



*Washington State*  
Department of Social  
& Health Services

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Briefing for the Governor  
April 6, 2010

A Look Inside:  
Adult Family Homes in Washington State  
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# Table of Contents

I.	Introduction.....	2
II.	Case Review and Analysis, Issues and Strategies.....	2
III.	Department Actions Already Implemented.....	9
IV.	Strategies for Continued Improvement.....	12
V.	Abuse/Neglect Study Group.....	15
VI.	Appendices	
	A. State Residential Quality Assurance System	
	B. Service Delivery System	
	C. Analysis of the Results of the Recent Complaint Quality Reviews	
	D. Integrated Client Protection Computer System	
	E. Adult Family Home Training Requirements	
	F. Governor Gregoire's February 1, 2010 Memorandum	
	G. Invitation to Participate in Abuse/Neglect Study Group	
	H. Adult Family Home Provider Letter from Department	
	I. Washington Realtors Newsletter to Members	

# **I. Introduction**

Recent media coverage has heightened public concern regarding whether adult family homes (AFH) are able to meet the needs of vulnerable adults who require long-term care. This briefing was prepared by the Department of Social and Health Services (referred to as “Department”) at the request of Governor Gregoire.

The Department licenses adult family homes. As such, it is responsible for adopting and enforcing minimum licensing rules which promote the provision of quality care in home-like settings. Through compliance with state and local laws, including Department rules, adult family home providers are required to provide care to residents that is safe, appropriate and promotes their well-being. We had already implemented several changes to the system before the Seattle Times articles. These changes are designed to strengthen regulatory oversight of adult family homes and increase public access to information regarding the history and performance of licensed providers. We will continually assess our activities and make modifications that will help assure the quality of care in adult family homes.

The goals of this briefing are to analyze the cases highlighted in the Seattle Times articles, review existing actions already taken to improve the inspection and investigation processes, and make suggestions for future administrative, regulatory, and statutory changes.

This briefing consists of a case review summary, Department actions already implemented to promote the health, safety and well-being of AFH residents, strategies for continued improvement (Section IV), and appendices with detailed information. These appendices in Section VI include a description of the state residential care quality assurance system, service delivery system, analysis of the results of the recent complaint quality reviews, and a proposal for an integrated client protection computer system.

# **II. Case Review and Analysis, Issues and Strategies**

The Department completed an internal review of the cases identified in the Seattle Times articles. The series suggested potential system improvements which we also analyzed. Future strategies that address the specific cases are included in this section. In addition, Section IV includes a detailed compilation of strategies identified for continued improvement.

## **A. Issue: Provider with limited English proficiency**

Many current AFH providers have English as a second language and functional literacy is variable. The Seattle Times article indicated the provider in this case was not able to speak sufficient English.

### **Case Summary**

**AFH:           GARDEN GROVE AFH, Lynden**

**Licensee: Tony Nam**  
**Status: Licensed for 7 months (7/26/2006- 2/16/2007); License was revoked based on complaint investigation findings**

Tony Nam was the live in caregiver in the AFH before he became the licensee through a Change of Ownership (CHOW). He provided resident care when his caregivers were off duty and he also provided the night care alone. As a result of a complaint investigation, Residential Care Services revoked Mr. Nam's AFH license after determining that he did not understand what to do for a resident who was critically ill when he was alone providing care, and he was unable to speak English well enough to communicate with a physician about the resident's urgent medical condition. A caregiver who came on duty recognized the resident's serious condition, took over and called 911.

### **Analysis**

The Licensee violated the requirement to have at all times a caregiver onsite who is capable of understanding and speaking English well enough to be able to respond appropriately to an emergency situation.

Mr. Nam's poor communication had been previously identified but under the earlier adult family home WAC, weak English literacy of the provider was not a basis to deny an AFH license and was difficult to cite as a regulatory violation without a demonstrated negative outcome.

The current AFH WAC adopted in 2008 has a stronger and clearer requirement for the ability to functionally communicate in English, requiring a person is on staff and available at the home who is capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and able to read, understand and implement resident negotiated care plans. This requirement for the ability to communicate in English enhances resident safety, and facilitates promotion of the rights and delivery of services for English speaking residents of adult family homes.

### **Future Strategy**

In the current statutory language a provider does not have to be literate in the English language if they make sure there is a person is on staff who can communicate or who can make provisions to communicate with the resident. The Department will consider a statutory change for the 2011 Legislative session to clarify that in addition to the current requirement, the AFH provider, entity representative and resident manager must all be functionally literate in English.

### **B. Issue: Provider with recent decline in service delivery**

The Seattle Times article indicated that Department oversight in this case was not sufficient. The licensing statute authorizes the Department to inspect AFHs every 18 months, and the Department has tried to maintain a statewide average inspection interval of 15 months. In 2009, 19 percent of AFHs were in compliance with all of the minimum licensing requirements during the full inspection. Even providers with a long history of good care can develop serious problems that result in significant enforcement

actions. On-going regulatory oversight through Department inspections and complaint investigations, and the public calling in concerns to the hotline, are essential aspects of quality assurance in the AFH setting.

### **Case Summary**

**AFH: HIDDEN GARDENS, Enumclaw**  
**Licensee: Susan Martin**  
**Status: Licensed for 5.5 years (7/2/2003-1/14/2009);**  
**License was summarily suspended and revoked based on**  
**complaint investigation findings**

In August 2008, Residential Care Services received a complaint alleging physical abuse of a resident with dementia as evidenced by bruises on his shoulders, under his arms and on his hip. This was discovered when he moved from the AFH into a nursing home. The Licensee reported the resident fell frequently tripping over chairs and she attributed the bruising to the falls. The complaint investigator was unable to determine if the bruises were a result of abuse or accidental falls. The Licensee was cited for admitting and retaining a resident whose needs she could not meet, medication administration errors, failure to give 30 days notice for a rate increase, and not maintaining an incident/accident log.

During the five years of operation of the AFH before the August 2008 complaint, there had been only one complaint reported to the hotline (in 2006) and minor citations resulting from licensing inspections. The Department received six more complaints during the six months between August 2008 and January 2009; three of these were made by families after residents moved from the AFH home during December and January. Families began describing significant changes in the Licensee over the last few months. An investigation by Residential Care Services (RCS) resulted in a summary suspension and revocation of the AFH license and all remaining residents were moved from the AFH in January 2009.

### **Analysis**

For many years this AFH had no history of enforcement and only minimal citations.

The August 2008 complaint investigation related to the case in the Seattle Times article was difficult because of changing stories and the lack of records. Multiple factors contributed to the complexity of the situation, including a brief respite stay that extended over two months, lack of a preadmission assessment or a clear understanding of the residents' care needs, and a recent reduction in medications. Also, visiting family members did not timely report their concerns to the hotline for investigation.

In 2007, the Department enhanced the thoroughness and consistency of investigations by developing and implementing Complaint Investigation Protocols. Staff and managers were trained on the use of the AFH home complaint protocols including topics such as unlicensed homes, pressure ulcers and insufficient staff. We implemented formal on-

going statewide auditing (Complaint Quality Reviews) of a sample of completed complaint investigations. Training and protocol updating continued in 2008 and 2009.

### **Future Strategy**

The Department is revising the AFH Inspection process to include increasing the focus on resident observation and interview, and expanding the resident sample to include all residents.

RCS will conduct in-person Field Manager training in April 2010 to include review of quality assurance strategies related to field licensing and investigative work (e.g. working with staff to develop investigation plans for specific cases).

After the 2010 supplemental budget is passed, RCS will determine if we have the resources to enhance existing regional quality assurance review work by developing a centralized statewide review of the licensing process.

### **C. Issue: Provider operating an unlicensed home**

The Seattle Times alleged that Bernardita Sarausad operated an unlicensed AFH in 2007.

### **Case Summary**

As a result of the information in the Seattle Times article, the Department initiated a complaint investigation to determine if the provider operated an unlicensed AFH. The investigation found that in this instance the provider did not meet the definition of an adult family home, because the provider was not providing room, board, and personal care to two or more people not related by blood or marriage to the provider. As a result no action could be taken on this provider for operating an unlicensed home, because she was not operating without a license.

### **Analysis**

Under current law an AFH license is not required to provide room and board and personal care to one unrelated person.

The Department depends on mandatory reporters and the public to notify us about allegations of unlicensed homes. When a home is determined to be operating without a license, the Department takes action to stop the unlicensed care, including civil fines and other legal actions, such as obtaining a court ordered injunction.

### **Future Strategy**

The Department will consider the following statutory change for the 2011 Legislative session: Change the definition of “adult family home” to require a license if the person or persons provide personal care, special care, room and board for one to not more than six adults who are not related by blood or marriage, to the person or persons providing the services.

