
SUBSTITUTE SENATE BILL 5337

State of Washington

69th Legislature

2025 Regular Session

By Senate Health & Long-Term Care (originally sponsored by Senators Orwall, Frame, Hasegawa, Lovick, and Nobles)

READ FIRST TIME 02/14/25.

1 AN ACT Relating to improving dementia care in Washington by
2 creating a certification for memory care services; amending RCW
3 18.20.020, 18.20.190, 18.20.300, 18.20.320, and 18.20.525; adding new
4 sections to chapter 18.20 RCW; creating a new section; and providing
5 an expiration date.

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

7 NEW SECTION. **Sec. 1.** (1) The legislature finds that:

8 (a) "Memory care" is not well-defined and has no standard
9 definition in Washington. Memory care, however, is commonly
10 understood to be a form of specialized care for people living with
11 progressive memory loss or dementia. The term is most often applied
12 to assisted living communities or other residential settings that
13 offer specialized services and a specially designed environment that
14 accommodates the needs of this population;

15 (b) A growing number of assisted living facilities use memory
16 care in their names or their service descriptions and advertise
17 themselves as providing memory care, Alzheimer's care, or dementia
18 care. An informal study performed by the dementia action
19 collaborative in 2021 found that there are approximately 237 assisted
20 living facilities in Washington that advertise themselves as offering
21 memory care or specialized dementia care, and that exact terminology

1 and related available services varied. The use of the term "memory
2 care" may mean that the whole building is devoted to the care of
3 people living with dementia or that they offer a special unit or wing
4 devoted solely to memory care; and

5 (c) The lack of a standard definition for memory care has
6 resulted in differing physical environments and services from one
7 facility to another. This situation makes it difficult for consumers
8 and family members who are seeking or receiving care to understand
9 the services and staffing currently offered and that can be expected
10 as needs change over time.

11 (2) The legislature intends to create a memory care facility
12 certification for licensed assisted living facilities, managed by the
13 department of social and health services, to create a more
14 standardized definition of memory care in Washington and help
15 consumers make informed choices about receiving memory care services
16 in assisted living facilities.

17 NEW SECTION. **Sec. 2.** A new section is added to chapter 18.20
18 RCW to read as follows:

19 (1) After July 1, 2026, a person may not operate or maintain a
20 memory care facility or memory care unit within this state without
21 becoming certified under this section.

22 (2) To become certified by the department as a memory care
23 facility or memory care unit, a licensed assisted living facility
24 must:

25 (a) Have a valid, current license to operate the assisted living
26 facility, as required under RCW 18.20.030;

27 (b) Not have a pattern of any of the following uncorrected or
28 recurring significant enforcement actions prior to the date of
29 application:

30 (i) Citations issued in areas related to resident harm or serious
31 risk of harm, or actions or inactions resulting in serious disregard
32 for resident health, safety, or deterioration of quality of care; or

33 (ii) Civil fines based on the department's determination of
34 moderate or serious severity;

35 (c) Not have a stop placement, or any conditions on a license
36 related to resident care or any license revocation or summary
37 suspension actions prior to the date of application;

1 (d) Have permanent infrastructure that considers the specialized
2 needs of residents with dementia including elements intended to
3 prevent elopement;

4 (e) Have a staffing plan that provides staff levels in the memory
5 care unit that is adequate to respond to the assessed sleeping and
6 waking patterns and needs of residents, including awake staff 24
7 hours per day at a level that is adequate to respond to the needs of
8 residents. This shall include:

9 (i) If residents are in separate buildings or cottages, at least
10 one awake staff must be physically present in each building or
11 cottage;

12 (ii) Maintaining staffing levels adequate to routinely provide
13 assistance with eating, drinking, and cueing of eating and drinking,
14 and occasionally provide all necessary physical assistance with
15 eating for residents who require feeding assistance, including
16 cutting up food into appropriate-sized pieces and helping the
17 resident get food and liquid into their mouth. Nothing in this
18 subsection (2)(e)(ii) shall be construed as requiring a memory care
19 facility or memory care unit to provide total feeding assistance for
20 an extended or indefinite period. Memory care facilities or memory
21 care units are not required to provide or maintain feeding tubes or
22 intravenous nutrition;

