribution system. Samples shall be collected, transported, and analyzed in accordance with procedures contained in "Standard Methods."

(ii) For Class 1 systems whose class is determined by permanent population, the minimum number of routine distribution system samples to be analyzed per month shall be in accordance with Table 2.

For Class 1 systems whose class is determined using transitory population, the minimum number of routine distribution system samples to be analyzed per month shall be determined by the department.

(iii) For Class 2 systems whose class is determined by permanent population, the number of routine samples shall be one per calendar month, except where a less frequent sampling frequency is allowed by the department for a protected groundwater supply. In no case shall the sampling frequency be less than one per quarter.

For Class 2 systems whose class is determined using transitory population, the minimum number of routine distribution system samples to be analyzed per month shall be determined by the department.

(iv) For Class 3 systems, the number of routine samples shall be one in each calendar quarter during which the system provides water to the public, except where an increased sampling frequency is required by the department.

(v) For Class 4 systems, the number of routine samples shall be a minimum of one per year, except where an increased sampling frequency is required by the department.

(vi) Public water systems shall collect untreated water samples from each source for bacteriological analysis in accordance with the following schedule:

(A) Protected groundwater sources shall be sampled at least once per quarter.

(B) Groundwater sources disinfected for health reasons shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.

(C) Surface sources with treatment including at least coagulation, filtration, and disinfection shall be sampled

at a frequency not less than ten percent of the number shown in Table 2 and in no case less than one per quarter.

(D) Surface sources without treatment including coagulation and filtration shall be sampled at a frequency not less than twenty percent of the number shown in Table 2 and in no case less than one per quarter.

TABLE 2
MINIMUM NUMBER OF ROUTINE
BACTERIOLOGICAL SAMPLES TO BE TAKEN
FROM THE DISTRIBUTION SYSTEM FOR
CLASS 1 SYSTEMS
WHOSE CLASS IS DETERMINED BASED ON
PERMANENT POPULATION*

**Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
***Less than 2,501	2	83,001 through 90,000	90
2,501 through 3,300	3	90,001 through 96,000	95
3,301 through 4,100	4	96,001 through 111,000	100
4,101 through 4,900	5	111,001 through 130,000	110
4,901 through 5,800	6	130,001 through 160,000	120
5,801 through 6,700	7	160,001 through 190,000	130
6,701 through 7,600	8	190,001 through 220,000	140
7,601 through 8,500	9	220,001 through 250,000	150
8,501 through 9,400	10	250,001 through 290,000	160
9,401 through 10,300	11	290,001 through 320,000	170
10,301 through 11,100	12	320,001 through 360,000	180
11,101 through 12,000	13	360,001 through 410,000	190
12,001 through 12,900	14	410,001 through 450,000	200
12,901 through 13,700	15	450,001 through 500,000	210
13,701 through 14,600	16	500,001 through 550,000	220
14,601 through 15,500	17	550,001 through 600,000	230
15,501 through 16,300	18	600,001 through 660,000	240
16,301 through 17,200	19	660,001 through 720,000	250
17,201 through 18,100	20	720,001 through 780,000	260
18,101 through 18,900	21	780,001 through 840,000	270
18,901 through 19,800	22	840,001 through 910,000	280
19,801 through 20,700	23	910,001 through 970,000	290
20,701 through 21,500	24	970,001 through 1,050,000	300
21,501 through 22,300	25	1,050,001 through 1,140,000	310
22,301 through 23,200	26	1,140,001 through 1,230,000	320
23,201 through 24,000	27	1,230,001 through 1,320,000	330
24,001 through 24,900	28	1,320,001 through 1,420,000	340
24,901 through 25,000	29	1,420,001 through 1,520,000	350
25,001 through 28,000	30	1,520,001 through 1,630,000	360
28,001 through 33,000	35	1,630,001 through 1,730,000	370
33,001 through 37,000	40	1,730,001 through 1,850,000	380
37,001 through 41,000	45	1,850,001 through 1,970,000	390
41,001 through 46,000	50	1,970,001 through 2,060,000	400
46,001 through 50,000	55	2,060,001 through 2,270,000	410
50,001 through 54,000	60	2,270,001 through 2,510,000	420

**Population Served	Minimum No. Samples Per Month	Population Served	Minimum No. Samples Per Month
54,001 through 59,000	65	2,510,001 through 2,750,000	430
59,001 through 64,000	70	2,750,001 through 3,020,000	440
64,001 through 70,000	75	3,020,001 through 3,320,000	450
70,001 through 76,000	80	3,320,001 through 3,620,000	460
76,001 through 83,000	85	3,620,001 through 3,960,000	470
		3,960,001 through 4,310,000	480
		4,310,001 through 4,690,000	490
		4,690,001 or more	500

*Based on Federal Register, December 24, 1975, Environmental Protection Agency, National Interim Primary Drinking Water Regulations, Section 141.21.

**Does not include water wholesaled to other utilities.

***For Class 2, 3, and 4 systems, see WAC 248-54-740(4)(a)(iii), (iv), (v) and Table 3.

TABLE 3
SAMPLING REQUIREMENTS

Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
Bacteriological	1	Permanent population— Refer to Table 2 Transitory population—	Effective date of regulation Check with department
	2	Permanent population— One per calendar month or quarterly from a protected ground water supply Transitory population—	Effective date of regulation Check with department
Bacteriological	3	One in each calendar quarter during which system provides water to the public	Effective date of regulation
	4	One per calendar year	1977
Inorganic Chemical	1&2	Surface water supplies— one per calendar year Ground water supplies— one every three years	June 1978 June 1979
	3&4	Surface and ground water supplies— one every three years. Nitrate only unless otherwise specified.	June 1979
Organic Chemical	1&2	Surface water supplies— one every three years Ground water supplies— only as required by the department	June 1978
	3&4	As required by the department	
Turbidity/	1&2&3	Surface water supplies only - daily	Effective date of regulation

Sample Type	System Class	Minimum Number of Samples Required*	Date Initial Sample Required
	4	Only as required by the department	
Radionuclides	1&2	Four consecutive quarterly samples every four years	June 1979
	3&4	Only as required by the department	
Secondary Physical &	1&2	Surface water supplies - one per calendar year Ground water supplies - Once every three years	June 1978 June 1979
	3&4	Only as required by the department	

*Increased sampling may be required by the department. Samples shall be taken at representative points, except turbidity which shall be taken at the entrance to the distribution system.

(vii) Purveyors may be required to have microbiological analyses other than the standard coliform test conducted, such as examination for fecal coliform, fecal streptococci, total 35° plate count, plankton counts, and other tests as may be required by the department.

(b) The maximum contaminant levels for coliform bacteria are as follows:

(i) When the membrane filter technique is used, the number of coliform bacteria shall not exceed any of the following:

(A) One per 100 milliliters as the arithmetic mean of all samples examined per month;

(B) Four per 100 milliliters in two or more samples when less than twenty are examined per month; or

(C) Four per 100 milliliters in more than five percent of the samples when twenty or more are examined per month.

(ii) When the five tube MPN method using 10 milliliter portions per tube is used, coliform bacteria shall not be present in any of the following:

(A) More than ten percent of the portions in any month;

(B) Three or more portions in two or more samples when less than twenty samples are examined per month; or

(C) Three or more portions in more than five percent of the samples when twenty or more samples are examined per month.

(iii) At the discretion of the department, compliance with this section for systems that are required to sample at a rate of less than four per month may be based upon sampling during a three month period.

(iv) Special purpose samples, such as those taken to determine whether disinfection practices following pipe repair or replacement have been sufficient or check samples shall not be used to determine compliance with the maximum contaminant level for coliform bacteria

nor shall they be used to determine compliance with the minimum sampling frequency.

(c) Check sampling.

(i) When the coliform bacteria in a single sample exceed four per 100 milliliters when examined by the membrane filter technique or if coliform bacteria occur in three or more portions when 10 milliliters standard portions are used, action shall be taken by the purveyor to determine and correct the cause for such occurrence. Also, at least two consecutive daily check samples shall be collected and examined from the sampling point. Additional check samples shall be collected daily, or at a frequency established by the department, until the results obtained from at least two consecutive check samples show less than one coliform bacterium per 100 milliliters.

(ii) The location at which the check samples were taken pursuant to item (i) of this subdivision shall not be eliminated from future sampling without approval of the department.

(d) When the presence of coliform bacteria in water taken from a particular sampling point has been confirmed by any check samples, the water purveyor shall report this to the department within forty-eight hours.

(e) When a maximum contaminant level for coliform bacteria as set forth in WAC 248-54-740(4)(b) is exceeded, the purveyor of water shall report to the department and notify the public as prescribed in WAC 248-54-750.

(f) A water purveyor may, with the approval of the department, and based upon a sanitary survey, substitute the use of chlorine residual monitoring for not more than seventy-five percent of the samples required to be taken by WAC 248-54-740(4)(a) provided, the water purveyor takes chlorine residual samples at points which are representative of the conditions within the distribution system at the frequency of at least four for each substituted microbiological sample. Where chlorine residual monitoring is substituted for microbiological samples, analysis for chlorine residual shall be in accordance with Standard Methods. In all cases there shall be at least daily determinations of chlorine residual.

(i) When the water purveyor exercises the option, he or she shall maintain no less than 0.2 mg/l free chlorine throughout the public water distribution system.

(ii) When a particular sampling point has been shown to have a free chlorine residual less than 0.2 mg/l, the water at that location shall be retested as soon as practicable and in any event within one hour. If the original analysis is confirmed, this fact shall be reported to the department within forty-eight hours and a sample for coliform analysis shall be collected from that sampling point as soon as practicable and preferably within one hour. The results of such analysis shall be reported to the department within forty-eight hours after the results are known to the water purveyor.

(iii) Compliance with the maximum contaminant levels for coliform bacteria shall be determined on the monthly mean or quarterly mean basis as specified in WAC 248-54-740(4)(b) including those samples taken

as a result of failure to maintain the required chlorine residual level.

(5) Inorganic chemicals

(a) The maximum contaminant levels for inorganic chemicals are as follows:

MAXIMUM CONTAMINANT LEVEL

Contaminant	Level (mg/l)
Arsenic	0.05
Barium	1.
Cadmium	0.010
Chromium	0.05
Fluoride	2.0
Lead	0.05
Mercury	0.002
Nitrate(as N)	10.
Selenium	0.01
Silver	0.05

(b) Minimum analyses of raw water for inorganic chemicals are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources shall be completed by June, 1978. These analyses shall be repeated at yearly intervals.

(ii) Analyses for all Class 1 and 2 water systems utilizing only ground water sources shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iii) Nitrate analyses for Class 3 and 4 water systems, whether supplied by surface or ground water sources, shall be completed by June, 1979. These analyses shall be repeated at three-year intervals.

(iv) If it is anticipated that the levels of inorganic chemicals will change in the distribution system, or treatment processes then additional inorganic chemical sampling may be required by the department.

(c) If the result of an analysis indicates that the level of any contaminant exceeds the maximum contaminant level, the water purveyor shall report this to the department within seven days. Action shall be taken by the purveyor to determine and correct the cause of such occurrences. The purveyor shall initiate three additional analyses at the same sampling point within one month.

(d) When the average of four analyses rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the public pursuant to WAC 248-54-750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples, or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) The provisions of subdivision (c) and (d) of this subsection notwithstanding, compliance with the maximum contaminant level for nitrate shall be determined on the basis of the mean of two analyses. When a level

exceeding the maximum contaminant level for nitrate is found, a second analysis shall be initiated within twenty-four hours, and if the mean of the two analyses exceeds the maximum contaminant level, the water purveyor shall report his or her findings to the department and shall notify the public pursuant to WAC 248-54-750.

(f) For the initial analyses required by this section, data for surface waters acquired after June, 1976, and data for ground waters acquired after June, 1974, may be substituted at the discretion of the department.

(6) Organic chemicals

(a) The maximum contaminant levels for organic chemicals taken from the raw water source are as follows:

Contaminant	Level (mg/l)
(i) Chlorinated hydrocarbons:	
Endrin (1,2,3,4,10 10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro-1,4-endo, endo-5,8 - dimethano naphthalene).	0.0002
Lindane (1,2,3,4,5,6-hexachlorocyclohexane, gamma isomer).	0.004
Methoxychlor (1,1,1-Trichloro-2, 2 - bis [p-methoxyphenyl] ethane).	0.1
Toxaphene (C ₁₀ H ₁₀ Cl ₈ -Technical chlorinated camphene, 67-69 percent chlorine).	0.005
(ii) Chlorophenoxys:	
2,4 - D. (2,4-Dichlorophenoxyacetic acid)	0.1
2,4,5-TP Silvex (2,4,5-Trichlorophenoxypropionic acid)	0.01

(b) Minimum analyses for organic chemicals taken from the raw water source are required as follows:

(i) Analyses for all Class 1 and 2 water systems utilizing surface water sources, shall be completed by June, 1978. Samples analyzed shall be collected during the period of the year designated by the department as the period when contamination by pesticides is most likely to occur. These analyses shall be repeated at intervals specified by the department but in no event less frequently than at three year intervals.

(ii) Analyses for Class 1 and 2 water systems utilizing only ground water sources, shall be completed only by those systems specified by the department.

(c) If the result of an analysis indicates the level of any organic chemical contaminant exceeds the maximum contaminant level, the supplier of water shall report to the department within seven days. In addition action shall be taken by the purveyor to determine and correct the cause of such occurrences and the purveyor shall initiate three additional analyses within one month.

(d) When the average of four analyses made pursuant to subdivision (c), of this section, rounded to the same number of significant figures as the maximum contaminant level for the substance in question, exceeds the maximum contaminant level, the water purveyor shall report to the department and give notice to the public pursuant to WAC 248-54-750. Monitoring after public notification shall be at a frequency designated by the department and shall continue until the maximum contaminant level has not been exceeded in two successive samples or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) For the initial analysis required by this subsection, data for surface water acquired after June, 1976, and data for ground water acquired after June, 1974, may be substituted at the discretion of the department.

(7) Turbidity

(a) The maximum contaminant levels for turbidity are applicable to public water supplies using surface water sources in whole or in part. The maximum contaminant levels for turbidity in drinking water, measured at a representative entry point(s) to the water distribution system as determined by the department, are:

(i) One (1.0) turbidity unit (TU), as determined by a monthly average of the maximum daily turbidity, except that five (5.0) turbidity units, as determined by a monthly average of the maximum daily turbidity, may be allowed if the purveyor can demonstrate that:

(A) The conditions of watershed control in accordance with WAC 248-54-660(4)(b)(i) are satisfied;

(B) The higher turbidity does not interfere with microbiological determinations and that the source water quality conforms to the raw water quality conditions as specified in WAC 248-54-660(4)(b)(ii); and

(C) The higher turbidity does not prevent maintenance of an effective disinfection agent throughout the distribution system and that the conditions of system operation, including a continuous free chlorine residual of 0.2 mg/l throughout all active parts of the system, as specified in WAC 248-54-660(4)(b)(iii) are satisfied.

(ii) Five (5.0) turbidity units based on an average for two consecutive days of the maximum daily turbidity.

(b) Continuous monitoring of turbidity is required for all Class 1, 2 and 3 systems using surface sources. Automatic turbidity measuring and recording equipment shall be provided and operated continuously at the entry point to the distribution system and where necessary for process control. Manual monitoring of turbidity may be authorized by the department in special cases. The monitoring frequency for Class 4 systems using surface sources shall be determined by the department.

(c) If the turbidity exceeds the maximum allowable limit identified in WAC 248-54-740(7)(a)(i) for longer

than one hour if monitored continuously, the water purveyor shall report to the department within forty-eight hours. If the result of a manual turbidity analysis exceeds the maximum allowable limit the sampling measurement shall be confirmed by resampling within one hour. If the repeat sample confirms that the maximum allowable limit has been exceeded, the water purveyor shall report to the department within forty-eight hours. In addition, the purveyor shall take action to determine and correct the cause of such occurrences.

(d) If the maximum contaminant levels in WAC 248-54-740(7)(a)(i) or 248-54-740(7)(a)(ii) are exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750.

(8) Radionuclides

(a) The following are the maximum contaminant levels for radium-226, radium-228, and gross alpha particle radioactivity:

(i) Combined radium-226 and radium-228 - 5 pCi/l.

(ii) Gross alpha particle activity (including radium-226 but excluding radon and uranium) - 15 pCi/l.

(b) The following is the maximum contaminant level for beta particle and photon radioactivity from man-made radionuclides:

The average annual concentration of beta particle and photon radioactivity from man-made radionuclides in drinking water shall not produce an annual dose equivalent to the total body or any internal organ greater than 4 mrem/year.

(c) Monitoring requirements for gross alpha particle activity, radium-226 and radium-228.

(i) Initial sampling to determine compliance of Class 1 and 2 systems shall begin by June, 1979, and the analysis shall be completed by June, 1980. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals.

(ii) Analysis for radium-226 and radium-228 may be omitted if the gross alpha particle activity is less than 5 pCi/l.

(iii) For the initial analysis, data acquired within one year prior to June, 1977, may be substituted at the discretion of the department.

(iv) Water purveyors shall monitor at least once every four years. When an annual record establishes that the average annual concentration is less than half the maximum contaminant levels, analysis of a single sample may be substituted for the quarterly sampling procedure.

(v) A water purveyor shall monitor for radionuclides within one year of the introduction of a new water source for a community water system.

(vi) If the average annual maximum contaminant level for gross alpha particle activity or total radium is

exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at quarterly intervals shall be continued until the annual average concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance, exemption or enforcement action shall become effective.

(d) Monitoring requirements for man-made radioactivity:

(i) By June, 1979, Class 1 and 2 systems using surface water sources and serving more than one hundred thousand persons and other water systems as are designated by the department shall be monitored for compliance by analysis of a composite of four consecutive quarterly samples or analysis of four quarterly samples.

(ii) Compliance with the 4 millirem/year dose limitation may be assumed if the average annual concentration for gross beta activity, tritium, and strontium-90 are less than 50 pCi/l, 20,000 pCi/l, and 8 pCi/l respectively. Analysis for strontium-90 may be omitted if the gross beta activity is less than 8 pCi/l.

