Washington State Department of Health

WAC 246-335 Deficiency Checklist
Home Health Category
For Complete text, refer to 246-335 WAC

Agency Name _____

Surveyor Name _____

Survey Date _____

✓ - Check if NO Deficiencies ◯ - Circle if Deficiencies N/A - Not applicable

Z	HH	WAC 246-335 Language
		WAC 246-335-505 Applicability
990		The requirements in WAC 246-335-505 through 246-335-560 apply to all in-home services agencies licensed to provide home health services.
		WAC 246-335-515 Plan of Operation - The applicant or licensee must develop and implement a plan of operation which includes:
995		(1) A description of the organizational structure;
1000		(2) Personnel job descriptions according to WAC 246-335-525(2);
1005		(3) Responsibilities of contractors and volunteers;
1010		(4) Services to be provided;
1015		(5) The days and hours of agency operation;
1020		(6) Criteria for management and supervision of home health services throughout all approved service areas, which include: The applicant or licensee must develop and implement a plan of operation which includes: (a) How the initial assessment and development of the plan of care will be completed per WAC 246-335-540;
1025		(6)(b) How supervision of personnel and volunteers and monitoring of services provided by contractors will occur which meet the requirements of WAC 246-335-545;
1030		(6)(c) How performance evaluations for personnel and volunteers and evaluation of services provided by contractors will be conducted per WAC 246-335-525 (16) and (17); and
1035		(6)(d) How the quality improvement program required in WAC 246-335-555 will be applied throughout all approved service areas.
1040		(7) A process to inform patients of alternative services prior to ceasing operation or when the licensee is unable to meet the patient's needs;
1045		(8) A plan for preserving records, including the process to preserve or dispose of records prior to ceasing operation according to WAC 246-335-550 (7) and (8);
1050		(9) Time frames for filing documents in the patient records;
1055		(10) Emergency preparedness that addresses service delivery when natural disasters, man-made incidents, or public health emergencies occur that prevent normal agency operation. Include, at minimum: Risk assessment and emergency planning, communication plan, coordination of service delivery with emergency personnel to meet emergent needs of patients, and staff training;
1060		(11) The applicant or licensee must identify an administrator. The administrator must be a home health employee and possess education and experience required by the agency's policies. The administrator is responsible to: (a) Oversee the day-to-day operation and fiscal affairs of the agency;
1065		(11)(b) Implement the provisions of this section;
1070		(11)(c) Designate in writing an alternate to act in the administrator's absence;
1075		(11)(d) Provide management and supervision of services throughout all approved service areas according to subsection (6) of this section ;
1080		(11)(e) Arrange for necessary services;
1085		(11)(f) Keep contracts current and consistent with WAC 246-335-525(4);
1090		(11)(g) Serve as a liaison between the licensee, personnel, con-tractors and volunteers;
1095		(11)(h) Ensure personnel, contractors and volunteers are currently credentialed by the state of Washington, when appropriate, according to applicable practice acts and consistent with WAC 246-335-525(5);

