

## REPORT TO THE LEGISLATURE

### Impacts of COVID-19 on Long-Term Services and Supports

Chapter 203, Laws of 2021  
ESHB 1120, Sections 4, 5, and 7 Through 15

September 11, 2023

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## Executive Summary

On February 29, 2020, Governor Inslee issued Proclamation 20-05 declaring a State of Emergency in response to the novel coronavirus-19 (COVID-19) pandemic.<sup>1</sup> The State of Emergency resulted in a number of proclamations affecting long-term care. Engrossed Substitute House Bill (ESHB) 1120, Chapter 201, Session Law of 2021, amends the Revised Code of Washington (RCW) and authorizes department action in response to the State of Emergency.<sup>2</sup> The bill grants the department rule-making authority to retroactively adopt emergency rules. It requires the department to submit a report to the legislature one year following the rescission of statutory waivers and suspensions relating to long-term care. The Governor's Proclamation 20-65.6 Long-Term Care Workers, Facilities, and Resources ended the waivers and suspensions on October 27, 2022.<sup>3</sup> This report fulfills the reporting requirements contained in the bill. Appendix 1 contains a table outlining the reporting requirements for this report.

## Inspection of Long-Term Care Settings

Due to Governor's Executive Orders and Proclamations as well as state and federal directives related to COVID-19 regulatory functions, the department reprioritized work and suspended annual recertification surveys and inspections. Beginning March 2020, the department's work focused on complaint investigations and infection prevention and control inspections. Standard surveys, inspection and evaluation processes combined with the focused infection prevention assessment process resumed in April 2021. The following table reflects the backlog for inspections by provider type as of March 20, 2023.<sup>4</sup>

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<sup>1</sup> Proclamation by the Governor 20-05, State of Washington Office of the Governor, February 29, 2020, accessed April 3, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-05%20Coronavirus%20%28final%29.pdf>.

<sup>2</sup> Engrossed Substitute House Bill 1120, Chapter 201, Laws of 2021, signed into law May 10, 2021, accessed April 17, 2023, at <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1120-S.SL.pdf?q=20230417102115>.

<sup>3</sup> Proclamation by the Governor 20-65.6, State of Washington Office of the Governor, July 29, 2022 accessed May 15, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-65.6%20-%20Rescind%20COVID-19%20LTC-WkforceFacilities%20%28tmp%29.pdf>.

<sup>4</sup> Department data sources: 56922 STARS Full Inspection Due Date report run on 03/20/2023 (STARS data); FAC 1050 AFH BH Timely Reinspections report run on 03/20/2023 (FMS data); STARS 1050 Timely Reinspections report run on 03/20/2023; Ad hoc query run on FMS data on 03/20/2023; and CMS CASPER 0316D Standard Survey Interval Report run on 03/20/2023 & CMS QCOR NH Overdue Recertification.

<b>Survey Backlog as of March 2023</b>			
<b>Provider Type</b>	<b>Total Providers</b>	<b>Providers Overdue</b>	<b>% Overdue</b>
Adult Family Home	3,577 <sup>5</sup>	1,841	51.5%
Assisted Living Facility	551	230	41.7%
Enhanced Services Facility	9	5	55.6%
Nursing Home	198	64	32.0%

### Training and Certification of the Long-Term Care Workforce

The COVID-19 public health emergency caused training locations to close resulting in an immediate lack of access to Basic Training and continuing education. The department responded by granting all instructors temporary approval to conduct non-skills courses through virtual training platforms, granting workers through emergency rule continuing education for on-the-job COVID-19 learning, and by extending the standard training, certification, and CE completion deadlines through emergency rule. Workers were also divided into cohorts (set by hire or rehire date) to prevent training and testing centers from being overwhelmed. Emergency rules are now in the process of being converted to permanent rule.

The pandemic and the resulting impacts on training continued much longer than anticipated causing backlogs of workers needing training and/or Home Care Aide certification. The department adjusted the cohort training deadlines and worked with the department of health regarding certification deadlines several times through emergency rule in response to both data and information received from employers, community and agency partners. As of this writing, all continuing education hours that came due under the emergency rule timelines must be completed by August 31, 2023. Training and certification requirements are set to return to normal for anyone hired on or after July 1, 2023, but for workers hired between October 1, 2022, and June 30, 2023, the final training cohort deadline extends out to November 30, 2023, and the certification cohort deadline extends out to March 28, 2024.

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<sup>5</sup> Represents the total number of adult family homes that could have potentially been overdue. The number does not include 546 homes that were either newly licensed or underwent a change of ownership.

The department is working to convert the current emergency rules into permanent rules which will contain language allowing the pandemic rules to expire when no longer needed (as required by statute).

## Conclusion

The department addressed some factors contributing to the backlog of inspections. The department contracted with a private organization to assist with nursing home inspections from 2022 to 2023. The department is also actively working to complete the backlog of inspections.

The department mitigated factors contributing to the backlog of training and certification by extending deadlines for Basic Training, continuing education and Home Care Aide certification, providing continuing credit for On-the-Job Training during the first year of the pandemic, allowing remote training and allowing hire dates to be reset for those rehired during the pandemic.

The department also worked with the Training Partnership, and the department approved community training organization (Cornerstone Healthcare Training Company) to allow providers to access Cornerstone's continuing education and 30-hour Basic Training options.<sup>6</sup> This partnership between the Training Partnership and Cornerstone allowed providers to complete required trainings online when convenient rather than taking additional time away from their clients to attend in-person training. By providing more time, and course opportunities as well as on the job training credits for providers to meet their training and certification requirements, the department was able to keep long-term care clients receiving services and long-term care providers working. As of this writing, the department estimates that the pandemic rules for continuing education can be allowed to expire on January 1, 2024, and the rules for training and Home Care Aide certification to expire on August 1, 2024.

By responding to the everchanging demands on long-term care providers the department sustained service levels for long-term services and supports throughout the pandemic. The department is now focused on restoring full inspections of long-term care settings and training and certification of the long-term care workforce to pre-pandemic standards.

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<sup>6</sup> As defined in [WAC 388-71-0836](#) the "Training partnership" means a joint partnership or trust that includes the office of the governor, and the exclusive bargaining representative of individual providers under [RCW 74.39A.270](#) with the capacity to provide training, peer mentoring, and workforce development, or other services to individual and home care agency providers.

## Engrossed Substitute House Bill (ESHB) 1120

ESHB 1120, Chapter 201, Session Law of 2021, contains reporting requirements to the Washington State Legislature as a result of the declaration of the novel coronavirus-19 (COVID 19) pandemic.<sup>7</sup> The bill requires the department to conduct a review of inspection compliance for four long-term care settings licensed by the department. The department must also conduct a review of training compliance and certification of long-term care workers. The report is due within 12 months of the termination of waivers and suspensions that ended on October 27, 2022, by the Governor's Proclamation 20-65.6 Long Term Care – Workers, Facilities and Resources.<sup>8</sup> This report fulfills these reporting requirements. Appendix 1 contains a summary of the bill's reporting requirements.

## Acknowledgements

The department completed outreach to stakeholders and community partners to solicit their input on the report. Appendix 2 contains the list of contributors. The provider associations (Adult Family Home Council, Washington Health Care Association, LeadingAge Washington and CDM Caregiver Services), the Long-Term Care Ombudsman and Developmental Disability Ombuds were offered the opportunity to submit statements. One unedited statement is contained in Appendix 6.<sup>9</sup> The department also reached out to the Aging and Long-Term Support Administration Indian Policy Advisory Committee to inform members of the requirements of this report to the Legislature.

## Governor's Proclamations Relating to the COVID-19 Pandemic and Long-Term Care Settings and Providers

On January 21, 2020, the Washington State Department of Health (DOH) confirmed the first case of SARS-COV-2 virus (COVID-19) in the United States in Snohomish County.<sup>10</sup>

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<sup>7</sup> Engrossed Substitute House Bill 1120, Chapter 203, Laws of 2021 signed into law May 10, 2021, accessed April 17, 2023, at <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1120-S.SL.pdf?q=20230417102115>.

<sup>8</sup> Proclamation by the Governor 20-65.6, State of Washington Office of the Governor, July 29, 2022, accessed May 15, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-65.6%20-%20Rescind%20COVID-19%20LTC-WkforceFacilities%20%28tmp%29.pdf>.

<sup>9</sup> The draft report was released to these stakeholders on June 30<sup>th</sup> with a deadline of July 10<sup>th</sup> for their statements. Meetings were held earlier this year to discuss the report and inform them of this opportunity to review the report and submit unedited statements.

<sup>10</sup> Proclamation by the Governor 20-05, State of Washington Office of the Governor, February 29, 2020, accessed April 3, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-05%20Coronavirus%20%28final%29.pdf>.

On February 29, 2020, Governor Jay Inslee issued Proclamation 20-05 declaring a State of Emergency due to COVID-19.<sup>11</sup> The Governor's Proclamation 20-06, focusing on nursing homes and assisted living facilities, began a series of proclamations impacting long-term care settings and providers. Proclamations by the Governor 20-10 and 20.65 Long-Term Care - Workers, Facilities and Resources also suspended training and certification requirements for various categories of long-term care workers.<sup>12</sup>

The Governor's Proclamation 20-52.11 issued on July 29, 2022, rescinded multiple proclamations that waived or suspended rules for long-term care facility inspections, and training and certification of long-term care workers on October 27, 2022.<sup>13</sup> Proclamation 20-05 Terminating the COVID-19 State of Emergency ended the State of Emergency on October 31, 2022.<sup>14</sup>

## Response to the COVID-19 Pandemic in Nursing Homes and Residential Care Settings

Governor Inslee's Proclamation 20-5 declaring a State of Emergency for Washington resulted in subsequent proclamations that changed inspection requirements for nursing homes (NH), assisted living facilities (ALF), enhanced services facilities (ESF) and adult family homes (AFH).<sup>15</sup>

On March 4, 2020, the Centers for Medicare and Medicaid (CMS) issued Memorandum GSO 20-12-All to State Survey Agency Directors of Nursing Homes, "suspending non-emergency inspections across the country, allowing inspectors to turn their focus on the most serious health and

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<sup>11</sup> Ibid., p.2.

<sup>12</sup> Proclamation by the Governor 20-65, State of Washington Office of the Governor, August 7, 2020, accessed May 18, 2023, at <https://governor.wa.gov/sites/default/files/proclamations/20-65%20-%20COVID-19%20LTC-Workforce%26amp%3BFacilities%20%28tmp%29.pdf>.

<sup>13</sup> Proclamation by the Governor 20-52.11 Statewide Proclamations Relating to Long-Term Care, State of Washington Office of the Governor, July 29, 2022, accessed April 3, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-52.11%20-%20LTC%20Extensions%20Rescinded%20%28tmp%29.pdf>. The proclamation rescinded Proclamations 20-06, 20-10, 20-16, 20-17, 20-18, and 20-52 et seq.

<sup>14</sup> Proclamation by the Governor 20-05.1 Terminating the COVID-19 State of Emergency, State of Washington Office of the Governor, accessed April 3, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-05.1%20Coronavirus%20RESCISSION%20%28tmp%29.pdf>.

<sup>15</sup> Proclamation by the Governor 20-5, State of Washington Office of the Governor, February 29, 2020, accessed April 4, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-05%20Coronavirus%20%28final%29.pdf>.

safety threats like infectious diseases and abuse” to allow inspectors to focus on addressing the spread of COVID-19.<sup>16</sup>

Effective March 18, 2020, the department received direction from the state’s COVID-19 Long-Term Care Incident Command to complete focused reviews for nursing home infection control procedures and assess current Personal Protection Equipment (PPE) supplies.<sup>17</sup> This directive also extended to assisted living facilities, enhanced services facilities, and adult family homes.<sup>18</sup>

The Governor issued Proclamation 20-18 Department of Social and Health Services on March 18, 2020.<sup>19</sup> The proclamation:

- Suspended general inspections prior to license renewal for nursing homes ([RCW 18.51.091](#) and [RCW 18.51.230](#)). The proclamation did not waive inspections for complaint investigations;<sup>20</sup> and
- Suspended full licensing inspections of ALF ([RCW 18.20.110](#)). The proclamation limited inspection, certification and complaint investigations to certain types of complaints, complaints alleging infection control concerns, revisits necessary to resolve current enforcement actions and initial licensing visits.<sup>21</sup> The same

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<sup>16</sup> QSO 20-12-All, Suspension of Survey Activities, Center for Clinical Standards and Quality/Quality, Safety and Oversight Group, Centers for Medicare and Medicaid, Department of Health and Human Services, March 4, 2020, accessed on April 4, 2023, at <https://www.cms.gov/files/document/qso-20-12-all.pdf>.

<sup>17</sup> Dear Provider Letter, ALTA: NH #2020-011 COVID-19 Information as of March 26, 2020, March 18, 2020, amended March 26, 2020, accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/nh/020-011.pdf>.

<sup>18</sup> Dear Provider Letter, COVID-19 Information as of April 8, 2020, ALTA: ALF #2020-010 accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/bh/020-010.pdf>, ALTA: ESF #2020-005 accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/esf/020-005.pdf>, and ALTA: AFH #2020-007 accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/afh/020-007.pdf>.

<sup>19</sup> Proclamation by the Governor 20-18, Amending Proclamations 20-05, 20-06, 20-07, 20-08, 20-09, 20-10, 20-11, 20-12, 20-13, 20-14, 20-15, 20-16, 20-17, the Department of Social and Health Services, State of Washington Office of the Governor, March 18, 2020, accessed April 4, 2023, at <https://www.governor.wa.gov/sites/default/files/proclamations/20-18%20-%20COVID-19%20-%20DHS%20Waivers%20%28tmp%29.pdf>.

<sup>20</sup> Dear Provider Letter ALTA: NH #2020-011 COVID-19 Information as of March 26, 2020, issued March 18, 2020, and amended March 26, 2020, accessed April 4, 2023, at [020-011.pdf \(wa.gov\)https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/nh/020-011.pdf](https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/nh/020-011.pdf).

<sup>21</sup> Dear Provider Letter ALTA: ALF #2020-010 COVID-19 Information as of April 8, 2020, issued March 17, 2020, and amended April 8, 2020, accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTA/rcs/documents/bh/020-010.pdf>.



suspension and limits were extended to ESF ([RCW.70.97.160 \(1\)](#))<sup>22</sup> and AFH ([RCW 70.128.070\(2\)\(b\)](#)).<sup>23</sup>

During this suspension the department remained active in supporting providers with Infection Prevention and Control (IPC) activities. Monitoring of PPE was incorporated to assess individual facilities' supply levels. The purpose of these focused inspections was to ensure that facilities had policies in place for IPC and the PPE necessary to prevent and control the spread of COVID-19.

Appendix 3 contains the CMS COVID-19 Focused Survey for Nursing Homes form issued in Memorandum GSO 20-12-All to State Survey Agency Directors of Nursing Homes. See Appendix 4 for the revised RCS (AFH, ALF and ESF) Community Program Infection Prevention and Control (IPC) Assessment Pathway form.

ESHB 1120 added amendments to inspection requirements for the four settings. These amendments allowed the department to adopt rules to reestablish inspection timelines if the pandemic prevented the department from completing inspections according to timelines per the RCW for each setting. Section 19 of the bill allowed the department to adopt rules retroactively to February 29, 2020.<sup>24</sup>

In March 2021 the department announced the gradual reimplementation of full inspections of the four long-term care settings.<sup>25</sup> The Governor's Proclamation 20-65.6 Long-Term Care – Workers, Facilities and Resources issued on July 29, 2022, rescinded the inspection suspensions for nursing homes, assisted living facilities, enhanced services facilities, and adult family homes effective October 27, 2022.<sup>26</sup>

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<sup>22</sup> Dear Provider Letter ALTSA: ESF #2020-005 COVID-19 Information as of April 8, 2020, issued March 17, 2020, and amended April 8, 2020, accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/esf/020-005.pdf>.

<sup>23</sup> Dear Provider Letter ALTSA: AFH #2020-007 COVID-19 Information as of April 8, 2020, issued March 17, 2020, and amended April 8, 2020, accessed April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/afh/020-007.pdf>.

<sup>24</sup> Engrossed Substitute House Bill 1120, Chapter 203, Laws of 2021 signed into law May 10, 2021, accessed April 17, 2023, at <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1120-S.SL.pdf?q=20230417102115>.

<sup>25</sup> Dear Provider Letter Reimplementation of Surveys, Inspections and Evaluations dated March 31, 2021, and Amended April 8, 2021, ALTSA: AFH #2021-020, ALTSA: ALF #2021-019, ALTSA: NH #2021-027, and ALTSA: ESF #2021-018, accessed April 20, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/multiple/021-03-31.pdf>.

<sup>26</sup> Proclamation by the Governor 20-65.6 Long Term Care – Workers, Facilities, and Resources, Proclamation By the Governor Amending Proclamation 20-05 and Rescinding Proclamation 20-65, et seq., State of Washington Office of the Governor, July Impacts of COVID-19 on Long-Term Services and Supports  
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The Dear Provider Letter dated September 9, 2022, (amended on October 7, 2022) announced the reestablishment of inspection timelines for nursing homes, assisted living facilities, enhanced services facilities, and adult family homes. The rule changes became effective September 11, 2022.<sup>27</sup> Proclamation by the Governor 20-25.20 “Washington Ready” issued on October 28, 2022, declared an end to the State of Emergency effective October 31, 2022.<sup>28</sup>

The following tables provide inspection data by setting and include the number of surveys completed and inspection timeliness by calendar year.  
29, 30

### Survey Timeliness

Adult Family Home				
Adult Family Home	CY 2019	CY 2020	CY 2021	CY 2022
Inspections Conducted	2,327	507	502	645
Inspections Conducted on Time	2,325	506	166	173
Percent on Time	99.91%	99.80%	33.07%	26.82%

29, 2022, accessed April 4, 2023, at [20-65.6 - Rescind COVID-19 LTC-WokforceFacilities \(tmp\).pdf \(wa.gov\)](https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/multiple/022-09-09-1.pdf).

<sup>27</sup> Dear Provider Letter, Governor’s Proclamations Related to COVID-19 Ending October 27, AL TSA: AFH #2022-037, ALF #2022-032, CCRSS #2022-021, ESF #2022-028, and NH #2022-049, September 9, 2022, amended October 7, 2022, accessed on April 4, 2023, at <https://www.dshs.wa.gov/sites/default/files/AL TSA/rcs/documents/multiple/022-09-09-1.pdf>.

<sup>28</sup> Proclamation by the Governor 20-25.20, Proclamation Amending Proclamations 20-05 and 20-25, et seq., “Washington Ready” Termination of Emergency Proclamation, October 28, 2022, State of Washington Office of the Governor, accessed April 4, 2023, at [https://governor.wa.gov/sites/default/files/proclamations/20-25.20%20-%20COVID-19%20Washington%20Ready\\_Rescission\\_%28tmp%29.pdf](https://governor.wa.gov/sites/default/files/proclamations/20-25.20%20-%20COVID-19%20Washington%20Ready_Rescission_%28tmp%29.pdf)

<sup>29</sup> While the Centers for Medicare and Medicaid Services (CMS) use the term survey for nursing homes the department uses the terms “survey” and “inspection” interchangeably for nursing homes, assisted living facilities, enhanced services facilities and adult family homes.

<sup>30</sup> Department data sources: 56922 STARS Full Inspection Due Date report run on 03/20/2023 (STARS data); FAC 1050 AFH BH Timely Reinspections report run on 03/20/2023 (FMS data); STARS 1050 Timely Reinspections report run on 03/20/2023; Ad hoc query run on FMS data on 03/20/2023; and CMS CASPER 0316D Standard Survey Interval Report run on 03/20/2023 & CMS QCOR NH Overdue Recertification

<b>Assisted Living Facility</b>				
<b>Assisted Living Facility</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>
Inspections Conducted	396	89	90	150
Inspections Conducted on Time	395	89	78	19
Percent on Time	99.75%	100%	86.67%	12.67%

<b>Enhanced Services Facility</b>				
<b>Enhanced Services Facility</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>
Inspections Conducted	2	1	1	0
Inspections Conducted on Time	2	1	1	0
Percent on Time	100%	100%	100%	-

<b>Nursing Home</b>				
<b>Nursing Home</b>	<b>CY 2019</b>	<b>CY 2020</b>	<b>CY 2021</b>	<b>CY 2022</b>
Surveys Conducted	202	39	45	120
Surveys Conducted on Time	202	39	2	1
Percent on Time	100%	100%	4.44%	0.83%

The department’s suspension of standard inspections in 2020 contributed to the backlog. Full inspections were further delayed because these inspections were reimplemented gradually starting in 2021.<sup>31</sup> The table below shows the backlog by setting as of March 20, 2023.<sup>32</sup>

Survey Backlog as of March 2023			
Provider Type	Total Providers	Providers Overdue	Percent Overdue
Adult Family Home	4,123	1,841	44.7%
Assisted Living Facility	551	230	41.7%
Enhanced Services Facility	9	5	55.6%
Nursing Home	198	64	32.00%

The department was able to contract with a private organization to assist with the backlog of nursing home inspections starting in January 2022. By June 2023 the contracted inspectors completed 81 nursing home surveys.<sup>33</sup> A reliable projection of when the backlog for all provider types will be completed is not currently available given the limited data available at the time of the writing of this report. However, a return to full staffing and the assistance of contracted inspectors will reduce the time needed to address the backlog.

## COVID-19 Impact on Training, Certification and Continuing Education of Long-Term Care Workers

### Long-Term Care Worker Basic Training

Most long-term care workers employed as individual providers, by home care agencies, assisted living facilities and adult family homes are required to complete 75 hours of Basic Training within 120 days after the date of hire, and to be certified as home care aides within 200 days of the date of hire. Individual providers may have fewer training requirements due to the type of services provided, their relationship to their clients or hours of service authorized. The COVID-19 public health emergency caused training programs and testing facilities to shut down statewide for

<sup>31</sup>Dear Provider Letter Reimplementation of Surveys, Inspections, and Evaluations March 31, 2021 amended April 8, 2021 ALTSA:AFH #2021-020, ALTSA: ALF #2021-019, ALTSA: NH #2021-027, ALTSA: ESF #2021-018 accessed April 24, 2023, at <https://www.dshs.wa.gov/sites/default/files/ALTSA/rcs/documents/multiple/021-03-31.pdf>.