(iii) For the initial analysis, data acquired within one year prior to June, 1977, may be substituted at the discretion of the department.

(iv) After the initial analysis water purveyors shall monitor at least every four years.

(v) If the average annual maximum contaminant level for man-made radioactivity is exceeded, the water purveyor shall report to the department and notify the public as prescribed in WAC 248-54-750. The purveyor shall take action to determine and correct the cause of such occurrences. Monitoring at monthly intervals shall be continued until the concentration no longer exceeds the maximum contaminant level or until a monitoring schedule as a condition to a variance, exemption or enforcement action becomes effective.

(e) By June, 1979, any water system as designated by the department, downstream from a nuclear facility must begin quarterly monitoring requirements for gross beta and iodine-131, and annual monitoring for strontium-90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man-made radioactivity after a determination that such data is applicable to a particular community water system.

(f) When necessary, additional radionuclide monitoring and other radionuclide requirements as prescribed by Public Law 93-523, section 141.26 CFR shall be satisfied.

(9) Secondary chemical and physical contaminants - The following maximum levels shall apply.

MAXIMUM CONTAMINANT LEVELS

Contaminant	Level
Color	15 units
Iron	0.3 mg/l
Manganese	0.05 mg/l
Total Dissolved Solids	500 mg/l
* Chloride	250 mg/l
* Sulfate	250 mg/l
** Copper	1 mg/l
** Odor	3 threshold odor numbers
** Zinc	5 mg/l

*Analysis is required only when the total dissolved solids exceed 500 mg/l.

**Analysis is required only when determined necessary by the department.

(a) Monitoring of secondary contaminants by Class 1 and 2 systems shall be at the same frequency as required for inorganic chemicals. Class 3 and Class 4 systems shall monitor secondary contaminants only as required by the department.

(b) If the secondary contaminants are present in excess of the listed concentrations, either treatment shall be provided, another supply developed, or other action acceptable to the department shall be taken.

(c) Secondary contaminants are not subject to the public notification requirements of WAC 248-54-750. [Statutory Authority: RCW 43.20.050, 81-21-054 (Order 215), § 248-54-740, filed 10/19/81; Order 153, § 248-54-740, filed 12/5/77.]

WAC 248-54-750 Reporting and public notification.

(1) Reporting.

(a) Except where a shorter reporting period is specified, the water purveyor shall report to the department within forty days the results of all tests, measurements, or analyses required by WAC 248-54-740.

(b) The water purveyor shall report to the department within forty-eight hours the failure to comply with any provisions of WAC 248-54-740, including failure to comply with monitoring requirements.

(c) The water purveyor is not required to report analytical results to the department in cases where the state public health laboratory or a laboratory holding a current certificate of approval reports the results directly to the department.

(d) The water purveyor shall notify the department within sixty days of any change in name or change in ownership of the public water system.

(2) Water facilities inventory and report.

(a) Every purveyor of a Class 1 and 2 water supply system shall submit to the department an annual report summarizing the utility's operation for the preceding year. The annual report shall contain the following information, as a minimum: Number of services and meters; water production; population served; a summary of the major features of the system and additions or changes made during the year.

(b) Purveyors of Class 3 and 4 water supply systems shall submit a report every three years.

(3) Public notification.

(a) Class 1 or 2 water purveyors shall issue a written notice to the persons served by the system within three months of the occurrence of any of the following events: Exceeding a maximum contaminant level; failure to comply with an applicable testing procedure; being granted a variance or exemption from an applicable maximum contaminant level; failure to comply with the requirements of any schedule prescribed pursuant to a variance or exemption; or failure to perform any required monitoring. The written notice shall be included in the first set of water bills of the system issued after the failure. Such notice shall be repeated at least once every three months so long as the failure of the system continues or the variance or exemption remains in effect. If the system issues water bills less frequently than quarterly, or does not issue water bills, the notice shall be made by or supplemented by another form of direct mail.

(b) If a Class 1 or 2 water system has failed to comply with an applicable maximum contaminant level, the water purveyor shall notify the public of such failure as required by WAC 248-54-750(3)(a). In addition, public notification steps shall take place as follows:

(i) By publication on not less than three consecutive days in a newspaper or newspapers of general circulation in the area served by the system. Such notice shall be completed within fourteen days after the water purveyor learns of the failure.

(ii) By furnishing a copy of the notice to the radio and television stations serving the area served by the system. Such notice shall be furnished within seven days after the water purveyor learns of the failure.

(c) If the area served by a Class 1 or 2 water system is not served by a daily newspaper of general circulation, notification by newspaper required by WAC 248-54-750(3)(b) shall instead be given by publication on three consecutive weeks in a weekly newspaper of general circulation serving the area. If no weekly or daily newspaper of general circulation serves the area, notice shall be given by posting the notice in post offices or other public buildings within the area served by the system.

(d) If any of the events identified in WAC 248-54-750(3)(a) occur in a Class 3 water system, the water purveyor shall post written notice of the event at conspicuous locations and points of use throughout the system.

(e) Notices given pursuant to this section shall be written in a manner to assure that the public using the system is adequately informed of the failure or variance or exemption. The notice shall not use unduly technical language, unduly small print or other methods which would frustrate the purpose of the notice. The notice shall disclose all material facts regarding the subject including the nature of the problem and, when appropriate, a clear statement that a primary drinking water regulation has been violated and any preventive measures that should be taken by the public. Where appropriate, or where designated by the department, bilingual notice shall be given. Notices may include a balanced explanation of the significance or seriousness to the

public health of the subject of the notice, a fair explanation of steps taken by the system to correct any problem and the results of any additional sampling. Notices shall be consistent with guidelines prepared by the department concerning format and content.

(f) In any instance in which notification by newspaper or to radio or television stations is not required, the department may order the water purveyor to provide notification by newspaper and to radio and television stations when circumstances make more immediate or broader notice appropriate to protect the public health.

(g) The water purveyor shall keep detailed and complete records of all public notification occurrences, in accordance with WAC 248-54-760, so as to document compliance with this section. These records shall be available for inspection by the department and shall be sent to the department if requested.

(h) Notice to the public required by this section may be given by the department on behalf of the water purveyor. [Statutory Authority: RCW 43.20.050. 81-21-054 (Order 215), § 248-54-750, filed 10/19/81; Order 153, § 248-54-750, filed 12/5/77.]

Chapter 248-55 WAC

WATERWORKS OPERATOR CERTIFICATION

WAC

248-55-100	Repealed.
248-55-110	Renewal of certificates.
248-55-210	Purpose.
248-55-220	Notice of revocation.
248-55-230	Appeal of revocation.
248-55-240	Hearing and recommendation by board.
248-55-250	Final decision by secretary.
248-55-260	Judicial review.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

248-55-100	Fees. [Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-100, filed 9/22/78.] Repealed by 82-13-009 (Order 1823), filed 6/4/82. Statutory Authority: Chapter 201, Laws of 1982.
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WAC 248-55-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 248-55-110 Renewal of certificates. (1) The terms for all certificates shall be for one year from the date of issuance. Every certificate shall be renewed annually upon the payment of a renewal fee and satisfactory evidence presented to the board that the operator has demonstrated continued professional growth in the field. The accumulation of three college credits or continuing education units every three years is considered satisfactory evidence of professional growth.

(2) The secretary shall notify operators failing to renew the operator certificate before the end of the certificate year that the certificates are temporarily valid for two months following the end of the certificate year. Certificates not renewed during the two month period shall become invalid. The secretary shall notify the holders of invalid certificates with a written notice.

(3) An operator failing to renew the certificate pursuant to the provisions of this section may reapply for certification. The board may require the operator to meet the requirements established for new applicants. [Statutory Authority: Chapter 201, Laws of 1982. 82-13-009 (Order 1823), § 248-55-110, filed 6/4/82. Statutory Authority: RCW 70.119.050. 78-10-053 (Order 1343), § 248-55-110, filed 9/22/78.]

WAC 248-55-210 Purpose. These rules implement chapter 70.119 RCW and are adopted pursuant to RCW 70.119.050. [Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-210, filed 12/1/82.]

WAC 248-55-220 Notice of revocation. Whenever the department has reasonable cause to believe that in the administration of chapter 70.119 RCW, grounds exist to revoke a certificate of competency, the department shall notify the certificate holder. The notice must:

- (1) Be in writing;
- (2) State the grounds the department relies on to revoke the certificate; and
- (3) Be delivered personally to the certificate holder or be mailed by certified mail to his or her last known residence or business address. [Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-220, filed 12/1/82.]

WAC 248-55-230 Appeal of revocation. The certificate holder may appeal the department's proposal to revoke his or her certificate. The notice of appeal must:

- (1) Be in writing;
- (2) Clearly and concisely state each and every basis for the appeal;
- (3) State whether the appellant will represent himself or herself or be represented by another;
- (4) State the name, mailing address, and telephone number of the appellant and, if represented by another, the representative's name, address, and telephone number; and
- (5) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504 and be received by the office of hearings within twenty days of the certificate holder's receipt of the decision to revoke his or her certificate. [Statutory Authority: RCW 70.119.050. 82-24-070 (Order 1917), § 248-55-230, filed 12/1/82.]

