

# **Chapter 12:**

# **Licensure and**

# **Organization of Other**

# **Institutional Settings**

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For reference purposes, this chapter was prepared from laws, cases, and materials selected by the authors, which were available as of September 29, 2005.

## **Biographies**

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### **Editor's note:**

Roger Chase served as an editor of a prior version of this chapter.

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[Editor’s Notes: This chapter covers licensed health care institutions other than acute care hospitals and long term care facilities. For general information about governmental institutions, see Chapter 13, “Governmental Health Care Providers: Acute Care Facilities.” For information about possible exemption from state and local taxes, see Chapter 23, “State and Local Tax Issues and Exemptions.”]

### 12.1. Chapter Summary

This chapter addresses licensure and related requirements for institutional health care settings other than long-term care facilities and traditional acute care hospitals. The settings include psychiatric and alcoholism hospitals, residential treatment facilities, intermediate care centers for developmentally disabled persons, and childbirth centers. This chapter does not address institutions such as state-operated psychiatric hospitals or crisis residential centers.

Certain facilities discussed here are licensed as hospitals in the State of Washington and since all are subject to additional specific regulations, it is important to refer to other chapters as needed, such as the discussion of certificates of need (Chapter 14) or of medical records (Chapter 1). In addition, the Joint Commission has published standards applicable to the operation of psychiatric and chemical dependency facilities.

### 12.2. Psychiatric Hospitals

The principle statutes and regulations that govern the licensure and organization of psychiatric hospitals appear at RCW Chapters 71.05 and 71.12, and at WAC 246-322-010 *et seq.* This discussion summarizes these requirements, including physical plant requirements and program standards.

#### 12.2.1. Definition.

In Washington the term “private psychiatric hospital” applies to institutions, facilities, buildings, and agencies that specialize in the diagnosis, care or treatment of persons demonstrating symptoms of mental illness over a continuous period of twenty-four hours (i.e., inpatient) basis<sup>1</sup>. It does not apply to state-run or other public institutions. The term mental disorder applies to an organic, mental, or emotional impairment that has substantial effects on a person’s cognitive or volitional functions<sup>2</sup>. It does not refer to chemical dependency. Thus, the regulations distinguish between those facilities that treat purely psychiatric illnesses and those that treat chemical dependency. The regulations differ and where a patient is admitted under a dual diagnosis, both sets of regulations apply to his/her care.

#### 12.2.2. Licensure.

Persons seeking a license for psychiatric hospital do well to begin with a call to the Department of Health (DOH) or with a review of the DOH website. The staff there will provide a brief description of the current licensing process and will forward written materials, including the application for a license. The DOH also may grant exceptions to licensure requirements, WAC 246-322-500.

##### 12.2.2.1. Application

The initial application or application for license renewal must be submitted on DOH forms with a fee based on the number of beds to be licensed<sup>3</sup> and the signature of the legal representative of the governing body. (For a proposed facility, this is the organization that intends to operate the hospital.)

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<sup>1</sup> WAC 246-322-010 (33).

<sup>2</sup> RCW 71.05.020.

<sup>3</sup> WAC 246-322-990.

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The initial application must include certificate of need approval, a criminal or background report for the applicant and related information,<sup>4</sup> and a list of persons who will be responsible for operation of the hospital, such as directors or officers. If anyone who is ineligible to receive a license, *e.g.*, lost a license in the past, is included in the list, the application will be denied. In addition, a license may be denied, revoked, or suspended due to: misrepresentation or fraud in the application, patient abuse or neglect, or financial irregularities.