23 (f) Provide a physical building structure that has access
24 sufficient to meet programming and daily activities as specified in
25 subsection (3) of this section; and

26 (g) Have developed policies and procedures to:

27 (i) Plan for and respond appropriately to memory care facility or
28 memory care unit residents who may wander;

29 (ii) Outline actions to be taken when a memory care resident is
30 missing; and

31 (iii) Outline how consultative resources for residents will be
32 obtained when needed for addressing resident behavioral challenges,
33 outline the professional or professionals who will provide the
34 consultation, and specify when and how the consultation will be
35 utilized. Relevant professionals include, but are not limited to,
36 clinical psychologists, psychiatrists, psychiatric nurse
37 practitioners, and other specialists who are familiar with the care
38 of persons with dementia.

1 (3) To maintain certification by the department as a memory care
2 facility or memory care unit, a licensed assisted living facility
3 shall:

4 (a) Comply with the plans and requirements outlined in subsection
5 (2) of this section;

6 (b) Complete a full assessment of each resident receiving
7 specialized care in the memory care facility or memory care unit, on
8 a semiannual basis at a minimum, that considers the needs of
9 residents with dementia;

10 (c) Ensure that each long-term care worker who works directly
11 with memory care residents has at least six hours of continuing
12 education per year related to dementia, including Alzheimer's
13 disease. The six hours of continuing education per year may be part
14 of other required training established in this chapter and chapter
15 18.88B RCW;

16 (d) Ensure that staff who work directly with memory care facility
17 or memory care unit residents are familiar with the comprehensive
18 disaster preparedness plan of the assisted living facility, as
19 required under RCW 18.20.525. For an assisted living facility with a
20 memory care certification, the comprehensive disaster preparedness
21 plan must include the provisions specific to the needs of residents
22 receiving certified memory care services with dementia;

23 (e) Provide programming that provides daily activities consistent
24 with the functional abilities, interests, habits, and preferences of
25 the individual residents. On a daily basis, except during the
26 activation of the disaster preparedness plan, a memory care facility
27 or memory care unit must:

28 (i) Provide residents access to:

29 (A) Opportunities for independent, self-directed activities;

30 (B) Individual activities in which a staff person or volunteer
31 engages the resident in a planned or spontaneous activity of
32 interest. Activities may include personal care activities that
33 provide opportunities for purposeful and positive interactions; and

34 (C) Group activities;

35 (ii) Offer opportunities for activities that accommodate
36 variations in a resident's mood, energy, and preferences. The memory
37 care facility or memory care unit must make appropriate activities
38 available based upon the resident's individual schedule and
39 interests, such as providing access to staff support, food, and
40 appropriate activities to residents who are awake at night;

1 (iii) Make available common areas that could be shared with other
2 residents within the assisted living facility, at least one of which
3 is outdoors, that vary by size and arrangement including, but not
4 limited to: Various size furniture groupings that encourage social
5 interaction; areas with environmental cues that may stimulate
6 activity, such as a resident kitchen or workshop; areas with activity
7 supplies and props to stimulate conversation; a garden area; and
8 paths and walkways that encourage exploration and walking. These
9 areas must accommodate and offer opportunities for individual or
10 group activity;

11 (f) Have an outdoor area for residents that:

12 (i) Is accessible to residents without staff assistance;

13 (ii) Is surrounded by walls or fences tall enough to prevent
14 typical elopement behaviors;

15 (iii) Has areas protected from direct sunlight and rain
16 throughout the day;

17 (iv) Has walking surfaces that are firm, stable, slip-resistant,
18 free from abrupt changes, and suitable for individuals using
19 wheelchairs and walkers;

20 (v) Has suitable outdoor furniture;

21 (vi) Has plants that are not poisonous or toxic to humans;

22 (vii) Has areas for appropriate outdoor activities of interest to
23 residents, such as walking paths, raised garden or flower beds, and
24 bird feeders; and

25 (viii) During extreme weather events, is monitored or access can
26 be restricted to ensure the health and well-being of the residents is
27 not adversely impacted by their time outside; and

28 (g) Ensure that areas used by residents have a residential
29 atmosphere and residents have opportunities for privacy,
30 socialization, and safe walking and wandering behaviors, including:

31 (i) Encouraging residents' individualized spaces to be furnished
32 or decorated with personal items based on resident needs and
33 preferences; and

34 (ii) Ensuring residents have access to their own rooms at all
35 times without staff assistance.

