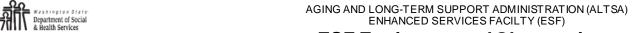




ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME		Inspection Type:   Full	☐ Follow up ☐ Complaint
Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.			
□ □ Appropriate staff communi □ □ Adaptive equipment availal □ □ Resident nutrition, groomir □ □ Recognition of cultural dive □ □ Recognition of dignity, priv □ □ Presence of restraints (042 □ □ Communication system (10	n(s), responsiveness and meeting resident nection with residents (0170, 0200) ble, clean and in good repair (0210, 0310, 08 ng, personal and oral hygiene and/or delivery ersity and preferences (0120, 0170, 0210) acy, and resident rights (i.e., shades in room 20)	300) of care completed (0200)	
NOTES			



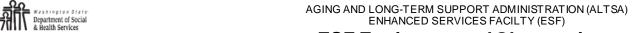
ENHANCE	D SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR	?'S NAME	Inspection Type:   Full	Follow up
YES NO	Physical Environment – Interior (if two buildings and one license, postings in b	ooth buildings)	
	Information posted:		
	☐ Copy of report, cover letter and plan of correction of most recent full inspection conducted by department (1100)		
	Resident Rights (0190(6)(a-o)) Emergency evacuation routes (1600)		
	Emergency evacuation routes (1000)		
NOTES			

Transforming lives





	SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR'S N	NAME	Inspection Type:   Full	Follow up
	Maintenance and House keeping adequate  Furnishing, floors, walls, and ceilings (0170)  Presence of objectionable odors (0170)  House keeping supply area (0910)  Laundry – handled according to acceptable methods of infection control (0900)  Infection control practices of staff (0440)  Hand washing (0440)  Temperature (capable of 75° areas occupied by residents and 70° for non-resident are Adequate ventilation in resident rooms and common areas (0810, 0880, 1000)  Adequate lighting in resident rooms and common areas (0880 / 1001)  Safe water temperature in resident rooms and sinks utilized by residents (0970)  Cleanliness of resident equipment maintained in good repair (0170)	reas) (0980/0990)	



ENHANCEI	D SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR	S'S NAME	Inspection Type:   Full	Follow up
YES NO	Safety		
	Prevention of resident access to storage of:      Cleaning supplies		
NOTES			

Transforming lives





ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME		Inspection Type:   Full	Follow up
YES NO Common Bathrooms (0820 / 0830)			
Common bathrooms are:			
☐ ☐ Safe / clean / adequate lighting / grab bars (if a	pplicable for resident needs)		
<ul><li>☐ ☐ Doors swing out</li><li>☐ ☐ Accessible for all resident / privacy available</li></ul>			
	(data and time):	(place)	
Water temperature: °F;			
water temperature	_ (date and time),	(ріасе)	
YES NO Bathtub or immersion tub (0830)			
☐ ☐ Access to at least one bathing device for imme	rsion		
NOTES			





	LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME	Inspection Type:  Full	Follow up
YES NO Physical Environment - Outdoors  ☐ Stairs / steps / ramps in good repair (0950) ☐ Hand rails (0950) ☐ Garbage / refuse (0924) ☐ Presence of pests (0170) ☐ General maintenance of sidewalks / walkways (0980)		
Outdoor recreations space and walkway (0890)  Has areas protected from direct sunshine and rain throughout the day Can be accessed by the resident Has walking surfaces that are firm, stable, and free from cracks and abrupt changes walandscape areas) Accessible to residents without staff Has sufficient space and outdoor furniture provided with flexibility in arrangement of the and mobility aids Surrounded by walls or fences at least 72" high If used a resident courtyard, must not be used for public or service deliveries		, ,
NOTES		

Use this form, Attachment G, Environmental Observations, and Attachment M, Food Service Observations, DSHS 15-583, for all full inspections.