WAC 248-55-240 Hearing and recommendation by board. (1) The board shall hold a hearing to make a record upon which it shall base its recommendation to the secretary. The hearing shall be conducted in accordance with chapter 34.04 RCW and under the procedural rules of chapter 10-08 WAC.

- (2) The board may have a hearings examiner assigned to preside at the hearing. The hearings examiner:
 - (a) Shall conduct the hearings;
 - (b) Shall offer advice and assistance to the board upon request by the board; and
 - (c) Shall not be a member of the board.

(3) The department has the burden of proving its case by a preponderance of the credible evidence.

(4) At least four members of the board including the water industry representative must consider the record. A majority of the board members who considered the record shall make a written recommendation to the secretary to, or not to, revoke the certificate. The recommendation shall contain findings of fact and conclusions of law.

(5) The board's recommendation shall be personally delivered to the certificate holder or mailed to him or her by certified mail to his or her last known residence or business address. [Statutory Authority: RCW 70.119.050, 82-24-070 (Order 1917), § 248-55-240, filed 12/1/82.]

WAC 248-55-250 Final decision by secretary. (1) If the board's recommendation is to revoke the certificate, the recommendation shall be a proposal for decision as defined in RCW 34.04.110. The certificate holder has the right to file exception and argument to the board's recommendation with the secretary. Any exception or argument must:

- (a) Be in writing;
- (b) Clearly and concisely state each and every basis for exception or argument;
- (c) State the certificate holder's mailing address; and
- (d) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504 and be received by the office of hearings within twenty days of the board's recommendation to the secretary being personally delivered to or mailed to the certificate holder.

(2) If the board's recommendation is to revoke the certificate, the board shall send its recommendation and the record of the board's proceedings to the secretary.

(3) If the board's recommendation is to revoke, the secretary shall make the decision to, or not to, revoke the certificate after considering so much of the record made by the board as he or she deems necessary. The secretary must consider the whole record or such portions thereof as are cited by a party in any exception or argument timely filed in response to the board's recommendation.

(4) If the board's recommendation is not to revoke the certificate, the board's decision shall be binding on the department. [Statutory Authority: RCW 70.119.050, 82-24-070 (Order 1917), § 248-55-250, filed 12/1/82.]

WAC 248-55-260 Judicial review. Any certificate holder aggrieved by the decision of the secretary has the right to judicial review pursuant to RCW 34.04.130. [Statutory Authority: RCW 70.119.050, 82-24-070 (Order 1917), § 248-55-260, filed 12/1/82.]

Chapter 248-59 WAC

RULES FOR RESOLVING WATER SERVICE AREA CONFLICTS

WAC

248-59-005	Purpose.
248-59-010	Public hearing.
248-59-020	Initial decision.
248-59-030	Appeal procedure.
248-59-040	Appeal hearing.
248-59-050	Appeal decision.
248-59-060	Review by secretary.
248-59-070	Decision of secretary.
248-59-080	Judicial review.

WAC 248-59-005 Purpose. The purpose of this chapter is to provide a process for resolving service area conflicts which arise from implementation of the Public Water System Coordination Act, chapter 70.116 RCW, and its procedural regulations, chapter 248-56 WAC. [Statutory Authority: RCW 74.116.070 [70.116.070], 83-01-015 (Order 1919), § 248-59-005, filed 12/6/82.]

WAC 248-59-010 Public hearing. (1) If no service area boundary agreement has been established after a conscientious effort by existing water purveyors within one year of establishment of external critical water supply service area boundaries, or if the legislative authority or authorities have filed written objections with the department, the water supply and waste section of the department of social and health services (DSHS) shall work with the affected parties in an informal manner in order to reach an agreement.

(2) If, in the judgment of the water supply and waste section of DSHS, informal negotiations with the affected parties fail to make progress toward reaching an agreement, the water supply and waste section of DSHS shall hold a public hearing to determine its course of action.

(3) The water supply and waste section of DSHS shall provide at least thirty days' notice of the public hearing; thus, giving the affected parties a final opportunity to agree upon service area boundaries prior to the public hearing.

(4) Notice of the public hearing shall be mailed by certified mail to:

(a) Each purveyor providing service in the area of conflict;

(b) Each legislative authority having jurisdiction in the area; and

(c) The public pursuant to chapter 65.16 RCW. [Statutory Authority: RCW 74.116.070 [70.116.070], 83-01-015 (Order 1919), § 248-59-010, filed 12/6/82.]

WAC 248-59-020 Initial decision. (1) The public hearing may be continued from time to time if good cause can be shown for such a continuance.

(2) After conclusion of the hearing, the water supply and waste section of DSHS may decide to take no action or restrict any or all purveyors from carrying out improvements within the conflicting area. Affected parties shall be notified of the decision by certified mail. The decision shall be issued as a written report and include justification based upon:

- (a) Compliance with DSHS regulations;
- (b) A record of the hearing; and
- (c) Criteria established in WAC 248-56-730. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-020, filed 12/6/82.]

WAC 248-59-030 Appeal procedure. (1) Any party affected by the decision of the water supply and waste section of DSHS may appeal that decision within twenty days from the date received by certified mail. If no appeal is filed, the decision of the water supply and waste shall be final.

- (2) Notice of appeal must:
 - (a) Be in writing;
 - (b) Clearly and concisely state the basis for the appeal;
 - (c) State whether the appellant will represent himself or herself or be represented by another;
 - (d) State the name, address, and telephone number of the appellant and, if represented by another, the representative's name, address, and telephone number;
 - (e) Be mailed by certified mail to Office of Hearings, Post Office Box 2465, Olympia, Washington 98504.
- (3) The office of hearings shall notify all affected parties of the appeal and schedule of events. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-030, filed 12/6/82.]

WAC 248-59-040 Appeal hearing. (1) A hearings examiner assigned by the office of hearings shall conduct the appeal hearing in accordance with chapters 34.04 and 34.12 RCW, and chapters 10-08 and 248-08 WAC.

(2) Evidence not considered in arriving at the initial water supply and waste section decision shall not be presented at the appeal hearing unless agreed to by all parties.

(3) The hearings examiner shall not modify the initial water supply and waste section decision unless the preponderance of evidence shows it to be in error either substantially or legally. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-040, filed 12/6/82.]

WAC 248-59-050 Appeal decision. (1) Within thirty days after the appeal hearing, the hearings examiner shall render a reasoned decision affirming, reversing, modifying or remanding the initial decision by the water supply and waste section of DSHS. The decision shall be in writing, and:

- (a) Correctly caption the name of the parties and the name of the proceedings;
- (b) Designate all parties;
- (c) Include a concise statement of the issue or issues considered;
- (d) Contain findings of fact and conclusions of law as to each contested issue of fact and law. The findings must be based upon evidence adduced at the hearings; the conclusions must be justified by the findings; and the order must be supported by the findings and conclusions; and

(e) Be transmitted to affected parties by certified mail.

(2) The decision shall be rendered without ex parte communication and shall be based exclusively on evidence and argument introduced at the hearing or submitted for review. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-050, filed 12/6/82.]

WAC 248-59-060 Review by secretary. (1) Any party may petition the secretary of DSHS for review of the decision of the hearings examiner within twenty days from the date received by certified mail. If no petition for review is filed, the decision of the hearings examiner shall be the final decision.

(2) The twenty-day time limit for filing a petition for review shall be waived when the petitioner demonstrates good cause for failure to file a timely petition for review. Good cause may include mistake, inadvertence, and excusable neglect on the part of the petitioner or unavoidable casualty or misfortune. If a petitioner demonstrates good cause, the twenty-day time limit shall be extended to a maximum of fifty days.

- (3) Petition for review must:
 - (a) Be in writing;
 - (b) Clearly and concisely state the basis for the review;
 - (c) Clearly and concisely present any and all arguments for modifying the decision;
 - (d) State the name, address, and telephone number of the petitioner; and
 - (e) Be mailed by certified mail to the Secretary, Department of Social and Health Services, Mail Stop OB-44, Olympia, Washington 98504, and to the other party or parties at his or her last known address.

(4) The other party or parties may respond in writing to the petition for review. The response shall be mailed postage prepaid to the secretary and the petitioner at his or her last known address. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-060, filed 12/6/82.]

WAC 248-59-070 Decision of secretary. (1) The secretary shall consider the entire record or such portions thereof cited by the petitioner in his or her review of the decision of the hearings examiner.

(2) Upon review of the record, the secretary shall render a reasoned decision affirming, reversing, modifying or remanding the decision of the hearings examiner.

(3) The secretary's decision shall be transmitted to the affected parties by certified mail. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-070, filed 12/6/82.]

WAC 248-59-080 Judicial review. Any party aggrieved by the decision of the secretary has the right to judicial review pursuant to RCW 34.04.130. [Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-080, filed 12/6/82.]

Chapter 248-64 WAC
PRIMARY AND SECONDARY SCHOOLS

WAC	
248-64-220	Definitions.
248-64-260	Buildings.
248-64-270	Plumbing, water supply and fixtures.
248-64-280	Sewage disposal.
248-64-300	Heating.
248-64-310	Temperature control.
248-64-330	Lighting.
248-64-360	Exemption.