36 (4) To allow access to memory care throughout the state, the
37 department may allow conditional exemptions to subsection (3)(f) of
38 this section for locations operating in buildings constructed or
39 originally licensed prior to July 1, 2025, where an outdoor space is
40 located on a floor other than where the residents reside and an

1 alternative viewing area was created in the memory care unit, as long
2 as the viewing area:

3 (a) Is not obstructed by indoor furniture, storage areas,
4 cleaning equipment, trash receptacles, snack food or drink tables, or
5 other such encumbrances that would minimize access to the viewing
6 area;

7 (b) Does not serve as a hallway or an additionally required
8 community space such as a dining area or activity room;

9 (c) Does not house mobile health care services, such as home
10 health, podiatrist, and dental services, or other purposes;

11 (d) Is a community space not within the residents' room; and

12 (e) Has windows that have an unobstructed and viewable height
13 accessible by wheelchair.

14 (5) The department shall maintain a register of assisted living
15 facilities that are certified as memory care facilities or memory
16 care units and shall make this register available to the public and
17 consumers.

18 (6) An assisted living facility must apply to the department to
19 become certified and pay any fees and provide any information as the
20 department requires by rule to demonstrate the facility meets the
21 requirements of subsection (2) of this section and any implementing
22 rules.

23 (7) During the course of its regular licensing inspection
24 activities, the department shall review whether a certified memory
25 care facility or memory care unit continues to comply with
26 requirements in this section.

27 (8) Any assisted living facility with a certified memory care
28 facility or memory care unit that goes through a change of ownership
29 shall submit an application for certification as a memory care
30 facility at the same time that it applies for an assisted living
31 facility license through a change of ownership proceeding.

32 (9) The department shall provide a current certification document
33 to the memory care facility or memory care unit and require that the
34 document is posted in a public area for residents, their families,
35 and visitors to view upon entering the main entrance of the memory
36 care facility or memory care unit.

37 (10) The department shall adopt rules to implement this section.

38 NEW SECTION. **Sec. 3.** A new section is added to chapter 18.20
39 RCW to read as follows:

1 (1) The department shall adopt rules on how currently operating
2 memory care facilities or memory care units applying for
3 certification shall operate during the certification application
4 process. These rules may include where the department may, at its
5 sole discretion, grant conditional exemptions on a case-by-case basis
6 for facilities operating before July 1, 2026, to prevent disruption
7 of services or displacement of residents.

8 (2) This section expires December 1, 2028.

9 NEW SECTION. **Sec. 4.** A new section is added to chapter 18.20
10 RCW to read as follows:

11 (1) The legislature finds that the practices covered by section
12 2(1) of this act, the operation of a memory care facility without a
13 certification, are matters vitally affecting the public interest for
14 the purpose of applying the consumer protection act, chapter 19.86
15 RCW. A violation of this chapter is not reasonable in relation to the
16 development and preservation of business and is an unfair or
17 deceptive act in trade or commerce and an unfair method of
18 competition for the purpose of applying the consumer protection act,
19 chapter 19.86 RCW.

20 (2) Section 2 of this act may be enforced by the attorney general
21 under the consumer protection act, chapter 19.86 RCW.

22 **Sec. 5.** RCW 18.20.020 and 2020 c 312 s 726 are each amended to
23 read as follows:

24 The definitions in this section apply throughout this chapter
25 unless the context clearly requires otherwise.

26 (1) "Adult day services" means care and services provided to a
27 nonresident individual by the assisted living facility on the
28 assisted living facility premises, for a period of time not to exceed
29 ten continuous hours, and does not involve an overnight stay.

