

WAC 246-843-280 Sexual misconduct. (1) A nursing home administrator shall not engage, or attempt to engage, in sexual misconduct with a current patient, client, or key party, inside or outside the health care setting. Sexual misconduct constitutes grounds for disciplinary action. Sexual misconduct includes, but is not limited to:

- (a) Sexual intercourse;
- (b) Touching the breasts, genitals, anus or any sexualized body part;
- (c) Rubbing against a patient or client or key party for sexual gratification;
- (d) Kissing of a romantic or sexual nature;
- (e) Hugging, touching, fondling or caressing of a romantic or sexual nature;
- (f) Examination of or touching genitals;
- (g) Not allowing a patient or client privacy to dress or undress;
- (h) Not providing the patient or client a gown or draping;
- (i) Dressing or undressing in the presence of the patient, client or key party;
- (j) Removing patient or client's clothing or gown or draping;
- (k) Encouraging masturbation or other sex act in the presence of the nursing home administrator;
- (l) Masturbation or other sex act by the nursing home administrator in the presence of the patient, client or key party;
- (m) Terminating a professional relationship for the purpose of dating or pursuing a romantic or sexual relationship;
- (n) Soliciting a date with a patient, client or key party;
- (o) Discussing the sexual history, preferences or fantasies of the nursing home administrator;
- (p) Any behavior, gestures, or expressions that may reasonably be interpreted as seductive or sexual;
- (q) Making statements regarding the patient, client or key party's body, appearance, sexual history, or sexual orientation other than for legitimate health care purposes;
- (r) Sexually demeaning behavior including any verbal or physical contact which may reasonably be interpreted as demeaning, humiliating, embarrassing, threatening or harming a patient, client or key party;
- (s) Photographing or filming the body or any body part or pose of a patient, client, or key party, other than for legitimate health care purposes; and
- (t) Showing a patient, client or key party sexually explicit photographs, other than for legitimate health care purposes.

(2) Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense as defined in RCW 9.94A.030.

(3) A nursing home administrator shall not:

- (a) Offer to provide health care services in exchange for sexual favors;
- (b) Use health care information to contact the patient, client or key party for the purpose of engaging in sexual misconduct;
- (c) Use health care information or access to health care information to meet or attempt to meet the nursing home administrator's sexual needs.

(4) A nursing home administrator shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section with a former patient, client or key party within two years after the provider-patient/client relationship ends.

(5) After the two-year period of time described in subsection (4) of this section, a nursing home administrator shall not engage, or attempt to engage, in the activities listed in subsection (1) of this section if:

(a) There is a significant likelihood that the patient, client or key party will seek or require additional services from the nursing home administrator; or

(b) There is an imbalance of power, influence, opportunity and/or special knowledge of the professional relationship.

(6) When evaluating whether a nursing home administrator is prohibited from engaging, or attempting to engage, in sexual misconduct, the board of nursing home administrators will consider factors including, but not limited to:

(a) Documentation of a formal termination and the circumstances of termination of the nursing home administrator-patient relationship;

(b) Transfer of care to another nursing home administrator;

(c) Duration of the nursing home administrator-patient relationship;

(d) Amount of time that has passed since the last health care services to the patient or client;

(e) Communication between the nursing home administrator and the patient or client between the last health care services rendered and commencement of the personal relationship;

(f) Extent to which the patient's or client's personal or private information was shared with the nursing home administrator;

(g) Nature of the patient or client's health condition during and since the professional relationship;

(h) The patient or client's emotional dependence and vulnerability; and

(i) Normal revisit cycle for the profession and service.

(7) Patient, client or key party initiation or consent does not excuse or negate the health care provider's responsibility.

(8) These rules do not prohibit:

(a) Contact that is necessary for a legitimate health care purpose and that meets the standard of care appropriate to nursing home administrators; or

(b) Providing health care services for a legitimate health care purpose to a person who is in a preexisting, established personal relationship with the nursing home administrator where there is no evidence of, or potential for, exploiting the patient or client.

[Statutory Authority: RCW 18.52.061 and 18.130.050. WSR 19-19-050, § 246-843-280, filed 9/13/19, effective 10/14/19. Statutory Authority: RCW 18.52.061, 18.130.050, 18.130.040, 18.130.062, 43.70.041, and chapter 18.52 RCW. WSR 16-17-127, § 246-843-280, filed 8/23/16, effective 9/23/16. Statutory Authority: RCW 18.130.050 (1) and (12) and 18.52.061(1). WSR 07-08-005, § 246-843-280, filed 3/22/07, effective 4/22/07.]