<sup>32</sup>Department data sources: 56922 STARS Full Inspection Due Date report run on 03/20/2023 (STARS data); FAC 1050 AFH BH Timely Reinspections report run on 03/20/2023 (FMS data); STARS 1050 Timely Reinspections report run on 03/20/2023; Ad hoc query run on FMS data on 03/20/2023; and CMS CASPER 0316D Standard Survey Interval Report run on 03/20/2023 & CMS QCOR NH Overdue Recertification

<sup>33</sup> Emails from Bett Schlemmer, Special Assistant to the Residential Care Services Director, RE: AFH and ALF Contracted Complaint Investigations, May 9, 2023, and RE: FW: Draft ESHB 1120 for Office Chief Review 6-1-2023, June 14, 2023.

an extended period of time. Without intervention through emergency rule, workers not meeting the training and (if required) certification deadlines would have been ineligible to continue working or be rehired. In response, training rules were suspended by the Governor’s Proclamations 20-10 and 20-65.<sup>34</sup> The legislature granted the department the authority to extend training, certification and continuing education deadlines through [RCW 74.39A.074](#) and [RCW 74.39A.341](#).

The department responded to the sudden lack of available in-person training by granting temporary permission for all approved training instructors to conduct all classes, except for the instruction of required hands-on skills, through remote virtual classrooms using Zoom, Skype or other similar technology. One training program was also allowed to teach both the knowledge and the hands-on skills portions of training online. The department then created virtual classroom standards and an application process for training programs wanting to continue to use the virtual classroom environment beyond the end of the COVID-19 public health emergency.

The department, in consultation with agency and community partners, determined that the best course of action would be to divide workers into training “cohorts” based on date of hire (or rehire). New sections relating to the COVID-19 public health emergency for training and CE extension were added. [Washington Administrative Code \(WAC\) 388-71-8076 Home and Community Services and Programs](#) and [WAC 388-112A-0081](#) relating to long-term care services training addressed training rules. New sections were also added for CE requirements to [WAC 388-71-0992](#) for Long-Term Care Workers and [WAC 388-112A-0613](#) for Residential Long-Term Care Services Training.

The same extensions and cohorts were also applied to any required specialty training. The initial emergency rule for training cohorts established the following deadlines:

<b>Initial Training and Certification Cohort Deadlines</b>		
<b>Worker hired or rehired during the time frame of:</b>	<b>Must complete basic training no later than:</b>	<b>Must be certified as a home care aide no later than:</b>

<sup>34</sup> Proclamations by the Governor 20-10, March 13, 2020, and 20-65 Long Term Care – Workers, Facilities, and Resources, August 7, 2022, State of Washington Office of the Governor, accessed May 16, 2023, at <https://governor.wa.gov/sites/default/files/proclamations/20-10%20Coronavirus%20LTC%20Workers%20%28tmp%29.pdf> and <https://www.governor.wa.gov/sites/default/files/proclamations/20-65%20-%20COVID-19%20LTC-Workforce%26Facilities%20%28tmp%29.pdf>.

8/17/2019 to 9/30/2020	4/30/2022	7/19/2022
4/30/2022	6/30/2022	9/18/2022
10/1/2020 to 4/30/2021	8/31/2022	11/19/2022
After 3/31/2022	Standard training requirement	Based on hire date

It quickly became evident that the COVID-19 public health emergency would continue much longer than anticipated, and that the initial cohorts and deadlines would not provide sufficient access to maintain the long-term care workforce. Additionally, the backlog of workers needing training extended beyond the end of the Governor’s waivers. Data from the Training Partnership (also known as the SEIU 775 Benefits Group) showed the following completion numbers of workers requiring the Basic Training for each cohort as of April 4, 2023. Similar backlogs exist for those requiring the 35-hour, 14-hour and 12-hour Basic Training. See Appendix 5 for further data.

<b>Basic Training Cohorts</b>							
<b>Basic Training 70*</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
Cohort 1	78%	2,941	8%	286	15%	554	3,781
Cohort 2	55%	1,117	14%	277	31%	622	2,016
Cohort 3	38%	1,758	16%	755	46%	2,167	4,680
Cohort 4	19%	601	11%	340	70%	2,238	3,179
Cohort 5	17%	322	10%	196	73%	1,430	1,948
<b>Total</b>	<b>43%</b>	<b>6,739</b>	<b>12%</b>	<b>1,854</b>	<b>45%</b>	<b>7,011</b>	<b>15,604</b>

\*Basic Training consists of 2 hours of orientation, 3 hours of safety training plus additional hours of Long-Term Care Basic Training. The number of hours varies based on the type of long-term care worker.

In response to further data and information received from community partners, cohorts and deadlines were extended several times through emergency rule, with the most recent cohort extending deadlines for workers hired between October 1, 2022, and June 30, 2023. Workers hired July 1, 2023, and after will be held to the standard training and certification requirements. For workers hired during the periods covered by emergency rule, current deadlines are reflected below.

<b>Revised Training and Certification Deadlines Under Emergency Rule</b>		
<b>Worker hired or rehired during the time frame of:</b>	<b>Must complete basic training no later than:</b>	<b>Must be certified as a home care aide no later than:</b>

8/17/2019 to 9/30/2020	1/31/2023	8/31/2023
10/01/2020 to 4/30/2022	4/30/2023	11/27/2023
5/01/2021 to 3/31/2022	7/31/2023	11/27/2023
4/01/2022 to 9/30/2022	10/31/2023	2/27/2024
10/01/2022 to 6/30/2023	11/30/2023	3/28/2024
Beginning 7/1/2023	Standard training requirements – 120 days from hire date	Standard training requirements – 200 days from hire date

### Long-Term Care Worker Continuing Education

Unless specifically exempt from continuing education requirements, long-term care workers must complete 12 hours of continuing education annually by their birthdate to remain eligible to provide long-term care services, and/or renew their Home Care Aide certification with the Department of Health (DOH). The pandemic affected workers' ability to obtain continuing education in the same way as Basic Training was impacted.

The department determined that long-term care workers employed in all work environments during the pandemic between March 1, 2020, and February 28, 2021, required emergent and intensive on-the-job training in such topics as personal protective equipment, disinfection of high-touch surfaces, responding to newly infected residents and more. Recognition of this training as a valid learning experience (in its various forms) was agreed upon with input from consumer and worker representatives, as the content was based on guidelines established by the Centers for Disease Control (CDC) and other federal, state and local health care authorities. The department determined that this unprecedented OJT comprised at least 12 hours of continuing education between March 1, 2020, and February 28, 2021, and awarded those hours to all long-term care workers employed during that period. The department also recognized that long-term care workers may not have completed training hours in excess of the 12 hours of continuing education granted. The response in the original emergency rule allowed all long-term care workers 120 days from the end of the Governor's training deadline waivers to complete any additional continuing education that may have become due while training waivers were in place. Before it was amended [WAC 388-112A-0613](#) established

that “all long-term care workers shall have 120 days from the end of the public health emergency to complete any additional continuing education that may have become due while training waivers were in place in excess of the 12 hours of on-the-job continuing education.”

Again, the pandemic continued far longer than anticipated. When the Governor’s waivers were lifted on October 27, 2022, feedback from stakeholders and community partners revealed that there were many workers who would have difficulty completing the backlog of required continuing education within 120 days due to access challenges to training. In response, the department put a new emergency rule in place that extended the due date for all continuing education that came or would become due between March 1, 2020, and August 31, 2023, until August 31, 2023.

The department, along with DOH, continues to monitor training, certification and continuing education backlogs. To avoid duplication and potential error, the most recent emergency rule defers certification deadlines to DOH emergency rules. The department is working to put the most recent changes to training, certification, and CE deadlines into permanent rules. The permanent rules will contain a “repealer” allowing the rules to expire, as required by statute, tentatively on January 1, 2024, for continuing education and August 1, 2024, for training and certification.

## Conclusion

The COVID-19 public health emergency impacted the department’s ability to complete the inspection of long-term care facilities on time. The department has put in place practices to rectify the backlog. The COVID-19 public health emergency challenged the system’s ability to train the long-term care workforce. As the department and the long-term care worker training and testing systems resume normal operations, backlogs will decrease. Legislation passed during the 2023 session aimed at streamlining the long-term care testing process and expanding the definition of family members that require less training and no certification will also help ameliorate current challenges. Strategies used to address the crisis are being examined by the department, stakeholders and community partners to better position the long-term care services and supports system to respond to future states of emergency.



## Appendix 1: Engrossed Substitute House Bill 1120

[Engrossed Substitute House Bill 1120, Chapter 203, Laws of 2021](#), became effective on May 10, 2021, and may be accessed on the Washington State Legislature’s website at: [1120-S.SL.pdf \(wa.gov\)https://lawfilesex.leg.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1120-S.SL.pdf?q=20230316152923](#)

The following tables summarize the reporting requirements created by the bill.

### Reporting Requirements Related to Inspection of Long-Term Care Settings

Long-Term Care Setting	Reporting Requirements	Link to RCW	RCW Reference
<b>Nursing Home</b>	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of inspection compliance with subsection (1) of this section and provide the legislature with a report.	<a href="#">RCW 18.51.091: Inspection of nursing homes and community-based services— Notice of violations— Approval of alterations or new facilities. (wa.gov)</a>	Subsection (1) requires that the department shall inspect each nursing home periodically in accordance with federal standards under 42 C.F.R. Part 488, Subpart E.
<b>Nursing Home</b>	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of inspection compliance with subsection (1) of this section and	<a href="#">RCW 18.51.230: Periodic general inspection— Emergency rules. (wa.gov)</a>	Subsection (1) The department shall, in addition to any inspections conducted pursuant to complaints filed pursuant to RCW 18.51.190, conduct a periodic general inspection of each nursing home in the state without providing advance

Long-Term Care Setting	Reporting Requirements	Link to RCW	RCW Reference
	provide the legislature with a report. NOTE: the data are the same as above.		notice of such inspection. Such inspections must conform to the federal standards for surveys under 42 C.F.R. Part 488, Subpart E.
<b>Adult Family Home</b>	Within 12 months of the termination of the pandemic, natural disaster, or declared state of emergency, the department shall conduct a review of inspection compliance with (b) of this subsection and provide the legislature with a report.	<a href="#">RCW 70.128.070: License— Inspections— Correction of violations. (wa.gov)</a>	Subsection (2)(b) Homes 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 time period.
<b>Enhanced Services Facility</b>	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of inspection	<a href="#">RCW 70.97.160: Inspections. (wa.gov)</a>	Subsection (1) The department shall make or cause to be made at least one inspection of each facility prior to licensure and an unannounced full inspection of facilities at least

Long-Term Care Setting	Reporting Requirements	Link to RCW	RCW Reference
	<p>compliance with subsection (1) of this section and provide the legislature with a report.</p>		<p>once every eighteen months. The statewide average interval between full facility inspections must be fifteen months.</p>
<p><b>Assisted Living Facility</b></p>	<p>Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of inspection compliance with subsection (1) of this section and provide the legislature with a report.</p>	<p><a href="#">RCW 18.20.110: Inspection of assisted living facilities—Approval of changes or new facilities. (wa.gov)</a></p>	<p>Subsection (1) The department shall make or cause to be made, at least every eighteen months with an annual average of fifteen months, an inspection and investigation of all assisted living facilities. However, the department may delay an inspection to twenty-four months if the assisted living facility has had three consecutive inspections with no written notice of violations and has received no written notice of violations resulting from complaint investigation during that same time period. . .</p>

Reporting Requirements Related to Long-Term Care (LTC) Worker  
Training and Certification

LTC Worker	Reporting Requirement	Link to RCW	RCW Reference
Long-Term Care workers 75 hours entry level training	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of training compliance with subsection (1)(a) of this section and provide the legislature with a report.	<a href="#">RCW 74.39A.074: Training requirements for long-term care workers— Rules. (wa.gov)</a>	Subsection (1)(a) Except for long-term care workers exempt from certification under RCW 18.88B.041 (1)(a), all persons hired as long-term care workers must meet the minimum training requirements in this section within one hundred twenty calendar days after the date of being hired.
In-home Long-Term Care workers and Individual Providers caring for family members	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of training compliance with subsection (1) of this section and provide the	<a href="#">RCW 74.39A.076: Training requirements for individual providers caring for family members. (wa.gov)</a>	Subsection (1) Beginning January 7, 2012, except for long-term care workers exempt from certification under RCW 18.88B.041 (1)(a). . .

