The nursing facility must provide items, care, and services in accordance with this chapter and with federal regulations under 42 C.F.R. § 483.1 through 483.206, or successor laws, and other applicable federal requirements.

388-97-0640 PREVENTION OF ABUSE.

(1) Each resident has the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.
(2) The nursing home must develop and implement written policies and procedures that:
(a) Prohibit abandonment, abuse, and neglect of residents, financial exploitation, and misappropriation of resident property; and
(b) Require staff to report possible abuse, and other related incidents, as required by chapter 74.34 RCW, and for skilled nursing facilities and nursing facilities as required by 42 C.F.R. § 483.13.
(3) The nursing home must not allow staff to:
(a) Engage in verbal, mental, sexual, or physical abuse;
(b) Use corporal punishment;
(c) Involuntarily seclude, abandon, neglect, or financially exploit residents; or
(d) Misappropriate resident property.
(4) The nursing home must report any information it has about an action taken by a court of law against an employee to the department’s complaint resolution unit and the appropriate department of health licensing authority, if that action would disqualify the individual from employment as described in RCW 43.43.842.
(5) The nursing home must ensure that all allegations involving abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property, including injuries of unknown origin, are reported immediately to the department, other applicable officials, and the administrator of the facility. The nursing home must:
(a) Ensure that the reports are made through established procedures in accordance with state law including chapter 74.34 RCW, and guidelines developed by the department; and
(b) Not have any policy or procedure that interferes with the requirement of chapter 74.34 RCW that employees and other mandatory reporters file reports directly with the department, and also with law enforcement, if they suspect sexual or physical assault has occurred.
(6) The nursing home must:
(a) Have evidence that all alleged violations are thoroughly investigated;
(b) Prevent further potential abandonment, abuse, neglect, financial exploitation, or misappropriation of resident property while the investigation is in progress; and
(c) Report the results of all investigations to the administrator or his designated representative and to other officials in accordance with state law and established procedures (including the state survey and certification agency) within five working days of the incident, and if the alleged violation is verified appropriate action must be taken.
(7) When a mandated reporter has:
(a) Reasonable cause to believe that a vulnerable adult has been abandoned, abused, neglected, financially exploited, or a resident’s property has been misappropriated, the individual mandatory reporter must immediately report the incident to the department’s aging and disability services administration (ADSA);
(b) Reason to suspect that a vulnerable adult has been sexually or physically assaulted, the individual mandatory reporter must:
(i) Immediately report the incident to the department’s aging and disability services administration (ADSA);
Notify local law enforcement in accordance with the provisions of chapter 74.34 RCW.
Under RCW 74.34.053, it is:
(a) A gross misdemeanor for a mandated reporter knowingly to fail to report as required under this section; and
(b) A misdemeanor for a person to intentionally, maliciously, or in bad faith make a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.
(9) The nursing home must not employ individuals who are disqualified under the requirements of WAC 388-97-1820.

388-97-1040 DEMENTIA CARE.

(1) A nursing home must ensure that it provides residents with dementia with an environment designed to attain or maintain the highest level of functioning and well-being possible, taking into consideration the resident’s medical condition and functional status. Therefore, the nursing home must:
(a) Have a program designed to meet the identified needs of the residents;
(b) Develop and implement program policies and procedures; and
(c) Train all staff, who have resident contact, in the special needs and care approaches applicable to residents with dementia. This training must be ongoing and consistent with requirements under WAC 388-97-1680 (2)(b).

388-97-1080 NURSING SERVICES.

...(2) The nursing home must:
...(b) Have a full time director of nursing service who is a registered nurse.

388-97-1160 DIETARY PERSONNEL.

The nursing home...must:
(1) Employ a qualified dietitian either full-time, part-time or on a consultant basis who must:
...(c) Provide services which include:
...(iii) Inservice training...

388-97-1300 PHARMACY SERVICES.