WAC 248-64-220 Definitions. The following definitions shall apply in the interpretation and the enforcement of these rules and regulations:

(1) "School" - Shall mean any publicly financed or private or parochial school or facility used for the purpose of school instruction, from the kindergarten through twelfth grade. This definition does not include a private residence in which parents teach their own natural or legally adopted children.

(2) "Board of education" - An appointive or elective board whose primary responsibility is to operate public or private or parochial schools or to contract for school services.

(3) "Instructional areas" - Space intended or used for instructional purposes.

(4) "New construction" - Shall include the following:

(a) New school building.

(b) Additions to existing schools.

(c) Renovation, other than minor repair, of existing schools.

(d) Schools established in all or part of any existing structures, previously designed or utilized for other purposes.

(e) Installation or alteration of any equipment or systems, subject to these regulations, in schools.

(f) Portables constructed after the effective date of these regulations.

(5) "Occupied zone" - Is that volume of space from the floor to 6 feet above the floor when determining temperature and air movement, exclusive of the 3 foot perimeter on the outside wall.

(6) "Site" - Shall include the areas used for buildings, playgrounds and other school functions.

(7) "Portables" - Any structure that is transported to a school site where it is placed or assembled for use as part of a school facility.

(8) "Health officer" - Legally qualified physician who has been appointed as the health officer for the city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(9) "Secretary" - Means secretary of the Washington state department of social and health services or his designee.

(10) "Department" - Means Washington state department of social and health services. [Statutory Authority: RCW 43.20.050, 82-07-015 (Order 225), § 248-64-220, filed 3/9/82; Order 131, § 248-64-220, filed 8/5/76; Order 55, § 248-64-220, filed 6/8/71.]

WAC 248-64-260 Buildings. (1) Buildings shall be kept clean and in good repair.

(2) Instructional areas shall have a minimum average ceiling height of 8 feet. Ceiling height shall be the clear vertical distance from the finished floor to the finished ceiling. No projections from the finished ceiling shall be less than 7 feet vertical distance from the finished floor, e.g., beams, lighting fixtures, sprinklers, pipe work.

(3) All stairway and steps shall have handrails and nonslip treads.

(4) The floors shall have an easily cleanable surface.

(5) The premises and all buildings shall be free of insects and rodents of public health significance and conditions which attract, provide harborage and promote propagation of vermin.

(6) All poisonous compounds shall be easily identified, used with extreme caution and stored in such a manner as to prevent unauthorized use or possible contamination of food and drink.

(7) There shall be sufficient space provided for the storage of outdoor clothing, play equipment and instructional equipment. The space shall be easily accessible, well lighted, heated and ventilated.

(8) Schools shall be provided with windows sufficient in number, size and location to permit students to see to the outside. Windows are optional in special purpose instructional areas including, but not limited to, little theaters, music areas, multipurpose areas, gymnasiums, auditoriums, shops, libraries and seminar areas. No student shall occupy an instructional area without windows more than 50 percent of the school day.

(9) Exterior sun control shall be provided to exclude direct sunlight from window areas and skylights of instructional areas, assembly rooms and meeting rooms during at least 80 percent of the normal school hours. Each area shall be considered as an individual case. Sun control is not required for sun angles less than 42 degrees up from the horizontal. Exterior sun control is not required if air conditioning is provided, or special glass installed having a total solar energy transmission factor less than 60 percent. Statutory Authority: RCW 43.20-.050, 82-07-015 (Order 225), § 248-64-260, filed 3/9/82; 79-08-078 (Order 183), § 248-64-260, filed 7/26/79; Order 124, § 248-64-260, filed 3/18/76; Order 55, § 248-64-260, filed 6/8/71.]

WAC 248-64-270 Plumbing, water supply and fixtures. (1) Plumbing: Plumbing shall be sized, installed, and maintained in accordance with the State Building Code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the State Building Code.

(2) Water supply: The water supply system for a school shall be designed, constructed, maintained and operated in accordance with chapter 248-54 WAC.

(3) Toilet and handwashing facilities.

(a) Adequate, conveniently located toilet and handwashing facilities shall be provided for students and employees. At handwashing facilities soap and single-service towels shall be provided. Common use towels are prohibited. Warm air dryers may be used in place of

single-service towels. Toilet paper shall be available, conveniently located adjacent to each toilet fixture.

(b) The number of toilet and handwashing fixtures in schools established in existing structures, previously designed or utilized for other purposes shall be in accordance with the State Building Code. However, local code requirements shall prevail, when these requirements are more stringent or in excess of the State Building Code.

(c) Toilet and handwashing facilities must be accessible for use during school hours and scheduled events.

(d) Handwashing facilities shall be provided with hot water at a maximum temperature of 120 degrees Fahrenheit. If hand operated self-closing faucets are used, they must be of a metering type capable of providing at least ten seconds of running water.

(4) Showers:

(a) Showers shall be provided for classes in physical education, at grades 9 and above. An automatically controlled hot water supply of 100 to 120 degrees Fahrenheit shall be provided. Showers with cold water only shall not be permitted.

(b) Drying areas, if provided, shall be adjacent to the showers and adjacent to locker rooms. Shower and drying areas shall have water impervious nonskid floors. Walls shall be water impervious up to showerhead heights. Upper walls and ceiling shall be of smooth, easily washable construction.

(c) Locker and/or dressing room floors shall have a water impervious surface. Walls shall have a washable surface. In new construction, floor drains shall be provided in locker and dressing areas.

(d) If towels are supplied by the school, they shall be for individual use only and shall be laundered after each use. Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-270, filed 3/9/82; 79-08-078 (Order 183), § 248-64-270, filed 7/26/79; Order 124, § 248-64-270, filed 3/18/76; Order 55, § 248-64-270, filed 6/8/71.]

WAC 248-64-280 Sewage disposal. All sewage and waste water from a school shall be drained to a sewerage disposal system which is approved by the jurisdictional agency. On-site sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 248-96 and 173-240 WAC. [Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-280, filed 3/9/82; Order 55, § 248-64-280, filed 6/8/71.]

WAC 248-64-300 Heating. The entire facility inhabited by students and employees shall be heated during school hours to maintain a minimum temperature of 65 degrees Fahrenheit except for gymnasiums which shall be maintained at a minimum temperature of 60 degrees Fahrenheit. [Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-300, filed 3/9/82; Order 55, § 248-64-300, filed 6/8/71.]

WAC 248-64-310 Temperature control. Heating, ventilating and/or air conditioning systems shall be equipped with automatic room temperature controls.

[Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-310, filed 3/9/82; Order 55, § 248-64-310, filed 6/8/71.]

WAC 248-64-330 Lighting. (1) The following maintained light intensities shall be provided as measured 30 inches above the floor or on working or teaching surfaces. General, task and/or natural lighting may be used to maintain the minimum lighting intensities.

	Minimum Foot - candle Intensity
General instructional areas including: Study halls, lecture rooms and libraries.	30
Special instructional areas where safety is of prime consideration or fine detail work is done including: Sewing rooms, laboratories (includes chemical storage areas), shops, drafting rooms and art and craft rooms.	50
Kitchen areas including: Food storage and preparation rooms.	30
Noninstructional areas including: Auditoriums, lunch rooms, assembly rooms, corridors, stairs, store-rooms, and toilet rooms.	10
Gymnasiums: Main and auxiliary spaces, shower rooms and locker rooms.	20

(2) Excessive brightness and glare shall be controlled in all instructional areas. Surface contrasts and direct or indirect glare shall not cause excessive eye accommodation or eye strain problems.

(3) Lighting shall be provided in a manner which minimizes shadows and other lighting deficiencies on work and teaching surfaces. [Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-330, filed 3/9/82; Order 124, § 248-64-330, filed 3/18/76; Order 55, § 248-64-330, filed 6/8/71.]

WAC 248-64-360 Exemption. The board of health may, at its discretion, exempt a school from complying with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the health or safety of the students or staff of the school in danger and that strict enforcement of the regulation would create an undue hardship upon the school. [Statutory Authority: RCW 43.20.050. 82-07-015 (Order 225), § 248-64-360, filed 3/9/82; Order 55, § 248-64-360, filed 6/8/71.]

Chapter 248-75 WAC

**RULES AND REGULATIONS OF THE STATE
BOARD OF HEALTH GOVERNING MOBILE HOME
PARKS**

WAC

248-75-010	Definition.
248-75-020	Sewage disposal.
248-75-030	Water supply.
248-75-040	Refuse disposal.
248-75-050	General sanitation.

WAC 248-75-010 Definition. The following definitions shall apply in the interpretation and enforcement of this chapter.

(1) Health officer shall mean the city, county, city-county or district health officer as defined in RCW 70.05.010(2) or his/her authorized representative.

(2) Mobile home park shall mean any real property which is rented or held out for rent to others for the placement of two or more mobile homes for the primary purpose of production of income, except where such real property is rented or held out for rent for seasonal recreational purpose only and is not intended for year-round occupancy. [Statutory Authority: Chapter 304, Laws of 1981. 81-24-056 (Order 220), § 248-75-010, filed 12/1/81.]

WAC 248-75-020 Sewage disposal. All sewage and waste water from a mobile home park shall be drained to a sewerage disposal system which is approved by the health officer. Sewage disposal systems shall be designed, constructed and maintained in accordance with chapters 248-96 and 173-240 WAC and local regulations. [Statutory Authority: Chapter 304, Laws of 1981. 81-24-056 (Order 220), § 248-75-020, filed 12/1/81.]