LTC Worker	Reporting Requirement	Link to RCW	RCW Reference
	legislature with a report.		
LTC workers	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of training compliance with subsection (1) of this section and provide the legislature with a report.	<a href="#">RCW 74.39A.341: Continuing education requirements for long-term care workers. (wa.gov)</a>	Subsection (1) All long-term care workers shall complete twelve hours of continuing education training in advanced training topics each year. This requirement applies beginning July 1, 2012.
Adult Family Home caregiver	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of training compliance with subsection (5)(b) of this section and provide the legislature with a report.	<a href="#">RCW 70.128.230: Long-term caregiver training. (wa.gov)</a>	Subsection (5)(b) Specialty training must be completed by providers and resident managers before admitting and serving residents who have been determined to have special needs related to mental illness, dementia, or a developmental disability. Should a resident develop special needs while living in a home without specialty designation, the provider and resident manager have one hundred twenty days

LTC Worker	Reporting Requirement	Link to RCW	RCW Reference
			to complete specialty training.
Assisted Living Facility caregiver	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of training compliance with subsection (5)(b) of this section and provide the legislature with a report.	<a href="http://www.wa.gov/rcw/default.aspx?title=18&amp;chapter=18.20&amp;section=270">RCW 18.20.270: Long-term caregiver training. (wa.gov)</a>	(5)(b) Specialty training must be completed by caregivers within one hundred twenty days of the date on which they begin to provide hands-on care to a resident having special needs. However, if specialty training is not integrated with basic training, the specialty training must be completed within ninety days of completion of basic training. Until competency in the core specialty areas has been demonstrated, caregivers shall not provide hands-on personal care to residents with special needs without direct supervision.
Home Care Aide certification	Within 12 months of the termination of the pandemic, natural disaster, or other declared state of emergency, the department shall conduct a review of	<a href="http://www.wa.gov/rcw/default.aspx?title=18&amp;chapter=18.88B&amp;section=021">RCW 18.88B.021: Certification requirements. (wa.gov)</a>	Subsection (1) Beginning January 7, 2012, except as provided in RCW 18.88B.041, any person hired as a long-term care worker must be certified as a home care aide as provided in this chapter within two hundred calendar

LTC Worker	Reporting Requirement	Link to RCW	RCW Reference
	certification compliance with subsection (1) of this section and rules adopted under this subsection (3) and provide the legislature with a report.		days after the date of hire, as defined by the department. The department may adopt rules determining under which circumstances a long-term care worker may have more than one date of hire, restarting the person's 200-day period to obtain certification as a home care aide. Subsection (3) If a pandemic, natural disaster, or other declared state of emergency impacts the ability of long-term care workers to complete certification as required by this section, the department may adopt rules to allow long-term care workers additional time to become certified.

The following two reporting requirements pre-existed in statute and are not included in this report:

1. Per [RCW 74.42.360\(3\)\(b\)\(ii\)](#) a report relating to nursing home staffing exceptions is due by August 1, 2023, and every three years thereafter. The department, along with a stakeholder work group established by the department, shall conduct a review of the exceptions process to determine if it is still necessary.
2. Per [RCW 18.88A.087\(3\)](#) the Secretary of the Department of Health, in consultation with the Nursing Care Quality Assurance Commission, shall report annually by December 1st to the governor

and the appropriate committees of the legislature on the progress made in achieving career advancement for certified home care aides and medical assistants into nursing practice.



## Appendix 2: Acknowledgements

The department wishes to acknowledge and thank the following organizations and individuals who contributed to the development of this report.

### Community Partners

Aging and Long-Term Support Administration Indian Policy Advisory Committee

Paul DesJardien: Assistant Attorney General, ATG SHO, Social and Health Services Division

Eric Erickson: President, Washington Home Care Coalition

John Ficker: Executive Director, Adult Family Home Council

Melissa Green: Operations Director, Office of Health Professions, Department of Health (DOH)

Patricia Hunter: State Long-Term Care Ombudsman, Long-Term Care Ombudsman

Alyssa Odegaard: Vice President of Public Policy, LeadingAge Washington

Lauri St. Ours, Executive Vice President of Governmental Relations, Washington Health Care Association

Kristin Reichl: Director of Policy and Legislative Development, Assistant Secretary's Office, DOH

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# Appendix 3: Center for Medicare and Medicaid Services (CMS) Infection Prevention and Control Assessment Form

**COVID-19 Focused Survey for Nursing Homes**

**Infection Control**

This survey tool must be used to investigate compliance at F880 and determine whether the facility is implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19 and other communicable diseases and infections. Entry and screening procedures as well as resident care guidance has varied over the progression of COVID-19 transmission in facilities. Facilities are expected to be in compliance with CMS requirements and surveyors will use guidance that is in effect at the time of the survey. Refer to QSO memos released at: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Policy-and-Memos-to-States-and-Regions>.

This survey tool provides a focused review of the critical elements associated with the transmission of COVID-19, will help surveyors to prioritize survey activities while onsite, and identify those survey activities which can be accomplished offsite. These efficiencies will decrease the potential for transmission of COVID-19, as well as lessen disruptions to the facility and minimize exposure of the surveyor. Surveyors should be mindful to ensure their activities do not interfere with the active treatment or prevention of transmission of COVID-19.

If citing for noncompliance related to COVID-19, the surveyor(s) must include the following language at the beginning of the Deficient Practice Statement or other place determined appropriate on the Form CMS-2567: "Based on [observations/interviews/record review], the facility failed to [properly prevent and/or contain – or other appropriate statement] COVID-19."

If surveyors see concerns related to compliance with other requirements, they should investigate them in accordance with the existing guidance in Appendix PP of the State Operations Manual and related survey instructions. Surveyors may also need to consider investigating concerns related to Emergency Preparedness in accordance with the guidance in Appendix Z of the State Operations Manual (e.g., for emergency staffing).

For the purpose of this survey tool, "staff" includes employees, consultants, contractors, volunteers, and others who provide care and services to residents on behalf of the facility. The Infection Prevention and Control Program (IPCP) must be facility-wide and include all departments and contracted services.

Surveyor(s) reviews for:

- The overall effectiveness of the Infection Prevention and Control Program (IPCP) including IPCP policies and procedures;
- Standard and Transmission-Based Precautions;
- Quality of resident care practices, including those with COVID-19 (laboratory-positive case), if applicable;
- The surveillance plan;
- Visitor entry and facility screening practices;
- Education, monitoring, and screening practices of staff; and
- Facility policies and procedures to address staffing issues during emergencies, such as transmission of COVID-19

**1. Standard and Transmission-Based Precautions (TBP)**

CMS is aware that there is a scarcity of some supplies in certain areas of the country. State and Federal surveyors should not cite facilities for

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**COVID-19 Focused Survey for Nursing Homes**

not having certain supplies (e.g., PPE such as gowns, N95 respirators, surgical masks) if they are having difficulty obtaining these supplies for reasons outside of their control. However, we do expect facilities to take actions to mitigate any resource shortages and show they are taking all appropriate steps to obtain the necessary supplies as soon as possible. For example, if there is a shortage of PPE (e.g., due to supplier(s) shortage which may be a regional or national issue), the facility should contact their healthcare coalition for assistance (<https://www.phe.gov/Preparedness/planning/hpp/Pages/find-hc-coalition.aspx>), follow national and/or local guidelines for optimizing their current supply or identify the next best option to care for residents. Among other practices, optimizing their current supply may mean prioritizing use of gowns based on risk of exposure to infectious organisms, blood or body fluids, splashes or sprays, high contact procedures, or aerosol generating procedures (AGPs), as well as possibly extending use of PPE (follow national and/or local guidelines). Current CDC guidance for healthcare professionals is located at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html> and healthcare facilities is located at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html>. Guidance on strategies for optimizing PPE supply is located at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp-ppe-strategy/index.html>. If a surveyor believes a facility should be cited for not having or providing the necessary supplies, the State Agency should contact the CMS Regional Location.

**General Standard Precautions**

Are staff performing the following appropriately:

- Respiratory hygiene/cough etiquette,
- Environmental cleaning and disinfection, and
- Reprocessing of reusable resident medical equipment (e.g., cleaning and disinfection of glucometers per device and disinfectant manufacturer's instructions for use)?

**Hand Hygiene**

Are staff performing hand hygiene when indicated?

If alcohol-based hand rub (ABHR) is available, is it readily accessible and preferentially used by staff for hand hygiene?

If there are shortages of ABHR, are staff performing hand hygiene using soap and water instead?

Are staff washing hands with soap and water when their hands are visibly soiled (e.g., blood, body fluids)?

Do staff perform hand hygiene (even if gloves are used) in the following situations:

- Before and after contact with the resident;
- After contact with blood, body fluids, or visibly contaminated surfaces;
- After contact with objects and surfaces in the resident's environment;
- After removing personal protective equipment (e.g., gloves, gown, facemask); and
- Before performing a procedure such as an aseptic task (e.g., insertion of an invasive device such as a urinary catheter, manipulation of a central venous catheter, and/or dressing care)?

When being assisted by staff, is resident hand hygiene performed after toileting and before meals?

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### COVID-19 Focused Survey for Nursing Homes

- Interview appropriate staff to determine if hand hygiene supplies (e.g., ABHR, soap, paper towels) are readily available and who they contact for replacement supplies.

#### Personal Protective Equipment (PPE)

- Determine if staff appropriately use PPE including, but not limited to, the following:
- Gloves are worn if potential contact with blood or body fluid, mucous membranes, or non-intact skin;
  - Gloves are removed after contact with blood or body fluids, mucous membranes, or non-intact skin;
  - Gloves are changed and hand hygiene is performed before moving from a contaminated body site to a clean body site during resident care; and
  - An isolation gown is worn for direct resident contact if the resident has uncontained secretions or excretions.
- Is PPE appropriately removed and discarded after resident care, prior to leaving room (except in the case of extended use of PPE per national/local recommendations), followed by hand hygiene?
- If PPE use is extended/reused, is it done according to national and/or local guidelines? If it is reused, is it cleaned/decontaminated/maintained after and/or between uses?
- Interview appropriate staff to determine if PPE is available, accessible and used by staff.
- Are there sufficient PPE supplies available to follow infection prevention and control guidelines? In the event of PPE shortages, what procedures is the facility taking to address this issue?
  - Do staff know how to obtain PPE supplies before providing care?
  - Do they know who to contact for replacement supplies?