### 12.2.2.2. Facility Plans

The application must include the floor and plot plans for the facility and site and must be especially detailed where the applicant proposes to construct a new facility or construct anything more than a minor alteration to a new facility.<sup>5</sup> These plans must demonstrate that the facility does (or will) comply with the physical plant and site standards. For example, the facility must have a recreation area, dining room, and visiting area. The patient rooms may have no more than four beds to a room, with at least 70 square feet of space per bed. There must be an equivalent of a closet and a dresser area for each patient, and at least one toilet and sink to every six patients.<sup>6</sup>

These facilities must provide “seclusion rooms,” for patients whose behavior and treatment needs indicate they should be segregated from the remaining patient population. Seclusion rooms may be small (80 square feet plus fixtures), they should hold only one patient on a temporary basis but should be secure, with a door lock, and must permit the staff to observe the patient readily (which may require providing a relite). They should be distinguished from security rooms, which are patient sleeping rooms that provide safety and security, without the level of segregation and continuous observation. The facility should have policies in place concerning the use of both types of rooms as well as observation of patients in these rooms.

### 12.2.2.3. Denial and Loss of License

If an application for a license is denied or if a license is suspended or revoked, the facility has the right to appeal the decision under the Washington Administrative Procedures Act.<sup>7</sup> However, any facility should be aware that the appeal must be filed within 28 days of receiving the decision regarding the license, with a statement that describes the legal issues involved and the basis for contesting the decision.

## 12.2.3. Organization

In many respects organization of a psychiatric hospital is substantially similar to that of any hospital and many of the same standards apply.<sup>8</sup> The governing body has responsibility for the overall operation of the hospital and must appoint an administrator to implement the governing body’s policies. The medical staff must be organized and oversee the medical practice and the facility. The medical staff and the governing body each must adopt and adhere to bylaws, which typically are similar to those of other hospitals in structure and requirements (*e.g.*, fair hearing procedures). Medical records must be maintained, though they are subject to special confidentiality standards.<sup>9</sup> Members of the medical and the allied professional staff must be properly credentialed. A few special rules do apply to psychiatric hospitals.

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<sup>4</sup> WAC 246-322-020.

<sup>5</sup> WAC 246-322-250.

<sup>6</sup> WAC 246-322-160.

<sup>7</sup> RCW 34.05.

<sup>8</sup> See Chapter I-1.

<sup>9</sup> See Chapter II-1.

### 12.2.3.1. Staff Matters.

The medical director of a psychiatric hospital must be a psychiatrist. Because of the vulnerability of the patient population, orientation for new employees must address their responsibility regarding patient rights, discipline, and abuse.<sup>10</sup> In addition, CPR and first aid training for staff should be current and documented, since staff members in psychiatric hospitals may have little call to use these skills. Staff must be trained to deal with assaultive, self-destructive, or otherwise out of control behavior. The facility must perform tuberculosis screening for all employees and a criminal background check for new hires. Anyone found to have abused a vulnerable adult, committed a crime against a person, or exploited another cannot be hired for any position involving direct patient contact.<sup>11</sup>

### 12.2.3.2. Patient Care.

The psychiatric hospital must maintain written admission criteria and treatment policies.<sup>12</sup> Given the intensive scrutiny that psychiatric admissions sometimes receive from the press and the courts, it is good practice for the hospital to update these written policies regularly and to conduct audits to ensure that they are followed. Once the patient is admitted, he or she must receive a “health assessment and medical history” (physical and history) from a physician within 48 hours, unless one was done within 14 days before admission and is placed in the record. (However, unless the examination was done by a physician with whom the facility is familiar, it may not be good practice to rely on this information.) A newly admitted patient also must receive a psychiatric evaluation and a preliminary treatment plan. This plan should incorporate the patients advance directives, if any.

The patient must have an individual treatment and discharge plan. Treatment planning must involve a multi-disciplinary team. Under federal law,<sup>13</sup> the treatment plan should be modified as needed throughout the patient’s stay. The plan should also include medication and other orders, and patient education. A psychiatrist must be available for consultation and must see the patient as needed depending upon the patient’s needs (*e.g.*, level of acuity). If the facility admits children, a board-eligible or board-certified child psychiatrist must be available for consultation. A registered nurse must be on duty at all times in the hospital. In addition, the facility’s director of nursing must be experienced in psychiatric care or be able to consult with someone who holds a master’s degree in psychiatric nursing. The treatment team must include a social worker and a psychologist. A recreational therapist and an occupational therapist must be available in the facility or by contract to provide services as needed. Other special services, such as physical or speech therapy, must be provided as needed, though, these may be contracted. The facility also must develop a discharge plan for the patient.

