

Department of Health and Human Services  
**Office of Inspector General**



Office of Audit Services

November 2024 | A-09-23-02002

# **Washington State's Oversight Could Better Ensure That Adult Family Homes Comply With Health and Safety and Administrative Requirements**



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## Washington State's Oversight Could Better Ensure That Adult Family Homes Comply With Health and Safety and Administrative Requirements

### Why OIG Did This Audit

- OIG has conducted audits of adult day care and foster care homes in various States. Those audits identified multiple health and safety issues that put vulnerable adults at risk.
- We conducted this audit to determine whether similar issues existed in adult family homes (family homes) that provide services under Washington's Home and Community-Based Services, Residential Support Waiver program (the Program).
- This audit examined whether Washington's oversight ensured that family homes serving vulnerable adults who received services through the Program complied with Federal waiver and State requirements.

### What OIG Found

Washington's oversight could better ensure that family homes comply with Federal waiver and State requirements. Of the 20 family homes we visited:

- 17 family homes did not comply with 1 or more health and safety requirements and
- 19 family homes did not comply with 1 or more administrative requirements.

In total, we found 214 instances of noncompliance with these requirements. Noncompliance occurred because the requirement to inspect family homes was suspended during the COVID-19 pandemic, and some homes had not been inspected for up to 3 years. In addition, family homes may have overlooked the requirement for a written succession plan because the requirement became effective during the pandemic.

### What OIG Recommends

We recommend that Washington:

1. work with the 20 family homes to correct the 214 instances of noncompliance identified in this report;
2. reissue to all family homes the notification of the requirements for a written succession plan; and
3. improve its oversight of family homes to ensure that relicensing inspections are conducted within the required timeframes and evaluate all applicable compliance areas, including succession plans, resident assessments, and negotiated care plans.

Washington concurred with our first two recommendations, partially concurred with our third recommendation, and described actions it had taken or planned to take to address our recommendations.

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## INTRODUCTION

### WHY WE DID THIS AUDIT

The Office of Inspector General (OIG) has conducted health and safety audits of adult day care and foster care homes and regulated child care facilities in various States. (Appendix B lists related OIG reports.) Those audits identified multiple health and safety issues, such as unclean conditions and unsecured hazardous objects, that put children and vulnerable adults at risk. We conducted this audit to determine whether similar issues existed in adult family homes (family homes) that provide services under Washington State's Home and Community-Based Services, Residential Support Waiver program (the Program). The Aging and Long-Term Support Administration (State agency), within the Department of Social and Health Services, operates the Program.

### OBJECTIVE

Our objective was to determine whether the State agency's oversight ensured that family homes serving vulnerable adults who received services through the Program complied with Federal waiver and State requirements.

### BACKGROUND

#### Medicaid Program

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the program. In Washington, the Health Care Authority administers its Medicaid program in accordance with a CMS-approved State plan that establishes which services Medicaid will cover.

#### Section 1915(c) Waivers

Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements so that a State may offer services to a State-specified target group of Medicaid enrollees who need a level of institutional care that is provided under the Medicaid State plan. Section 1915(c) was enacted to enable States to address the needs of individuals who would otherwise receive costly institutional care by furnishing cost-effective services that allow them to remain in their households and communities. States may have multiple home and community-based services waivers.

Federal regulations for section 1915(c) waivers require States to provide assurances that they will implement safeguards, including adequate standards for provider participation, to protect the health and welfare of individuals served under a waiver and to assure financial

accountability for funds expended for those services (42 CFR § 441.302). Federal regulations for section 1915(c) waivers also require that States provide assurances that State requirements are met for services or for individuals furnishing services that are provided under a waiver (42 CFR § 441.302(a)(2)).

### **Washington’s Residential Support Waiver Program and Adult Family Homes**

The State agency operates the Program under a 1915(c) Federal waiver.<sup>1</sup> The Program provides home and community-based services to adults who are eligible for a nursing facility level of care and have the need for enhanced residential services.<sup>2</sup> Those services (which include behavioral support, personal care assistance, and additional supports related to mental health disorders, chemical dependency disorders, traumatic brain injuries, and cognitive impairments) may be provided by family homes that are licensed by the State agency. The waiver requires the State agency to ensure safeguards have been taken to protect the health and welfare of these vulnerable adults.

Washington’s family homes are typically located in residential neighborhoods and are licensed by the State agency to provide residential support services, such as personal care, special care, and room and board for up to eight residents.<sup>3, 4</sup> The health and well-being of residents is dependent on their caregivers. Family homes provide an alternative to institutional care and promote a high degree of independent living for residents.

### **Administration of the Residential Waiver Support Program**

The Program is administered jointly by the Health Care Authority and the State agency under a cooperative agreement. The figure on the following page shows the administration of the Program.

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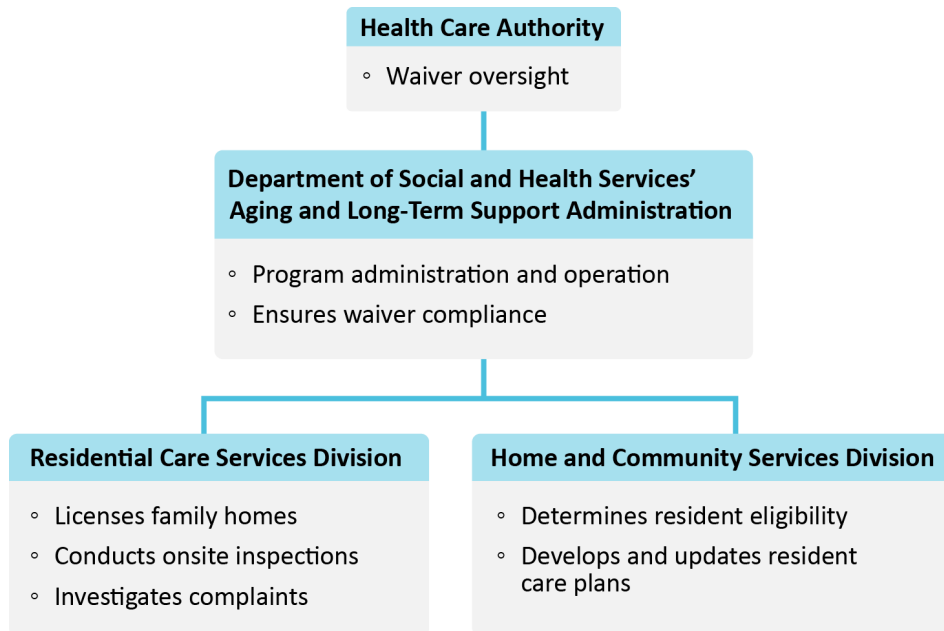
<sup>1</sup> Washington’s 1915(c) Home and Community-Based Services, Residential Support Waiver application.

<sup>2</sup> Washington’s 1915(c) Home and Community-Based Services, Residential Support Waiver application, Brief Waiver Description.

<sup>3</sup> Special care is care that requires the assistance of a licensed health care professional (Washington Administrative Code (WAC) § 388-76-10000).

<sup>4</sup> A resident receiving services in an adult family home may not be related by blood, adoption, or marriage to a provider, an entity representative, a resident manager, or a caregiver, who resides in the home (WAC § 388-76-10000).

**Figure: Administration of Washington’s Residential Support Waiver Program**



*Health Care Authority*

The Health Care Authority is responsible for approving rules, regulations, and policies that govern how waivers are operated. It delegates to the State agency the operational compliance, monitoring activities, and responsibilities related to the operation of the Program.

*Department of Social and Health Services' Aging and Long-Term Support Administration*

The State agency is responsible for operational compliance, monitoring activities, and reporting of administrative activities for the Program. The State agency develops Program policies and procedures to ensure that family homes comply with Federal waiver and State requirements. In addition, the State agency developed and maintains an electronic assessment and planning tool used for case management, known as the Comprehensive Assessment Reporting Evaluation (CARE) tool.<sup>5</sup>

The State agency operates the Program through its Residential Care Services (RCS) Division and Home and Community Services (HCS) Division:

- *Residential Care Services Division.* The RCS Division licenses family homes and conducts onsite inspections (generally required every 18 months) to ensure that homes comply

<sup>5</sup> Case managers use the CARE tool to evaluate and reevaluate whether Program services are needed based on level-of-care criteria.

with Federal waiver and State requirements.<sup>6</sup> Onsite inspections include selecting a sample of records for comprehensive review.<sup>7</sup> In addition, RCS investigates complaints from residents and the public, including complaints about possible violations of resident rights.

- *Home and Community Services Division.* The HCS Division is responsible for residential case management, which includes determining Program eligibility and level of care for each resident using the CARE assessment tool. Upon admission of a resident, HCS creates a preliminary service plan that identifies the resident’s specific problems and needs. HCS uses the assessment and the preliminary service plan to create a written negotiated care plan that describes the plan of care and services that the family home will provide to the resident. HCS reviews resident assessments and negotiated care plans (generally required at least every 12 months or when a significant change in a resident’s condition occurs).<sup>8</sup>

## HOW WE CONDUCTED THIS AUDIT

Of the 2,849 family homes providing Medicaid residential support services in Washington as of July 25, 2023, we nonstatistically selected 20 for review. We selected these homes based on geographical location, number of residents, date of last State inspection, and history of incidents related to the health, safety, and administration of residents and staff. To evaluate the State agency’s oversight of family homes, we conducted unannounced site visits at the 20 selected homes from August 14 through 25, 2023, and we discussed with State officials how the State agency monitors its family homes.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology. Appendix C contains Federal regulations and specific State requirements for family homes related to health and safety and administration.

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<sup>6</sup> Homes with no inspection citations and no written notices of violations (resulting from complaint investigations) for the last 3 years may operate without an inspection for 2 years (Revised Code of Washington (RCW) § 70.128.070(2)(b)).

<sup>7</sup> RCS staff select records for two residents and two family home staff members to conduct a complete review that includes evaluating the residents’ assessments and care plans and verifying that staff members met the Program training and hiring requirements.

<sup>8</sup> Effective Jan. 18, 2022, through June 8, 2023, the State agency temporarily extended the requirement for assessment reviews by an additional 12 months, in response to the state of emergency related to COVID-19 (WAC § 388-76-10351).



## FINDINGS

The State agency's oversight could better ensure that family homes serving vulnerable adults receiving services through the Program comply with Federal waiver and State requirements. Of the 20 family homes we visited, 3 complied with health and safety requirements, and 1 complied with administrative requirements. However, 17 family homes did not comply with 1 or more health and safety requirements, and 19 family homes did not comply with 1 or more administrative requirements.<sup>9</sup> In total, we found 214 instances of noncompliance with health and safety and administrative requirements. (See Appendix D for a summary of these instances of noncompliance.)

According to State officials, noncompliance with requirements occurred primarily because during the COVID-19 pandemic: (1) the requirement to inspect family homes was suspended, and some homes had not been inspected for up to 3 years; (2) family homes were not able to conduct background investigations and tuberculosis testing because the facilities used to conduct investigations and testing were closed; (3) there was an increase in unfilled positions for RCS home inspectors; and (4) the requirement for a written succession plan may have been overlooked because family homes were receiving a large volume of pandemic-related communications from the State agency. In addition, because the State agency reviews a small sample of records during its inspections, it did not identify some instances of noncompliance with administrative requirements. As a result, the health and safety of vulnerable adults were put at risk in numerous instances.

### **SEVENTEEN AUDIT FAMILY HOMES DID NOT COMPLY WITH ONE OR MORE HEALTH AND SAFETY REQUIREMENTS**

The State agency must ensure that family homes comply with applicable State health and safety requirements.<sup>10</sup> Homes must meet the health care needs of residents by ensuring their health, safety, and welfare. (See Appendix C for the health and safety requirements applicable to our findings.)