#### Transmission-Based Precautions (Note: PPE use is based on availability and latest CDC guidance. See note on Pages 1-2)

- Determine if appropriate Transmission-Based Precautions are implemented:
- For a resident on Contact Precautions: staff don gloves and isolation gown before contact with the resident and/or his/her environment;
  - For a resident on Droplet Precautions: staff don a facemask within six feet of a resident;
  - For a resident on Airborne Precautions: staff don an N95 or higher level respirator prior to room entry of a resident;
  - For a resident with an undiagnosed respiratory infection: staff follow Standard, Contact, and Droplet Precautions (i.e., facemask, gloves, isolation gown) with eye protection when caring for a resident unless the suspected diagnosis requires Airborne Precautions (e.g., tuberculosis);
  - For a resident with known or suspected COVID-19: staff wear gloves, isolation gown, eye protection and an N95 or higher-level respirator if available. A facemask is an acceptable alternative if a respirator is not available. Additionally, if there are COVID-19 cases in the facility or sustained community transmission, staff implement universal use of facemasks while in the facility (based on availability). When COVID-19 is identified in the facility, staff wear all recommended PPE (i.e., gloves, gown, eye protection and respirator or facemask) for the care of all residents on the unit (or facility-wide based on the location of affected residents), regardless of symptoms (based on availability).

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### COVID-19 Focused Survey for Nursing Homes

- Some procedures performed on residents with known or suspected COVID-19 could generate infectious aerosols (i.e., aerosol-generating procedures (AGPs)). In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously. If performed, the following should occur:
- Staff in the room should wear an N95 or higher-level respirator, eye protection, gloves, and an isolation gown.
  - The number of staff present during the procedure should be limited to only those essential for resident care and procedure support.
  - AGPs should ideally take place in an airborne infection isolation room (AIIR). If an AIIR is not available and the procedure is medically necessary, then it should take place in a private room with the door closed.
  - Clean and disinfect the room surfaces promptly and with appropriate disinfectant. Use disinfectants on List N of the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-COV-2 or other national recommendations;
- Dedicated or disposable noncritical resident-care equipment (e.g., blood pressure cuffs, blood glucose monitor equipment) is used, or if not available, then equipment is cleaned and disinfected according to manufacturers' instructions using an EPA-registered disinfectant for healthcare setting prior to use on another resident;
  - Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled; and
  - Is signage on the use of specific PPE (for staff) posted in appropriate locations in the facility (e.g., outside of a resident's room, wing, or facility-wide)?
- Interview appropriate staff to determine if they are aware of processes/protocols for Transmission-Based Precautions and how staff is monitored for compliance.
- If concerns are identified, expand the sample to include more residents on Transmission-Based Precautions.

1. Did staff implement appropriate Standard (e.g., hand hygiene, appropriate use of PPE, environmental cleaning and disinfection, and reprocessing of reusable resident medical equipment) and Transmission-Based Precautions (if applicable)?  Yes  No F880

#### 2. Resident Care

- If there is sustained community transmission or case(s) of COVID-19 in the facility, is the facility restricting residents (to the extent possible) to their rooms except for medically necessary purposes? If there is a case in the facility, and residents have to leave their room, are they wearing a facemask, performing hand hygiene, limiting their movement in the facility, and performing social distancing (efforts are made to keep them at least 6 feet away from others). If PPE shortage is an issue, facemasks should be limited to residents diagnosed with or having signs/symptoms of respiratory illness or COVID-19.
- Has the facility cancelled group outings, group activities, and communal dining?

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### COVID-19 Focused Survey for Nursing Homes

- Has the facility isolated residents with known or suspected COVID-19 in a private room (if available), or taken other actions based on national (e.g., CDC), state, or local public health authority recommendations?
- For the resident who develops severe symptoms of illness and requires transfer to a hospital for a higher level of care, did the facility alert emergency medical services and the receiving facility of the resident's diagnosis (suspected or confirmed COVID-19) and precautions to be taken by transferring and receiving staff as well as place a facemask on the resident during transfer (as supply allows)?
- For residents who need to leave the facility for care (e.g., dialysis, etc.), did the facility notify the transportation and receiving health care team of the resident's suspected or confirmed COVID-19 status?
- Does the facility have residents who must leave the facility regularly for medically necessary purposes (e.g., residents receiving hemodialysis and chemotherapy) wear a facemask (if available) whenever they leave their room, including for procedures outside of the facility?

2. Did staff provide appropriate resident care?  Yes  No F880

#### 3. IPCP Standards, Policies and Procedures

- Did the facility establish a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?
- Does the facility's policies or procedures include when to notify local/state public health officials if there are clusters of respiratory illness or cases of COVID-19 that are identified or suspected?
- Concerns must be corroborated as applicable including the review of pertinent policies/procedures as necessary.

3. Does the facility have a facility-wide IPCP including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19?  Yes  No F880

#### 4. Infection Surveillance

- How many residents and staff in the facility have fever, respiratory signs/symptoms, or other signs/symptoms related to COVID-19?
- How many residents and staff have been diagnosed with COVID-19 and when was the first case confirmed?
- How many residents and staff have been tested for COVID-19? What is the protocol for determining when residents and staff should be tested?
- Has the facility established/implemented a surveillance plan, based on a facility assessment, for identifying (i.e., screening), tracking, monitoring and/or reporting of fever (at a minimum, vital signs are taken per shift), respiratory illness, and/or other signs/symptoms of COVID-19 and immediately isolate anyone who is symptomatic?
- Does the plan include early detection, management of a potentially infectious, symptomatic resident that may require laboratory testing and/or Transmission-Based Precautions/PPE (the plan may include tracking this information in an infectious disease log)?

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### COVID-19 Focused Survey for Nursing Homes

- Does the facility have a process for communicating the diagnosis, treatment, and laboratory test results when transferring a resident to an acute care hospital or other healthcare provider, and obtaining pertinent notes such as discharge summary, lab results, current diagnoses, and infection or multidrug-resistant organism colonization status when residents are transferred back from acute care hospitals?
- Can appropriate staff (e.g., nursing and unit managers) identify/describe the communication protocol with local/state public health officials?
- Interview appropriate staff to determine if infection control concerns are identified, reported, and acted upon.

4. Did the facility provide appropriate infection surveillance?  Yes  No F880

#### 5. Visitor Entry

- Review for compliance of:
- Screening processes and criteria (i.e., screening questions and assessment of illness);
  - Restriction criteria; and
  - Signage posted at facility entrances for screening and restrictions as well as a communication plan to alert visitors of new procedures/restrictions.
- For those permitted entry, are they instructed to frequently perform hand hygiene; limit their interactions with others in the facility and surfaces touched; restrict their visit to the resident's room or other location designated by the facility; and offered PPE (e.g., facemask) as supply allows? What is the facility's process for communicating this information?
- For those permitted entry, are they advised to monitor for signs and symptoms of COVID-19 and appropriate actions to take if signs and/or symptoms occur?

5. Did the facility perform appropriate screening, restriction, and education of visitors?  Yes  No F880

#### 6. Education, Monitoring, and Screening of Staff

- Is there evidence the facility has provided education to staff on COVID-19 (e.g., symptoms, how it is transmitted, screening criteria, work exclusions)?
- How does the facility convey updates on COVID-19 to all staff?
- Is the facility screening all staff at the beginning of their shift for fever and signs/symptoms of illness? Is the facility actively taking their temperature and documenting absence of illness (or signs/symptoms of COVID-19 as more information becomes available)?
- If staff develop symptoms at work (as stated above), does the facility:
- Place them in a facemask and have them return home;
  - Inform the facility's infection preventionist and include information on individuals, equipment, and locations the person came in contact with; and

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COVID-19 Focused Survey for Nursing Homes

- Follow current guidance about returning to work (e.g., local health department, CDC: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>).

6. Did the facility provide appropriate education, monitoring, and screening of staff?  Yes  No F880

7. Emergency Preparedness - Staffing in Emergencies

- Policy development: Does the facility have a policy and procedure for ensuring staffing to meet the needs of the residents when needed during an emergency, such as a COVID-19 outbreak?
- Policy implementation: In an emergency, did the facility implement its planned strategy for ensuring staffing to meet the needs of the residents? (N/A if a emergency staff was not needed)

7. Did the facility develop and implement policies and procedures for staffing strategies during an emergency?

Yes  No E0024

*Section 3087 of the 21st Century Cures Act, signed into law in December 2016, added subsection (f) to section 319 of the Public Health Service Act. This new subsection gives the HHS Secretary the authority to waive Paperwork Reduction Act (PRA) (44 USC 3501 et seq.) requirements with respect to voluntary collection of information during a public health emergency (PHE), as declared by the Secretary, or when a disease or disorder is significantly likely to become a public health emergency (SLPHE). Under this new authority, the HHS Secretary may waive PRA requirements for the voluntary collection of information if the Secretary determines that: (1) a PHE exists according to section 319(a) of the PHS Act or determines that a disease or disorder, including a novel and emerging public health threat, is a SLPHE under section 319(f) of the PHS Act; and (2) the PHE/SLPHE, including the specific preparation for and response to it, necessitates a waiver of the PRA requirements. The Office of the Assistant Secretary for Planning and Evaluation (ASPE) has been designated as the office that will coordinate the process for the Secretary to approve or reject each request.*

*The information collection requirements contained in this information collection request have been submitted and approved under a PRA Waiver granted by the Secretary of Health and Human Services. The waiver can be viewed at <https://aspe.hhs.gov/public-health-emergency-declaration-pra-waivers>.*

Link to [QSO-20-20-All \(cms.gov\)](https://www.cms.gov/files/document/qso-20-20-all.pdf):

<https://www.cms.gov/files/document/qso-20-20-allpdf.pdf>

# Appendix 4: Community Program Infection Prevention Assessment Tool for COVID-19 Form DSHS 00-411 (Rev.03-2023)

PROVIDER / FACILITY NAME		LICENSE NUMBER	
LICENSOR'S NAME		DATE(S)	
		<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
 RESIDENTIAL CARE SERVICES (RCS)  
 ADULT FAMILY HOME (AFH) • ASSISTED LIVING FACILITY (ALF) • ENHANCED SERVICES FACILITY (ESF)

**RCS (AFH, ALF, and ESF) Community Program Infection Prevention and Control (IPC) Assessment Pathway**

RCS staff will use the IPC Pathway or tool to evaluate the home's compliance with IPC practices. You are required to submit the Pathway or tool with your working papers. Assess elements through a combination of observations, interviews, and record review throughout the visit.

The IPC Assessment includes a review of CDC / DOH strategies for the prevention and spread of communicable diseases in Long-Term (LTC) settings.

A. Hand hygiene	D. Appropriate resident placement (isolation)	G. Safe injection practices
B. Use of Personal Protective Equipment (PPE)	E. Clean and disinfect care equipment and environment	H. Safe handling of needles and sharps
C. Respiratory hygiene / cough etiquette	F. Safely handle textiles and laundry	

**Definitions**

- "Aerosol Generating Procedures (AGP)" is a procedure performed on residents that is more likely to generate higher concentrations of infectious respiratory aerosols than coughing, sneezing, talking, or breathing. These AGPs potentially put healthcare staff and others at an increased risk for pathogen exposure and infection. Commonly performed AGPs are BiPAP's, C-PAP's, and Nebulizers (unless used with HEPA filter).
- "Cohorting" is defined as grouping of individuals with the same condition in the same location / area. The goal is to minimize interaction of infected individuals.
- "Home / Setting / Community Setting" is defined as any RCS Community LTC setting references (home, facility, or provider).
- "Eye Protection" are goggles or a face shield that covers the front and sides of the face.
- "Resident" is defined as anyone dwelling in an RCS Community setting.
- "Source Control" is defined as the use of well-fitted cloth masks, facemasks, or respirators to cover a person's mouth and nose to prevent the spread of respiratory illnesses. Residents and visitors may wear cloth masks for source control. HCP are not allowed to wear cloth masks for source control. HCP must wear a medical grade procedure mask. Anyone may wear a higher-level mask such as a NIOSH-approved respirator or KN95 mask for source control if desired. Source Control can be used by HCP for an entire shift unless they become soiled, damaged, or hard to breathe through. Once removed for any reason, masks should be discarded.