At least one staff member should be appointed as a patient rights representative or a patient advocate. Patient rights, proscribed by regulation, vary slightly depending on whether the patient is admitted voluntarily or involuntarily.<sup>14</sup> In general, however, patients have the right to communicate in writing or by phone, to wear their own clothing, to spend their own monies, and to consent to or refuse medication, especially psychotropic medication.<sup>15</sup> State regulations require the facility to have written “patient disciplinary policies” and prohibit corporal punishment or punishment determined or administered by

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<sup>10</sup> WAC 246-322-050.

<sup>11</sup> WAC 246-322-030 and RCW 43.43.830.

<sup>12</sup> WAC 246-322-035.

<sup>13</sup> 42 U.S.C. § 10841.

<sup>14</sup> For additional information concerning voluntary and involuntary treatment, please refer to Chapter III-2.

<sup>15</sup> See RCW 71.05.200 and –380; RCW 71.34.160, in addition to *State ex rel. TB v. CPC Fairfax Hospital*, 129 Wn. 2d 439 (1996).

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patients. The use of seclusion and restraint must be ordered by an appropriate practitioner. The hospital must have a policy and documented practice of observing and assessing patients in seclusion and restraint every 15 minutes. (Of course, the patient's condition may require more frequent observation or even constant monitoring. Either practice should be documented.) Facilities must protect patients from abuse or neglect and report suspected abuse or neglect to DOH.

In addition to maintaining an infection control program,<sup>16</sup> psychiatric hospitals must make specific provisions for patients with suspected or known tuberculosis. This includes providing patient rooms with special exhaust systems and ultraviolet fixtures, and giving discharge information to the patient's county health department.<sup>17</sup>

The medical, nursing and administrative staff of the hospital have responsibility to prepare and update a medical emergency policy and the hospital must have an agreement for transferring patients to an acute care hospital when medically necessary. This agreement should be in writing and the hospital should maintain an accompanying policy, which sets forth procedures for arranging the transfer, standards for transporting patients and requirements for forwarding medical records. (Note: psychiatric hospitals that accept emergency admissions are subject to federal law regarding stabilization and transfer of individuals who require emergency care.) Other "emergency arrangements" include arrangements for access to patient areas, emergency supplies, summoning assistance from staff or outside resources and dealing with assaultive or self-destructive patient behavior. The Occupational Safety and Health Administration has been known to cite facilities for failure to establish and enforce policies concerning management of assaultive patients for failure to adequately protect psychiatric workers.

State regulations specify that facilities must have written policies concerning transportation of patients for hospital business or programs. These regulations do not address the specific contents of such policies. In general, it is wise to obtain a preliminary order from a physician to admit a patient before a non-admitted individual is transported. The patient or another responsible party should consent to the transportation in order to avoid a charge of impropriety. Hospitals providing transportation to Medicare, Medicaid or other governmental program patients for admission or discharge should do so only after verifying that the potential patient lacks resources to transport himself/herself to the hospital. Otherwise, the facility may be vulnerable to a charge that the offer of transportation was made illegally, to induce the patient to utilize the hospital, in violation of anti-fraud and abuse statutes.<sup>18</sup> Naturally, the hospital should observe a patient's condition carefully before transportation to assess whether the patient represents any risk of attempting to leave the hospital against medical advice. Patients should be accompanied by a sufficient number of staff members to monitor the patients throughout transportation.

### 12.2.3.4. Other Hospital Services.

Psychiatric hospitals are not required to maintain a kitchen but must serve three meals a day and appropriate snacks. An individual must be appointed to supervise the dietary service on a continuous basis

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<sup>16</sup> WAC 246-322-100 and 246-322-060.

<sup>17</sup> WAC 246-322-190.

<sup>18</sup> See Chapter 18.

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and a qualified dietitian must provide consultation and input concerning the dietary program. Menus must be posted in advance, conform to therapeutic needs and be retained for one year.<sup>19</sup>

Similarly, a psychiatric hospital may contract with an outside pharmacist to operate its pharmacy. However, this pharmacist must be responsible for coordinating and supervising the pharmacy service and generally should sit on the pharmacy committee of the hospital staff. Medications must be properly labeled and secured, ordered only by physicians, and dispensed and administered only by staff acting within the scope of their licenses. The hospital must maintain a safe and sanitary pharmacy and procedures for dispensing medicine. A registered nurse may dispense medications (other than Schedule II drugs) in an emergency when the pharmacist is absent.

Psychiatric hospitals also are required to adopt policies and practices for infection control and should appoint a staff member to be responsible for this. Often this responsibility will fall to risk management staff. Medical records must be maintained and retained in a manner similar to records at acute care hospitals. They must include a specific description of the patients' psychiatric condition, findings, and treatment. The diagnosis and terminology used must be consistent with the then-current *American Psychiatric Association Diagnostic and Statistical Manual*.

### 12.3. Residential Treatment Facilities

Effective August 2005, the Department of Health adopted new regulations, Chapter 246-337 WAC, to replace those that previously addressed residential treatment facilities for psychiatrically impaired youth, adult residential rehabilitation centers and private treatment homes and alcoholism treatment facilities.<sup>20</sup>

#### 12.3.1. Definition.

A residential treatment facility, also known as an RTF, is a facility for purposes of evaluation and treatment or evaluation and referral of any individual with a chemical dependency or mental disorder,<sup>21</sup> on a 24-hour basis. Chemical dependency RTFs fall into various service categories: detoxification—acute or sub-acute, intensive inpatient treatment, long-term treatment or recovery house care.<sup>22</sup> Treatment, inpatient evaluation and treatment and child long-term inpatient treatment.<sup>23</sup>

#### 12.3.2. Licensure.

##### 12.3.2.1. Application.

A license application should be submitted at least sixty (60) days before a new provider starts services, and considerable work is required before the application can be submitted, including:

- DOH approval of the RTF's program plan, which includes elements such as services and staffing to be provided, and the construction plan, including the site plan and floor plan;

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<sup>19</sup> WAC 246-322-230

<sup>20</sup> The repealed rules for these facilities were very similar to one another, so the purpose of the new regulation was to develop a "core set of requirements that address all facility service categories, plus program specific requirements, that are flexible to meet the changing needs of the adult and child populations receiving treatment in community based residential treatment facilities for chemical dependency and mental illness." WSR 05-10-063.

<sup>21</sup> WAC 246-337-005(33).

<sup>22</sup> WAC 246-337-005(7). The Department of Social and Health Services sets the standards for certification of programs in these categories. See, WAC 388-805-400 et. Seq.

<sup>23</sup> WAC 246-337-005(30). The Mental Health Division of DSHS provides certification of facilities in these categories. See, WAC Chapter 388-865.

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- Application for certification by the Department of Social and Health Services (DSHS) for the mental illness and alcohol or drug addiction treatment services;
- Approval of the fire protection plan;
- Criminal background checks for staff completed within the preceding three months; and
- On-site inspection.

Note that there is no mention of certificate of need approval in the regulations.

The license may cover more than one physical building or campus if the sites are operated in an integrated fashion. The license lists all of the services the facility is to provide: Chemical dependency—detoxification (acute or sub-acute), intensive inpatient services, long-term treatment or recovery house; or mental health—adult residential, inpatient evaluation and treatment or child long-term inpatient treatment.