1100		(11)(i) Ensure personnel, contractors and volunteers comply with the licensee's policies and procedures;
1105		(11)(j) Implement a quality improvement process consistent with WAC 246-335-555;
1110		(11)(k) Manage recordkeeping according to WAC 246-335-550;
1115		(11)(l) Ensure supplies and equipment necessary to patient care are available, maintained, and in working order;
1120		(11)(m) Ensure the accuracy of public information materials; and
1125		(11)(n) Ensure current written policies and procedures are accessible to personnel, contractors, and volunteers during hours of operation.
1130		(12) The licensee must continue to update its plan of operation to reflect current practice, services provided by the agency, and state and local laws.
WAC 246-335-520 Delivery of Services - The applicant or licensee must develop and operationalize delivery of services policies and procedures that describe:		
1135		(1) Admission, transfer, discharge, and referral processes: (a) In order to minimize the possibility of patient abandonment, patients must be given at least a forty-eight hour written or verbal notice prior to discharge that will be documented in the patient record;
1140		(1)(b) Forty-eight hour notice is not required if home health agency worker safety, significant patient noncompliance, or patient's failure to pay for services rendered are the reason(s) for the discharge;
1145		(1)(c) A home health agency discharging a patient that is concerned about their ongoing care and safety may submit a self-report to appropriate state agencies which identifies the reasons for discharge and the steps taken to mitigate safety concerns;
1150		(2) Specific home health services, including any nonmedical services, available to meet patient or family needs as identified in plans of care;
1155		(3) Home health services starting within seven calendar days of receiving and accepting a physician or practitioner referral for services. Longer time frames are permitted when one or more of the following is documented: (a) Longer time frame for the start of services is requested by physician or practitioner;
1160		(3)(b) Longer time frame for the start of services is requested by the patient, designated family member, legal representative, or referral source; or
1165		(3)(c) Start of services was delayed due to agency having challenges contacting patient, designated family member, or legal representative;
1170		(4) Agency personnel, contractor, and volunteer roles and responsibilities related to medication self-administration with assistance and medication administration;
1175		(5) Coordination of care, including: (a) Coordination among services being provided by a licensee having an additional home care or hospice service category; and
1180		(b) Coordination with other agencies when the care being provided impacts patient health.
1185		(6) Actions to address patient, or family communication needs;
1190		(7) Utilization of telehealth or telemedicine for patient consultation purposes or to acquire patient vitals and other health data in accordance with state and federal laws;
1195		(8) Management of patient medications and treatments in accordance with appropriate practice acts;
1200		(9) Emergency care of the patient;
1205		(10) Actions to be taken upon death of a patient;
1210		(11) Providing back-up care to the patient when services cannot be provided as scheduled. Back-up care which requires assistance with patient ADLs or patient health services must be provided by staff with minimum health care credentialing. Non credentialed staff may provide back-up care only when assisting a patient with IADLs or in emergency situations;
1215		(12) Actions to be taken when the patient has a signed advanced directive;
1220		(13) Actions to be taken if a patient has a signed POLST form. Any section of the POLST form not completed implies full treatment for that section. Also include: In the event of a patient medical emergency and agency staff are present, provide emergency medical personnel with a patient's signed POLST form;
1225		(14) Nurse delegation according to the following: (a) Delegation is only permitted for stable and predictable patients requiring specific nursing tasks that do not require clinical judgment;
1230		(14)(b) A licensee with an approved home health service category only may use their RN on staff for patient nurse delegation needs;
1235		(14)(c) A licensee with approved home health and home care service categories may provide nurse delegation in the following ways: (i) Use an RN from their home health side to contract with and delegate to their home care side; or
1240		(14)(c)(ii) Transfer a home care client needing delegation to the agency's home health side;

