ASSISTED LIVING FACILITY NAME	ITY NAME	LIC	LICENSE NUMBER	ENTRANCE DATE	LICENSOR NAME	
SHSUL	v					Attachment K
WASHINGTON STATE Department of Social and Health Services		sisted Living I	-ong-term support acility Staff {	Assisted Living Facility Staff Sample / Record Review	L	CD ID NUMBER
Visit Type: Full	Follow up Com	Complaint: Number				
Address each box not	Address each box not greyed out. When additional staff require review, use another copy of this form.	ional staff require rev	iew, use another cop	y of this form. Please see	Please see page four for instructions.	
STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)) STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
IDENTIFIER						
DATE OF BIRTH						
POSITION						
DATE OF HIRE*						
FACILITY ORIENTATION						
ORIENTATION AND SAFETY (5 HOURS)						
70 HOUR BASIC						
DOH* CREDENTIALS	N/A				N/A	
DOH EXPIRE DATE						
12 HOURS CE* (NUMBER OF HOURS)						
BGI CHECK DATE*					PREVIOUS: CURRENT:	PREVIOUS: CURRENT:
FINGERPRINT CHECK DATE	□ N/A □ Pending	□ N/A □ Pending	DNA Dending	ding N/A Pending	5	
CCS* DETERMINATION	N/A, not required	□ N/A, not required	□ N/A, not required	ed	□ N/A, not required	N/A, not required
* DOH – Department of	Health; CE – Continuing E	:ducation; BGI – Backg	Iround Inquiry; CCS -	Character, Competency, and	* DOH – Department of Health; CE – Continuing Education; BGI – Background Inquiry; CCS – Character, Competency, and Suitability; Date of Hire – First Date worked for pay	st Date worked for pay
		<u>H</u>			Dodo 27 of 12	

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ASSISTED LIVING FACILITY (ALF) INSPECTION PACKET DSHS 10-576 (REV. 04/2025)

ENTRANCE DATE LICENSOR NAME	STAFF (NEW) STAFF (> TWO YEARS)													T Yes No				
LICENSE NUMBER ENTR.	STAFF (NEW)													🗌 Yes 🔲 No				
LICE!	STAFF (NEW)												ר Page 3)	🗌 Yes 🔲 No				
Y NAME	ADMINISTRATOR												e optional worksheet or	🗌 Yes 🔲 No	🗌 No Pets			
ASSISTED LIVING FACILITY NAME	STAFF	NAME	DATE OF HIRE	NURSE DELEGATION (ND) TRAINING	ND INSULIN	Specialty Training	DEMENTIA	MENTAL HEALTH	N/A	DEVELOPMENTAL DISABILITIES	FOOD WORKER CARD EXPIRATION	1 st AID / CPR EXPIRATION	TB Testing Review (See optional worksheet on Page 3)	TB TESTING REQUIREMENT MET	PET RECORDS	PET 1	PET 2	PET 3

ASSISTED LIVING FACILITY (ALF) INSPECTION PACKET DSHS 10-576 (REV. 04/2025)

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ASSISTED LIVING FACILITY NAME	TY NAME	LICEN	LICENSE NUMBER ENTF	ENTRANCE DATE	LICENSOR NAME	
Optional Worksheet fo compliance status on I	r TB Testing Review. Th Page 2.	is section can be used	to assist in determining	compliance with TB Te	Optional Worksheet for TB Testing Review. This section can be used to assist in determining compliance with TB Testing requirements. Once determined, indicate compliance status on Page 2.	determined, indicate
STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
DATE OF HIRE						
DATE TESTED						
TYPE OF TEST						
DATE FIRST READ						
RESULT	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative		
INDURATION IF TST	MM	MM	MM	MM		
DATE OF SECOND TST TEST	□ N/A, not TST	□ N/A, not TST	□ N/A, not TST	□ N/A, not TST		
DATE SECOND READ						
RESULT	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative		
INDURATION IF TST	MM	MM	MM	MM		
DATE CHEST X-RAY						
X-RAY RESULT	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative	□ Positive □ Negative		
TST - Tuberculin Skin Te	TST - Tuberculin Skin Test; IGRA - Interferon Gamma Release Assays	ıma Release Assays				
Notes						

