Washington State Department of Social & Health Services
Transforming lives

Attachment J

Assisted Living Facility Resident Record Review

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

INSPECTION DATE	LICENSOR NAME

Inspection Type: ☐ Initial ☐ Full ☐ Follow up ☐ Monitoring ☐ Complaint: Number ____________

NAME	ID NO.	DATE OF BIRTH	ROOM NO.	MOVE-IN DATE	PAY STATUS

FAMILY/MEMBER/RESIDENT'S REPRESENTATIVE/PHONE	PERTINENT MEDICAL HISTORY/DIAGNOSES

Yes	No	N/A	Assessment
☐	☐	☐	Pre-admission (for residents admitted in last six months).
☐	☐	☐	Annual to meet resident's needs or semi-annual for EARC – Specialized Dementia Care contract.
☐	☐	☐	Limited for change of condition as needed.

NOTES

Yes	No	N/A	Monitoring Resident's Well-Being
☐	☐	☐	Documented.
☐	☐	☐	Action taken as needed.

NOTES

Yes	No	N/A	Negotiated Service Agreement (NSA)
☐	☐	☐	Initial on admission and completed within 30 days (for residents admitted in last six months).
☐	☐	☐	Updated as necessary.
☐	☐	☐	Contents meet resident's needs and preferences.

- Defined roles and responsibilities of resident, staff, resident's representative, outside agency if used, and alternate plan when necessary.
- Times services will be delivered including frequency and approximate time of day.
- Resident's preferences for activities and how supported.
- Identifies and incorporates Resident Arranged Services (if applicable).
- Identifies and incorporates External Health Providers (if applicable)

NOTES

Yes	No	N/A	Medication Services: ☐ Independent ☐ Assistance ☐ Administration
☐	☐	☐	Family / plan.
☐	☐	☐	Facility.
☐	☐	☐	Appropriate for resident abilities and needs.
☐	☐	☐	Review of medication record.
☐	☐	☐	Documentation of refusal (if applicable)

NOTES

Yes	No	N/A	Intermittent Nursing Services Provided
☐	☐	☐	Nursing Service System developed.
☐	☐	☐	Services identified and appropriate.

NOTES

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Yes	No	N/A	Modified / Therapeutic Diet
☐	☐	☐	Receiving Food Services as ordered.
☐	☐	☐	Receiving eating assistance.

NOTES

Additional Notes **Attachment J**