30 (2) "Assisted living facility" means any home or other
31 institution, however named, which is advertised, announced, or
32 maintained for the express or implied purpose of providing housing,
33 basic services, and assuming general responsibility for the safety
34 and well-being of the residents, and may also provide domiciliary
35 care, consistent with chapter 142, Laws of 2004, to seven or more
36 residents after July 1, 2000. However, an assisted living facility
37 that is licensed for three to six residents prior to or on July 1,
38 2000, may maintain its assisted living facility license as long as it

1 is continually licensed as an assisted living facility. "Assisted
2 living facility" shall not include facilities certified as group
3 training homes pursuant to RCW 71A.22.040, nor any home, institution
4 or section thereof which is otherwise licensed and regulated under
5 the provisions of state law providing specifically for the licensing
6 and regulation of such home, institution or section thereof. Nor
7 shall it include any independent senior housing, independent living
8 units in continuing care retirement communities, or other similar
9 living situations including those subsidized by the department of
10 housing and urban development.

11 (3) "Basic services" means housekeeping services, meals,
12 nutritious snacks, laundry, and activities.

13 (4) "Dementia" means the irreversible loss of cognitive or
14 intellectual function such as thinking, remembering, and reasoning so
15 severe that it interferes with an individual's daily functioning and
16 everyday life. "Dementia" is not a specific diagnosis, but rather a
17 group of symptoms that accompany certain diseases or conditions
18 including, but not limited to, Alzheimer's disease, vascular
19 dementia, frontotemporal dementia, Lewy body dementia, alcohol-
20 related dementia, and major neurocognitive disorder. "Dementia" does
21 not include temporary or reversible destabilization due to delirium
22 or behavioral or mental health disorders.

23 (5) "Department" means the state department of social and health
24 services.

25 ((+5)) (6) "Domiciliary care" means: Assistance with activities
26 of daily living provided by the assisted living facility either
27 directly or indirectly; or health support services, if provided
28 directly or indirectly by the assisted living facility; or
29 intermittent nursing services, if provided directly or indirectly by
30 the assisted living facility.

31 ((+6)) (7) "General responsibility for the safety and well-being
32 of the resident" means the provision of the following: Prescribed
33 general low sodium diets; prescribed general diabetic diets;
34 prescribed mechanical soft foods; emergency assistance; monitoring of
35 the resident; arranging health care appointments with outside health
36 care providers and reminding residents of such appointments as
37 necessary; coordinating health care services with outside health care
38 providers consistent with RCW 18.20.380; assisting the resident to
39 obtain and maintain glasses, hearing aids, dentures, canes, crutches,
40 walkers, wheelchairs, and assistive communication devices;

1 observation of the resident for changes in overall functioning; blood
2 pressure checks as scheduled; responding appropriately when there are
3 observable or reported changes in the resident's physical, mental, or
4 emotional functioning; or medication assistance as permitted under
5 RCW 69.41.085 and as defined in RCW 69.41.010.

6 ~~((7))~~ (8) "Legal representative" means a person or persons
7 identified in RCW 7.70.065 who may act on behalf of the resident
8 pursuant to the scope of their legal authority. The legal
9 representative shall not be affiliated with the licensee, assisted
10 living facility, or management company, unless the affiliated person
11 is a family member of the resident.

12 ~~((8))~~ (9) "Memory care facility" or "memory care unit" means
13 any assisted living facility which markets, or otherwise represents,
14 itself as providing memory care or specialized dementia care
15 services, whether as a facility dedicated solely to serving residents
16 with dementia or within a dedicated unit or wing within a larger
17 facility. An assisted living facility does not need to specifically
18 use the terms "memory care facility," "specialized dementia care," or
19 similar terms in its name to be considered a memory care facility
20 under this chapter. If any part of an assisted living facility has
21 restricted egress that prevents residents with cognitive impairment
22 from leaving the facility without accompaniment by staff or another
23 individual, it is sufficient to be considered as a memory care
24 facility or memory care unit requiring certification under section 2
25 of this act.

26 (10) "Memory care services" and "specialized dementia care
27 services" means services offered and provided in addition to the
28 domiciliary care services provided by the assisted living facility
29 that are responsive to the typical needs of an individual with
30 dementia.

31 (11) "Nonresident individual" means a person who resides in
32 independent senior housing, independent living units in continuing
33 care retirement communities, or in other similar living environments
34 or in an unlicensed room located within an assisted living facility.
35 Nothing in this chapter prohibits nonresidents from receiving one or
36 more of the services listed in RCW 18.20.030(5) or requires licensure
37 as an assisted living facility when one or more of the services
38 listed in RCW 18.20.030(5) are provided to nonresidents. A
39 nonresident individual may not receive domiciliary care, as defined
40 in this chapter, directly or indirectly by the assisted living

1 facility and may not receive the items and services listed in
2 subsection ~~((6))~~ (7) of this section, except during the time the
3 person is receiving adult day services as defined in this section.