WAC 248-75-030 Water supply. Any public water supply system, as defined in WAC 248-54-560(20), which provides water for a mobile home park shall be designed, constructed, maintained and operated in accordance with chapter 248-54 WAC. [Statutory Authority: Chapter 304, Laws of 1981. 81-24-056 (Order 220), § 248-75-030, filed 12/1/81.]

WAC 248-75-040 Refuse disposal. All garbage, refuse and/or trash in a mobile home park shall be collected, stored and disposed of in accordance with chapter 70.95 RCW and chapter 173-301 WAC and local regulations. [Statutory Authority: Chapter 304, Laws of 1981. 81-24-056 (Order 220), § 248-75-040, filed 12/1/81.]

WAC 248-75-050 General sanitation. The premises of a mobile home park shall be maintained and operated in accordance with chapter 248-50 WAC. [Statutory Authority: Chapter 304, Laws of 1981. 81-24-056 (Order 220), § 248-75-050, filed 12/1/81.]

Chapter 248-96 WAC

ON-SITE SEWAGE DISPOSAL

WAC

248-96-020 Definitions.

WAC 248-96-020 Definitions. (1) "Approved" - The term "approved" shall mean acceptable by the health officer as stated in writing.

(2) "Cover" - shall mean fill material that is used to cover a subsurface disposal area to a maximum depth of 18 inches.

(3) "Fill" - shall mean soil materials that have been displaced from their original location.

(4) "Ground water" - subsurface water occupying the zone of saturation.

(5) "Health officer" - the health officer of the city, county, city-county, or district health department or his authorized representative.

(6) "Larger on-site sewage disposal system" - any on-site sewage system with design flows, at any common point, between 3,500, to 14,500 gpd or developments having 10, but no more than 49 service connections. On-site systems receiving state or federal grants, or systems using mechanical treatment or lagoons with ultimate design flows above 3,500 gpd are excluded from this definition. Excluded systems are governed by chapter 173-240 WAC.

(7) "On-site sewage disposal system" - any system of piping, treatment devices, or other facilities that convey, store, treat, or dispose of sewage on the property where it originates or on adjacent or nearby property under the control of the user where the system is not connected to a public sewer system.

(8) "Person" - any individual, corporation, company, association, society, firm, partnership, joint stock company, or any branch of state or local government.

(9) "Public sewer system" - a sewerage system which is owned or operated by a city, town, municipal corporation, county, political subdivision of the state, or other approved ownership consisting of a collection system and necessary trunks, pumping facilities and a means of final treatment and disposal and under permit from the department of ecology.

(10) "Secretary" - the secretary of the state department of social and health services or his authorized representative.

(11) "Septic tank" - a watertight receptacle which receives the discharge of sewage from a building sewer, and is designed and constructed so as to permit separation of settleable and floating solids from the liquid, detention and digestion of the organic matter, prior to discharge of the liquid portion.

(12) "Sewage" - the water-carried human or domestic waste from residences, building, industrial establishments or other places, together with such ground water infiltration, and other wastes as may be present.

(13) "Subdivision" - a division of land, as defined in chapter 58.17 RCW, now or as hereafter amended, including short subdivisions.

(14) "Surface water" - any body of water, whether fresh or marine, or watercourse, including lakes, impoundments and streams. [Statutory Authority: RCW 43.20.050. 81-05-028 (Order 208), § 248-96-020, filed 2/18/81; 80-04-038 (Order 196), § 248-96-020, filed 3/20/80; Order 101, § 248-96-020, filed 6/10/74.]

Chapter 248-100 WAC
COMMUNICABLE AND CERTAIN OTHER
DISEASES

WAC

248-100-295 Ophthalmia neonatorum (infectious conjunctivitis of the newborn).
248-100-450 Rabies.

WAC 248-100-295 Ophthalmia neonatorum (infectious conjunctivitis of the newborn).

Regulations:**Reporting:**

A case of gonococcal ophthalmia neonatorum shall be reported to the local health officer on a special form provided by the state department of social and health services, health services division, in accordance with the provisions set forth in WAC 248-100-065.

Isolation:

Upon discovery that an infant is infected, the infant shall be placed in strict isolation and maintained in isolation for at least twenty-four hours after initiation of systemic antibiotic therapy.

Prevention:

(1) It shall be the duty of any physician, nurse, midwife or other medically licensed person who attends to, or assists in, the birth of any infant or have care of same after birth, to instill or cause to be instilled into the conjunctival sacs of each newborn an effective prophylactic ophthalmic agent approved by the state director, health services division.

(2) The ophthalmic prophylactic used shall be selected from the list of approved agents as are designated in a policy statement issued by the state director, health services division. Instillation of the selected prophylactic agent shall be accomplished within the time limits specified in the policy statement. [Statutory Authority: RCW 43.20.050. 81-11-061 (Order 212), § 248-100-295, filed 5/20/81; Regulation .100.295, effective 3/11/60.]

WAC 248-100-450 Rabies. (1) In order to protect the public health and prevent the occurrence of rabies in dogs and cats and in wild animals which are used as pets and which may transmit rabies to human beings, it shall be unlawful to:

(a) Import into this state any skunk, fox, or racoon for sale, barter, exchange, giving as a gift or for use as a personal pet;

(b) Acquire, sell, barter, exchange, give, purchase, for trap or retention as pets or for export, any skunk, fox, or racoon within the state of Washington: *Provided*, That subsections (a) and (b) shall not prohibit the importation of any skunk, fox, or racoon by a bona fide publicly

or privately owned zoological park, or circus, or any other show where animals are exhibited but are not in physical contact with the public, or by scientific or educational institutions, nor shall such prohibit the use of such animals in fur farming.

(2) Whenever a human being is bitten by any skunk, fox, or racoon, such animal shall be immediately destroyed and the procedures as set forth below shall be followed.

(3) Whenever any human being is bit by any other wild animal, such animal, if available, shall be sacrificed or otherwise disposed of in the discretion of the local health officer.

(4) Whenever any human being has been bitten by a cat or dog and there is no reason to suspect that the animal is rabid, at the discretion of the local health officer, the animal involved may be restricted for ten days for observation in such manner as to prevent contact with other animals or humans except for the caretaker.

(5) If it becomes necessary to destroy the dog or cat or other animal, care should be taken to avoid damaging the brain tissues. The dead animal's head must be severed from the body and placed in a proper container, packed in ice, and sent to the state department of social and health services, division of health's laboratory at Seattle, or other laboratory competent to carry out the complete examination, including a mouse inoculation test. [Statutory Authority: RCW 43.20.050. 81-22-016 (Order 217), § 248-100-450, filed 10/23/81; 78-03-059 (Order 157), § 248-100-450, filed 2/22/78; Order 40, § 248-100-450, filed 10/14/70; Regulation .100.450, effective 3/11/60.]

Chapter 248-105 WAC
REGULATIONS FOR CRIPPLED CHILDREN'S
SERVICES

WAC

248-105-010 Declaration of purpose.
248-105-020 Definitions.
248-105-030 Program eligibility.
248-105-040 Program limitations.
248-105-050 Funding ceilings on neuromuscular program and individual neuromuscular centers.
248-105-060 Authorization of services.
248-105-070 Qualifications and assurances of providers.
248-105-080 Fees and payments.
248-105-090 Third-party resources.
248-105-100 Repayment.

WAC 248-105-010 Declaration of purpose. The following rules are adopted pursuant to RCW 43.20.140 wherein the state board of health is empowered to promulgate rules and regulations as shall be necessary to carry out the purposes of RCW 43.20A.635 empowering the secretary of the department of social and health services to establish and administer a program of services for crippled children. It is the purpose of the crippled children's services program to develop, extend, and improve services for locating, diagnosing, and treating children who are crippled or who are suffering from physical conditions leading to crippling.

In accordance with RCW 43.20A.635 and these rules, the crippled children's services (CCS) program shall limit services in such manner and degree as will assure, in the judgment of the physician-director, provision of optimum services to crippled children with the greatest needs, commensurate with the fixed funding available to CCS.

It is the declared purpose of the department of social and health services and the state board of health that the CCS program shall be administered strictly within the limits of funds available for CCS purposes and that CCS may not authorize provision of services beyond those limits. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

WAC 248-105-020 Definitions. (1) "Client" means an individual whose application for crippled children's services program funds has been approved.

(2) "Crippled child" means an individual below the age of eighteen years having an organic disease, defect or condition substantially interfering with normal growth and development.

(3) "CCS" means Crippled Children's Services.

(4) "DSHS" means Department of Social and Health Services.

(5) "Limited intervention" means treatment given during a limited period of time designed to move a client's status from a lower to a substantially higher level of functioning.

(6) "Local CCS agency" means the local health department and/or district or other agency locally administering the CCS Program for the county where the CCS applicant or client resides.

(7) "Physician-Director" means a medical doctor or osteopath employed by the department of social and health services having the following qualifications:

(a) Doctorate of medicine from a school of medicine accredited by the liaison committee on medical education; and

(b) Licensed to practice medicine in the state of Washington; and

(c) Certified (or eligible for certification) by an appropriate medical specialty board.