#### **D. Issue: Provider operating multiple homes**

The Seattle Times indicated a provider with multiple citations operated many homes and was planning to open more. The law currently allows providers to operate an unlimited number of multiple homes.

#### **Case Summary**

**AFH: Multiple Homes (1994 – Present)**  
**Licensee: Bernardita Sarausad**

Bernardita Sarausad, RN has been licensed for nine adult family homes. She voluntarily closed one home in 1998, the Department summarily suspended and revoked the license of one home in 2010 (she has an opportunity to appeal this action), and she currently operates seven AFHs (three of the licenses are issued to Ms. Sarausad as a sole proprietor, and four of the homes are licensed under two different corporations with Ms. Sarausad as the Entity Representative). At this time she has not submitted an application to license another AFH. The Sarausad AFHs are regulated by Residential Care Services (RCS) staff in two different DSHS regions.

Deficiencies in the Sarausad homes are varied. There are few repeats of the same deficiency in one home, but multiple repeats among the homes. In general, it appears that the homes with a strong resident manager have few violations. Sarausad lives in one of the homes that had few deficiencies.

However, two of the Sarausad homes (#581602 and #484500) have had serious, repeat or uncorrected deficiencies and RCS has issued progressive enforcement remedies, including fines, stop placement of new admissions, conditions on the license, and a recent summary suspension/revocation of license #484500 (the provider still has an opportunity to appeal the Department's revocation action).

RCS attempted to revoke Sarausad House #469300 in 2004 based on resident care with a serious outcome. The revocation was upheld three times after extensive hearings. The Board of Appeals ultimately reversed itself and overturned the revocation which is the final Department decision. Since that time there has been no further enforcement in this home. Since 2007, there have been only two complaints and few deficiencies.

#### **Analysis**

While there is no data to substantiate that there is a pattern of excessive enforcement actions against providers who operate multiple homes, some licensed operators who have additional homes become less compliant with licensing requirements.

In 2006, the Department replaced the old facility database with the Facility Management System (FMS) that facilitates access to compliance history of licensed providers of adult family homes and boarding homes. This has made it easier to identify repeat citations by the same provider across multiple homes.

## **Future Strategy**

The Department will consider statutory changes for the 2011 Legislative session that will:

- Limit the number of homes a provider or anyone associated with a provider can be licensed for.
- Require 24 months, without deficiencies, to pass before licensing a second home, and an additional 12 months, without deficiencies, before licensing a third or subsequent home.
- Require the AFH applicant/provider to have proof of financial solvency.
- Modify the RCS internal electronic tracking system to flag providers who have had previous licenses, or have concurrent AFH or BH licenses under their own name or as part of an entity. This will facilitate decision making based on information about the provider's complete compliance history across all licensed AFH and BH settings.

## **E. Issue: Provider with a poor history of care**

The Seattle Times indicated that a provider had a poor compliance history but continued to operate. The provider in this case had a lengthy history as a nursing home administrator, boarding home licensee and adult family home operator.

## **Case Summary**

**AFH: NARROWS VIEW MANOR AFH**  
**Licensee: Narrows View Manor Corporation (Charlene and Arlie Leno)**  
**Status: Licensed for 15 years (5/25/1995 – Present)**

Charlene and Arlie Leno have been licensed to operate a boarding home or an adult family home since 1983. One adult family home, The Glen, was licensed in 1992 and closed pursuant to a Change of Ownership (CHOW) in 1996.

They operated a Boarding Home (BH) for 17 residents, Tule Lake Manor, from 1983 until it was closed as result of a CHOW in 2000. The BH was initially licensed and regulated by the Department of Health until August 1998 when the BH program was moved to the Department. The Department initiated a revocation of this facility's license in June 2000. On August 2, 2000, the revocation was rescinded following an Informal Dispute Resolution review and replaced with a civil fine and stop placement.

Charlene and Arlie Leno are co-licensees of Narrows View Manor AFH. Charlene was the designated Entity Representative. She has not resided in the area since 2003 and is not directly involved in the facility. After she left, the home began to experience serious and multiple deficiencies under Mr. Leno's management.