1245		(14)(d) Home health aides must complete the DSHS nurse delegation class prior to participating in the delegation process. If the tasks are ones considered by the nursing quality assurance commission to be simple care tasks, such as blood pressure monitoring, personal care services, diabetic insulin device set up, and verbal verification of insulin dosage for sight-impaired individuals, the DSHS training is not required.
WAC 246-335-525 Personnel, Contractor and Volunteer Policies - The applicant or licensee must develop and operationalize personnel, contractor, and volunteer policies and procedures that describe:		
1250		(1) Employment criteria regarding discrimination consistent with chapter 49.60 RCW;
1255		(2) Job descriptions that contain responsibilities and are consistent with health care professional credentialing and scope of practice as defined in relevant practice acts and rules;
1260		(3) References for personnel, contractors and volunteers;
1265		(4) Contracting process when using a contractor. The contract should include, at minimum, a description of the duties the contractor will perform, and a statement indicating that the contractor, not the employer, is responsible for withholding any necessary taxes. As with personnel and volunteers, contractors are subject to all applicable requirements in this chapter;
1270		(5) Credentials of health care professionals that are current and in good standing;
1275		(6) Criminal history background checks and disclosure statements for personnel, contractors, volunteers, students, and any other individual associated with the licensee having direct contact with children under sixteen years of age, people with developmental disabilities or vulnerable persons, according to RCW 43.43.830 through 43.43.842 and the following: (a) Criminal history background checks must be processed through the Washington state patrol;
1280		(6) (b) Disclosure statements must be approved by the department; and
1285		(6) (c) All criminal history background checks and disclosure statements required under this chapter must be renewed within two years from the date of the previous check;
1290		(7) Character, competence, and suitability determination conducted for personnel, contractors, volunteers, and students whose back-ground check results reveal non disqualifying convictions, pending charges, or negative actions. Factors to consider when making a determination include, but are not limited to:(a) Whether there is a reasonable, good faith belief that they would be unable to meet the care needs of the patient;
1295		(7)(b) Level of vulnerability of the patient under their care;
1300		(7)(c) Behaviors since the convictions, charges, negative actions or other adverse behaviors;
1305		(7)(d) Pattern of offenses or other behaviors that may put the patient at risk;
1310		(7)(e) Number of years since the conviction, negative action, or other issue;
1315		(7)(f) Whether they self-disclosed the conviction(s), pending charge(s) and/or negative action(s);
1320		(7)(g) Other health and safety concerns; and
1325		(7)(h) Although a licensee may determine, based on their assessment process, that an employee is suitable to work with vulnerable patients, the department has the final authority to deny, revoke, modify, or suspend any professional credential it issues based on application and criminal background check information.
1330		(8) Mandatory reporting: (a) Mandatory reporters shall report failure to comply with the requirements of chapters 246-335 WAC and 70.127 RCW to the department. The report must be submitted on department forms. Reports must be submitted within fourteen calendar days after the reporting person has knowledge of noncompliance that must be reported;
1335		(8)(b) Mandatory reporters shall report suspected abandonment, abuse, financial exploitation, or neglect of a person in violation of RCW 74.34.020 or 26.44.030 to the department of social and health services and the proper law enforcement agency. Reports must be submitted immediately when the reporting person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred.
1340		(9) In-person orientation to current agency policies and procedures and verification of skills or training prior to independently providing patient care. Examples of skills verification include written testing, skills observation, and evidence of previous training and experience such as a certified nursing assistant training as detailed in WAC 246-841-400;
1345		(10) The process for personnel and contractors holding a nursing assistant registration to become credentialed as a nursing assistant certified. The policies and procedures must include, at minimum: (a) Personnel and contractors holding a nursing assistant registration must become credentialed as a nursing assistant certified within twelve months of the date of hire. The date of hire is specific to each registered nursing assistant, not to the employer, and does not change if the registered nursing assistant changes employers;
1350		(10)(b) Personnel and contractors who hold a nursing assistant registration and do not become credentialed as a nursing assistant certified within twelve months of the date of hire cannot continue to provide patient care; and