...(4) The nursing home must ensure:
(a) Education and training for nursing home staff by the licensed pharmacist on drug-related subjects including, but not limited to:
(i) Recognized and accepted standards of pharmacy practice and applicable pharmacy laws and rules;
(ii) Appropriate monitoring of residents to determine desired effect and undesirable side effects of drug regimens; and
(iii) Use of psychotropic drugs.

388-97-1620 GENERAL ADMINISTRATION.

(1) The nursing home must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.
(2) The nursing home must:
(a) Be licensed under chapter 18.51 RCW;
(b) Operate and provide services in compliance with:
(i) All applicable federal, state and local laws, regulations, and codes;
(ii) Accepted professional standards and principles that apply to professionals providing services in nursing homes; and
(c) Have a governing body or designated individuals functioning as a governing body, that is legally responsible for establishing and implementing policies regarding the management and operation of the nursing home.
(3) The governing body of the nursing home must appoint the administrator who:
(a) Is licensed by the state;
(b) Is responsible for management of the nursing home;
(c) Keeps the licensee informed of all surveys and notices of noncompliance;
(d) Complies with all requirements of chapter 18.52 RCW, and all regulations adopted under that chapter;
(e) Is an on-site, full-time individual in active administrative charge at the premises of only one nursing home, a minimum of four days and an average of forty hours per week.
Exception: On-site, full-time administrator with small resident populations or in rural areas will be defined as an individual in active administrative charge at the premises of only one nursing home:
(i) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or
(ii) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.
(4) Nursing homes temporarily without an administrator may operate up to four continuous weeks under a responsible individual authorized to act as nursing home administrator designee.
(a) The designee must be qualified by experience to assume designated duties; and
(b) The nursing home must have a written agreement with a nursing home administrator, licensed in the state of Washington, who must be readily available to consult with the designee.
(c) The nursing home may make a written request to the department’s designated aging and disability services administration field office for an extension of the four weeks by stating why an extension is needed, how a resident’s safety or well-being is maintained during an extension and giving the estimated date by which a full-time, qualified nursing home administrator will be on-site.
(5) The nursing home must employ on a full-time, part time or consultant basis those professionals necessary to carry out the requirements of this chapter.
(6) If the nursing home does not employ a qualified professional individual to furnish a specific service to be provided by the nursing home, the nursing home must:
(a) Have that service furnished to residents by an individual or agency outside the nursing home under a written arrangement or agreement; and
(b) Ensure the arrangement or agreement referred to in (a) of this subsection specifies in writing that the nursing home assumes responsibility for:
(i) Obtaining services that meet professional standards and principles that apply to professionals providing services in nursing homes; and
(ii) The timeliness of services.
(7) The nursing home must:
(a) Report to the local law enforcement agency and the department any individual threatening bodily harm or causing a disturbance which threatens any individual's welfare and safety;
(b) Identify, investigate, and report incidents involving residents, according to department established nursing home guidelines; and
(c) Comply with "whistle blower" rules as defined in chapter 74.34 RCW.
(8) The department will:
(a) Investigate complaints, made to the department according to established protocols including protocols described in RCW 74.39A.060;
(b) Take action against a nursing home that is found to have used retaliatory treatment toward a resident or employee who has voiced grievances to nursing home staff or administration, or lodged a good faith complaint with the department; and
(c) Report to local law enforcement:
   (i) Any mandated reporter that knowingly fails to report in accordance with WAC 388-97-0640; and
   (ii) Any person that intentionally, maliciously or in bad faith makes a false report of alleged abandonment, abuse, financial exploitation, or neglect of a vulnerable adult.
(9) Refer also to WAC 388-97-1840, Retaliation.