The home was subject to multiple fines and conditions and placed in stop placement. In August 2004, conditions were placed on the AFH license. A \$5,400 civil fine was issued for operating over capacity with a seventh resident. In October 2006, additional conditions were imposed after a complaint investigation determined Mr. Leno failed to



get timely medical care and did not provide appropriate care to a resident who had developed serious skin breakdown. He was required to hire a nurse to, among other tasks, assist the provider in developing negotiated care plans with specific details as to how to follow and implement assessed care needs and provide weekly oversight and training to ensure Mr. Leno and the home's staff were providing appropriate care and services.

The AFH license was revoked on June 1, 2007. Following an Informal Dispute Resolution review, the revocation was rescinded and a new condition was imposed that he not retain or admit residents with exit-seeking behavior. Since the revocation was rescinded, there have been no complaints against the home, he has had few citations and has been in compliance with the conditions. Mr. Leno has a resident manager who manages the day-to-day operations.

### **Analysis**

Within the authority granted in statute, Residential Care Services (RCS) imposed regulatory enforcement that was progressive (fines, conditions, stop placement). Conditions are designed to immediately address the underlying issues that led to noncompliance and a stop placement of new admissions gives the provider the opportunity to come into and remain in compliance before bringing new residents into the home. Enforcement could have been imposed differently at various points in the case.

Several of the issues identified in the Seattle Times article have been resolved. There is now a tracking system that does track enforcement actions in both adult family homes and boarding homes. This tracking system allows the Department to consider history of compliance across settings and use this information as a basis for denying a license when care history is deficient.

All AFHs are required to make accessible the most recent inspection report which will help families decide which home can meet the needs of their loved one.

### **Future Strategy**

RCS will conduct in-person Field Manager training in April 2010. Managers are the first line of an effective quality assurance system for field licensing and investigative work, as they are in a position to observe what is happening on a day-to-day basis.

RCS will conduct training for all field staff to review the recently updated enforcement Operational Principles and Procedures.

The Department has implemented changes that will:

- Require adult family homes to post their most recent inspection reports and to make inspection/complaint investigation deficiency reports readily available and accessible to anyone interested.
- Post enforcement letters on our public Web site.

## **F. Issue: Clients with challenging needs served in home and community-based settings**

The Seattle Times identified a case which is unusual. The Department does not often have a client who remains so difficult to serve. We have thousands of cases where we have assisted clients in choosing the setting where they will reside and receive services. In this case, Home and Community Services (HCS) did everything within its existing resources, policies and procedures in an attempt to help this client find a home where she could reside and receive services.

### **Analysis**

This case was not a licensing or regulatory issue, but a client who presented service needs that were difficult to meet. Cases like this truly challenge our long-term care system as these usually represent a long history of behaviors that result in many failed attempts to serve clients in a variety of settings.

### **Future Strategy**

At this time, the Department lacks capacity to serve all of these individuals with challenging issues. The Department has developed a partnership with community agencies utilizing a Community Action Team (A-Team) approach in an attempt to solve service delivery issues for difficult to serve clients. In these teams we bring together experts from a number of disciplines (hospitals, law enforcement, Department of Corrections, mental health, drug and alcohol treatment specialists, medically-trained personnel, and a variety of other social service personnel) in an attempt to develop appropriate service delivery options.

This team has had success in pooling its resources and producing plans to serve these very challenging clients; however, we have been unable to serve all of these clients in community settings which results in institutionalization or client movement to several settings. The Department will continue to work on developing and leveraging local resources to provide a proper mix of community options to serve these individuals.

### **Summary of Case Reviews**

This review of the licensing/regulatory issues did not yield any themes or recommendations common to all of the cases. The review did confirm the appropriateness of some changes that have already been implemented or are underway. This provided an opportunity for identification of program enhancement recommendations to support RCS in promoting and protecting the rights, security and well-being of individuals living in licensed residential settings by implementing a fair, consistent, and efficient regulatory system that promotes positive outcomes.

## **III. Department Actions Already Implemented**

The Seattle Times articles addressed specific cases most of which occurred before recent improvements. The Department has implemented the following changes that have improved the system of investigation and licensing/relicensing.

## **A. Licensing**

For a number of years, the Department has conducted a comprehensive pre-licensure review of all AFH applications. The Department centralized the license application process in 2004 by transferring the responsibility from the field to headquarters.

In 2005, we moved AFH initial licensure to headquarters. These moves were made to specialized units to ensure efficiency and consistency. An application must be completed and submitted for a new home, change of ownership, or relocation.