1355		(10)(c) Personnel and contractors hired by an in-home services licensee prior to March 1, 2018, who held a nursing assistant registration and have maintained their registration and employment with the licensee are not required to become credentialed as a nursing assistant certified.
1360		(11) Training on the use of telehealth or telemedicine for patient consultation and the transmission of health data;
1365		(12) Ongoing training pertinent to patient care needs;
1370		(13) Safe food storage, preparation and handling practices consistent with the United States Food and Drug Administration's recommendations for "food safety at home" for personnel, contractors, and volunteers involved in food preparation services on behalf of patients. Personnel, contractors, and volunteers may not provide patients with homemade food items or baked goods that they themselves prepared;
1375		(14) Current cardiopulmonary resuscitation (CPR) training consistent with agency policies and procedures for direct care personnel and contractors. Internet-based classroom training is permissible but demonstration of skills must be hands on and observed by a certified trainer;
1380		(15) Infection control practices, communicable disease testing, and vaccinations. Policies and procedures must include, at minimum: (a) Standard precautions such as hand hygiene, respiratory hygiene and cough etiquette, and personal protective equipment;
1385		(15)(b) Availability of personal protective equipment and other equipment necessary to implement client plans of care;
1390		(15)(c) Tuberculosis (TB) infection control program. Key elements include, but are not limited to: (i) Conducting a TB risk assessment for all new employees upon hire. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine the agency's responsibility to conduct TB testing of new employees. If TB testing is required, follow the department's tuberculosis risk assessment form testing recommendations;
1395		(15)(c)(ii) Conducting an annual assessment of new TB risk factors for all employees. Agencies must use a tuberculosis risk assessment form provided by the department. Based on risk assessment results, determine agency's responsibility to conduct TB testing of employees. Retesting should only be done for persons who previously tested negative and have new risk factors since the last assessment; and
1400		(15)(c)(iii) Ensuring workers receive TB related training and education at the time of hire or during new employee orientation. Training and education must be consistent with the department's tuberculosis program's online posted educational materials.
1405		(15)(d) Actions to take when personnel, volunteers, contractors, or clients exhibit or report symptoms of a communicable disease in an infectious stage in accordance with chapters 246-100 and 246-101 WAC;
1410		(15)(e) Exposure to blood borne pathogens such as Hepatitis B and HIV, and other potentially infectious materials in compliance with the department of labor and industries chapter 296-823 WAC. Key elements include, but are not limited to: (i) Conducting an initial risk assessment of the environment in which personnel, volunteers, and contractors perform their assigned duties to determine occupational exposure. The results of the risk assessment will inform policy and procedure development and level of employee training and education. Annually, agencies must determine if significant changes have occurred that would require a new risk assessment to be performed;
1415		(15)(e)(ii) If the risk assessment concludes that workers have a reasonably anticipated risk of occupational exposure to blood and other potentially infectious materials, agencies must offer workers the Hepatitis B vaccine series at the agency's expense. Workers have the right to decline the Hepatitis B vaccine series; and
1420		(15)(f) Agencies must document an annual review of applicable state and federal health authority recommendations related to infection control practices, communicable disease testing, and vaccinations and update trainings and policies and procedures as necessary.
1425		(16) Annual performance evaluations of all personnel and volunteers providing direct patient care, including on-site observation of care and skills specific to the care needs of patients; and
1430		(17) Annual evaluations of services provided by contractors providing direct patient care.
WAC 246-335-530 Personnel, Contractor and Volunteer Records - The licensee must maintain records on all personnel and volunteers and have access to records on all contractors, to include:		
1435		(1) Current practice certification, credential or licensure, as applicable;
1440		(2) Documentation of references;
1445		(3) Contracts when using contractors;
1450		(4) Evidence of orientation to current agency policies and procedures;
1455		(5) Verification of personnel, contractor, and volunteer skills or training specific to meeting the care needs of patients;

1460		(6) Documentation that personnel and contractors holding a nursing assistant registration became credentialed as a nursing assistant certified under chapter 246-841 WAC within twelve months of the date of hire or met the exemption criteria in WAC 246-335-525(10)(c);
1465		(7) Evidence of initial and subsequent criminal history background checks and disclosure statement(s) according to RCW 43.43.830 through 43.43.842 and this chapter;
1470		(8) Training on current and revised agency policies and procedures, including patient care issues;
1475		(9) Current CPR training for direct care personnel and contractors;
1480		(10) Documentation for personnel, contractors, and volunteers who prepare food for the patient in dependent of the patient's assistance, including: (a) A current food worker card per chapter 246-215 WAC; or
1485		(10)(b) Training equivalent to United States Food and Drug Administration for personnel, contractors, and volunteers involved in food preparation services on behalf of patients;
1490		(11) Communicable disease testing and vaccination according to current state and federal health authority recommendations; and
1495		(12) Documentation of performance evaluations of personnel and volunteers providing direct patient care and evaluations of services provided by contractors providing direct patient care as required in WAC 246-335-525(16) and (17).
WAC 246-335-535 Bill of Rights - A home health agency at the time of admission must provide each patient, designated family member, or legal representative with a written bill of rights affirming each patient's right to:		
1500		(1) Receive effective treatment and quality services from the home health agency for services identified in the plan of care;
1505		(2) Be cared for by appropriately trained or credentialed personnel, contractors and volunteers with coordination of services;
1510		(3) A statement advising of the right to ongoing participation in the development of the plan of care;
1515		(4) A statement advising of the right to have access to the department's listing of licensed home health agencies and to select any licensee to provide care, subject to the individual's reimbursement mechanism or other relevant contractual obligations;
1520		(5) A listing of the total services offered by the home health agency and those being provided to the patient;
1525		(6) Refuse specific treatments or services;
1530		(7) The name of the individual within the home health agency responsible for supervising the patient's care and the manner in which that individual may be contacted;
1535		(8) Be treated with courtesy, respect, and privacy;
1540		(9) Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;
1545		(10) Have property treated with respect;
1550		(11) Privacy and confidentiality of personal information and health care related records;
1555		(12) Be informed of what the home health agency charges for services, to what extent payment may be expected from health insurance, public programs, or other sources, and what charges the patient may be responsible for paying;
1560		(13) A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;
1565		(14) Be informed about advanced directives and POLST and the agency's scope of responsibility;
1570		(15) Be informed of the agency's policies and procedures regarding the circumstances that may cause the agency to discharge a patient;
1575		(16) Be informed of the agency's policies and procedures for providing back-up care when services cannot be provided as scheduled;
1580		(17) A description of the agency's process for patients and family to submit complaints to the home health agency about the services and care they are receiving and to have those complaints addressed without retaliation;
1585		(18) Be informed of the department's complaint hotline number to report complaints about the licensed agency or credentialed health care professionals; and
1590		(19) Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults.
1595		(20) The home health agency must ensure that the patient rights under this section are implemented and updated as appropriate.
WAC 246-335-540 Home health Plan of Care - Except as provided in subsections (5) and (6) of this section, the licensee must:		
1600		(1) Develop and implement a written home health plan of care for each patient with input from the patient, designated family member, or legal representative and authorizing practitioner;