Of the 20 family homes we reviewed, 17 did not comply with 1 or more health and safety requirements. In total, we found 53 instances of noncompliance. Some examples follow.

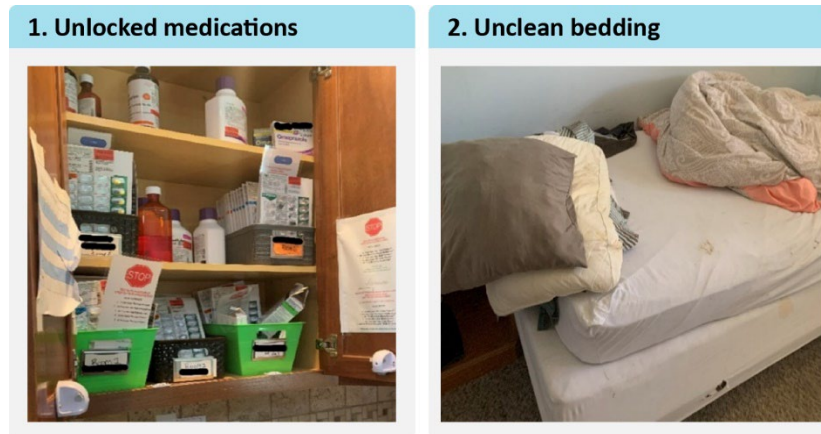
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<sup>9</sup> All 20 homes had at least 1 instance of noncompliance with either health and safety or administrative requirements.


<sup>10</sup> WAC § 388-76-10002; WAC § 388-76-10015.

During our site visits, we found instances in which family homes were not clean, safe, and in good repair (12 family homes). For example:

- Prescription medications were not secured and could be accessed by residents (photograph 1).<sup>11</sup>
- A resident’s mattress and pillow were stained and torn and did not contain sheets or pillow covers (photograph 2).<sup>12</sup>



The following is an example of a family home that was not clean.



**Foul Odor From Resident’s Bedroom**

During an unannounced site visit, we entered a hallway where the scent of urine was overpowering, and there was a standing fan facing a closed door. The family home stated that it was a resident's bedroom. When the staff opened the door, the strong scent of urine became nauseating, and the team observed a bucket with four full bedside urinals next to the resident, who was lying in bed. The staff promptly emptied the urinals and closed the door, leaving the resident in the foul-smelling room.

We also found instances in which residents were not protected from hazards (nine family homes):<sup>13</sup>

- Toxic chemicals were stored in unlocked cabinets and could be easily accessed by residents (photograph 3).

<sup>11</sup> WAC § 388-76-10485.

<sup>12</sup> WAC §§ 388-76-10685(9)(a), (c), and (e).

<sup>13</sup> WAC §§ 388-76-10750(1) and (7).

- Hand tools (e.g., a saw) were stored in an unlocked shed (photograph 4).



See Appendix E for additional photographs of instances of noncompliance with health and safety requirements.

### **NINETEEN ADULT FAMILY HOMES DID NOT COMPLY WITH ONE OR MORE ADMINISTRATIVE REQUIREMENTS**

The State agency must ensure that family homes comply with applicable State administrative requirements, which include maintaining documents related to resident and employee records and having a written succession plan for continuity of care.<sup>14</sup> (See Appendix C for the administrative requirements applicable to our findings.)

Of the 20 family homes we reviewed, 19 did not comply with 1 or more State administrative requirements. In total, we found 161 instances of noncompliance. For example, during our site visits, we found that family homes did not maintain the required documentation. Specifically, there was no documentation to show that:

- family homes had written succession plans to address how the homes would continue providing care and services to residents if a provider or an entity representative was unable to fulfill its duties (16 family homes);<sup>15</sup>
- resident assessments were reviewed and updated every 12 months and negotiated care plans were developed within the first 30 days of admission, were signed by the resident and the family home provider, and were reviewed and revised at least every 12 months (12 family homes);<sup>16</sup>

<sup>14</sup> WAC § 388-76-10002; WAC § 388-76-10015.

<sup>15</sup> WAC § 388-76-10201(1).

<sup>16</sup> WAC § 388-76-10350(2)(d); WAC § 388-76-10360; WAC § 388-76-10375; WAC § 388-76-10380(4). Our findings relate to assessment reviews performed before the temporary extension in response to the state of emergency related to COVID-19, which allowed additional time for assessment reviews.

- employees were tested for tuberculosis within 3 days of being employed (5 family homes);<sup>17</sup> and
- background checks of family home staff were conducted before employment and validated every 2 years (2 family homes).<sup>18</sup>

## THE STATE AGENCY’S OVERSIGHT COULD BETTER ENSURE THAT ADULT FAMILY HOMES COMPLY WITH FEDERAL WAIVER AND STATE REQUIREMENTS

The State agency’s oversight could better ensure that family homes comply with Federal waiver and State requirements. According to the State agency, noncompliance with these requirements for the family homes we visited occurred primarily because of the following issues during the COVID-19 pandemic:

- Because the requirement to inspect family homes was suspended, some homes had not been inspected for up to 3 years. The State agency is generally required to inspect family homes every 18 months; however, the Governor of Washington issued a proclamation in March 2020 suspending the statutorily required inspection timelines, which lasted through October 2022.<sup>19</sup>
- Family homes were not able to conduct background investigations and tuberculosis testing because the facilities used to conduct investigations and testing were closed.
- Unfilled positions for RCS home inspectors increased by as much as 26 percent. As a result, the increase in new staff that required training caused inspections to take longer.
- The requirement for family homes to have a written succession plan became effective in February 2020, at the beginning of the pandemic. During that time, the State agency issued multiple notices related to the pandemic; according to the State agency, family homes may have overlooked the succession plan requirement.



