DSHS
WASHINGTON STATE Department of Social and Health Services

# Assisted Living Facility
# Pre-Inspection Preparation

| ASSISTED LIVING FACILITY NAME | | LICENSE NUMBER |
|---|---|---|
| ENTRANCE DATE | LICENSOR NAME | INSPECTION TYPE<br>☐ Full |
| TEAM COORDINATOR | TEAM MEMBERS | |

Preparation activities:

- Print licensee summary and room list from tracking system
- Review compliance history since last inspection, expand up to 36 months if needed
- Review past SOD's, uncorrected deficiencies, and enforcement actions since last full inspection
- Review past and current complaint investigations since last full inspection
- Identify current communicable disease outbreaks and review current IPC guidance
- Review resident and staff list from last licensing inspection

Consult regarding concerns about facility with:

- Nurse, Licensor, Complaint Investigators, FM
- Case Managers: HCS, DDA

Contract(s): ☐ AL ☐ EARC ☐ ARC ☐ EARC-SDC ☐ Adult Day Care
☐ Other: ☐ None

Memory Care Certification: ☐ Yes ☐ No ☐ N/A

Licensed Beds:

Administrator:

CURRENT EXEMPTIONS (IF APPLICABLE)

FACILITY CHANGES SINCE LAST INSPECTION (CRS DOH WEBSITE, STARTS DOH CONSTRUCTION REVIEW TAB)

OMBUDS QUARTERLY MEETINGS SINCE LAST FULL INSPECTION

☐ No Concerns

STATE FIRE MARSHAL'S OFFICE REPORTS SINCE LAST FULL INSPECTION

☐ No Concerns

| CASE MANAGER DDA / HCS | CONTACT DATE (IF APPLICABLE) |
|---|---|
| COMMENTS / CONCERNS | |

| OTHER OUTSIDE AGENCY | CONTACT DATE (IF APPLICABLE) |
|---|---|
| COMMENTS / CONCERNS | |

| Notes: Pre-Inspection Preparation | Attachment A |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |