DSHS WASHINGTON STATE Department of Social and Health Services

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

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 Roster, 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 number 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.	☐
Emergency and 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:	