### Missing Resident

During an unannounced site visit, the family home informed us that a resident was missing. The staff stated that it notified law enforcement the day the resident did not return and notified the resident’s case manager the following day. RCS investigated the incident and discovered that the missing resident had been admitted to a local hospital and returned to the home after 6 days. RCS did not issue a citation to the home and stated that the home followed its safety plan and reporting policy. However, at the time of our site visit, the missing resident’s safety was at risk. After the incident, the home changed its safety plan and reporting policy.

<sup>17</sup> WAC § 388-76-10265(1); WAC § 388-76-10198(3).

<sup>18</sup> WAC § 388-76-10161(2)(b); WAC §§ 388-76-10165(1)(a) and (b); WAC § 388-76-10198(4).

<sup>19</sup> Proclamation by the Governor: 20-18, Department of Social and Health Services, Mar. 18, 2020, and 20-05.1, Terminating the COVID-19 State of Emergency, Oct. 28, 2022.

In addition, because the State agency selects a small sample of records (i.e., for two residents and two staff members) to review during inspections, it did not identify some instances of noncompliance with administrative requirements.

As a result, the health and safety of vulnerable adults were put at risk in numerous instances.

## **RECOMMENDATIONS**

We recommend that the Washington State Department of Social and Health Services' Aging and Long-Term Support Administration:

- work with the 20 adult family homes to correct the 214 instances of noncompliance identified in this report;
- reissue to all adult family homes the notification of requirements for a written succession plan; and
- improve its oversight of adult family homes to ensure that relicensing inspections are conducted within the required timeframes and evaluate all applicable compliance areas, including succession plans, resident assessments, and negotiated care plans.

## **STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE**

In written comments on our draft report, the State agency concurred with our first two recommendations, partially concurred with our third recommendation, and described actions it had taken or planned to take to address our recommendations. The State agency's comments are included in their entirety as Appendix F.

The following sections contain our summary of the State agency's comments and our response.

### **STATE AGENCY COMMENTS**

The State agency had the following comments on our three recommendations:

- For our first recommendation, the State agency concurred and stated that 75 percent of the family homes identified in our audit had received a recertification visit and that the outstanding family homes will receive a recertification visit by December 31, 2024. The State agency said that its corrective action plan involves utilizing the Complaint Investigation staff to conduct onsite revisits of family homes using our report to determine whether the findings have been corrected. Additionally, the State agency said that it will review the results of Complaint Investigation staff visits and develop a plan to address similar findings for all family homes. Finally, the State agency said followup steps will include drafting of a standard operating process and additional surveyor training to reduce the types of findings identified in our audit.

- For our second recommendation, the State agency concurred and stated that it had distributed a letter to all family homes on August 2, 2024, and held a forum covering succession plans on August 29, 2024.
- For our third recommendation, the State agency partially concurred. The State agency said that it had complied with the Governor’s directive during the COVID-19 public health emergency and had refrained from routine licensing visits to family homes, which did not allow for reviewing family homes’ compliance with the items covered by our recommendation within the required timeframes. The State agency also said that it is following the required timeframes for relicensing visits for homes that have received a licensing visit since the reinstatement of inspections, while also working to reduce the existing backlog of visits. The State agency described actions that it had taken to address our recommendation. Specifically, the State agency said that it had:
  - (1) instructed field staff conducting relicensing inspections to prioritize the review of family homes identified in our audit for compliance on succession plans, resident assessments, and negotiated care plans within the required timeframes; and
  - (2) conducted a presentation to State agency regulatory staff on family home succession planning. Finally, the State agency said that it will review family home citation findings quarterly to determine whether family homes demonstrate improvement in compliance within the required timeframes for completion of succession plans, resident assessments, and negotiated care plans.

#### **OFFICE OF INSPECTOR GENERAL RESPONSE**

Regarding our third recommendation, we acknowledge that the State agency modified the timeframe requirements for inspecting family homes because of the COVID-19 public health emergency and that there was a delay in resuming relicensing inspections. In addition, we commend the State agency for the actions it has taken and plans to take to address our recommendation. For the safety of family home residents, however, we continue to recommend that the State agency improve its oversight of family homes to ensure that relicensing inspections are conducted within the required timeframes.

## APPENDIX A: AUDIT SCOPE AND METHODOLOGY

### SCOPE

Of the 2,849 family homes providing Medicaid residential support services in Washington as of July 25, 2023, we nonstatistically selected 20 for review. We selected these homes based on geographical location, number of residents, date of last State inspection, and history of incidents related to the health and safety of residents.

To evaluate the State agency's oversight of family homes, we conducted unannounced site visits at the 20 selected homes from August 14 through 25, 2023. We conducted fieldwork in the Washington cities of Bremerton, Bothell, Enumclaw, Everett, Everson, Federal Way, Kent, Lakewood, Marysville, Olalla, Pasco, Renton, Seattle, Spanaway, Spokane, Spokane Valley, and Tulalip.

During our audit, we did not review the overall internal control structure of the State agency or the Medicaid program. Rather, we reviewed only the internal controls that pertained directly to our objective. Specifically, we reviewed the State agency's minimum licensing requirements for family homes and its licensing procedures. Our audit would not necessarily have disclosed all material weaknesses in the State agency's internal controls.

### METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal and State requirements for family homes;
- reviewed the State agency's operating procedures for inspecting licensed family homes;
- discussed the State agency's oversight of the Program with State officials from the administering Divisions (RCS and HCS);
- developed a checklist for health and safety and administrative requirements, based on State licensing and certification requirements listed in Appendix C, as a guide for conducting site visits;
- conducted unannounced site visits at the 20 selected family homes;
- reviewed resident, employee, and administrative records at the selected family homes to determine whether the homes met State requirements; and
- discussed the results of our audit with State agency officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



**APPENDIX B: RELATED OFFICE OF INSPECTOR GENERAL REPORTS**

<b>Report Title</b>	<b>Report Number</b>	<b>Date Issued</b>
<i>Georgia Did Not Comply With Federal Waiver and State Requirements at All 20 Adult Day Health Care Facilities Reviewed</i>	<a href="#">A-04-22-00134</a>	03/14/2023
<i>New York's Oversight of Medicaid Managed Care Organizations Did Not Ensure Providers Complied With Health and Safety Requirements at 18 of 20 Adult Day Care Facilities Reviewed</i>	<a href="#">A-02-18-01027</a>	3/26/2020
<i>California Needs To Improve Oversight of Community-Based Adult Services Providers' Compliance With Health and Safety and Administrative Requirements</i>	<a href="#">A-09-18-02002</a>	9/30/2019
<i>Kentucky Did Not Comply With Federal Waiver and State Requirements at 14 of 20 Adult Day Health Care Facilities Reviewed</i>	<a href="#">A-04-18-00123</a>	7/9/2019
<i>Four States Did Not Comply With Federal Waiver and State Requirements in Overseeing Adult Day Care Centers and Foster Care Homes</i>	<a href="#">A-05-19-00005</a>	5/16/2019
<i>Wisconsin Did Not Comply With Federal Waiver and State Requirements at All 20 Adult Day Service Centers Reviewed</i>	<a href="#">A-05-17-00030</a>	10/15/2018
<i>Mississippi Did Not Comply With Federal Waiver and State Requirements at All 20 Adult Day Care Facilities Reviewed</i>	<a href="#">A-04-17-00116</a>	8/20/2018
<i>Illinois Did Not Comply With Federal Waiver and State Requirements at 18 of 20 Adult Day Service Centers Reviewed</i>	<a href="#">A-05-17-00028</a>	7/24/2018
<i>Minnesota Did Not Comply With Federal Waiver and State Requirements for All 20 Adult Day Care Centers Reviewed</i>	<a href="#">A-05-17-00009</a>	5/30/2018
<i>Minnesota Did Not Comply With Federal Waiver and State Requirements for 18 of 20 Family Adult Foster Care Homes Reviewed</i>	<a href="#">A-05-16-00044</a>	10/31/2017

## APPENDIX C: FEDERAL AND STATE REQUIREMENTS FOR ADULT FAMILY HOMES

### FEDERAL REQUIREMENTS

Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain Medicaid statutory requirements so that a State may offer home and community-based services to a State-specified target group of Medicaid enrollees who need a level of institutional care that is provided under the Medicaid State plan.

Before enactment of section 1915(c), the Medicaid program provided limited coverage for long-term services and support in noninstitutional settings but offered full or partial coverage of institutional care. Section 1915(c) was enacted to enable States to address the needs of individuals who would otherwise receive costly institutional care by furnishing cost-effective services while the individuals remain in their households and communities.

Federal regulations for section 1915(c) waivers require States to provide assurance that necessary safeguards will be taken, including adequate standards for provider participation, to protect the health and welfare of individuals serviced under the waiver and to assure financial accountability for funds expended for those services (42 CFR § 441.302).

As part of the waiver, the State agency must also provide assurances that State requirements are met for services or for individuals furnishing services that are provided under the waiver (42 CFR § 441.302(a)(2)).

### STATE REQUIREMENTS<sup>20</sup>

#### Inspection Requirements

*Revised Code of Washington (RCW) § 70.128.070 (License—Inspections—Correction of violations)*

(2)(b) Home licensed by the department shall be inspected at least every eighteen months, with an annual average of fifteen months. However, an adult family home may be allowed to continue without inspection for two years if the adult family home had no inspection citations for the past three consecutive inspections and has received no written notice of violations resulting from complaint investigations during that same period.

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<sup>20</sup> The State requirements shown in this section are applicable to our findings and directly quoted from Title 70 of the RCW, chapter 70.128, and Title 388 of the WAC, chapter 76, §§ 10000 through 10865.

## **Health and Safety Requirements: Physical Environment**

### *RCW § 70.128.130: Adult family homes—Requirements*

(6) Adult family homes shall be maintained in a clean and sanitary manner, including proper sewage disposal, food handling, and hygiene practices.

### *Washington Administrative Code (WAC) § 388-76-10400: Care and services*

The adult family home must ensure each resident receives:

- (3) The care and services in a manner and in an environment that:
  - (b) Actively supports the safety of each resident.

### *WAC § 388-76-10420: Meals and snacks*

The adult family home must:

- (7) Ensure food is:
  - (b) Safe, sanitary, and uncontaminated.

### *WAC § 388-76-10485: Medication storage*

The adult family home must ensure all prescribed and over-the-counter medications are stored:

- (3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

### *WAC § 388-76-10685: Bedrooms*

The adult family home must meet all of the following requirements:

- (2) Ensure window and door screens:
  - (b) Prevent entrance of flies and other insects.
- (9) Unless the resident chooses to provide their own furniture and bedding, the home must provide each resident a bed thirty-six inches or wider with:
  - (a) A clean, comfortable mattress;
  - (c) Clean sheets and pillow cases;
  - (e) Clean pillows.

### *WAC § 388-76-10730: Grab bars and hand rails*

(2) Homes licensed and bathroom additions that occur after November 1, 2016, must install grab bars securely fastened in accordance with WAC 51-51-0330 at the following locations:

- (a) Bathing facilities such as tubs and showers.

*WAC § 388-76-10740: Lighting*

The adult family home must provide:

- (1) Adequate light fixtures for each task a resident or staff does.

*WAC § 388-76-10750: Safety and maintenance*

The adult family home must:

- (1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;
- (6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:
  - (a) Tubs;
  - (b) Showers; and
  - (c) Sinks;
- (7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;
- (9) Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident.

*WAC § 388-76-10780: Toilets and bathing facilities*

- (1) All adult family homes must ensure the home has toilets and bathing facilities that provide each resident with privacy and include at least:
  - (a) One indoor flush toilet for each five persons including residents and household members in the home; and
  - (b) Sinks with hot and cold running water.