4 ~~((9))~~ (12) "Person" means any individual, firm, partnership,
5 corporation, company, association, or joint stock association, and
6 the legal successor thereof.

7 ~~((10))~~ (13) "Resident" means an individual who is not related
8 by blood or marriage to the operator of the assisted living facility,
9 and by reason of age or disability, chooses to reside in the assisted
10 living facility and receives basic services and one or more of the
11 services listed under general responsibility for the safety and well-
12 being of the resident and may receive domiciliary care or respite
13 care provided directly or indirectly by the assisted living facility
14 and shall be permitted to receive hospice care through an outside
15 service provider when arranged by the resident or the resident's
16 legal representative under RCW 18.20.380.

17 ~~((11))~~ (14) "Resident applicant" means an individual who is
18 seeking admission to a licensed assisted living facility and who has
19 completed and signed an application for admission, or such
20 application for admission has been completed and signed in their
21 behalf by their legal representative if any, and if not, then the
22 designated representative if any.

23 ~~((12))~~ (15) "Resident's representative" means a person
24 designated voluntarily by a competent resident, in writing, to act in
25 the resident's behalf concerning the care and services provided by
26 the assisted living facility and to receive information from the
27 assisted living facility, if there is no legal representative. The
28 resident's competence shall be determined using the criteria in
29 chapter 11.130 RCW. The resident's representative may not be
30 affiliated with the licensee, assisted living facility, or management
31 company, unless the affiliated person is a family member of the
32 resident. The resident's representative shall not have authority to
33 act on behalf of the resident once the resident is no longer
34 competent.

35 ~~((13))~~ (16) "Secretary" means the secretary of social and
36 health services.

37 **Sec. 6.** RCW 18.20.190 and 2018 c 173 s 4 are each amended to
38 read as follows:

1 (1) The department of social and health services is authorized to
2 take one or more of the actions listed in subsection (2) of this
3 section in any case in which the department finds that an assisted
4 living facility provider has:

5 (a) Failed or refused to comply with the requirements of this
6 chapter or the rules adopted under this chapter;

7 (b) Operated an assisted living facility without a license or
8 under a revoked license;

9 (c) Knowingly, or with reason to know, made a false statement of
10 material fact on his or her application for license or any data
11 attached thereto, or in any matter under investigation by the
12 department; ((~~or~~))

13 (d) Willfully prevented or interfered with any inspection or
14 investigation by the department;

15 (e) Continued to use terminology such as "memory care facility"
16 or "dementia care facility" without having been issued a certificate
17 under section 2 of this act; or

18 (f) Continued to operate a facility or unit within a facility
19 that has restricted egress without having been issued a certificate
20 under section 2 of this act.

21 (2) When authorized by subsection (1) of this section, the
22 department may take one or more of the following actions, using a
23 tiered sanction grid that considers the extent of harm from the
24 deficiency and the regularity of the occurrence of the deficiency
25 when imposing civil fines:

26 (a) Refuse to issue a license;

27 (b) Impose reasonable conditions on a license, such as correction
28 within a specified time, training, and limits on the type of clients
29 the provider may admit or serve;

30 (c) Impose civil penalties of at least one hundred dollars per
31 day per violation. Until July 1, 2019, the civil penalties may not
32 exceed one thousand dollars per day per violation. Beginning July 1,
33 2019, through June 30, 2020, the civil penalties may not exceed two
34 thousand dollars per day per violation. Beginning July 1, 2020, the
35 civil penalties may not exceed three thousand dollars per day per
36 violation;

37 (d) Impose civil penalties of up to ten thousand dollars for a
38 current or former licensed provider who is operating an unlicensed
39 facility, uncertified memory care facility, or uncertified memory
40 care unit;

1 (e) Suspend, revoke, or refuse to renew a license or memory care
2 certification;

3 (f) Suspend admissions to the assisted living facility, memory
4 care facility, or memory care unit by imposing stop placement; or

5 (g) Suspend admission of a specific category or categories of
6 residents as related to the violation by imposing a limited stop
7 placement.