In 2006, the Department replaced the old facility database with the Facility Management System (FMS) that facilitates access to compliance history of licensed providers of adult family homes and boarding homes. This allows identification of repeat citations by the same providers across multiple homes and the Department uses the system to consider a provider's history of compliance across settings. We also instituted a process for a standing group to routinely review any identifying issues with a licensing application to improve consistency of decisions.

In 2007, the Governor requested and the Legislature provided the Department with five FTEs and funding to develop and implement early 90-day visits in newly licensed AFHs. The Department focuses the visits on the new provider's ability to provide the necessary care and services to residents, and to educate the provider further on the licensing rules.

In late 2007, headquarters notified regional management staff that headquarters can impose conditions and/or stop placement immediately if resident harm may occur pending completion of a complaint investigation.

The minimum licensing requirements are regularly reviewed and amended for clarity. Effective January 2008, Residential Care Services revised the licensing requirements in Chapter 388-76 WAC to make them clearer and easier to understand. Examples of clarity include: taking long sections and broke them into smaller sections in order to make specific issues easier to find. Plain talk was used as much as possible, without losing the legal meaning, to make the rules easier to understand. The resident rights requirements in Chapter 70.129 RCW were incorporated into the licensing requirements so they would be readily available for both providers and residents.

In 2008, the literacy issue of caregivers was addressed by the adoption of the following regulation WAC 388-76-10130(5). The current AFH WAC 388-76-10130(5), adopted in 2008, provides: "The adult family home must ensure that the provider, entity representative and resident manager have the following minimum qualifications: Be literate in the English language, or meet alternative requirements by assuring that a person is on staff and available at the home who is (a) able to communicate or make provisions for communicating with the resident in his or her primary language; and (b) capable of understanding and speaking English well enough to be able to respond appropriately to emergency situations and be able to read, understand and implement resident negotiated care plans."

## **B. Complaints**

In 2007, the Department enhanced the thoroughness and consistency of investigations by developing and implementing Complaint Investigation Protocols. Staff and managers were trained on the use of the AFH complaint protocols including topics such as unlicensed homes, pressure ulcers and insufficient staff. We implemented formal on-going statewide auditing (Complaint Quality Reviews) of a sample of completed complaint investigations.

Residential Care Services (RCS) developed a tool to assess major components of the investigative process and identify strengths and areas for improvement.

The quality assurance tool used uniformly by the field and by headquarters staff was created to look at eighteen elements that help to define the “thoroughness” of investigations. Most questions on the tool cannot be answered with just a “yes/no” response, and require critical thinking and judgment to answer. Quality assurance (QA) tool results are analyzed at three different levels, including performance of each field unit, the results of the headquarters panel review, and division-wide.

RCS conducted ongoing bi-annual reviews since August 2007 of a random mix of complaint investigations across all settings.

The most recent complaint QA review was completed in December 2009. In response to the Seattle Times article, an analysis of trends associated with all of the QA reviews was conducted. That analysis revealed that complaint investigation performance has been stable and overall performance improvements have been noted since the pilot QA process was initiated in 2007.

\*See Appendix C

## **C. Protection Programs**

In 1996, a unit within the RCS began investigating individuals associated with nursing homes alleged to have abandoned, abused, neglected, exploited, or financially exploited vulnerable adults. In 2006, RCS began investigating similar individuals in the Certified Community Residential Services and Support Program (supported living). In 2008, the Department expanded these investigations into adult family homes and boarding homes, as well as in Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR).

As a result of both RCS and HCS' Adult Protective Services investigations, approximately 2,700 individuals are listed in the adult abuse registry and cannot be contracted by the Department to provide care in long-term care settings.

## **D. Consumer Information (“Seniors for Sale”)**

Following the Seattle Times series, the Department immediately met with the Washington Realtors about working with their members on how to appropriately advertise and market an AFH for sale. We worked with the Realtors to notify their

members reiterating this information and will continue to work with them as needed in the future.

We also sent a letter to all AFH providers clarifying requirements for admission and assessment, change of ownership and the sale of a home, the availability of inspection and complaint investigation deficiency reports, rule changes, and notification that the Department plans to release enforcement information online.

## **IV. Strategies for Continued Improvement**

The Department provides quality assurance by promoting the rights, security and protection of vulnerable adults living in licensed or certified residential settings (adult family homes, boarding homes, nursing homes, Intermediate Care Facilities for the Mentally Retarded, and supported living). The Department does ongoing reviews of regulations, processes and implementation to continue improvement of the state's long-term care system. This section contains suggestions for improvements in two parts: (1) administrative and regulatory strategies; and (2) proposed statutory changes.