**Health and Safety Requirements: Emergencies**

*WAC § 388-76-10685: Bedrooms*

The adult family home must meet all of the following requirements:

- (2) Ensure window and door screens:
  - (a) Do not hinder emergency escape.

*WAC § 388-76-10795: Windows*

- (1) The adult family home must ensure at least one window in each resident bedroom meets the following requirements:
  - (c) The home must ensure the bedroom window can be opened from inside the room without keys, tools, or special knowledge or effort to open.
  - (d) The window must be free from obstructions that might block or interfere with access for emergency escape or rescue.

*WAC § 388-76-10805: Automatic smoke alarms*

- (1) The adult family home must ensure approved automatic smoke alarms are installed and maintained according to manufacturer instructions;
- (2) At a minimum, smoke alarms must be located in the following areas:
  - (a) Every resident bedroom;
  - (b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and
  - (c) On every level of a multilevel home.

*WAC § 388-76-10810: Fire extinguishers*

- (1) The adult family home must have an approved five pound 2A:10B-C rated fire extinguisher on each floor of the home.
- (2) The home must ensure fire extinguishers are:
  - (a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;
  - (b) Inspected and serviced annually.

*WAC § 388-76-10840: Emergency food supply*

- (1) The adult family home must have an on-site emergency food supply that:
  - (a) Will last for a minimum of seventy-two hours for each resident and each household member.

*WAC § 388-76-10845: Emergency drinking water supply*

The adult family home must have an on-site emergency supply of drinking water that:

- (1) Will last for a minimum of seventy-two hours for the home's licensed capacity, every household member, and caregiving staff;
- (2) Is at least three gallons for the home's licensed capacity, every household member, and caregiving staff.

*WAC § 388-76-10850: Emergency medical supplies*

The adult family home must:

- (3) Have a first aid manual.

*WAC § 388-76-10865: Resident evacuation from adult family home*

- (1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

## **Administrative Requirements: Home and Personnel Records**

### *WAC § 388-76-10135: Qualifications—Caregiver*

The adult family home must ensure each caregiver has the following minimum qualifications:

- (4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;
- (7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;
- (8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC.

### *WAC § 388-76-10161: Background checks—Who is required to have*

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

- (b) A national fingerprint background check.

### *WAC § 388-76-10165: Background checks—Washington state name and date of birth background check—Valid for two years—National fingerprint print background check—Valid indefinitely*

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

- (a) A new [Department of Social and Health Services] background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161;
- (b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161.

### *WAC § 388-76-10170: Background check—Confidentiality—Use restricted—Retention*

The adult family home must establish and implement procedures that ensure all background authorization forms, background check results, related information, and all copies are:

- (3) Not disclosed to any person except:
  - (c) Authorized state and federal employees.

### *WAC § 388-76-10191: Liability insurance required*

The adult family home must:

- (1) Obtain and maintain both:
  - (a) Commercial general liability insurance or business liability insurance covering the adult family home; and

- (b) Professional liability insurance or errors and omissions insurance covering the adult family home.
- (3) Have evidence of liability insurance coverage available if requested by the department.

*WAC § 388-76-10192: Liability insurance required—Coverage requirements*

- (2) Each of the required liability insurance policies must cover a minimum limit of:
  - (a) Each occurrence at \$500,000; and
  - (b) General aggregate at \$1,000,000.

*WAC § 388-76-10198: Adult family home—Personnel records*

The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- (1) Staff information such as address and contact information.
- (2) Staff orientation and training records pertinent to duties, including, but not limited to:
  - (a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
  - (b) Cardiopulmonary resuscitation;
  - (c) First aid; and
  - (d) HIV/AIDS training.
- (3) Tuberculosis testing results.
- (4) Criminal history disclosure and background check results as required.

*WAC § 388-76-10200: Adult family home-staff—Availability—Contact information*

In addition to other licensing requirements for staff availability, the adult family home must:

- (5) Ensure the provider, entity representative or resident manager is readily available to:
  - (a) Each resident;
  - (b) Residents' representatives;
  - (c) Caregivers; and
  - (d) Authorized state staff.

*WAC § 388-76-10201: Succession plan*

- (1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

*WAC § 388-76-10220: Incident log*

The adult family home must keep a log of:

- (1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;
- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident.

*WAC § 388-76-10230: Pets*

The adult family home must ensure any animal visiting or living on the premises:

- (3) Has proof of up-to-date rabies vaccinations.

*WAC § 388-76-10250: Medical emergencies—Contacting emergency medical services—Required*

(1) The adult family home must develop and implement policies and procedures which require immediate contact of the local emergency medical services when a resident has a medical emergency.

*WAC § 388-76-10265: Tuberculosis—Testing—Required*

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

- (a) Provider;
- (b) Entity representative;
- (c) Resident manager;
- (d) Caregiver;
- (e) Staff; and
- (f) Any student or volunteer providing any resident care and services.

*WAC § 388-76-10675: Adult family home rules and policies related to abuse—Required*

The adult family home must develop and implement written rules and policies that:

- (1) Do not allow abandonment, abuse, neglect of any resident, exploitation or financial exploitation of any resident;
- (2) Require staff to report possible abuse, and other related incidents, as required in chapter 74.34 RCW; and
- (3) Do not interfere with the requirement that employees and other mandated reporters file reports directly with the department, and law enforcement, if they suspect sexual or physical assault to have occurred.



*WAC § 388-76-10855: Emergency and disaster plan training—Required*

The adult family home must ensure all staff are trained on the emergency and disaster plan and procedures when they begin work in the home and all staff and residents review the emergency and disaster plan and procedures at least annually.

**Administrative Requirements: Resident Records**

*WAC § 388-76-10315: Resident record—Required*

The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested.