8 (3) When the department orders stop placement or a limited stop
9 placement, the facility shall not admit any new resident until the
10 stop placement or limited stop placement order is terminated. The
11 department may approve readmission of a resident to the facility from
12 a hospital or nursing home during the stop placement or limited stop
13 placement. The department shall terminate the stop placement or
14 limited stop placement when: (a) The violations necessitating the
15 stop placement or limited stop placement have been corrected; and (b)
16 the provider exhibits the capacity to maintain correction of the
17 violations previously found deficient. However, if upon the revisit
18 the department finds new violations that the department reasonably
19 believes will result in a new stop placement or new limited stop
20 placement, the previous stop placement or limited stop placement
21 shall remain in effect until the new stop placement or new limited
22 stop placement is imposed.

23 (4) After a department finding of a violation for which a stop
24 placement or limited stop placement has been imposed, the department
25 shall make an on-site revisit of the provider within fifteen working
26 days from the request for revisit, to ensure correction of the
27 violation. For violations that are serious or recurring or
28 uncorrected following a previous citation, and create actual or
29 threatened harm to one or more residents' well-being, including
30 violations of residents' rights, the department shall make an on-site
31 revisit as soon as appropriate to ensure correction of the violation.
32 Verification of correction of all other violations may be made by
33 either a department on-site revisit or by written or photographic
34 documentation found by the department to be credible. This subsection
35 does not prevent the department from enforcing license suspensions or
36 revocations. Nothing in this subsection shall interfere with or
37 diminish the department's authority and duty to ensure that the
38 provider adequately cares for residents, including to make
39 departmental on-site revisits as needed to ensure that the provider
40 protects residents, and to enforce compliance with this chapter.

1 (5) RCW 43.20A.205 governs notice of a license denial,
2 revocation, suspension, or modification. Chapter 34.05 RCW applies to
3 department actions under this section, except that orders of the
4 department imposing license suspension, stop placement, limited stop
5 placement, or conditions for continuation of a license are effective
6 immediately upon notice and shall continue pending any hearing.

7 (6) All receipts from civil penalties imposed under this chapter
8 must be deposited in the assisted living facility temporary
9 management account created in RCW 18.20.430.

10 (7) For the purposes of this section, "limited stop placement"
11 means the ability to suspend admission of a specific category or
12 categories of residents.

13 **Sec. 7.** RCW 18.20.300 and 2012 c 10 s 19 are each amended to
14 read as follows:

15 (1) An assisted living facility, licensed under this chapter, may
16 provide domiciliary care services, as defined in this chapter, and
17 shall disclose the scope of care and services that it chooses to
18 provide.

19 (2) (a) The assisted living facility licensee shall disclose to
20 the residents, the residents' legal representative if any, and if
21 not, the residents' representative if any, and to interested
22 consumers upon request, the scope of care and services offered, using
23 the form developed and provided by the department, in addition to any
24 supplemental information that may be provided by the licensee. The
25 form that the department develops shall be standardized, reasonable
26 in length, and easy to read. The assisted living facility's
27 disclosure statement shall indicate the scope of domiciliary care
28 assistance provided and shall indicate that it permits the resident
29 or the resident's legal representative to independently arrange for
30 outside services under RCW 18.20.380.

31 (b) For assisted living facilities certified as memory care
32 facilities or memory care units under section 2 of this act, the
33 facility must provide an additional disclosure that includes a
34 description of staffing coverage for the memory care facility or the
35 memory care unit, including the number of awake staff that will be
36 available overnight and the regular direct care staffing level per
37 bed in the memory care facility or memory care unit. Residents of the
38 certified memory care facility or memory care unit and their resident
39 representatives as defined in RCW 70.129.010, when relevant, shall be

1 informed of any significant changes in scope of services or staffing
2 within 30 days of the change.

3 (c) The department shall define significant change in scope of
4 services or staffing for a certified memory care facility or memory
5 care unit and provide an example of an accepted disclosure form to
6 the facilities and units for their use in rule.

7 (3)(a) If the assisted living facility licensee decreases the
8 scope of services that it provides due to circumstances beyond the
9 licensee's control, the licensee shall provide a minimum of thirty
10 days' written notice to the residents, the residents' legal
11 representative if any, and if not, the residents' representative if
12 any, before the effective date of the decrease in the scope of care
13 or services provided.

