

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"/> The field office has contacted the Ombuds. (Attachment A)			
Licensee / Administrator: Please provide the following information / documentation to the licensors within the allocated time indicated.			
Documentation required:		Due to Licensor	Due met:
Resident Information: Complete list of residents including their roommates, room number, and language spoken if not fluent in English (facility list of residents). * (Attachment C-only required if no Resident Characteristic Roster provided)		Within two (2) hours of entry of facility	<input type="checkbox"/>
* Note: Maintaining a Resident Characteristic Roster, DSHS 10-362 form, could expedite the amount of time licensors have to be onsite for an inspection. This form can be located at https://www.dshs.wa.gov/fsa/forms/			
Documentation required:		Due to Licensor	Due met:
Resident Information: A completed resident characteristic list Include all licensed rooms and all residents. If a nonresident in a licensed room, indicate nonresident. Provide a copy for each inspection team member. (Attachment D)		Within two (2) hours of entry of facility	<input type="checkbox"/>
Resident Information: Request for specific resident and staff records will occur during the inspection.		Within two (2) hours of entry of facility	<input type="checkbox"/>
Staff Information: Complete list of staff, position title, shift, <u>hire date</u> , and day and month of birth. Provide a copy for each inspection team member. (Attachment K)		Within two (2) hours of entry of facility	<input type="checkbox"/>
Staff Information: Three weeks of staffing schedules including nursing, dietary staff, and housekeeping / laundry staff.		Within two (2) hours of entry of facility	<input type="checkbox"/>
Staff Information: Location of personnel files, including orientation, CPR, First Aid training, TB testing, background inquiry information, basic or modified training, food handler cards, continuing education and specialty training as required.		Within two (2) hours of entry of facility	<input type="checkbox"/>
Staff Information: Name and phone numbers of administrator, designee, and/or nurse		Within two (2) hours of entry of facility	<input type="checkbox"/>
Admin Information: Disclosure of services provided. (Attachment L)		Within two (2) hours of entry of facility	<input type="checkbox"/>
Admin Information: Location of the resident records, including negotiated service agreements.		Within two (2) hours of entry of facility	<input type="checkbox"/>
Admin Information: Copy of evidence of general and professional liability insurance coverage, must have name and address of the facility on the document. (Attachment L)		Within six (6) hours of entry of facility	<input type="checkbox"/>
Admin Information: Four weeks menus as planned that includes any changes in the menu.		Within six (6) hours of entry of facility	<input type="checkbox"/>
Admin Information: Pet records for all pets in the facility.		Within six (6) hours of entry of facility	<input type="checkbox"/>
Admin Information: Changes in physical environment since last full inspection; Approved Construction Review projects since the last full inspection. (Attachment P)		Within six (6) hours of entry of facility	<input type="checkbox"/>
Admin Information: Copies of any waivers/exceptions/exemptions to rules. (Attachment A)		Within six (6) hours of entry of facility	<input type="checkbox"/>