*WAC § 388-76-10320: Resident Record—Content*

The adult family home must ensure that each resident record contains, at a minimum, the following information:

(6) The negotiated care plan;

(8) The resident's Social Security number;

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

*WAC § 388-76-10330: Resident assessment*

The adult family home must:

(1) Obtain a written assessment that contains accurate information about the prospective resident's current needs and preferences before admitting a resident to the home.

*WAC § 388-76-10350: Assessment—Updates required*

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every twelve months.

*WAC § 388-76-10355: Negotiated care plan*

The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(7) If needed, a plan to:

(a) Follow in case of a foreseeable crisis due to the resident's assessed needs.

*WAC § 388-76-10360: Negotiated care plan—Timing of development—Required*

The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

*WAC § 388-76-10375: Negotiated care plan—Signatures—Required*

The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

- (1) Resident; and
- (2) Adult family home.

*WAC § 388-76-10380: Negotiated care plan—Timing of reviews and revisions*

The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (4) At least every twelve months.

*WAC § 388-76-10430: Medication system*

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

- (d) Receives medications as required.
- (3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

*WAC § 388-76-10460: Medication—Negotiated care plan*

The adult family home must ensure that each resident's negotiated care plan addresses:

- (1) The amount of medication assistance needed by each resident, including but not limited to:
  - (a) The reasons why a resident needs that amount of medication assistance; and
  - (b) When there is a need for the resident to have more than one type of medication assistance.
- (2) How the resident will get their medications when the resident is away from the home or when a family member or representative [who] is assisting with medications is not available.

*WAC § 388-76-10470 : Medication—Timing—Special directions*

- (1) The adult family home must ensure medications are given:
  - (a) At the specific time(s) ordered by the practitioner.

*WAC § 388-76-10475: Medication log*

The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

*WAC § 388-76-10490: Medication disposal—Written policy—Required*

The adult family home must have and implement a written policy addressing the disposal of unused or expired resident medications. Unused and expired medication must be disposed of in a safe manner for:

(2) Residents who have left the home.

*WAC § 388-76-10530: Resident rights—Notice of rights and services*

(2) Upon receiving the notice of rights and services at admission and at least every twenty-four months, the home must ensure the resident and a representative of the home sign and date an acknowledgement stating that the resident has received the notice of rights and services as outlined in this section. The home must retain a signed and dated copy of both the notice of rights and services and the acknowledgement in the resident's record.

**APPENDIX D: INSTANCES OF NONCOMPLIANCE AT EACH ADULT FAMILY HOME**

Adult Family Home	Health and Safety Requirements		Administrative Requirements		Total
	Physical Environment	Emergencies	Home and Personnel Records	Resident Records	
1	2	1	-	5	8
2	1	2	1	6	10
3	1	-	2	5	8
4	-	1	1	8	10
5	3	1	3	9	16
6	7	2	1	4	14
7	-	-	1	3	4
8	1	-	3	11	15
9	-	1	-	-	1
10	2	-	10	10	22
11	5	2	14	11	32
12	-	-	1	1	2
13	1	-	1	1	3
14	4	-	3	3	10
15	-	1	2	-	3
16	-	-	-	1	1
17	3	4	9	11	27
18	2	1	1	4	8
19	2	-	5	5	12
20	3	-	3	2	8
Subtotal	37	16	61	100	
Total	53		161		214

**Note:** We separately provided to the State agency a list of the specific homes reviewed and their specific violations.

**APPENDIX E: ADDITIONAL PHOTOGRAPHS OF NONCOMPLIANCE WITH HEALTH AND SAFETY REQUIREMENTS FOR ADULT FAMILY HOMES**

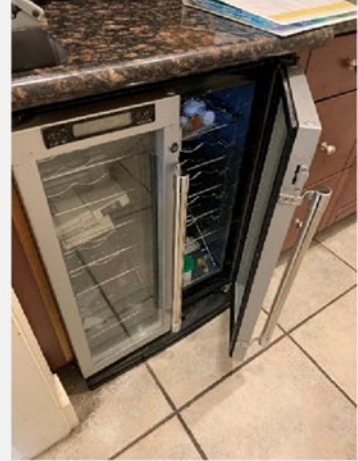
**1. Unlocked toxins**



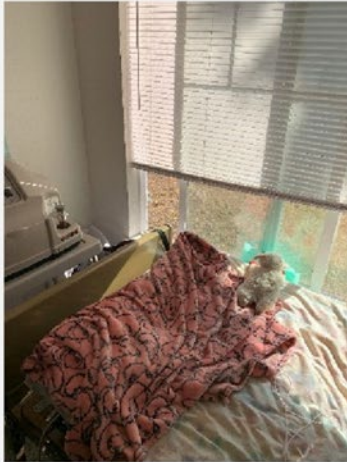
**2. Unlocked toxins**



**3. Unlocked refrigerated medications**



**4. Blocked emergency escape window**



**5. Blocked hallway**



**6. Resident did not receive 2 doses of medicine**



## APPENDIX F: STATE AGENCY COMMENTS



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
Aging and Long-Term Support Administration  
PO Box 45600, Olympia, WA 98504-5600

September 24, 2024

Lori A. Ahlstrand, Regional Inspector General for Audit Services  
Office of Inspector General  
Office of Audit Services, Region IX  
90 - 7th Street, Suite 3-650  
San Francisco, CA 94103

Dear Auditor Ahlstrand:

Thank you for the opportunity to review and respond to the Office of Inspector General (OIG) draft report *Washington State's Oversight Could Better Ensure That Adult Family Homes Comply with Health and Safety and Administrative Requirements*. The Department of Social and Health Services, Aging and Long-Term Support Administration, Residential Care Services worked to provide this response.

We appreciate the opportunity to review the OIG findings and to properly consider the facts and reasonableness of the recommendations in this report. The state of Washington takes the health and safety of each long-term care resident seriously and we appreciate recommendations that may improve our process and procedures to assure the highest quality of care in long-term care programs.