The license is good for one (1) year, and reapplications should be submitted at least thirty (30) days in advance. In addition, any noteworthy change to facility structure including the location or use of rooms or increase in the number of beds requires notice to the DOH with a request that it determine whether a construction review is needed. The facility also must notify the DOH of any “selling, leasing, renting or transferring control of” a license that will result in a change in UBI number. The license is not transferable.<sup>24</sup>

### 12.3.2.2. Facility.

The recent regulations provide latitude for a facility to design its structure and program to meet the needs of the population served, but still contain some detailed requirements for all RTFs. Some items of note:

- The site must be accessible to emergency vehicles via a route “free of potholes or other obstructions;”<sup>25</sup>
- The facility must include dining, multi-purpose, social, counseling and therapy rooms—and therapy rooms must be designed to protect confidentiality;<sup>26</sup>
- Residents must have access to private visitation space to meet with guests;
- Sleeping rooms must have “sufficient” space, light and comfortable furnishings, private access to common areas and toilet rooms and outside windows. Each sleeping room, including the room’s resident capacity, must be indicated on the facility evacuation plan;<sup>27</sup> and
- The facility must provide accessible private toilet and bathing space, laundry service that meets specified standards either on-site or by contract, cleaning services (and storage of supplies) that meet detailed standards and storage facilities for both staff and residents.<sup>28</sup>

### 12.3.2.3. Denial and Loss of Licensure; Intermediate Corrective Actions.

The DOH may deny, revoke or suspend a license for a number of reasons similar to those that apply to psychiatric hospitals: Patient abuse or neglect, illegal activities connected to operation of the RTF, revocation or denial of another facility license by the RTF licensee or retaliation for reporting abuse. The DOH may summarily suspend a license if there is an imminent threat to resident health safety or welfare. The licensee may contest the DOH action.

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<sup>24</sup> WAC 246-337-010.

<sup>25</sup> WAC 246-337-120(1)(b)

<sup>26</sup> WAC 246-337-120(3)

<sup>27</sup> WAC 246-337-150

<sup>28</sup> WAC 246-337-125, -145 and -115.

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If the DOH determines, through on-site inspection or investigation, that the RTF has deficiencies that are “not major, broadly systemic or of a recurring nature” it may allow the RTF to address these through a plan of correction. The RTF may address deficiencies that are “major, recurring or of a significant threat to public health and safety” through a directed plan of correction. Both plans must include specific timelines for implementation, and a directed plan must allow the minimum time necessary for the correction—correction before the plan is finalized is preferred. If the RTF fails to address the deficiencies, the DOH may take administrative action against the license, which the licensee may contest in an administrative procedure.<sup>29</sup>

### 12.3.3. Organization and Operation

#### 12.3.3.1. Governing Body.

Each RTF must have a governing body that is responsible for oversight of operations, including:

- Approving and updating policies that address the organizational structure of the facility, communication and conflict resolution procedures, and resources sufficient to meet the needs of the particular population(s) served;
- Setting procedures to select and routinely evaluate an administrator who has the appropriate qualifications to supervise the particular services the facility offers and makes arrangements for a qualified alternate when s/he is not available;
- Establishing a personnel system that includes screening, training, evaluation and assignment of appropriate staff for the RTF’s category (ies) of services and a system for record-keeping; and
- Maintaining a coordinated quality improvement program.<sup>30</sup>

This last item is noteworthy, as it clarifies that that the RTFs are expected to perform performance improvement activities similar to those that acute care hospitals conduct, which include review of providers’ credentials (including peer review), malpractice prevention, i.e. risk management, and other quality improvement activities.

#### 12.3.3.2. Treatment Services.

The regulations do not address the specific level of staffing or credentials required, beyond such basics as current licensure of staff and first aid and CPR training.<sup>31</sup> These matters will need to be addressed in the program plan submitted to DSHS. The regulations are very specific in requiring that the RTF must obtain disclosure and verification of criminal history for all staff, independent contractors, consultants, students, volunteers and trainees.<sup>32</sup>

Because the specific category services provided by RTF may vary, the regulations leave the facilities latitude to develop appropriate policies regarding admission, provision of health services, transfers and availability and supervision of licensed staff—though it is very clear that licensed nursing staff must be available for acute detoxification services. The regulations also specify that patients must be screened as being appropriate for the particular clinical program, given an admission health assessment that is updated throughout the stay and given access to both emergency and non-emergency medical care. Policies on

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<sup>29</sup> WAC 246-337-035.

<sup>30</sup> WAC 246-337-045.

<sup>31</sup> WAC 246-337-050.

<sup>32</sup> WAC 246-337-055.

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certain situations and patient populations are likely to receive particular scrutiny when the program is reviewed or the facility is inspected:

- Providing for the health and safety of chemical dependency patients and other residents in their building, particularly acute detoxification patients;
- Providing pre-natal and post-natal care for pregnant patients.

Both the behavioral and the “medical” care provided should be documented. Like other facilities, RTFs must maintain comprehensive, organized medical records, either on paper or electronically, that include physical and psychosocial history, treatment provided, adverse reactions to treatment, any use of seclusion or restraint, condition on discharge and discharge recommendations. Like hospitals, RTFs should maintain healthcare or record release authorizations, advance directives, guardianship papers and similar documents.<sup>33</sup>

Patient rights are an important issue for behavioral health providers, and RTFs must maintain detailed procedures to protect, document and communicate these rights. The rights to be addressed include not only the rights to safety and freedom from abuse, but also to participate in treatment decisions, review medical records, communicate with family members and expect privacy in appropriate situations.

### 12.3.3.3. Other Services.

RTFs need not employ a dietitian but must arrange for one to provide consultations for its food service, and must either prepare food on-site or a standing commercial contract for food service. At least one person involved in food service must have a food handler’s permit to advise other staff involved in food service. Facilities with over sixteen residents must use commercial appliances in their food service, but smaller facilities need not. All facilities must accommodate the cultural and religious needs of their residents as well as their age, health and gender.

RTFs must maintain infection control plans and the regulations detail very specific plan components: hand washing, disinfection, use of universal precautions and control for blood borne pathogens and tuberculosis.

RTFs also must maintain very detailed emergency plans that are specific to each site or building and must ensure these are communicated to staff and residents and coordinated with local emergency plans. Policies must address how residents will be evacuated or cared for on-site, communication to resident family members, provisions for food, heat, power and first aid and accounting for residents during and after the emergency.

### 12.3.4. Special Considerations

#### 12.3.4.1. Children with Parents in Treatment.

RTFs may accept children because their parents are in treatment at the facility, but must make day care arrangements for the children during hours the parents are in active treatment, must allow the parents either to care for their children or authorize other patients to do so and must assist parents to care for infants less than one month old. RTFs must develop policies to address these situations and develop a plan of care for the children.

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<sup>33</sup> For special rules regarding confidentiality of chemical dependency and mental health records, please consult Chapter.....

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### **12.3.4.2. Medication Management.**

RTFs are not required to have a pharmacy, but must have policies that address prescribing, procuring, maintaining and disposal of medication. These policies must conform to DOH and Board of Pharmacy rules. Prescriptions must be signed by the ordering practitioner within seven days, and the records should carefully document administration of all medications, including whether non-prescription medications were within “established parameters” and whether any medications were self-administered. RTFs must maintain policies regarding the following items that may be of particular concern to them: management, including disposal, of any medication a resident brings to the RTF; maintaining a starter supply of psychotropic, detoxification and other medications that are not prescribed for a particular patient; and developing a system for distributing and accounting for medications given to residents on a pass (authorized absence).

### **12.3.4.3. Seclusion and Restraint.**

RTFs may employ seclusion and restraint only in an emergency situation when necessary to protect the resident or others from harm, and after less restrictive alternatives have failed—and the RTF would do well to document carefully that all of these conditions, as well as the following requirements have been met. The techniques used must be proportionate to the resident’s age, size, gender, condition, behavior and history. An authorized provider must assess the patient and provide an order within one hour after seclusion and restraint is initiated. The order is limited to 4 hours for adults, 2 hours for children over age nine and 1 hour for younger children. A physician must see the patient if the seclusion and restraint will extend beyond 24 hours, and must repeat the visit for each successive 24-hour period. The patient must be monitored and assessed continuously throughout a period of seclusion and restraint and the RTF must document all of the above, the behavior that led to seclusion and restraint, the care offered during the period of seclusion and restraint any injuries that occurred during that period and the debriefing held with the resident at the conclusion.

