

RCW 18.20.540 Memory care facilities—Certification. (1) After July 1, 2026, a person may not operate or maintain a memory care facility or memory care unit within this state without becoming certified under this section.

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

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

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

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

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

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

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

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

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

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

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

(g) Have developed policies and procedures to:

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

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

(iii) Outline how consultative resources for residents will be obtained when needed for addressing resident behavioral challenges, outline the professional or professionals who will provide the consultation, and specify when and how the consultation will be utilized. Relevant professionals include, but are not limited to, clinical psychologists, psychiatrists, psychiatric nurse

practitioners, and other specialists who are familiar with the care of persons with dementia.

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

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

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

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

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

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

(i) Provide residents access to:

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

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

(C) Group activities;

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

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

(f) Have an outdoor area for residents that:

(i) Is accessible to residents without staff assistance;

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

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

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

(v) Has suitable outdoor furniture;

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

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

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

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

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

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

(4) To allow access to memory care throughout the state, the department may allow conditional exemptions to subsection (3)(f) of this section for locations operating in buildings constructed or originally licensed prior to July 1, 2025, where an outdoor space is located on a floor other than where the residents reside and an alternative viewing area was created in the memory care unit, as long as the viewing area:

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

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

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

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

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

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

(6) An assisted living facility must apply to the department to become certified, pay any fees including the initial certification and the annual certification fees, and provide any information as the department requires by rule to demonstrate the facility meets the requirements of subsection (2) of this section and any implementing rules. The department shall set initial and annual certification fees to be compensatory to the cost of the program.

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

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

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

(10) The department shall adopt rules to implement this section.
[2025 c 187 s 2.]

Findings—Intent—2025 c 187: "(1) The legislature finds that:

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

(b) A growing number of assisted living facilities use memory care in their names or their service descriptions and advertise themselves as providing memory care, Alzheimer's care, or dementia care. An informal study performed by the dementia action collaborative in 2021 found that there are approximately 237 assisted living facilities in Washington that advertise themselves as offering memory care or specialized dementia care, and that exact terminology and related available services varied. The use of the term "memory care" may mean that the whole building is devoted to the care of people living with dementia or that they offer a special unit or wing devoted solely to memory care; and

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

(2) The legislature intends to create a memory care facility certification for licensed assisted living facilities, managed by the department of social and health services, to create a more standardized definition of memory care in Washington and help consumers make informed choices about receiving memory care services in assisted living facilities." [2025 c 187 s 1.]

Construction—Application—2025 c 187: "Nothing in this act is intended to prohibit assisted living facilities from providing care to residents with dementia in an assisted living setting without restricted egress, so long as the assisted living facility is not representing themselves out as a memory care facility, or otherwise representing to the public, clients, prospective clients, or the client or prospective client's representative that memory care is a specialty of the facility without certification outlined in section 2 of this act." [2025 c 187 s 10.]

Construction—Requirements of chapter 70.129 RCW—2025 c 187: "Nothing in this act shall be construed as replacing any requirements as outlined in chapter 70.129 RCW." [2025 c 187 s 11.]