### **A. Administrative and Regulatory Strategies**

#### **Licensing and Enforcement Strategies**

The Governor's budget asked the 2010 Legislature to approve an increase in licensing fees in order to maintain existing Department oversight of long-term care providers. Without this increase or general fund/state funding in the Governor's supplemental maintenance level request, the Department will have to significantly decrease the number of complaint investigators and licensors to remain within budget limitations.

Review staffing workload model for complaint investigations and licenses. Complaint numbers have increased significantly over the years but this has not resulted in an increase in investigators.

The Department is revising the AFH Inspection process to include increasing the focus on resident observation and interview and expanding the resident sample to include all residents. We are finalizing the processes at this time and working on extensive revisions of the forms. After an internal review and making any modifications deemed necessary, the Department plans to implement the revised process by July 1, 2010. After the 2010 supplemental budget is passed, RCS will determine if we have the resources to: (1) do early visits in licensed adult family homes that have undergone a change of ownership (CHOW); (2) enhance existing regional quality assurance review work by developing a centralized statewide review of the licensing process. Currently, RCS only conducts formal quality assurance review work on a sample of complaint investigations. Additional resources are needed to more fully realize this important work for both complaints and licensing inspections.

RCS will conduct in-person Field Manager training in April 2010. Managers are the first line of an effective quality assurance system for field investigative work, as they are in a position to observe what is happening on a day-to-day basis. Managers will be re-trained on criteria and strategies for ensuring that working papers are thoroughly

reviewed and consistent with the identification of failed practice on behalf of the provider. Action plans will be developed to address how managers will implement feedback to their staff, and to address how managers will monitor staff performance resulting from issues identified in their QA reviews.

Washington law requires several categories of professionals to report suspected abuse, abandonment, neglect, or financial exploitation of vulnerable adults. Mandated reporters include Department employees and contractors, individual providers of personal care, employees of a facility licensed by the Department, including boarding homes, adult family homes, nursing homes, residential habilitation centers, and soldiers' homes. Licensed health care providers such as social workers, doctors and nurses, employees of social service providers and school personnel are also mandated reporters. We will expand resources for mandated reporters by developing a guidebook for AFH providers to use in reporting cases of vulnerable adult abuse, neglect, abandonment, and exploitation. Initial development of the guidebook has begun, with a target date for completion of March 2011.

### **Integrated Complaint Investigation System Strategy**

The Department's computer applications that support the investigation and tracking of the abuse and neglect of Washington State's vulnerable adults do not meet current business needs. The diverse systems are fragmented and do not "talk to each other". As a result, we cannot track or trend critical allegations of abuse and neglect across systems and living situations. We cannot produce reports on the number of allegation types by residential setting.

The Department is proposing development of an integrated client protection and tracking system to improve the existing data system. The new system must include an integrated capability to track clients and perpetrators across settings and trend deficiencies in operations across facility types. The solution will require additional financial resources to fund temporary program and information technology staff/contracts to unify the key elements of these systems and strengthen their reliability and integrity for the protection of some of our most vulnerable citizens.

\*See Appendix D

### **Provider Training Strategy**

In Appendix E the current adult family training requirements are outlined. In addition, the following changes are occurring:

- Long-term care worker training and home care aide certification will be required for new AFH applicants, entity representatives, resident managers and caregivers with the implementation of I-1029 effective January 2011. The long-term care worker training is a minimum of 75 hours. In order to obtain the certification, the person must pass a test being designed by the Department of Health.
- Contract requirements have been changed effective January 2010 for instruction of the 48 hour training for AFH applicants. The contractor must provide a

minimum of 36 hours of face to face instruction. The contract clarified that self-study is not a teaching option. The additional 12 hours is for review in conjunction with the student completing homework assignments and business plans.

### **Consumer Information and Strategy**

All but one of the licensed homes featured in the series accepts both private pay and state-funded residents under a Medicaid-contract. Three of the four residents addressed in the articles were private pay residents.

Under Medicaid, the Department case manager does an assessment and develops a preliminary plan of care together with the individual needing services and his/her representative. This assessment is reviewed yearly or when there is a significant change of condition.

While an AFH provider is required by regulations to ensure the same is done for private pay residents, AFH residents who pay privately for their services may not have the independent assessment, service plan development and oversight that is an integral part of the Medicaid system. For these residents, the state relies on families and mandatory reporters to report allegations timely to help protect and reduce harm.