### **12.3.4.4. Animals.**

The regulations acknowledge that service and therapy animals, as well as pets, may be on-site. The RTF must arrange for the animals’ health and safety.

## **12.4. Facilities for the Developmentally Disabled**

### **12.4.1. Definition.**

Intermediate Care Facilities for the Mentally Retarded (“ICF/MR”) are devoted exclusively to the care of the developmentally disabled and reimbursed under Title XIX of the Social Security Act.

### **12.4.2. Licensure.**

ICF/MRs with 16 or more beds must be licensed by the Department of Health as nursing homes; those with fewer beds as boarding homes. See Chapter 11. However, all ICF/MRs must be certified by the Department of Social and Health Services in order to receive reimbursement from the State of Washington.<sup>34</sup>

### **12.4.3. Organization.**

In addition to meeting the organizational requirements for nursing homes or boarding homes, ICF/MRs must maintain a contract with DSHS for provision of services to developmentally disabled residents. The goal of services is to help residents attain the highest possible level of independence and the services must be essential

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<sup>34</sup> WAC 388-830-0005 et. Seq.

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to the residents' health care and habilitation needs. The services include "active treatment," therapy under supervision of a qualified therapist, and providing mobility aids and personal appliances.

If DSHS believes a facility has violated its contract and failed to provide services to residents, it may suspend referring residents and transfer residents until the situation is corrected. Patients may be transferred or discharged for other reasons as well, including personal or family request, service needs, etc. Hospitalization is deemed to be a discharge. The "superintendent" of the ICF/MR may involuntarily detain a patient who requests a discharge for up to 48 hours if s/he concludes the discharge would be harmful. The facility must be careful to forward all necessary information to the next facility or provider in the event of a transfer or discharge.

### 12.5. Childbirth Centers

Although childbirth centers differ significantly in purpose from the facilities discussed above, their regulatory requirements are somewhat similar.<sup>35</sup>

#### 12.5.1. Definition.

Childbirth centers are those facilities dedicated to providing birth services to low-risk, maternal clients during labor and delivery. Low risk clients are narrowly defined but generally include patients over age 16, in good health, experiencing no particular medical or pregnancy related difficulties that are participating in childbirth and infant care education.

#### 12.5.2. Licensure and Certification.

The application for a childbirth center license is similar to the application process for facilities discussed above in this chapter, as are the bases for denying, suspending, or revoking a license and the procedures for appealing such an action. Note, however, that the license must be renewed annually and the renewal request must be filed at least 10 days before the old license expires. Responsibility for submitting the renewal application falls on the provider regardless of whether a renewal notice is sent. The center is subject to inspection at least once a year. A license, if granted, applies only to the persons and premises named in the license. A party who wishes to transfer the license must request approval from DOH.

The application for a new facility or major remodel must include a description of services offered on site, together with a plan of the building(s) and site. There must be at least one birthing room, not less than 156 square feet. The center also must supply adequate bathing facilities and secure storage for personal belongings.

#### 12.5.3. Organization.

Childbirth centers must have a governing body and an administrator. All personnel, including volunteers, contractors and students must be subject to criminal background screening. Centers must maintain infection control programs, quality assurance programs, emergency procedures and medical records for both the mother and the newborn.

Centers must develop very specific policies concerning the identification of clients who qualify as low risk and are eligible for center services, as well identification of individuals who are not eligible at the outset of labor or who become ineligible during the course of labor, delivery or recovery. The center must have a physician or midwife present at each birth and must have a physician with privileges at a local community hospital available by phone, as well as a policy on physician participation. The center must develop policies concerning transfer

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<sup>35</sup> See, WAC 246-329-010 et. Seq.

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of patients who become ineligible for the center's limited services as well as policies on patient education and follow-up programs, pharmaceuticals, newborn treatment and screening programs and reporting of live births.

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