1605		(2) Ensure each plan of care is developed by appropriately trained or credentialed agency personnel and is based on a patient assessment;
1610		(3) Ensure the home health plan of care includes: (a) Current diagnoses and information on health status;
1615		(3)(b)Goals and outcome measures which are individualized for the patient;
1620		(3)(c) Types and frequency of services to be provided;
1625		(3)(d) Palliative care, if applicable;
1630		(3)(e) Use of telehealth or telemedicine, if applicable;
1635		(3)(f) Home medical equipment and supplies used by the patient;
1640		(3)(g) Orders for treatments and their frequency to be provided and monitored by the licensee;
1645		(3)(h) Special nutritional needs and food allergies;
1650		(3)(i) Orders for medications to be administered and monitored by the licensee including name, dose, route, and frequency;
1655		(3)(j) Medication allergies;
1660		(3)(k) The patient's physical, cognitive and functional limitations;
1665		(3)(l) Discharge and referral plan;
1670		(3)(m) Patient and family education needs pertinent to the care being provided by the licensee;
1675		(3)(n) Indication that the patient has a signed advanced directive or POLST, if applicable. Include resuscitation status according to advance directives or POLST, if applicable; and
1680		(3)(o) The level of medication assistance to be provided.
1685		(4) Develop and implement a system to: (a) Ensure and document that the plan of care is reviewed and updated by appropriate agency personnel according to the following time frames: (i) For patients requiring acute care services, every two months;
1690		(4)(a)(ii) For patients requiring maintenance services, every six months; and
1695		(4)(a)(iii) For patients requiring only professional medical equipment assessment services or home health aide only services, every twelve months.
1700		(4)(b) Ensure the plan of care is signed or authenticated and dated by appropriate agency personnel and the authorizing practitioner, according to the time frames in (a) of this subsection;
1705		(4)(c) Ensure the signed or authenticated plan of care is returned to the agency within sixty days of the initial date of service or date of review and update;
1710		(4)(d) Inform the authorizing practitioner regarding changes in the patient's condition that indicate a need to update the plan of care;
1715		(4)(e) Obtain approval from the authorizing practitioner for additions and modifications;
1720		(4)(f) Ensure all verbal orders for modification to the plan of care are immediately documented in writing and signed or authenticated and dated by an agency individual authorized within their scope of practice to receive the order and signed or authenticated by the authorizing practitioner and returned to the agency within sixty days of the date the verbal orders were received.
1725		(5) Home health agencies providing only home health aide services to a patient :(a) May develop a modified plan of care by providing only the following information on the plan of care: (i) Types and frequency of services to be provided;
1730		(5)(a)(ii) Home medical equipment and supplies used by the patient;
1735		(5)(a)(iii) Special nutritional needs and food allergies;
1740		(5)(a)(iv) The patient's physical, cognitive and functional limitations; and
1745		(5)(a)(v) The level of medication assistance to be provided.
1750		(5)(b) Do not require an authorizing practitioner signature on the plan of care.
1755		(6) Home health agencies providing a one-time visit for a patient may provide the following written documentation in lieu of the home health plan of care requirements in subsection (3) of this section: (a) Patient name, age, current address, and phone number;
1760		(6)(b) Confirmation that the patient was provided a written bill of rights under WAC 246-335-535;
1765		(6)(c) Patient consent for services to be provided;
1770		(6)(d) Authorizing practitioner orders; and
1775		(6)(e) Documentation of services provided.
WAC 246-335-545 Supervision of Home Health Services		
1780		(1) A licensee must employ a director of clinical services;