14 (b) If the licensee voluntarily decreases the scope of services,
15 and any such decrease in the scope of services provided will result
16 in the discharge of one or more residents, then ninety days' written
17 notice shall be provided prior to the effective date of the decrease.
18 Notice shall be provided to the affected residents, the residents'
19 legal representative if any, and if not, the residents'
20 representative if any.

21 (c) If the assisted living facility licensee increases the scope
22 of services that it chooses to provide, the licensee shall promptly
23 provide written notice to the residents, the residents' legal
24 representative if any, and if not, the residents' representative if
25 any, and shall indicate the date on which the increase in the scope
26 of care or services is effective.

27 (4) When the care needs of a resident exceed the disclosed scope
28 of care or services that an assisted living facility licensee
29 provides, the licensee may exceed the care or services disclosed
30 consistent with RCW 70.129.030(3) and 70.129.110(3)(a). Providing
31 care or services to a resident that exceed the care and services
32 disclosed may or may not mean that the provider is capable of or
33 required to provide the same care or services to other residents.

34 (5) Even though the assisted living facility licensee may
35 disclose that it can provide certain care or services to resident
36 applicants or to their legal representative if any, and if not, to
37 the resident applicants' representative if any, the licensee may deny
38 admission to a resident applicant when the licensee determines that
39 the needs of the resident applicant cannot be met, as long as the

1 provider operates in compliance with state and federal law, including
2 RCW 70.129.030(3).

3 (6) The disclosure form is intended to assist consumers in
4 selecting assisted living facility services and, therefore, shall not
5 be construed as an implied or express contract between the assisted
6 living facility licensee and the resident.

7 **Sec. 8.** RCW 18.20.320 and 2012 c 10 s 21 are each amended to
8 read as follows:

9 (1) The assisted living facility licensee may choose to provide
10 any of the following health support services, however, the facility
11 may or may not need to provide additional health support services to
12 comply with the reasonable accommodation requirements in federal or
13 state law:

14 (a) Blood glucose testing;

15 (b) Puree diets;

16 (c) Calorie controlled diabetic diets;

17 (d) Dementia care, unless the assisted living facility is
18 certified as a memory care facility or memory care unit under section
19 2 of this act;

20 (e) Mental health care; and

21 (f) Developmental disabilities care.

22 (2) The licensee shall clarify on the disclosure form any
23 limitations, additional services, or conditions that may apply.

24 (3) In providing health support services, the assisted living
25 facility shall observe the resident for changes in overall
26 functioning and respond appropriately when there are observable or
27 reported changes in the resident's physical, mental, or emotional
28 functioning.

29 **Sec. 9.** RCW 18.20.525 and 2021 c 159 s 5 are each amended to
30 read as follows:

31 (1) Each assisted living facility shall develop and maintain a
32 comprehensive disaster preparedness plan to be followed in the event
33 of a disaster or emergency, including fires, earthquakes, floods,
34 extreme heat, extreme cold, infectious disease outbreaks, loss of
35 power or water, and other events that may require sheltering in
36 place, evacuations, or other emergency measures to protect the health
37 and safety of residents. The facility shall review the comprehensive
38 disaster preparedness plan annually, update the plan as needed, and

1 train all employees when they begin work in the facility on the
2 comprehensive disaster preparedness plan and related staff
3 procedures.

4 (2) The department shall adopt rules governing the comprehensive
5 disaster preparedness plan. At a minimum, the rules must address:
6 Timely communication with the residents' emergency contacts; timely
7 communication with state and local agencies, long-term care ombuds,
8 and developmental disabilities ombuds; contacting and requesting
9 emergency assistance; on-duty employees' responsibilities; meeting
10 residents' essential needs; procedures to identify and locate
11 residents; and procedures to provide emergency information to provide
12 for the health and safety of residents. In addition, the rules shall
13 establish standards for maintaining personal protective equipment and
14 infection control capabilities, as well as department inspection
15 procedures with respect to the plans.

16 (3) For assisted living facilities certified as memory care
17 facilities or memory care units under section 2 of this act,
18 comprehensive disaster preparedness plans must specifically consider
19 the needs of residents with dementia.

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