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ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE	LICENSOR NAME
ltem	Instructions – WACs reference	d below are intended as	s a guide and may not be al	Instructions – WACs referenced below are intended as a guide and may not be all inclusive of applicable regulations.
General	 Each box not greyed out must have data in it. Check N/A box, write N/A, or strikethrough the box for relevant. If there is no data, the reviewer of the record does not know if it was missed by the licensor. Minimally, review the following facility documents and expand as needed based on areas of concern: Emergency Disaster Plan, Insurance verification, Abuse / Neglect Policy, ND Policy, Disclosure of Se * For facilities requiring a <u>MTSW</u> / <u>CLIA</u> license, the facility is not required to maintain a copy of their license. 	st have data in it. Check N the reviewer of the record o ng facility documents and e isurance verification, Abuse <u>W</u> / <u>CLIA</u> license, the facility	A box, write N/A, or strikethro does not know if it was misseo kpand as needed based on al / Neglect Policy, ND Policy, I / is not required to maintain a	 Each box not greyed out must have data in it. Check N/A box, write N/A, or strikethrough the box for any areas on this form which are not relevant. If there is no data, the reviewer of the record does not know if it was missed by the licensor or if it was a finding for the facility. Minimally, review the following facility documents and expand as needed based on areas of concern: Emergency Disaster Plan, Insurance verification, Abuse / Neglect Policy, ND Policy, Disclosure of Services, Menus, and Activity Calendar * For facilities requiring a <u>MTSW</u> / <u>CLIA</u> license, the facility is not required to maintain a copy of their license on-site but must have a current license.
Staff Sample	Review administrator's records if fewer than three were hired, revi place for all required renewals (e Document the reason for any sut	s if new since the previous i eview all new staff. Conduc s (e.g., BGI, CE). When ther substitutions.	nspection. Conduct a full revi t a targeted review of two staf e are not enough current staf	Review administrator's records if new since the previous inspection. Conduct a full review of three staff hired since the last inspection. If fewer than three were hired, review all new staff. Conduct a targeted review of two staff with a >2 year work history to verify a system is in place for all required renewals (e.g., BGI, CE). When there are not enough current staff with >2 years employment, use former staff. Document the reason for any substitutions.
Facility Orientation	Required before having routine interactions with residents (388-112A-0200). Record date of completion.	nteractions with residents	(388-112A-0200). Record da	ate of completion.
Orientation and Safety (5 hours)	Two hours of orientation and thre Record date of completion.	e hours of safety training	is required before providing	Two hours of orientation and three hours of safety training is required before providing care to residents (388-112A-0200 and 0220). Record date of completion.
70-hour basic	All long-term care workers hired after (See additional regulations within WAC certification requires proof of 70-hour I hour training. Denote with N/A or line.	after 01/07/2012 must col WAC 388-112A for staff hour basic completion. If r line.	mplete within 120 days of hire hired before 01/07/2012. Rec staff have current HCA crede	All long-term care workers hired after 01/07/2012 must complete within 120 days of hire (WAC 388-78A-2474 and WAC 388-112A-0300). See additional regulations within WAC 388-112A for staff hired before 01/07/2012. Record date of completion. Note: DOH HCA certification requires proof of 70-hour basic completion. If staff have current HCA credentials, licensors do not have to review proof of 70- hour training. Denote with N/A or line.
DOH Credentials	Record type of license, certificati aide certification (HCA). Provide	on, or credential. Examp r credential search is four	les may include registered nu nd on the <u>Department of Hea</u> l	Record type of license, certification, or credential. Examples may include registered nurse (RN), licensed practical nurse (LPN), home care aide certification (HCA). Provider credential search is found on the <u>Department of Health website</u> . Check N/A if not applicable.
DOH Expiration Date	Enter the date of expiration for st	staff credential.		
12 Hours CE	 When reviewing CE credits, reconstructed on example, a review conducted on and January 1, 2024, reviewed. Finand January 1, 2024, reviewed. The since the last inspection, the staff inspection. For newly credential inspection. For newly credential renewal date. See <u>Continuing Ed</u> DSHS-approved courses mus by verification of CE course not by verification of CE course not course to the system (ICTS). For EARC – SDC Contract, staff total twelve hours required). WA 	ecord the number of hours the person received the on December 1, 2024, of a person born on Jan ad. Registered nurses and licensed practical nur the field staff may use the number of credits f staff member was reviewed during that inspection tialed HCA workers, initial CE requirement is du <u>e Education Requirements</u> for more information. Thust be used to meet the CE requirements. Fie se number. Verification of individual courses ma staff must take at least six (6) hours of continuing WAC 388-110-220(3)(d)	ie person received in the time berson born on January 1 wou ensed practical nurses are ex number of credits found at th during that inspection, and the E requirement is due before th r more information. E requirements. Field staff ma dividual courses may be revie hours of continuing education	 When reviewing CE credits, record the number of hours the person received in the time period between their last two birthdays. For example, a review conducted on December 1, 2024, of a person born on January 1 would need to have all hours between January 1, 2023, and January 1, 2024, reviewed. Registered nurses and licensed practical nurses are exempt from this requirement, unless voluntarily certified as a home care aide. The field staff may use the number of credits found at the last inspection only if less than a year has passed since the last inspection, the staff member was reviewed during that inspection, and the staff member has not had a birthday since the last inspection. For newly credentialed HCA workers, initial CE requirement is due before their birthdate following their first HCA credential renewal date. See <u>Continuing Education Requirements</u> for more information. DSHS-approved courses must be used to meet the CE requirements. Field staff may verify individual CE courses were DSHS-approved by verification of CE courses must be used to meet the Care information. DSHS-approved courses must be used to meet the CE requirements. Field staff may verify individual CE courses were DSHS-approved by verification of CE course number. Verification of individual courses may be reviewed by logging into the <u>instructor and Curriculum Tracking System (ICTS)</u>. For EARC – SDC Contract, staff must take at least six (6) hours of continuing education per year related to dementia (may be part of the total twelve hours required). WAC 388-110-220(3)(d)

