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**SUBSTITUTE HOUSE BILL 1784**

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**State of Washington**

**64th Legislature**

**2015 Regular Session**

**By** House Health Care & Wellness (originally sponsored by Representatives Tharinger, Cody, Van De Wege, Riccelli, Jinkins, and Moeller)

READ FIRST TIME 02/20/15.

1 AN ACT Relating to promoting quality in nursing homes; amending  
2 RCW 74.42.360; adding a new section to chapter 74.46 RCW; creating a  
3 new section; and prescribing penalties.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** The legislature finds that Washington's  
6 nursing facilities provide important long-term care services for tens  
7 of thousands of seniors. However, according to recent reports by AARP  
8 and the SCAN foundation, Washington state ranks poorly compared to  
9 other states in nursing home quality and certified nursing assistant  
10 turnover measures. Washington is one of only a few states without  
11 minimum certified nursing assistant direct care staffing  
12 requirements. These minimum staffing requirements have linked to  
13 improved quality care for residents. With the age wave dramatically  
14 increasing the number of seniors needing long-term services and  
15 supports, it is the intent of the legislature to put in place  
16 policies that promote high quality care and reductions in direct care  
17 staff turnover in our state's licensed nursing facilities.

18 **Sec. 2.** RCW 74.42.360 and 1979 ex.s. c 211 s 36 are each amended  
19 to read as follows:

1       (1) The facility shall have staff on duty twenty-four hours daily  
2 sufficient in number and qualifications to carry out the provisions  
3 of RCW 74.42.010 through 74.42.570 and the policies,  
4 responsibilities, and programs of the facility.

5       (2) Large nonessential community providers must have a registered  
6 nurse on duty directly supervising resident care twenty-four hours  
7 per day, seven days per week.

8       (3) Essential community providers and small nonessential  
9 community providers must have a registered nurse on duty directly  
10 supervising resident care a minimum of sixteen hours per day, seven  
11 days per week, and a registered nurse or a licensed practical nurse  
12 on duty directly supervising resident care the remaining eight hours  
13 per day, seven days per week.

14       (4)(a) By January 1, 2017, each facility must have adequate staff  
15 on duty to provide a minimum average daily level of 2.4 hours of  
16 direct care per resident per day, as adjusted by an acuity factor  
17 determined by the department. At least a minimum daily average of 0.7  
18 hours per resident per day must be provided by a registered nurse or  
19 licensed practical nurse, as adjusted by an acuity factor by the  
20 department.

21       (b) By January 1, 2018, each facility must have adequate staff on  
22 duty to provide a minimum average daily level of 3.3 hours of direct  
23 care per resident per day, as adjusted by an acuity factor determined  
24 by the department. At least a minimum average daily level of 1.0 hour  
25 per resident per day must be provided by a registered nurse or  
26 licensed practical nurse, as adjusted by an acuity factor determined  
27 by the department.

28       (c) By January 1, 2019, each facility must have adequate staff on  
29 duty to provide a minimum average daily level of 3.6 hours of direct  
30 care per resident per day, as adjusted by an acuity factor determined  
31 by the department. At least a minimum average daily level of 1.1  
32 hours per resident per day must be provided by a registered nurse or  
33 licensed practical nurse, as adjusted by an acuity factor determined  
34 by the department.

35       (5) The department shall require facilities to submit quarterly  
36 reports to the department that include the daily staffing ratio,  
37 calculated by the daily total of direct care and registered nurse  
38 staff hours worked according to the facility's payroll and time sheet  
39 data, divided by the facility's daily resident census number. The  
40 department shall develop an automated system for collecting

1 information, including payroll records for relevant pay periods. The  
2 department shall also adopt procedures to assure consistency in  
3 reporting standards.

4 (6) In accordance with the department's authority under RCW  
5 18.51.065:

6 (a) If the department determines that a facility has failed to  
7 comply with the standards established under subsection (4) of this  
8 section, the department may cite the facility for deficiencies and  
9 assess a penalty of up to ten thousand dollars for each month that  
10 the facility failed to comply, including five percent interest;

11 (b) If the department determines that a facility has failed to  
12 comply with the standards established under subsection (4) of this  
13 section for more than twenty percent of the shifts in a month, the  
14 department may cite the facility for deficiencies, assess a penalty  
15 of up to fifteen thousand dollars for each month that the facility  
16 failed to comply, including five percent interest, and place  
17 restrictions on the admission of new residents.

18 (7) When conducting an investigation under subsection (6) of this  
19 section, if the department determines that any residents or employees  
20 experienced negative outcomes that were caused by the failure to  
21 comply with the standards established under subsection (4) of this  
22 section, the department may cite the facility for deficiencies and  
23 assess a penalty of up to twenty thousand dollars, including five  
24 percent interest, per event. These penalties are in addition to any  
25 penalties assessed under subsection (6) of this section.

26 (8) The department shall assess cost report data for quality  
27 indicators in facilities with low staffing levels. The quality  
28 indicators shall include: Prevalence of falls, prevalence of stage  
29 one through four pressure ulcers, high rates of antipsychotic use in  
30 the absence of psychotic and related conditions, medication error  
31 rates of five percent or higher, incidence of decline in late loss of  
32 activities of daily living, direct care staff injuries while handling  
33 patients, and staff turnover rates above forty percent annually.

34 (9) The department shall adopt rules to structure the staffing  
35 requirements under subsection (4) of this section to allow for  
36 compliance as calculated on a per shift basis. The rules must include  
37 specific minimum staffing levels at different acuity levels.

38 (10) The provisions of this section do not apply to residential  
39 habilitation facilities operated by the department.

1        NEW SECTION.    **Sec. 3.**    A new section is added to chapter 74.46  
2    RCW to read as follows:

3        (1)    The department shall develop a payment methodology to  
4    incorporate outcome-based measures into nursing home rates. The  
5    payment methodology must designate up to ten percent of the rate paid  
6    to nursing homes to be based upon achieving quality indicators, such  
7    as reducing bed sores, reducing resident falls, reducing medication  
8    errors, reducing the frequency of unnecessary calls to 911, reducing  
9    worker injuries, reducing worker turnover, increasing resident and  
10   family satisfaction, and other measures identified by the stakeholder  
11   group established in subsection (2) of this section.

12        (2)    When determining the quality indicators, the department shall  
13   consult advice regarding appropriate standards from stakeholders  
14   including advocates for residents, workers, and care providers.

15        (3)    The provisions of this section do not apply to residential  
16   habilitation facilities operated by the department.

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