**Offsite Preparation:**  
 Identify and review National and State IPC standards, rules, and definitions applicable to the setting:

<input type="checkbox"/> <a href="#">Standard Precautions</a>	<input type="checkbox"/> <a href="#">Centers for Disease Control (CDC) Return to Work Guidance for Healthcare Workers</a>	<input type="checkbox"/> <a href="#">Outbreak definition</a>
<input type="checkbox"/> <a href="#">Respiratory Protection Program</a>	<input type="checkbox"/> <a href="#">Washington State Department of Health (DOH) COVID-19 Guidance</a>	<input type="checkbox"/> <a href="#">CDC COVID-19 Guidance</a>

Determine communicable disease outbreak in home:  Yes  No

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PROVIDER / FACILITY NAME		LICENSE NUMBER
LICENSOR'S NAME		DATE(S)
		<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation

PPE / source control plan for on-site visit:     None needed     Source control / eye protection, if indicated     Full PPE with Fit Tested N95 Respirator

COVID-19 specific investigation:  
 Community Transmission Rate High in past two weeks. [COVID Data Tracker](#)

**Upon entrance, identify / observe the following:**

Active or Suspected COVID-19 / communicable disease present in home:     Yes     No

Staff and resident wearing source control:     Yes     No

Any Aerosol Generating Procedures (AGP) (when there is high COVID-19 community transmission):     Yes     No

If yes, who / where: \_\_\_\_\_

Process to ensure everyone is aware of recommended IPC practices in the setting.  
 Process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:

- 1) A positive viral test for SARS-CoV-2;
- 2) Symptoms of COVID-19; or
- 3) Close contact with someone with SARS-CoV-2 infection (for residents and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).

Infection Control Form Instructions			
<ul style="list-style-type: none"> <li>Check Yes, No, or N/A on this Pathway. If No is checked, document findings in the notes section and/or on the IPC Assessment notes form <a href="#">00-412A</a>.</li> </ul>			
Yes	No	N/A	A. Testing, Notification, and Routine IPC Practices during Covid-19 Pandemic
Testing			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access to adequate COVID-19 testing for all residents and staff. <ul style="list-style-type: none"> <li>Working with local and state public health to coordinate testing based on (CDC, DOH, and LHJ) guidance if needed.</li> <li>Capacity for fast turnaround testing and ongoing testing for residents / staff with signs and symptoms or had exposures per State and Federal Guidelines.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outbreak testing of staff and residents will occur when the definition of an outbreak is met. Outbreak is defined as: COVID-19 <ul style="list-style-type: none"> <li>≥ 1 long term care facilities and agencies-acquired COVID-19 infection in a resident</li> <li>≥ 3 suspect, probable, or confirmed COVID-19 cases in HCP with epi-linkage <u>and</u> no other more likely sources of exposure for at least one of the cases</li> </ul> FLU A sudden increase in acute febrile respiratory illness* over the normal background rate (e.g., 2 or more cases of acute respiratory illness occurring within 72 hours of each other) OR

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PROVIDER / FACILITY NAME		LICENSE NUMBER	
LICENSOR'S NAME		DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
		Any resident who tests positive for influenza. * Acute febrile respiratory illness is defined as fever > 100°F AND one or more respiratory symptoms (runny nose, sore throat, laryngitis, or cough). However, please note that elderly patients with influenza may not develop a fever.	
<b>Notification</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communicates information about known or suspected COVID-19 to appropriate personnel (e.g., transport personnel, receiving facility) before transferring them to healthcare facilities.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notifies DOH / LHJ for cases and outbreaks, and CRU for outbreaks. Facilities are <u>asked (but not required)</u> to notify CRU when COVID-19 is suspected or confirmed for residents or healthcare personnel.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notifies residents, resident representatives, and other appropriate contacts of known or suspected outbreaks or exposure.
<b>Routine IPC Practices during COVID-19 Pandemic</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <b>Return to Work Guidance.</b> The definitions of higher-risk exposure and recommendations for evaluation and work restriction of these HCP are in the Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2. <input type="checkbox"/> <b>Self-Screening and Monitoring.</b> Instructs HCP (including consultant personnel) to regularly monitor themselves for fever and symptoms of respiratory infection, as a part of routine practice. <input type="checkbox"/> <b>Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses.</b> Offers HCP, residents, and visitors resources and counsel about the importance of receiving the COVID-19 vaccine. Encourages everyone to remain <u>up to date</u> with all recommended COVID-19 vaccine doses. <input type="checkbox"/> <b>Source Control</b> is worn by everyone in a facility, even if they do not have symptoms of COVID-19 per <a href="#">Secretary of Health Order 20-03 Statewide Face Coverings.pdf (wa.gov)</a> . <input type="checkbox"/> <b>Eye Protection</b> is worn by HCP for all resident care encounters when Community Transmission Levels are high. <input type="checkbox"/> <b>Established Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection:</b> <ul style="list-style-type: none"> <li>• Ensure everyone is aware of recommended IPC practices in the facility           <ul style="list-style-type: none"> <li>◦ Post visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., common areas). These alerts should include instructions about current IPC recommendations (e.g., when to use source control and perform hand hygiene). Dating these alerts can let help ensure people know that they reflect current recommendations.</li> </ul> </li> </ul> <input type="checkbox"/> <b>Established process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:</b> <ol style="list-style-type: none"> <li>1) A positive viral test for SARS-CoV-2;</li> <li>2) Symptoms or COVID-19; or</li> <li>3) Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for HCP).           <ul style="list-style-type: none"> <li>• For example:</li> </ul> </li> </ol>

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PROVIDER / FACILITY NAME			LICENSE NUMBER
LICENSOR'S NAME		DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
			<ul style="list-style-type: none"> <li>o Instruct HCP to report any of the three above criteria to occupational health or another point of contact designated by the facility so these HCP can be properly managed</li> <li>o Provide guidance (e.g., posted signs at entrance, instructions when scheduling appointments) about recommended actions for patients and visitors who have any of the above three criteria.</li> </ul>
NOTES			
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>B. Visitation and New Admissions</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides accommodations to allow visitations for all residents regardless of vaccinations status. <ul style="list-style-type: none"> <li><input type="checkbox"/> Follows Local Health Jurisdiction (LHJ) guidance if stricter visitation guidance during outbreak.</li> <li><input type="checkbox"/> If visiting a COVID-19 positive resident, provides materials to visitors to educate on the risk of visiting a COVID-19 unit offer them PPE, and provide basic instruction on use.</li> <li><input type="checkbox"/> Educate visitors to adhere to core principles of infection control including masking and maintaining six feet of physical distance when physical distancing is feasible and will not interfere with provision of care.</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides immediate access to Ombuds or Resident Rights Advocates.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Adheres to visitation guidance during an outbreak refer to <a href="#">DOH Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings</a> . <ul style="list-style-type: none"> <li><input type="checkbox"/> Shares visitor guidance for those with COVID-19 infection</li> <li><input type="checkbox"/> Visitors who are not moderately to severely immunocompromised and have recently had mild to moderate SARS-CoV-2 infection do not visit until:             <ul style="list-style-type: none"> <li>o Symptoms improve with no fever in the last 24 hours and no fever reducing medication AND</li> <li>o 10 days from onset of symptoms or positive test if asymptomatic OR</li> <li>o Seven (7) days from onset of symptoms with a negative SARS-CoV-2 antigen test collected within 48 hours.</li> </ul> </li> <li><input type="checkbox"/> Visitors who have had close contact (defined as within six feet for 15 cumulative minutes in 24 hours) should not visit until:             <ul style="list-style-type: none"> <li>o 10 days from last date of close contact OR</li> <li>o Seven (7) days from last date of close contact with a negative SARS-CoV-2 antigen or Nucleic Acid Amplification test (NAAT) tests, such as a Polymerase Chain Reaction (PCR) tests, collected on exposure Day 1 (but not within 24 hours from exposure), 3, and 5.</li> </ul> </li> </ul> Providers do not need to verify visitor vaccination status, test status, severity of disease, or immunological status.

PROVIDER / FACILITY NAME			LICENSE NUMBER
LICENSOR'S NAME		DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
NOTES			
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>C. IPC Supplies: Personal Protection Equipment (PPE), Cleaning, and Hand Hygiene Supplies and Use</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ask the provider how they determine there are adequate: <ul style="list-style-type: none"> <li><input type="checkbox"/> PPE supplies in each home for residents, staff, and visitors</li> <li><input type="checkbox"/> EPA registered disinfectants for frequent cleaning of high-touch surfaces, shared resident care equipment /areas, and after visitation</li> <li><input type="checkbox"/> Alcohol-based hand rub and appropriate hand hygiene products available for residents, staff, and visitors.</li> <li><input type="checkbox"/> Tissues and waste receptacles for respiratory etiquette</li> <li><input type="checkbox"/> Staff are following training related to hand hygiene, cough etiquette, PPE use, laundry, safe sharps, and injection practice</li> </ul>
NOTES			
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>D. Infection Control Standards, Policies, and Procedures</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe staff are following standard precautions: <ul style="list-style-type: none"> <li><input type="checkbox"/> Proper hand hygiene - technique, timing before and after care, availability of alcohol-based hand rub (AHBR) or sink with soap and water</li> <li><input type="checkbox"/> Appropriate staff use of PPE, including donning and doffing</li> <li><input type="checkbox"/> Respiratory hygiene / cough etiquette (availability of tissues, trash, covering cough &amp; sneezes)</li> <li><input type="checkbox"/> Resident placement (isolation) if needed</li> <li><input type="checkbox"/> Cleaning and disinfecting care equipment and environment (technique, timing &amp; product use)</li> <li><input type="checkbox"/> Safe laundry and textile handling</li> <li><input type="checkbox"/> Safe injection practice</li> <li><input type="checkbox"/> Sharps safety</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff are following COVID-19 Guidance: face covering or masks (covering mouth and nose), use of eye protection when required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If COVID-19 is suspected, a NIOSH approved N95 or higher-level respirator is used along with gown gloves, face shield or goggles. <ul style="list-style-type: none"> <li>• If a NIOSH approved N95 is not available, the setting shows an effort to obtain PPE.</li> </ul>

