

## Assisted Living Facility Request for Documentation

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME	
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Monitoring <input type="checkbox"/> Complaint: Number _____		
<input type="checkbox"/> <b>The field office has contacted the Ombuds.</b> <b>Licensee / Administrator: Please provide the following documentation to the licensors per WAC 388-78A-3140.</b>		
<b>Documentation due to licensor within two (2) hours of entrance:</b>		<b>Received:</b>
<b>Resident Information</b>		
Resident Characteristic Roster, DSHS 10-362* <u>or</u> Resident List, DSHS 10-361 <u>or</u> 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.		<input type="checkbox"/>
* Note: Maintaining a Resident Characteristic Roster, DSHS 10-362, expedites onsite inspection time. This form can be located at <a href="https://www.dshs.wa.gov/fsa/forms/">https://www.dshs.wa.gov/fsa/forms/</a>		
<b>Staff / Administrative Information</b>		
Complete list of staff, position title, shift, hire date (first date worked for pay), and day and month of birth. Provide one copy for each inspection team member.		<input type="checkbox"/>
Three weeks of staffing schedules as actually worked including nursing, dietary staff, and housekeeping / laundry staff.		<input type="checkbox"/>
System for and access to personnel files and resident records (requests for specific resident and staff records will occur during the inspection).		<input type="checkbox"/>
Name and phone numbers of administrator / designee.		<input type="checkbox"/>
<b>Documentation due to licensor by end of entrance day:</b>		<b>Received:</b>
Disclosure of services.		<input type="checkbox"/>
Copy of evidence of general and professional liability insurance coverage (must have name and address of the facility on the document).		<input type="checkbox"/>
Four weeks of menus as served, activity schedule.		<input type="checkbox"/>
Emergency manual, disaster plan, Respiratory Protection Program protocol, Medicaid contract, mandated reporting records for abuse / neglect, nurse delegation protocol.		<input type="checkbox"/>
Pet policy and records.		<input type="checkbox"/>
Changes in physical environment and Approved Construction Review projects since last full inspection.		<input type="checkbox"/>
Copies of any waivers / exceptions / exemptions to rules.		<input type="checkbox"/>
<b>Resident Register (Discharge Information / Move Out Record)</b> List of residents discharged in last six months with forwarding address and reason for discharge (if deceased write deceased).		<input type="checkbox"/>
<b>Documentation required:</b>		