388-97-1640 REQUIRED NOTIFICATION AND REPORTING.
(1) The nursing home must immediately notify the department's aging and disability services administration of:
(a) Any allegations of resident abandonment, abuse, or neglect, including substantial injuries of an unknown source, financial exploitation and misappropriation of a resident's property;
(b) Any unusual event, having an actual or potential negative impact on residents, requiring the actual or potential implementation of the nursing home's disaster plan. These unusual events include but are not limited to those listed under WAC 388-97-1740 (1)(a) through (k), and could include the evacuation of all or part of the residents to another area of the nursing home or to another address; and
(c) Circumstances which threaten the nursing home's ability to ensure continuation of services to residents.
(2) Mandated reporters must notify the department and law enforcement as directed in WAC 388-97-0640, and according to department established nursing home guidelines.
(3) The nursing home must notify the department's aging and disability services administration of:
...(c) An actual or proposed change of ownership (CHOW).
388-97-1660 STAFF AND EQUIPMENT.

(1) The nursing home must ensure that:
   (a) Sufficient numbers of appropriately qualified and trained staff are available to provide necessary care and services safely under routine conditions, as well as fire, emergency, and disaster situations...
   (2) The nursing home must ensure that any employee giving direct resident care, excluding professionally licensed nursing staff:
      (a) Has successfully completed or is a student in a DSHS-approved nursing assistant training program; and
      (b) Meets other requirements applicable to individuals performing nursing related duties in a nursing home, including those which apply to minors.
(3) The nursing home must ensure:
   (a) Students in an DSHS-approved nursing assistant training program:
      (i) Complete training and competency evaluation within four months of beginning work as a nursing assistant;
      (ii) Complete at least sixteen hours of training in communication and interpersonal skills, infection control, safety/emergency procedures including the Heimlich maneuver, promoting residents’ independence, and respecting residents’ rights before any direct contact with a resident; and
      (iii) Wear name tags which clearly identify student or trainee status at all times in all interactions with residents and visitors in all nursing homes, including the nursing homes in which the student completes clinical training requirements and in which the student is employed.
   (b) Residents and visitors have sufficient information to distinguish between the varying qualifications of nursing assistants; and
   (c) Each employee hired as a nursing assistant applies for registration with the department of health within three days of employment in accordance with chapter 18.88A RCW.

388-97-1680 STAFF DEVELOPMENT.

(1) The nursing home must have a staff development program that is under the direction of a designated registered nurse or licensed practical nurse.
(2) The nursing home must:
   (a) Ensure each employee receives initial orientation to the facility and its policies and is initially assigned only to duties for which the employee has demonstrated competence;
   (b) Ensure all employees receive appropriate inservice education to maintain a level of knowledge appropriate to, and demonstrated competence in, the performance of ongoing job duties consistent with the principle of assisting the resident to attain or maintain the highest practicable physical, mental, and psychosocial well-being. To this end, the nursing home must:
      (i) Assess the specific training needs of each employee and address those needs; and
      (ii) Determine the special needs of the nursing home’s resident population which may require training emphasis.
   (c) Comply with other applicable training requirements, such as, but not limited to, the bloodborne pathogen standard.
388-97-1700 MEDICAL DIRECTOR.

(1) The nursing home must designate a physician to serve as medical director.
(2) The medical director is responsible for:
   (a) Implementation of resident care policies; and
   (b) The coordination of medical care in the facility.

388-97-1720 CLINICAL RECORDS.

(1) The nursing home must:
   (a) Maintain clinical records on each resident in accordance with accepted professional standards and practices that are:
      (i) Complete;
      (ii) Accurately documented;
      (iii) Readily accessible; and
      (iv) Systematically organized.
   (b) Safeguard clinical record information against alteration, loss, destruction, and unauthorized use; and
   (c) Keep confidential all information contained in the resident’s records, regardless of the form or storage method of the records, except when release is required by:
      (i) Transfer to another health care institution;
      (ii) Law;
      (iii) Third party payment contract; or
      (iv) The resident.