We will work through partnerships and the use of our Web site to ensure citizens have access to information that will assist them in making the best decision for themselves or family members when selecting an AFH home setting. The WAC rule making process has begun for extending the time required to give notice to residents before a change of ownership, and making inspection and complaint investigation reports available to anyone interested. The Department anticipates filing the final rules by July 31, 2010.

The Department has an array of educational materials available to assist consumers in understanding and selecting long-term care options. These are accessible on our Web site at <http://www.aasa.dshs.wa.gov/>.

In addition, we will:

- Require adult family homes to post their most recent inspection reports and to make inspection/complaint investigation deficiency reports readily available and accessible to anyone interested.
- Increase the length of time that providers must notify residents in advance of the sale of a home, from 30 to 60 days.
- Post enforcement letters on our public Web site.
- Refer citizen inquiries about a specific AFH to either the Regional Administrator or the Field Manager for that respective county.

### **B. Proposed Statutory Strategies**

The Department will consider the following statutory changes for the 2011 Legislative session:

- Limit the number of homes a provider or anyone associated with a provider can be licensed for.

- Require 24 months, without deficiencies, to pass before licensing a second home, and an additional 12 months, without deficiencies, before licensing a third or subsequent home.
- Require the AFH applicant/provider to have proof of financial solvency.
- Clarify that the AFH provider, entity representative and resident manager must be functionally literate in English.
- Increase the amount of direct caregiving hours required of the AFH applicant before applying.
- Give the Department more flexibility in the decision to grant or deny an AFH license by amending the statutory language from the Department “shall” license, to the Department “may” license.
- Increase the amount of civil penalties.
- Change the definition of “adult family home” to require a license if the person or persons provide personal care, special care, room and board for one to not more than six adults who are not related by blood or marriage to the person or persons providing the services.
- Clarify the statute so that providers are responsible to protect residents and the Department is responsible to write rules to promote these protections for residents of adult family homes.
- Clarify in the adult family home and boarding home licensing statutes, the Department’s public duty to promote the health, safety and well-being of residents, and the provider’s duty to protect the health, safety and well-being of residents.
- Clarify that an AFH provider is ultimately responsible for the day to day operations of each licensed home and for the health, safety and well-being of each resident.

## **V. Abuse/Neglect Study Group**

Washington has a long-standing nationally recognized prevention and response system to allegations of vulnerable adult abuse and neglect. However, it is important that we continue to improve the quality and capacity of our long-term care system in the state of Washington. Since an effective system is ultimately a shared responsibility of consumers, families, our employees, communities, mandated reporters, advocates, providers, regulators and law enforcement, the Secretary of the Department is convening a study group.

The study group will address issues that include: (1) Practices of other states as we consider broadly the issues that impact the quality and capacity of our system; (2) address the growing issue of financial exploitation; (3) statutory changes necessary for enforcement (e.g. provider fines); and (4) any additional factors that should be considered in the assignment of priorities for complaint investigation.

Since the economy and the revenue picture for the state are expected to not improve dramatically for the next biennium, the study group will help find solutions that can be implemented within our budget realities. This will require us to think broadly and creatively about the issues and the potential solutions. We recognize it may be



necessary to consider solutions that would require new resources and we will ask the study group to help us prioritize those and consider all available resource options. The study group will meet approximately four times this spring and summer. Their work will be presented to the Secretary to influence strategies to improve the quality and capacity of the home and community based system.

**Study Group Members Represent**

Disability Rights Washington  
Developmental Disabilities Planning Council  
Long-Term Care Ombudsman  
Department of Health  
Catholic Community Services  
Pierce County Aging and Long-Term Care (Area Agency on Aging)  
Attorney General's Office  
Association of Prosecuting Attorneys  
Washington Association of Sheriff and Police Chiefs  
Washington State Council on Aging  
Governor's Committee on Disability Issues and Employment  
Arc of Washington  
Adult Family Home Provider  
Boarding Home Provider  
Nursing Home Administrator  
Supported Living Provider  
DSHS Home and Community Services, Adult Protective Services Investigator  
DSHS Home and Community Services Division Director  
DSHS Residential Care Services Division Director  
DSHS Residential Care Services, Complaint Investigator  
DSHS Aging and Disability Services Administration Assistant Secretary  
People First  
Self Advocates in Leadership  
Tribal Representative