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PROVIDER / FACILITY NAME		LICENSE NUMBER
LICENSOR'S NAME		DATE(S)
		<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Review:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Written Infection Control policies (ALF, ESF), and procedures (AFH) to prevent the spread of infection.</b> <ul style="list-style-type: none"> <li>• Standard Precautions (See List Under Observations)</li> <li>• Transmission-based precautions</li> <li>• Reference to National, state and/or local standards</li> <li>• Outbreak management: <ul style="list-style-type: none"> <li>◦ Steps to take for infectious disease outbreak including reporting, cohorting, isolation, use of PPE</li> <li>◦ How IPC information / plan will be shared with residents, staff, visitors</li> </ul> </li> </ul> </li> <li><input type="checkbox"/> <b>Respiratory Protection Program per Chapter 296-842, Respirators (fit tested N95 respirators, training, and medical clearance to wear an N95 respirator).</b></li> <li><input type="checkbox"/> <b>Sick Leave Policies.</b> <ul style="list-style-type: none"> <li>• The facility has a process to manage HCP with fever and symptoms of COVID-19 and other respiratory infections.</li> <li>• The facility has sick leave policies that are non-punitive, flexible, and consistent with public health policies that allow ill HCP to stay home.</li> </ul> </li> <li><input type="checkbox"/> <b>Contingency Staffing Plan identifies the minimum staffing needs and prioritizes critical and non-essential services based on residents' health status, functional limitations, disabilities, and essential facility operations. The staffing plan includes strategies for collaborating with local and regional planning and response groups to address widespread healthcare staffing shortages during a crisis.</b></li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Provides education and training about the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COVID-19 symptoms and prevention</li> <li><input type="checkbox"/> Standard precautions including hand hygiene, use of PPE, respiratory hygiene / cough etiquette, isolation, cleaning and disinfecting care equipment and environment, safe handling of laundry and sharps, safe injection practice.</li> <li><input type="checkbox"/> Transmission-based precautions, when and how to use and dispose of PPE.</li> <li><input type="checkbox"/> IPC policy and recommended IPC practices in the facility.</li> <li><input type="checkbox"/> Sick leave policies and importance of not reporting or remaining at work when ill.</li> <li><input type="checkbox"/> What to do in an emergency related to IPC, including how to respond to an outbreak of contagious infectious disease</li> </ul>
<input type="checkbox"/>	<input type="checkbox"/>	Follows DOH guidance to prevent transmission during AGPs and other uncontrolled respiratory secretions.
NOTES		

PROVIDER / FACILITY NAME		LICENSE NUMBER	
LICENSOR'S NAME		DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>E. Group Activities and Communal Dining</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Group Activities and Communal Dining occurs when:</p> <input type="checkbox"/> Residents will not participate in group activities until they have discontinued Transmission-Based Precautions for SARS-CoV-2 illness. <input type="checkbox"/> All participants are encouraged to wear source control and practice social distancing.
NOTES			
<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>F. Cohorting and Dedicated Staff</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Displays effective cohorting of residents, if possible.</p> <ul style="list-style-type: none"> <li>Collaborates with DOH or the LHJ to conduct an outbreak investigation.</li> <li>Dedicates a space for isolation and/or cohorting and managing care for residents with COVID-19 or if unable to cohort residents has a plan to mitigate risk or spreading infection in the home.</li> </ul>
NOTES			
<b>Other Requirements to Consider</b>			
<ul style="list-style-type: none"> <li>Reporting to CRU requirements (Refer to the Program specific guidebook).</li> <li>Refer to the Infection Prevention and Control Assessment Standard Operating Procedures.</li> <li>Reference the RCS Field Staff Guidance.</li> <li>Follow LHJ Guidance during any disease outbreak.</li> </ul>			
<b>Compliance Decision</b>			
		<b>Regulatory Requirement</b>	<b>N/A</b> <b>Met</b> <b>Not Met</b>
AFH		<a href="#">WAC 388-76-10255 Infection control</a> . The adult family home must develop and implement an infection control system that: (1) Uses nationally recognized infection control standards.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<a href="#">WAC 388-76-10400 Care and services</a> . (3) The care and services in a manner and in an environment that: (b) Actively supports the safety of each resident.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ALF		<a href="#">WAC 388-78A-2610 Infection control</a> . (1) The assisted living facility must institute appropriate infection control practices in the assisted living facility to prevent and limit the spread of infections. (2) The assisted living facility must: (e) Perform all housekeeping, cleaning, laundry, and management of infectious waste according to current acceptable standards for infection control.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PROVIDER / FACILITY NAME		LICENSE NUMBER	
LICENSOR'S NAME		DATE(S)	<input type="checkbox"/> Inspection / Evaluation <input type="checkbox"/> Complaint Investigation
ESF	<a href="#">WAC 388-107-0440 Infection control system</a> . (1) The enhanced services facility must: (a) Establish and maintain an effective infection control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Resource Links</b>			
<ul style="list-style-type: none"> <li>• <a href="#">Washington State Local Health Departments and Districts</a></li> <li>• <a href="#">ALISA Provider / Administrator Letters</a></li> <li>• <a href="#">Outbreak Definition COVID-19 Outbreak-Definition.pdf (cste.org)</a> <ul style="list-style-type: none"> <li>o <a href="#">FLU Outbreak definition</a> <ul style="list-style-type: none"> <li>▪ <a href="#">COVID-19 Guidance Documents</a></li> <li>▪ <a href="#">CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic</a></li> <li>▪ <a href="#">DOH Interim Recommendations for SARS-CoV-2 Infection Prevention and Control in Healthcare Settings</a></li> <li>▪ <a href="#">Secretary of Health Order 20-03 Statewide Face Coverings.pdf (wa.gov)</a></li> <li>▪ <a href="#">CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2</a></li> </ul> </li> </ul> </li> </ul>			

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Link to [RCS CCRSS Infection Prevention and Control Assessment \(IPC\) Pathway](https://manuals.dshs.wa.gov/sites/default/files/forms/pdf/00-410.pdf): <https://manuals.dshs.wa.gov/sites/default/files/forms/pdf/00-410.pdf>

## Appendix 5: Long-Term Care Worker Training and Home Care Aide (HCA) Certification Data

This appendix provides data on training and HCA certification rates using data provided by the Training Partnership, the Department of Health (DOH) and ProMetric (the HCA testing contractor with DOH). This includes Training and HCA application and testing data at “points in time” before the pandemic allowances, as well as at several “snapshots” in time; during and after the Covid-19 waivers of training deadlines. It includes Basic Training (BT) “Completed,” “In Progress” and “Not Started” data as well as HCA application and testing data. These numbers were used to inform the decision(s) to create the initial (and subsequent) versions of emergency rules further extending training deadlines. Due to the backlogs as shown, these rule changes were necessary to allow providers more time to get properly trained and remain eligible to serve long-term care clients. The data also shows the subsequent progress and compliance rates at each point in time.

Historic completion rates (prior to the pandemic, Governor’s proclamations, and waivers to training for the four Basic Training categories are used below.

The data for the table below were pulled from the Training Partnership (SEIU Benefits Group) database as of March 25, 2023.<sup>35</sup>

<b>Pre-Pandemic Training Completion Rate</b>	
<b>Basic Training (BT)</b>	<b>Pre-Pandemic Average Completion by Deadline</b>
BT 7 Hours	86%
BT 30 Hours	84%
BT 70 Hours	62%
BT 9 Hours	85%

The following data were provided by the Training Partnership on September 12, 2022 for Basic Training completions through August 31, 2022. (There was no emergency rule extension for hire dates October 28, 2020, through December 31, 2022.)

<sup>35</sup>Active or terminated status is based on information provided by the employers and represents employment status at the time the data was pulled. “Deadline passed” means the deadline already passed by the time the data was pulled. Rehire dates were provided by the Consumer Directed Employer of Washington at the end of December 2022.



Basic Training Completion for Individual Providers Only							
Basic Training 7 Hours	Completed		In Progress		Has Not Started		Totals
Cohort 1	75%	482	8%	50	18%	114	646
Cohort 2	56%	156	8%	22	36%	99	277
Cohort 3	40%	167	8%	32	52%	214	413
Cohort 4	1%	1	1%	1	86%	202	234
Cohort 5	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	<b>57%</b>	<b>806</b>	<b>7%</b>	<b>105</b>	<b>36%</b>	<b>508</b>	<b>1,419</b>

Basic Training Completion by Individual Providers Only							
Basic Training 30 Hours	Completed		In Progress		Has Not Started		Totals
Cohort 1	44%	800	48%	866	8%	154	1,820
Cohort 2	11%	115	33%	349	56%	588	1,052
Cohort 3	10%	202	2%	44	87%	1,696	1,942
Cohort 4	0%	0	0%	0	100%	745	748
Cohort 5	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	<b>20%</b>	<b>1,117</b>	<b>23%</b>	<b>1262</b>	<b>57%</b>	<b>3,183</b>	<b>5,562</b>

Basic Training Completion by Individual Providers Only							
Basic Training 70 Hours	Completed		In Progress		Has Not Started		Totals
Cohort 1	66%	3,158	13%	611	21%	1,017	4,786
Cohort 2	41%	943	17%	383	42%	955	2,281
Cohort 3	24%	990	12%	511	64%	2,626	4,127
Cohort 4	3%	34	3%	35	95%	1,274	1,343
Cohort 5	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	<b>41%</b>	<b>5,125</b>	<b>12%</b>	<b>1540</b>	<b>47%</b>	<b>5,872</b>	<b>12,537</b>

The following data were provided by the Training Partnership for January 6, 2023 for completions through January 3, 2023. The earlier deadline for Cohort 1 had been moved to align with Cohort 2. Those providers were allowed additional time to complete training. Hire dates October 28, 2022 through December 31, 2022 were added as a Cohort 4. Subsequent

cohorts can't be looked at as "apples to apples" as date ranges changed as the available data required.

<b>Basic Training Completion by Individual Providers Only</b>							
<b>Basic Training 7 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	94%	547	3%	17	3%	17	581
<b>Cohort 2</b>	76%	192	4%	11	19%	49	252
<b>Cohort 3</b>	42%	190	33%	33	51%	229	452
<b>Cohort 4</b>	9%	29	1%	4	90%	294	327
<b>Cohort 5</b>	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	59%	958	4%	65	37%	589	1,612

<b>Basic Training Completion by Individual Providers Only</b>							
<b>Basic Training 30 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	76%	1,285	20%	331	4%	74	1,690
<b>Cohort 2</b>	38%	342	22%	196	40%	352	890
<b>Cohort 3</b>	22%	416	2%	38	75%	1,397	1,851
<b>Cohort 4</b>	8%	154	1%	18	91%	1,707	1,879
<b>Cohort 5</b>	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	35%	2,197	9%	583	56%	3,530	6,310

<b>Basic Training Completion by Individual Providers and Agency Providers</b>							
<b>Basic Training 70 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	75%	3,194	10%	407	4%	74	4,245
<b>Cohort 2</b>	50%	1,071	16%	351	34%	721	2,143
<b>Cohort 3</b>	32%	1,307	14%	566	55%	2,253	4,126
<b>Cohort 4</b>	9%	328	6%	221	85%	3,101	3,650
<b>Cohort 5</b>	NA	NA	NA	NA	NA	NA	NA
<b>Total</b>	42%	5,900	11%	1,545	47%	6,719	14,164

The following data were provided by the Training Partnership on March 24, 2023 for completions through March 21, 2023. The cohorts have again been modified to break out certain dates to allow more time for later hires

to complete training. At the time of the writing of this report there were 5 cohorts.