Enclosed please find the state agency reply to the OIG report, including the response to each recommendation and the action plan for improvement.

Sincerely,

A handwritten signature in cursive script that reads "Amy Abbott".

Amy Abbott  
Director, Residential Care Services  
Aging and Long-Term Support Administration  
Department of Social and Health Services

cc: Bea Rector, Assistant Secretary, Aging and Long-Term Support Administration  
Laura Holloway, QA Administrator, Aging and Long-Term Support Administration  
Rick Meyer, External Audit Compliance Manager, Department of Social and Health Services  
Kari Summerour, External Audit And Compliance Manager, Health Care Authority

**OFFICIAL STATE AGENCY RESPONSE TO THE OFFICE OF INSPECTOR GENERAL REPORT:  
WASHINGTON STATE’S OVERSIGHT COULD BETTER ENSURE THAT ADULT FAMILY HOMES  
COMPLY WITH HEALTH AND SAFETY AND ADMINISTRATIVE REQUIREMENTS.**

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The Department of Social and Health Services, Aging and Long-Term Support Administration, Residential Care Services Division responds to the Office of Inspector General report received on August 29, 2024.

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**OFFICE OF INSPECTOR GENERAL (OIG) OBJECTIVES:**

This performance review was designed to determine:

- Whether the State agency’s oversight ensured that Adult Family Homes serving vulnerable adults, who received services through the Program, complied with Federal waiver and State requirements.
- 

**Recommendations to the DSHS:**

**OIG Recommendation 1:**

Work with the 20 adult family homes to correct the 214 instances of noncompliance identified in this report.

**State Response:**

The State concurs with the recommendation to work with the identified adult family homes to ensure that the instances of identified noncompliance in the report have been corrected.

**Action plan:**

- The Deputy Director met with the Regional Administrators (RA) to review the findings of the audit on 09/24/24. The RAs report that 75% of the facilities received a re-certification visit since the audit. Of note, one Regional Administrator reported that two of the facilities in their region have closed and three facilities are still scheduled for a revisit. However, all outstanding facilities will have received a revisit by December 31, 2024. ***Target completion date: 12/31/24***

Due to the time between the OIG visit (prior to the receipt of the OIG findings) and when the field staff conducted the re-certification visits there may or may not be similar findings to the OIG audit.

The corrective action plan involves utilizing the Complaint Investigation staff to conduct the onsite re-visit of facilities using the OIG report to determine if the findings have been corrected.

The Deputy Director and RAs will review the results of the Complaint Investigation staff visits and develop a plan to address similar findings for all the AFH facilities. In addition, follow up steps will include drafting of a standard operations process and additional surveyor training with the aim of reducing the types of findings from the OIG audit by 8/1/2025. A quarterly AFH Citation report will be reviewed by the Deputy Director and RAs to ensure that AFH facilities continue to maintain compliance. *Target completion date: 8/1/2025*

**OIG Recommendation 2:**

Reissue to all adult family homes the notification of requirements for a written succession plan.

**State Response:**

The State concurs with the recommendation to reissue the notification of requirements for a written succession plan to all adult family homes.

**Action Plan:**

- The State Agency (SA) distributed a Dear Provider Letter to the Adult Family Home Provider distribution list. *Completion date: 08/02/24.*
- The SA held the Quarterly Adult Family Home Forum covering succession plans. *Completion date: 8/29/24*

**OIG Recommendation 3:**

Improve its oversight of adult family homes to ensure that re-licensing inspections are conducted within the required timeframes and evaluate all applicable compliance areas, including succession plans, resident assessments, and negotiated care plans.

**State response:**

The State partially concurs with the recommendation to improve oversight of adult family homes to ensure that re-licensing inspections are conducted within the required timeframes and evaluate all applicable compliance areas, including succession plans, resident assessments, and negotiated



care plans. The SA complied with the Governor’s directive during the COVID public health emergency and refrained from routine licensing visits to the AFHs which did not allow for reviewing the AFH for compliance on these items within the required timeframes. However, complaint and infection control and prevention activities continued throughout the public health emergency. This also aligned with the restrictions that were placed on the SA by the Center for Medicare and Medicaid Services for the federal programs. The SA is following the required timeframes for relicensing visits for homes that have received a licensing visit since the reinstatement of inspections, while also working to reduce the existing backlog of visits not yet done.

Action Plan:

- The Deputy Director met with RAs to review the findings of the audit. The RAs instructed field staff conducting re-licensing inspections to prioritize the review of the facilities identified in this audit for compliance on succession plans, resident assessments and negotiated care plans within the required timeframes. **Completion date: 9/24/24**
- The SA conducted a Support Call presentation to AFH Regulatory staff on 09/10/24 at 9:00 a.m. on AFH Succession Planning. The Support Call is available to staff on demand through the Support Call library. **Completion date: 9/10/24**
- The Deputy Director will review adult family home citation findings quarterly with the RAs to determine if AFH facilities demonstrate improvement in compliance within the required timeframes for completion of succession plans, resident assessments, and negotiated care plans. **Completion date: Ongoing**

# Report Fraud, Waste, and Abuse

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**TTY: 1-800-377-4950**

## Who Can Report?

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Every complaint helps OIG carry out its mission of overseeing HHS programs and protecting the individuals they serve. By reporting your concerns to the OIG Hotline, you help us safeguard taxpayer dollars and ensure the success of our oversight efforts.

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Anyone may request confidentiality. The Privacy Act, the Inspector General Act of 1978, and other applicable laws protect complainants. The Inspector General Act states that the Inspector General shall not disclose the identity of an HHS employee who reports an allegation or provides information without the employee's consent, unless the Inspector General determines that disclosure is unavoidable during the investigation. By law, Federal employees may not take or threaten to take a personnel action because of [whistleblowing](#) or the exercise of a lawful appeal, complaint, or grievance right. Non-HHS employees who report allegations may also specifically request confidentiality.

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