1785		(2) The director of clinical services must designate in writing a similarly qualified alternate to act in the director's absence;
1790		(3) The licensee shall ensure the director of clinical services and the designated alternate completes a minimum of ten hours of training annually. Written documentation of trainings must be available upon request by the department. Training may include a combination of topics related to clinical supervision duties and the delivery of home health services. Examples of appropriate training include, but are not limited to: (a) Agency sponsored in-services;
1795		(3)(b) Community venues;
1800		(3)(c) Community classes;
1805		(3)(d) Conferences;
1810		(3)(e) Seminars;
1815		(3) (f) Continuing education related to the director's health care professional credential, if applicable; and
1820		(3)(g) Supervisory responsibilities in the event of a natural disaster, man-made incident, or public health emergency.
1825		(4) The director of clinical services or designee must be available during all hours patient care is being provided;
1830		(5) The director of clinical services or designee must ensure: (a) Coordination, development, and revision of written patient care policies and procedures related to each service provided;
1835		(5)(b) Supervision of all patient care provided by personnel and volunteers. The director of clinical services may delegate staff supervision responsibilities to a registered nurse or other appropriately credentialed professional;
1840		(5)(c) Evaluation of services provided by contractors;
1845		(5)(d) Coordination of services when one or more licensed agencies are providing care to the patient;
1850		(5)(e) Compliance with the plan of care;
1855		(5)(f) All direct care personnel, contractors, and volunteers observe and recognize changes in the patient's condition and needs, and report any changes to the director of clinical services or designee; and
1860		(5)(g) All direct care personnel, contractors, and volunteers initiate emergency procedures according to agency policy.
1865		(6) The licensee must document supervision including, but not limited to: (a) RN supervision when using the services of an RN or LPN, in accordance with chapter 18.79 RCW;
1870		(6)(b) For patients receiving acute care services, supervision of the home health aide services during an on-site visit with or without the home health aide present must occur once a month to evaluate compliance with the plan of care and patient satisfaction with care. The supervisory visit must be conducted by a licensed nurse or therapist in accordance with the appropriate practice acts;
1875		(6)(c) For patients receiving maintenance care or home health aide only services, supervision of the home health aide services during an on-site visit with or without the home health aide present must occur every six months to evaluate compliance with the plan of care and patient satisfaction with care. The supervisory visit must be conducted by a licensed nurse or licensed therapist in accordance with the appropriate practice acts; and
1880		(7) The licensee using home health aides must ensure: (a) Each home health aide reviews the plan of care and any additional written instructions for the care of each patient prior to providing home health aide services and whenever there is a change in the plan of care; and
1885		(7)(b) Each home health aide assists with medications according to agency policy and this chapter.
WAC 246-335-550 Patient Records - The licensee must:		
1890		(1) Maintain a current record for each patient consistent with chapter 70.02 RCW;
1895		(2) Ensure that patient records are: (a) Accessible in the licensee's office location for review by appropriate direct care personnel, volunteers, contractors, and the department;
1900		(2)(b) Written legibly in permanent ink or retrievable by electronic means;
1905		(2)(c) On the licensee's standardized forms or electronic templates;
1910		(2)(d) In a legally acceptable manner;
1915		(2)(e) Kept confidential;
1920		(2)(f) Chronological in its entirety or by the service provided;
1925		(2)(g) Fastened together to avoid loss of record contents (paper documents); and
1930		(2)(h) Kept current with all documents filed according to agency time frames per agency policies and procedures.
1935		(3) Except as provided in subsection (4) of this section, include documentation of the following in each record: (a) Patient's name, age, current address and phone number;
1940		(3)(b) Patient's consent for services, care, and treatments;
1945		(3)(c) Payment source and patient responsibility for payment;