(2) The nursing home must ensure the clinical record of each resident includes at least the following:
   (a) Resident identification and sociological data, including the name and address of the individual or individuals the resident designates as significant;
   (b) Medical information required under WAC 388-97-1260;
   (c) Physician's orders;
   (d) Assessments;
   (e) Plans of care;
   (f) Services provided;
   (g) In the case of the medicaid-certified nursing facility, records related to preadmission screening and resident review;
   (h) Progress notes;
   (i) Medications administered;
   (j) Consents, authorizations, releases;
   (k) Allergic responses;
   (l) Laboratory, X ray, and other findings; and
   (m) Other records as appropriate.

(3) The nursing home must:
   (a) Designate an individual responsible for the record system who:
      (i) Has appropriate training and experience in clinical record management; or
      (ii) Receives consultation from a qualified clinical record practitioner, such as a registered health information administrator or registered health information technician.
   (b) Make all records available to authorized representatives of the department for review and duplication as necessary; and
(c) Maintain the following:
(i) A master resident index having a reference for each resident including the health record number, if applicable; full name; date of birth; admission dates; and discharge dates; and
(ii) A chronological census register, including all admissions, discharge, deaths and transfers, and noting the receiving facility. The nursing home must ensure the register includes discharges for social leave and transfers to other treatment facilities in excess of twenty-four hours.

(4) The nursing home must ensure the clinical record of each resident:
(a) Is documented and authenticated accurately, promptly and legibly by individuals giving the order, making the observation, performing the examination, assessment, treatment or providing the care and services.
(i) "Authenticated" means the authorization of a written entry in a record by signature, including the first initial and last name and title, or a unique identifier allowing identification of the responsible individual; and:
(ii) Documents from other health care facilities that are clearly identified as being authenticated at that facility will be considered authenticated at the receiving facility; and
(iii) The original or a durable, legible, direct copy of each document will be accepted.
(b) Contains appropriate information for a deceased resident including:
(i) The time and date of death;
(ii) Apparent cause of death;
(iii) Notification of the physician and appropriate resident representative; and
(iv) The disposition of the body and personal effects.

(5) In cases where the nursing home maintains records by computer rather than hard copy, the nursing home must:
(a) Have in place safeguards to prevent unauthorized access; and
(b) Provide for reconstruction of information.

(6) The nursing home licensee must:
(a) Retain health records for the time period required in RCW 18.51.300:
(i) For a period of no less than eight years following the most recent discharge of the resident; except
(ii) That the records of minors must be retained for no less than three years following the attainment of age eighteen years, or ten years following their most recent discharge, whichever is longer.
(b) In the event of a change of ownership, provide for the orderly transfer of clinical records to the new licensee;
(c) In the event a nursing home ceases operation, make arrangements prior to cessation, as approved by the department, for preservation of the clinical records. The nursing home licensee must provide a plan for preservation of clinical records to the department's designated local aging and adult administration (AASA) office no later than seven days after the date of notice of nursing home closure as required by WAC 388-97-162 (8) and (9) unless an alternate date has been approved by the department.
(d) Provide a resident access to all records pertaining to the resident as required under WAC 388-97-0300(2).
388-97-1740 DISASTER AND EMERGENCY PREPAREDNESS.

(1) The nursing home must develop and implement detailed written plans and procedures to meet potential emergencies and disasters. At a minimum the nursing home must ensure these plans provide for:
   (a) Fire or smoke;
   (b) Severe weather;
   (c) Loss of power;
   (d) Earthquake;
   (e) Explosion;
   (f) Missing resident, elopement;
   (g) Loss of normal water supply;
   (h) Bomb threats;
   (i) Armed individuals;
   (j) Gas leak, or loss of service; and
   (k) Loss of heat supply.

(2) The nursing home must train all employees in emergency procedures when they begin and carry out unannounced staff drills using those procedures.

(3) The nursing home must ensure emergency plans:
   (a) Are developed and maintained with the assistance of qualified fire, safety, and other appropriate experts as necessary;
   (b) Are reviewed annually; and
   (c) Include evacuation routes prominently posted on each unit.

388-97-1760 QUALITY ASSESSMENT AND ASSURANCE.

(1) The nursing home must maintain a process for quality assessment and assurance. The department may not require disclosure of the records of the quality assessment and assurance committee except in so far as such disclosure is related to ensuring compliance with the requirements of this section.

(2) The nursing home must ensure the quality assessment and assurance process:
   (a) Seeks out and incorporates input from the resident and family councils, if any, or individual residents and support groups; and
   (b) Reviews expressed concerns and grievances.

388-97-1780 POLICIES AND PROCEDURES.

(1) The nursing home must develop and implement written policies and procedures, including those specified in RCW 74.42.430, for all services provided in the facility.

388-97-1800 CRIMINAL HISTORY DISCLOSURE AND BACKGROUND INQUIRIES.

(1) As used in this section, the term "nursing home" includes a nursing facility and a skilled nursing facility.

(2) The nursing home must:
   (a) Have a valid criminal history background check for any individual employed, directly or by contract, or any individual accepted as a volunteer or student who may have unsupervised access to any resident; and
   (b) Repeat the check every two years.
A nursing home licensed under chapter 18.51 RCW must make a background inquiry request to one of the following:
(a) The Washington state patrol;
(b) The department;
(c) The most recent employer licensed under chapters 18.51, 18.20, and 70.128 RCW provided termination of that employment was within twelve months of the current employment application and provided the inquiry was completed by the department or the Washington state patrol within the two years of the current date of application; or
(d) A nurse pool agency licensed under chapter 18.52C RCW, or hereafter renamed, provided the background inquiry was completed by the Washington state patrol within two years before the current date of employment in the nursing home.

A nursing home may not rely on a criminal background inquiry from a former employer, including a nursing pool, if the nursing home knows or has reason to know that the individual applying for the job has, or may have, a disqualifying conviction or finding.

Nursing homes must:
(a) Request a background inquiry of any individual employed, directly or by agreement or contract, or accepted as a volunteer or student; and
(b) Notify appropriate licensing or certification agency of any individual resigning or terminated as a result of a criminal conviction or a civil adjudication proceeding.

Before a nursing home employs any individual, directly or by contract, or accepts any individual as a volunteer or student, a nursing home must:
(a) Inform the individual that the nursing home must make a background inquiry and require the individual to sign a disclosure statement, under penalty of perjury and in accordance with RCW 43.43.834;
(b) Inform the individual that he or she may request a copy of the results of the completed background inquiry described in this section; and
(c) Require the individual to sign a statement authorizing the nursing home, the department, and the Washington state patrol to make a background inquiry; and
(d) Verbally inform the individual of the background inquiry results within seventy-two hours of receipt.

The nursing home must establish procedures ensuring that:
(a) The individual is verbally informed of the background inquiry results within seventy-two hours of receipt;
(b) All disclosure statements and background inquiry responses and all copies are maintained in a confidential and secure manner;
(c) Disclosure statements and background inquiry responses are used for employment purposes only;
(d) Disclosure statements and background inquiry responses are not disclosed to any individual except:
(i) The individual about whom the nursing home made the disclosure or background inquiry;
(ii) Authorized state employees including the department’s licensure and certification staff, resident protection program staff and background inquiry unit staff;
(iii) Authorized federal employees including those from the Department of Health and Human Services, Centers for Medicare and Medicaid Services;
(iv) The Washington state patrol auditor; and
Potential employers licensed under chapters 18.51, 18.20, and 70.128 RCW who are making a request as provided for under subsection (1) of this section.

A record of findings be retained by the nursing home for twelve months beyond the date of employment termination.

The nursing home must not employ individuals who are disqualified under the requirements of WAC 388-97-1820.

388-97-1880 SHORT-TERM CARE, INCLUDING RESPITE SERVICES AND ADULT DAY OR NIGHT CARE.

(1) The nursing home may provide short-term care to individuals which include:
(a) Respite services to provide relief care for families or other caregivers of individuals with disabilities which must:
(i) Provide short-term care and supervision in substitution for the caregiver;
(ii) Be for short-term stays up to a maximum of thirty-one days; and
(iii) Not be used as a short-term placement pending the individual's admission to the nursing home.
(b) Adult day or night care to provide short-term nursing home care:
(i) Not to exceed sixteen hours each day; and
(ii) May be on a regular or intermittent basis.
(3) The nursing home providing respite services, and adult day or night care must:
(a) Develop and implement policies and procedures consistent with this section;
(b) Ensure that individuals receiving short-term services under respite or adult day or night care are treated and cared for in accordance with the rights and choices of long-term residents, except for transfer and discharge rights which are provided under the program for short-term services which covers the individual in the nursing home;
(c) Have appropriate and adequate staff, space, and equipment to meet the individual’s needs without jeopardy to the care of regular residents;
(d) Before or at the time of admission, obtain sufficient information to meet the individual's anticipated needs...

388-97-4160 INITIAL NURSING HOME LICENSE.

(2) All information requested on the license application must be provided. At minimum, the nursing home license application will require the following information:
...(e) The name and address of all nursing homes that the proposed licensee or any partner, officer, director, managerial employee, or owner of five percent or more of the proposed licensee has been affiliated with in the past ten years.

388-97-4280 CHANGE OF OWNERSHIP.

...(3) When a change of ownership is contemplated, the current licensee must notify the department and all residents and their representatives at least sixty days prior to the proposed date of transfer. The notice must be in writing and contain the following information as specified in RCW 18.51.530:
(a) Name of the proposed licensee;
(b) Name of the managing entity;
(c) Names, addresses, and telephone numbers of department personnel to whom comments regarding the change may be directed;
(d) Names of all officers and the registered agent in the state of Washington if proposed licensee is a corporation; and
(e) Names of all general partners if proposed licensee is a partnership.

74.42.220 CONTRACTS FOR PROFESSIONAL SERVICES FROM OUTSIDE THE AGENCY.

(1) If the facility does not employ a qualified professional to furnish required services, the facility shall have a written contract with a qualified professional or agency outside the facility to furnish the required services. The terms of the contract, including terms about responsibilities, functions, and objectives, shall be specified. The contract shall be signed by the administrator, or the administrator’s representative, and the qualified professional.
(2) All contracts for these services shall require the standards in RCW 74.42.010 through 74.42.570 to be met.

74.42.350 ORGANIZATION CHART.

The facility shall have and keep current an organization chart showing:
(1) The major operating programs of the facility;
(2) The staff divisions of the facility;
(3) The administrative personnel in charge of the programs and divisions; and
(4) The lines of authority, responsibility, and communication of administrative personnel.

74.42.420 RESIDENT RECORD SYSTEM.

The facility shall maintain an organized record system containing a record for each resident. The record shall contain:
(1) Identification information;
(2) Admission information, including the resident’s medical and social history;
(3) A comprehensive plan of care and subsequent changes to the comprehensive plan of care;
(4) Copies of initial and subsequent periodic examinations, assessments, evaluations, and progress notes made by the facility and the department;
(5) Descriptions of all treatments, services, and medications provided for the resident since the resident’s admission;
(6) Information about all illnesses and injuries including information about the date, time, and action taken; and
(7) A discharge summary.
Resident records shall be available to the staff members directly involved with the resident and to appropriate representatives of the department. The facility shall protect resident records against destruction, loss, and unauthorized use. The facility shall keep a resident’s record after the resident is discharged as provided in RCW 18.51.300.

74.42.460 ORGANIZATION PLAN AND PROCEDURES.

The facility shall have a written staff organization plan and detailed written procedures to meet potential emergencies and disasters. The facility shall clearly communicate and periodically review the plan and procedures with the staff and residents. The plan and procedures shall be posted at suitable locations throughout the facility.
74.42.640 QUALITY ASSURANCE COMMITTEE.