<b>Basic Training 7 Hours Individual Providers Only</b>							
<b>Basic Training 7 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	97%	561	1%	6	2%	12	579
<b>Cohort 2</b>	87%	240	3%	9	10%	28	277
<b>Cohort 3</b>	61%	312	33%	40	31%	158	510
<b>Cohort 4</b>	13%	30	1%	2	86%	202	234
<b>Cohort 5</b>	9%	9	5%	5	86%	85	99
<b>Total</b>	<b>68%</b>	<b>1,152</b>	<b>4%</b>	<b>62</b>	<b>29%</b>	<b>485</b>	<b>1,699</b>

<b>Basic Training 30 Hours Individual Providers Only</b>							
<b>Basic Training 30 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	90%	1,521	7%	122	2%	42	1,685
<b>Cohort 2</b>	68%	717	8%	86	24%	247	1,050
<b>Cohort 3</b>	41%	8,779	1%	30	57%	1,216	2,125
<b>Cohort 4</b>	14%	163	1%	7	85%	1,002	1,172
<b>Cohort 5</b>	16%	109	2%	16	81%	541	666
<b>Total</b>	<b>51%</b>	<b>3,389</b>	<b>4%</b>	<b>261</b>	<b>46%</b>	<b>3,048</b>	<b>6,698</b>

<b>Basic Training 70 Hours Individual Providers and Agency Providers</b>							
<b>Basic Training 70 Hours</b>	<b>Completed</b>		<b>In Progress</b>		<b>Has Not Started</b>		<b>Totals</b>
<b>Cohort 1</b>	78%	2,941	8%	286	15%	554	3,781
<b>Cohort 2</b>	55%	1,117	14%	277	31%	622	2,016
<b>Cohort 3</b>	38%	1,758	16%	755	46%	2,167	4,680
<b>Cohort 4</b>	19%	601	11%	340	70%	2,238	3,179
<b>Cohort 5</b>	17%	322	10%	196	73%	1,430	1,948
<b>Total</b>	<b>43%</b>	<b>6,739</b>	<b>12%</b>	<b>1,854</b>	<b>45%</b>	<b>7,011</b>	<b>15,604</b>

The following tables provide data for providers who were active at the time the data were collected.

<b>Basic Training 7 Hours</b>				
<b>Cohort</b>	<b>Completed by Deadline</b>		<b>Not by Deadline</b>	
Prior to Pandemic (deadline passed)	322	93%	23	7%
Cohort 1 (deadline passed)	555	94%	36	6%
Cohort 2	240	87%	37	13%
Cohort 3	312	61%	198	39%
Cohort 4	30	13%	204	87%
Cohort 5	9	9%	90	91%
2023 New Hire	0	0%	99	100%

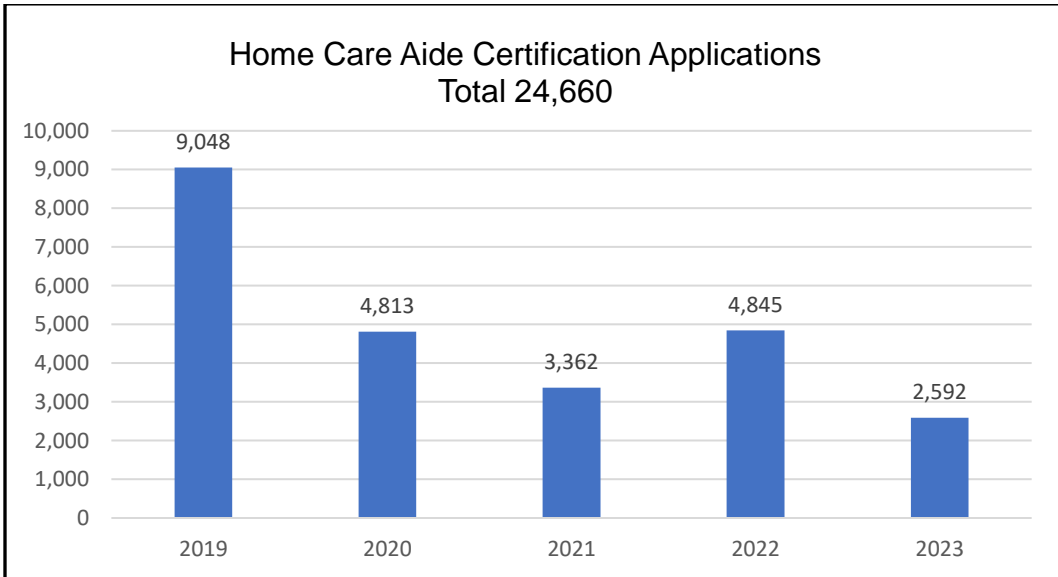
<b>Basic Training 9 Hours</b>				
<b>Cohort</b>	<b>Completed by Deadline</b>		<b>Not by Deadline</b>	
Prior to Pandemic (deadline passed)	76	84%	15	16%
Cohort 1 (deadline passed)	63	88%	9	13%
Cohort 2	11	52%	10	48%
Cohort 3	13	28%	34	72%
Cohort 4	0	0%	11	100%
Cohort 5	72	77%	22	23%
2023 New Hire	1	33%	2	67%

<b>Basic Training 30 Hours</b>				
<b>Cohort</b>	<b>Completed by Deadline</b>		<b>Not by Deadline</b>	
Prior to Pandemic (deadline passed)	834	87%	130	13%
Cohort 1 (deadline passed)	1,470	86%	232	14%
Cohort 2 ( )	722	69%	329	31%
Cohort 3	902	42%	1,231	58%
Cohort 4	167	14%	1,004	86%
Cohort 5	109	16%	558	84%
2023 New Hire	40	8%	442	92%

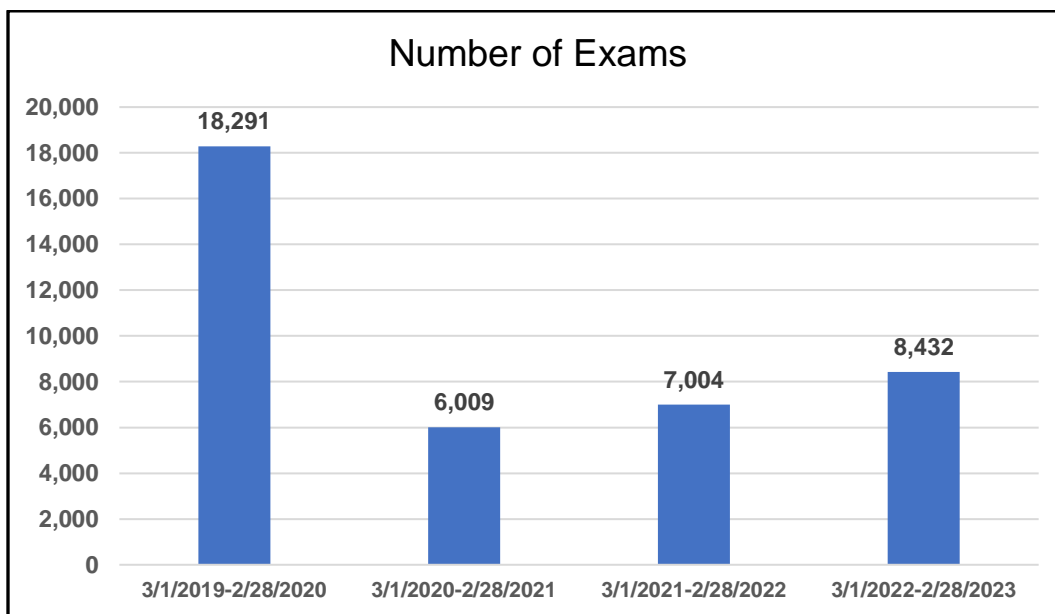
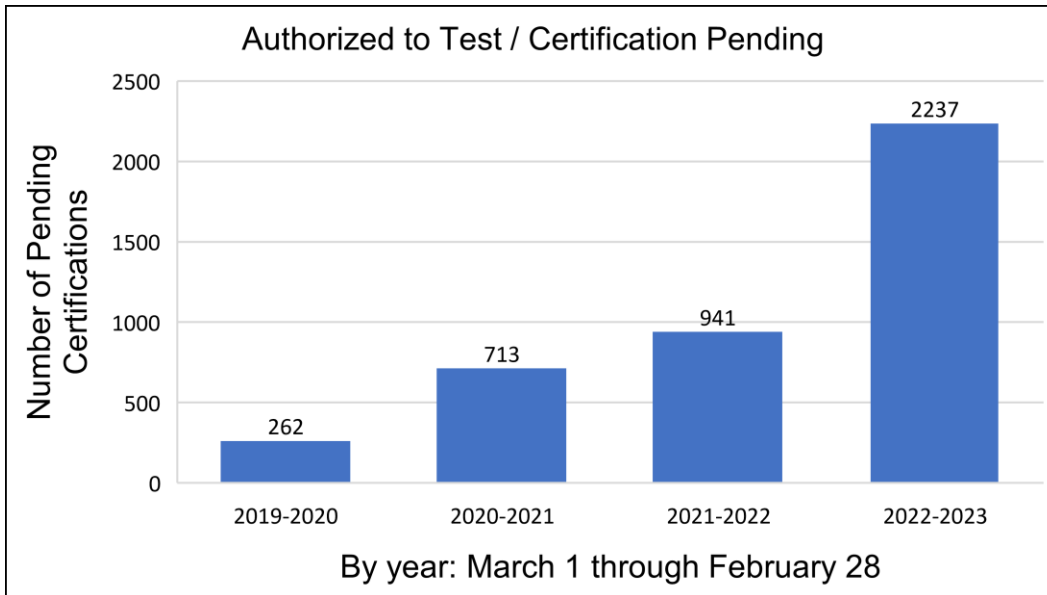
<b>Basic Training 70 Hours</b>				
<b>Cohort</b>	<b>Completed by Deadline</b>		<b>Not by Deadline</b>	
Prior to Pandemic (deadline passed)	1,852	85%	337	15%
Cohort 1 (deadline passed)	3,000	77%	912	23%
Cohort 2	1,332	50%	1,313	50%
Cohort 3	1,997	39%	3,164	61%
Cohort 4	601	19%	2,614	81%
Cohort 5	324	16%	1,641	84%
2023 New Hire	5	0%	1,190	100%

The following data was provided by DOH on May 24, 2023, related to certification for home care aides.<sup>36</sup> The “Tests Taken” data was provided to DOH by ProMetric (the testing contractor). The data for 2023 are through May 23, 2023. By simple extrapolation, by the end of 2023 that number should approach or exceed 7,000 applications.

<b>Home Care Aide Certification Applications by Year</b>	
<b>Year</b>	<b>Total</b>
2019	9,048
2020	4,813
2021	3,362
2022	4,845
2023	2,592
<b>Grand Total</b>	<b>24,660</b>



<sup>36</sup> Data provided by: Melissa G Green, Executive Director, Operations Office of Health Professions, Washington State Department of Health  
 Current Authorized for Exam and Certification Pending. Data Sources: ILRS Reports (date of reports 3/15 and 3/16/2023) from DOH.



During the pandemic, the department and DOH worked closely together to implement emergency rules to meet the changed environment of Long-term care workers. The emergency rules provided increases in time allowed to complete training, take the home care aide exam, and become certified. With the ending of the pandemic, the department and DOH have worked to transition through the department's cohort training groups completing their training as well as increasing the opportunities to test. DOH has added two new test sites in Vancouver. Data shows certification exam rates are climbing from a drastic drop in 2020.

## Appendix 6: Statement from Washington Home Care Coalition

“The Washington Home Care Coalition truly appreciates the training extensions provided by legislative action and managed by DSHS/ALTSA and DOH during this unprecedented disruption in “normal” business operations during the COVID-19 pandemic emergency. Without the benefit of this rule making and practical application of the training extension by our state agencies, home care agency providers would have lost most if not all our caregivers, provided vastly less care to the vulnerable clients that we serve in their own homes, and would essentially be starting over after the public emergency. The flexibility provided and implemented on behalf of our caregivers kept clients served and safe, kept our caregivers employed and providing for their families, and kept our businesses open during this incredibly difficult time.”

**Eric Erickson, Executive Director**  
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