1950		(3)(d) Initial assessment when providing home health services, except when providing home health aide only services under WAC 246-335-540(5);
1955		(3)(e) Plan of care according to WAC 246-335-540, depending upon the services provided;
1960		(3)(f) Signed or electronically authenticated and dated notes documenting and describing services provided during each patient contact;
1965		(3)(g) Observations and changes in the patient's condition or needs;
1970		(3)(h) For patients receiving home health, with the exception of home health aide only services per WAC 246-335-540(5), authorized practitioner orders and documentation of response to medications and treatments ordered;
1975		(3)(i) Supervision of home health aide services according to WAC 246-335-545(7); and
1980		(3)(j) Other documentation as required by this chapter.
1985		(4) For patients receiving a one-time visit, provide the documentation required in WAC 246-335-540(6) in lieu of the requirements in subsection (3) of this section;
1990		(5) Consider the records as property of the licensee and allow the patient access to his or her own record; and
1995		(6) Upon request and according to agency policy and procedure, provide patient information or a summary of care when the patient is transferred or discharged to another agency or facility.
2000		(7) The licensee must keep patient records for: (a) Adults - Three years following the date of termination of services;
2005		(7)(b) Minors - Three years after attaining age eighteen, or five years following discharge, whichever is longer; and
2010		(7)(c) Patient death - Three years following the last date or termination of services if patient was on services when death occurred.
2015		(8)(a) Store patient records in a safe and secure manner to prevent loss of information, to maintain the integrity of the record, and to protect against unauthorized use;
2020		(8)(b) Maintain or release records in accordance with chapter 70.02 RCW; and
2025		(8)(c) After ceasing operation, retain or dispose of patient records in a confidential manner according to the time frames in subsection (7) of this section.
WAC 246-335-555 Quality Improvement Program - Every home health licensee must develop and operationalize a quality improvement program to ensure the quality of care and services provided throughout all approved service areas including, at a minimum:		
2030		(1) A complaint process that includes a procedure for the receipt, investigation, and disposition of complaints regarding services provided;
2035		(2) A method to identify, monitor, evaluate, and correct problems identified by patients, families, personnel, contractors, or volunteers; and
2040		(3) A system to assess patient satisfaction with the overall services provided by the agency.
WAC 246-335-560 Home Medical Supplies and Equipment - This section applies to home health agencies providing or contracting for medical supplies or equipment services.		
2045		(1) The applicant or licensee must develop and implement policies and procedures to: (a) Maintain medical supplies and equipment;
2050		(1)(b) Clean, inspect, repair and calibrate equipment per the manufacturers' recommendations, and document the date and name of individual conducting the activity;
2055		(1)(c) Ensure safe handling and storage of medical supplies and equipment;
2060		(1)(d) Inform the patient, designated family member, or legal representative of the cost and method of payment for equipment, equipment repairs and equipment replacement;
2065		(1)(e) Document the patient, designated family member, or legal representative's approval;
2070		(1)(f) Instruct each patient, designated family member, or legal representative to use and maintain supplies and equipment in a language or format the patient or family understands, using one or more of the following: (i) Written instruction;
2075		(1)(f)(ii) Verbal instruction; or
2080		(1)(f)(iii) Demonstration.
2085		(1)(g) Document the patient, designated family member, or legal representative understanding of the instructions provided;
2090		(1)(h) Replace supplies and equipment essential for the health or safety of the patient; and
2095		(1)(h)(i) Identify and replace equipment recalled by the manufacturer.
2100		(2) If the applicant or licensee contracts for medical supplies or equipment services, develop and implement policies and procedures to ensure that contractors have policies and procedures consistent with subsection (1) of this section.