(8) "Services" means medical, surgical and rehabilitation care, and equipment and appliances provided in hospitals, clinics, offices, and homes by approved physicians and other approved health care providers. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

WAC 248-105-030 Program eligibility. Medical and financial eligibility is required in order to confine program expenditures for services to the program funding available. Both medical and financial eligibility must be established before an applicant may receive service which may be paid for by CCS program funds. However, determinations of financial and medical eligibility do not constitute entitlement to services. Services must be requested by providers and authorized in advance by

CCS according to procedures outlined in WAC 248-105-060.

(1) Medical eligibility shall be determined by the physician-director of the crippled children's services program and shall be based upon the following medical criteria:

(a) The applicant's physical condition must be of such a nature that the applicant is crippled or is expected to become crippled; and

(b) The condition must be beyond the usual scope of routine medical care and must not be a problem common to children during the growing-up process, such as upper respiratory infections, ear infections, urinary tract infection, pneumonia, and appendicitis; and

(c) The condition must be amenable to limited intervention; and

(d) The condition must not be of a kind requiring long-term continuous treatment to maintain the condition at a relatively stable level; and

(e) There must be a strong likelihood the treatment will have a substantial impact upon the crippling conditions.

(2) The crippled children's services program shall determine at least annually the financial eligibility of individual clients for CCS services according to criteria established by the department. These criteria shall consider nationally accepted standards of living for low-income families such as federal poverty levels or state median income, adjusted for family size. A client shall be determined eligible if his or her family's resources are insufficient to cover the cost of eligible medical services required by the client during the period of his or her eligibility. Resources shall include:

(a) Family income from all sources;

(b) Family savings, property, and other assets;

(c) Medical insurance or other third-party resources. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.]

WAC 248-105-040 Program limitations. (1) Reductions in the scope of the program shall be made by the department when required to limit program expenditures for services according to program funding available.

(2) CCS may, for budgetary reasons, upon the advice and authority of the physician-director, impose or revise funding limitations on certain CCS programs. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

WAC 248-105-050 Funding ceilings on neuromuscular program and individual neuromuscular centers. (1) CCS may, for budgetary reasons, impose or revise funding ceilings upon the amount paid for neuromuscular services throughout the state. The ceilings may be placed on a monthly, quarterly, annual or biennial basis as deemed appropriate by the physician-director.

(2) CCS may, for budgetary reasons, impose or revise funding ceilings upon each individual designated neuromuscular center (NMC). In the event the individual

designated NMC is limited by funding ceilings, the professional staff members of the NMC shall prioritize requests for authorization for neuromuscular services according to sound principles of medical judgment with due consideration that optimum services to children most in need of those services requested be provided in accordance with WAC 248-105-010. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.]

WAC 248-105-060 Authorization of services. Authorization for services shall be accomplished in the form and manner described by crippled children's services, in accordance with the following:

(1) Using forms approved by CCS, the local CCS agency secures financial resource information from the family and the medical documentation of the crippling condition from the provider, prepares a request for authorization, and forwards all three to the state CCS office.

(2) Medical eligibility, under the supervision of the CCS physician-director, and financial eligibility shall be determined by the state CCS staff.

(3) If the child is accepted on the program, each requested service is reviewed for appropriateness to program policies and guidelines, and quality assurance criteria. Services must be of a nature and state of development as to be a recognized acceptable form of treatment by a significant portion of the professional community.

(4) If all criteria are met and funding is available, an authorization document is prepared by state CCS staff and sent directly to the provider of service and local CCS agencies.

(5) Written notification of a child's acceptance or nonacceptance to the program shall be mailed to the family.

(6) No services will be authorized for out-of-state providers if an equivalent service is available within the state of Washington. This does not preclude utilization of resources in contiguous states when appropriate.

(7) In cases of emergencies, and on the basis of information available, the CCS physician-director shall have the authority to approve requested services in advance of a written application and service request being received. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

WAC 248-105-070 Qualifications and assurances of providers. (1) Hospitals authorized by CCS to provide services must be accredited by the joint commission of accreditation of hospitals and licensed by the state of location.

(2) Physicians and other health care providers authorized by CCS to provide services must meet all requirements and assurances set forth in the crippled children's services provider agreement form. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

WAC 248-105-080 Fees and payments. Payments to providers of services shall be made in accordance with the DSHS schedule of maximum allowances and the crippled children's services supplemental fee schedule. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

WAC 248-105-090 Third-party resources. CCS is a secondary payer to all private and other public funded health programs. Such sources of funding must be utilized before CCS payment is made. These sources include, but are not limited to, insurance, Medicaid, Medicare, CHAMPUS (Civilians Health and Medical Program of the Uniformed Services) including provisions for basic benefits and benefits under the program for the handicapped, and other special programs with liability for health care, such as prisons, group or foster homes, and state mental hospitals and facilities. No payment will be made where trust funds or other protected assets are available. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

WAC 248-105-100 Repayment. Repayment from the provider, family or other source is required should trusts, court-awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CCS. [Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

**Chapter 248-140 WAC
ABORTION REGULATIONS**

WAC	
248-140-140	Definitions.
248-140-150	Facilities approved for termination of pregnancy.
248-140-160	Certificate of approval required.
248-140-170	Application for certificate of approval.
248-140-180	Issuance, duration, and assignment of certificate of approval.
248-140-210	Nonhospital facilities approved for termination of pregnancy during the second trimester.

WAC 248-140-140 Definitions. Unless the context clearly indicates otherwise, the following terms, whenever used in this chapter, shall be deemed to have the following meanings:

(1) "Board" means the Washington state board of health.

(2) "Certificate of approval" means a certificate issued on behalf of the board by the department to a non-hospital facility approved for the performance of induction and/or termination procedures during the second trimester.

(3) "Certified nurse anesthetist" means a registered nurse whose application for certified registered nurse designation has been approved by the Washington state board of nursing pursuant to RCW 18.88.080 and WAC 308-120-300.

(4) "Clean" when used in reference to a room or area means space and/or equipment for storage and handling

of supplies and/or equipment which are in a sanitary or sterile condition.

(5) "Department" means the Washington state department of social and health services, which shall serve as agent of the board.

(6) "Facility" means any nonhospital institution, place, building or agency or portion thereof in which induction and/or termination is conducted during the second trimester.

(7) "Induction" means the procedure used to initiate termination of pregnancy.

(8) "Observation unit" means a room or rooms for the segregation, close or continuous observation, and care of a patient before or after a termination procedure.

(9) "Patient" means a woman undergoing induction and/or termination of pregnancy.

(10) "Person" means any individual, firm, partnership, corporation, company, association, or joint stock association.

(11) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians or chapter 18.57 RCW, Osteopathy—Osteopathic Medicine and Surgery.

(12) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW, Registered Nurses.

(13) "Second trimester" means the second three-month period of pregnancy.

(14) "Secretary" means the secretary of the department of social and health services or his or her designee or authorized representative.

(15) "Soiled" when used in reference to a room or area, means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or disposal of wastes.

(16) "Termination" means ending of a pregnancy. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-140, filed 12/15/82; Order 87, § 248-140-140, filed 6/12/73.]

WAC 248-140-150 Facilities approved for termination of pregnancy. For the purpose of preserving and protecting maternal health, all abortions performed during the second trimester of pregnancy shall be performed in hospitals licensed pursuant to chapter 70.41 RCW or in a medical facility approved for that purpose by the board, as set forth in chapter 248-140 WAC. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-150, filed 12/15/82; Order 87, § 248-140-150, filed 6/12/73.]

WAC 248-140-160 Certificate of approval required. No person shall establish, maintain, or operate a facility in which any means are employed or actions taken for the purpose of induction and/or termination of a pregnancy during the second trimester without a certificate of approval from the department: *Provided*, That this provision shall not apply to licensed hospitals. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-160, filed 12/15/82; Order 87, § 248-140-160, filed 6/12/73.]

WAC 248-140-170 Application for certificate of approval. An application for a certificate of approval shall be made to the department by facilities upon forms provided by the department and shall contain such information as the department reasonably requires and which shall include affirmative evidence of ability to comply with these standards, rules and regulations. An application for renewal of certificate shall be made to the department upon forms provided by the department and submitted thirty days prior to the date of expiration of the certificate of approval. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-170, filed 12/15/82; Order 87, § 248-140-170, filed 6/12/73.]

WAC 248-140-180 Issuance, duration, and assignment of certificate of approval. (1) Upon receipt of an application for a certificate of approval, the department shall issue a certificate of approval if the person and the facility meet the requirements, standards, rules and regulations established herein. Each certificate of approval shall be issued for the premises and persons named in the application and no certificate of approval shall be transferable or assignable. No certificate of approval shall exceed twelve months duration.

(2) If there be failure to comply with the standards, rules and regulations, the secretary may, when, in his or her judgment, the well-being and safety of patients would not be jeopardized, issue to an applicant for an initial or renewed certificate of approval, a provisional certificate of approval which will permit the operation of the facility for a specific, determined period of time. A provisional certificate of approval may be issued only when, after thorough investigation, it has been determined that time can be allowed for the facility to correct existing deficiencies without placing in jeopardy the safety or health of women receiving services for the induction and/or termination of pregnancy in second trimester. In no case shall provisional approval exceed six months without review and sanction by the secretary.