(1) To ensure the proper delivery of services and the maintenance and improvement in quality of care through self-review, each facility may maintain a quality assurance committee that, at a minimum, includes:
   (a) The director of nursing services;
   (b) A physician designated by the facility; and
   (c) Three other members from the staff of the facility.
(2) When established, the quality assurance committee shall meet at least quarterly to identify issues that may adversely affect quality of care and services to residents and to develop and implement plans of action to correct identified quality concerns or deficiencies in the quality of care provided to residents.
(3) To promote quality of care through self-review without the fear of reprisal, and to enhance the objectivity of the review process, the department shall not require, and the long-term care ombudsman program shall not request, disclosure of any quality assurance committee records or reports, unless the disclosure is related to the committee's compliance with this section, if:
   (a) The records or reports are not maintained pursuant to statutory or regulatory mandate; and
   (b) The records or reports are created for and collected and maintained by the committee.
(4) The department may request only information related to the quality assurance committee that may be necessary to determine whether a facility has a quality assurance committee and that it is operating in compliance with this section.
(5) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for imposing sanctions.
(6) If the facility offers the department documents generated by, or for, the quality assurance committee as evidence of compliance with nursing facility requirements, the documents are protected as quality assurance committee documents under subsections (7) and (9) of this section when in the possession of the department. The department is not liable for an inadvertent disclosure, a disclosure related to a required federal or state audit, or disclosure of documents incorrectly marked as quality assurance committee documents by the facility.
(7) Information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, a quality assurance committee are not subject to discovery or introduction into evidence in any civil action, and no person who was in attendance at a meeting of such committee or who participated in the creation, collection, or maintenance of information or documents specifically for the committee shall be permitted or required to testify in any civil action as to the content of such proceedings or the documents and information prepared specifically for the committee. This subsection does not preclude: (a) In any civil action, the discovery of the identity of persons involved in the care that is the basis of the civil action whose involvement was independent of any quality improvement committee activity; and (b) in any civil action, the testimony of any person concerning the facts which form the basis for the institution of such proceedings of which the person had personal knowledge acquired independently of their participation in the quality assurance committee activities.
(8) A quality assurance committee under subsection (1) of this section, RCW 18.20.390, 70.41.200, 4.24.250, or 43.70.510 may share information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, the committee, with one or more other quality assurance committees created under subsection (1) of this section, RCW 18.20.390, 70.41.200, 4.24.250, or 43.70.510 for the improvement of the quality of care and services rendered to nursing facility residents. Information and documents disclosed by one quality assurance committee to another quality assurance committee and any information and documents created or maintained as a result of the sharing of information and documents shall not be subject to the discovery process and confidentiality shall be respected as required by subsections (7) and (9) of this section, RCW 18.20.390 (6) and (8), 43.70.510(4), 70.41.200 (3), and 4.24.250(1). The privacy protections of chapter 70.02 RCW and the federal health insurance portability and accountability act of 1996 and its implementing regulations apply to the sharing of individually identifiable patient information held by a coordinated quality improvement program. Any rules necessary to implement this section shall meet the requirements of applicable federal and state privacy laws.

(9) Information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, a quality assurance committee are exempt from disclosure under chapter 42.56 RCW.

(10) Notwithstanding any records created for the quality assurance committee, the facility shall fully set forth in the resident’s records, available to the resident, the department, and others as permitted by law, the facts concerning any incident of injury or loss to the resident, the steps taken by the facility to address the resident’s needs, and the resident outcome.

(11) A facility operated as part of a hospital licensed under chapter 70.41 RCW may maintain a quality assurance committee in accordance with this section which shall be subject to the provisions of subsections (1) through (10) of this section or may conduct quality improvement activities for the facility through a quality improvement committee under RCW 70.41.200 which shall be subject to the provisions of RCW 70.41.200(9).