DSHS WASHINGTON STATE Department of Social and Health Services

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Assisted Living Facility Request for Documentation

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER
ENTRANCE DATE	LICENSOR NAME

Inspection Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

☐ **The field office has contacted the Ombuds.**

Licensee / Administrator: Please provide the following documentation to the licensors per WAC 388-78A-3140.

Documentation due to licensor within two (2) hours of entrance:	**Received:**
Resident Information	
Resident Characteristic Roster, DSHS 10-362* or Resident List, DSHS 10-361 or facility list of all licensed rooms (occupied and vacant), and all residents including roommates, room number, and language spoken if not fluent in English. If a nonresident is in a licensed room, indicate nonresident. Provide one copy for each inspection team member.	☐
* Note: Maintaining a Resident Characteristic Roster, DSHS 10-362, expedites onsite inspection time. This form can be located at https://www.dshs.wa.gov/fsa/forms/	
Staff / Administrative Information	
Complete list of staff, position title, shift, hire date (first date worked for pay), and date of birth. Provide one copy for each inspection team member.	☐
Three weeks of staffing schedules as actually worked including nursing, dietary staff, and housekeeping / laundry staff.	☐
System for and access to personnel files and resident records (requests for specific resident and staff records will occur during the inspection).	☐
Name and phone numbers of administrator / designee.	☐
Applicable documentation due to licensor by end of entrance day:	**Received:**
Disclosure of services.	☐
Copy of evidence of general and professional liability insurance coverage.	☐
Four weeks of menus as served, activity schedule.	☐
Disaster plan, policies and procedures for: Infection Prevention Control, mandated reporting for abuse / neglect.	☐
Valid Medical Test Site Certificate of Waiver License (MTSW) / Clinical Laboratory Improvement Amendment (CLIA) (☐ Not applicable).	☐
Nurse delegation policy and procedure (☐ Not applicable).	☐
Pet policy and records (☐ Not applicable).	☐
Changes in physical environment and approved Construction Review projects since last full inspection (☐ Not applicable).	☐
Copies of any waivers / exceptions / exemptions to rules (☐ Not applicable).	☐
Resident Register (Discharge Information / Move Out Record) List of residents discharged in last six months and reason for discharge (if deceased write deceased) (☐ Not applicable).	☐
Documentation required:	