(3) Any action to deny, suspend or revoke a certificate of approval shall comply with chapter 34.04 RCW, Administrative Procedure Act, and chapter 248-08 WAC, Practice and procedure. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-180, filed 12/15/82; Order 87, § 248-140-180, filed 6/12/73.]

WAC 248-140-210 Nonhospital facilities approved for termination of pregnancy during the second trimester. Any facility not an integral organizational part of a licensed hospital and not located within its premises, must meet the following requirements to be approved for the induction and/or termination of pregnancy during the second trimester.

(1) There shall be an agreement with a licensed hospital, or with a physician who has admitting privileges at a licensed hospital, for transfer of patients for medical emergencies. There shall be written plans for consultation, backup services, transfer, and transport of the patient to a licensed hospital where appropriate care is

available. This hospital shall be located no further than thirty minutes by ambulance from the facility.

(2) There shall be a procedure room which shall meet the following requirements:

(a) A usable floor area with a minimum dimension of at least eight feet and a minimum area of eighty square feet, provided the room arrangement allows for required equipment being readily accessible during the procedure and allows for free movement of personnel performing the procedure.

(b) Well-lighted.

(c) An examination or surgical table or equivalent.

(d) Located and designed to provide easy access and egress for emergency transport of a patient.

(3) The facility shall provide the following equipment, supplies, and storage readily available to procedure room(s).

(a) Portable or built-in suction;

(b) Portable or built-in oxygen;

(c) Intravenous stand, support, or equivalent;

(d) A device to assist breathing;

(e) Sterile surgical supplies, equipment, and emergency drugs needed during the procedure;

(f) Equipment for collection of soiled linens and waste.

(4) Instruments, equipment, and supplies used in induction and/or termination procedures shall be thoroughly cleaned, disinfected, and appropriately sterilized, when sterilization is indicated.

(5) The facility shall have storage space for sterile surgical supplies, drugs, linens, anesthesia equipment, solutions, instruments, utensils, and equipment.

(6) The facility shall have a utility room or clean-up area which includes a work counter, a sink, storage cabinet, and space for linen hampers and waste containers. Soiled areas shall be separated from clean areas.

(7) If the practice of sterilizing unwrapped trays of instruments and other equipment is followed, the autoclave shall be located to provide access to the procedure room(s) without contamination of sterilized supplies and equipment. The autoclave may be in either a clean or soiled room wherein the arrangement and workflow is such that separation of contaminated items from sterile items is maintained. Standard procedures for sterilization of various types of supplies, equipment, utensils, and solutions shall be established and carried out. These procedures shall be written and readily available to all personnel responsible for sterilization procedures. The facility shall adopt a recognized method of checking the sterilizer's performance, in accordance with manufacturer specifications, including but not limited to spore counts and sterilizer indicators with documentation of spore count at least monthly. If sterile supplies are obtained from another source, this source and method of transport shall meet the approval of the department.

(8) The facility shall have an area designated as an observation unit where the patient may be observed until the physician determines the patient may be released.

(9) Other requirements in the performance of the induction and/or termination procedure:

(a) The procedure shall be performed by a licensed physician.

(b) Appropriate, qualified personnel or staff shall be present in the facility at all times when a patient is present.

(c) No termination of pregnancy in the third trimester may be induced in an approved facility defined in these rules and regulations.

(d) General anesthesia shall be administered only by a separate physician or certified nurse anesthetist.

(e) Flammable anesthesia shall not be used.

(f) When induction during second trimester occurs in a certified medical facility with intent to terminate the pregnancy in the certified facility, (other than a licensed hospital), there shall be a physician and/or registered nurse present at all times until termination is successfully accomplished and the patient is discharged.

(g) All sewage, garbage, refuse, and wastes shall be disposed of in a manner to prevent creation of an unsafe or insanitary condition or nuisance.

(10) The facility, its component parts, facilities, and equipment shall be kept clean and in good repair and maintained with consideration for the safety and well-being of patients, staff, and visitors.

(11) The secretary may exempt an applicant from one or more of the requirements of this section where, in his or her judgment the well-being and safety of the patients would not be jeopardized thereby: *Provided*, That such action is taken only after thorough inspection and evaluation of all relevant circumstances and conditions. [Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-210, filed 12/15/82; Order 87, § 248-140-210, filed 6/12/73.]

Chapter 248-152 WAC

PROHIBITION OF SMOKING TOBACCO IN CERTAIN PLACES

WAC

248-152-035 No smoking areas in restaurants.

WAC 248-152-035 No smoking areas in restaurants. Restaurants with food service seating capacity of 75 persons and over shall provide and post notice to customers of the availability of food service seating where tobacco smoking will not be permitted. [Statutory Authority: RCW 43.20.050. 81-15-027 (Order 213), § 248-152-035, filed 7/10/81.]

Chapter 248-156 WAC

ADJUSTMENT OF CERTIFICATE OF NEED EXPENDITURE THRESHOLDS

WAC

248-156-010 Purpose of chapter 248-156 WAC.

248-156-020 Definitions.

248-156-030 Index and procedures for adjustment.

WAC 248-156-010 Purpose of chapter 248-156 WAC. These rules and regulations are adopted pursuant

to RCW 70.38.025 (6) and (12) for the purpose of establishing the index to be used and procedures for making adjustments to the "expenditure minimum" for capital expenditures and to the annual operating costs for new "institutional health services" which are subject to the requirements of the certificate of need program established under the provisions of chapter 70.38 RCW. [Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-010, filed 4/20/81.]

WAC 248-156-020 Definitions. For the purposes of chapter 248-156 WAC, the following words and phrases shall have the following meanings:

(1) "Certificate of need program" means that program established in accordance with the provisions of chapter 70.38 RCW.

(2) "Department" means the department of social and health services. [Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-020, filed 4/20/81.]

WAC 248-156-030 Index and procedures for adjustment. (1) Index to be used. For the purposes of the certificate of need program, the United States Department of Commerce Composite Construction Cost Index shall be used in the annual adjustments of the following:

(a) The "expenditure minimum" as this term is defined in RCW 70.38.025 and WAC 248-19-220; and

(b) The minimum annual operating costs entailed in the provision of new "institutional health services," as this term is defined in RCW 70.38.025 and WAC 248-19-220, which will cause a new institutional health service to be subject to the provisions of chapter 248-19 WAC, the certificate of need rules and regulations.

(2) Procedure for adjustment.

(a) On or before the first day of each January, the department shall adjust and publish the adjusted expenditure minimum for capital expenditures and the adjusted minimum annual operating costs for institutional health services. Such adjusted minimums shall be in effect during the entire calendar year for which they are established.

(b) The adjustments in the minimums shall be based on the changes which occurred in the Department of Commerce Composite Construction Cost Index during the twelve month period ending the preceding October.

(c) The adjusted minimums shall be published by the department by public notice in one or more newspapers of general circulation within the state and through a written notice sent to each health systems agency, the hospital commission, each health care facility subject to the requirements of the certificate of need program, each statewide organization of such health care facilities, and the state health coordinating council. [Statutory Authority: RCW 70.38.025. 81-09-060 (Order 1641), § 248-156-030, filed 4/20/81.]

Title 250 WAC

COUNCIL FOR POSTSECONDARY EDUCATION

(Formerly: Commission on Higher Education and Council on Higher Education; Higher Education Facilities Commission)

Chapters

- 250-18 Residency status for higher education.
- 250-20 State student financial aid program--Need grant and the Federal Program for state student incentive grant program Title 45, Code of Federal Regulations chapter 1, Part 192.
- 250-28 Rules and regulations to govern the administration, by the council for postsecondary education, of the western interstate commission on higher education student exchange program in the state of Washington.
- 250-32 Financial aid to blind students.
- 250-36 Higher education benefits to children of deceased or incapacitated veterans.
- 250-40 College work-study program.
- 250-44 Regulations for the administration of the displaced homemaker program.
- 250-55 Regulations for the administration of the Educational Services Registration Act.

Chapter 250-18 WAC

RESIDENCY STATUS FOR HIGHER EDUCATION

WAC

- 250-18-010 Purpose and applicability.
- 250-18-015 Definitions.
- 250-18-020 Student classification.
- 250-18-025 Classification procedure.
- 250-18-030 Establishment of a domicile.
- 250-18-035 Evidence of financial independence.
- 250-18-040 Evidence of financial dependency.
- 250-18-045 Administration of residency status.
- 250-18-050 Appeals process.
- 250-18-055 Recovery of fees for improper classification of residency.
- 250-18-060 Exemptions from nonresident status.

WAC 250-18-010 Purpose and applicability. This chapter is promulgated by the council to establish the necessary regulations for the administration of residency status in higher education. Institutions shall apply the provisions of the regulations specified in chapter 250-18 WAC for the determination of a student's resident and nonresident status and for recovery of fees for improper classification of residency. [Statutory Authority: 1982 1st ex.s. c 37 § 4. 82-19-015 (Order 10-82, Resolution No. 83-1), § 250-18-010, filed 9/8/82.]

WAC 250-18-015 Definitions. (1) The term "institution" shall mean a public university, college, or community college within the state of Washington.