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ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE	LICENSOR NAME
Item	Instructions (continuation) – regulations.	- WACs referenced below	are intended as a guide an	WACs referenced below are intended as a guide and may not be all inclusive of applicable
BGI Check Date	Enter the date BGI was subm letter (WAC 388-78A-2466). ⁻ every two years.	itted to the department's bac The submit date and the res	ckground check central unit, ults date on the background	Enter the date BGI was submitted to the department's background check central unit, or the date found on the background check results letter (WAC 388-78A-2466). The submit date and the results date on the background check letter are the same. BGI must be conducted every two years.
Fingerprint Check Date	Common data for this box inc words that clearly describe the check documentation).	udes a date, the N/A box be e result of the fingerprint che	eing checked, the pending bo eck review (such as "not foun	Common data for this box includes a date, the N/A box being checked, the pending box being checked, a line drawn through the box, or words that clearly describe the result of the fingerprint check review (such as "not found" if the facility will be cited for lack of fingerprint check documentation).
CCS Determination	Required when BGI returns with completed before working unsu criminal convictions or pending 456). If an alternative format is	ith criminal convictions or pe supervised. A second CCS of g charges not already reflec is used, reviews must includ	ending charges that are not d review is required when the F sted in the BGI. The facility m te all information found in W/	Required when BGI returns with criminal convictions or pending charges that are not disqualifying (WAC 388-113). CCS must be completed before working unsupervised. A second CCS review is required when the FP results indicate additional, non-disqualifying criminal convictions or pending charges not already reflected in the BGI. The facility may use RCS CCS Determination form (DSHS 15-456). If an alternative format is used, reviews must information found in WAC 388-113-0060. Enter date of review.
ND Training and ND Insulin	ND core training is required by diabetes nurse delegation is an	/ a nursing assistant before n additional training when a	commencing any specific nu tdministering insulin by inject	a nursing assistant before commencing any specific nursing care tasks (RCW 18.88B.070). Specialized additional training when administering insulin by injection. Record date(s) of completion.
Specialty Training	Required when caring for resi 2510). Review the disclosure applicable.	dents having a primary spec of services and/or Client Ch	cial need of a developmental naracteristics Roster to help o	Required when caring for residents having a primary special need of a developmental disability, mental illness, or dementia (388-78A-2490- 2510). Review the disclosure of services and/or Client Characteristics Roster to help determine required trainings. Mark N/A when not applicable.
Pet Records	If the facility has three or fewer pets, revi Expand the sample if issues are identified immunizations, certified by a veterinarian policies. Check no pets if not applicable.	rr pets, review all pet record ire identified. The sample π /eterinarian to be free of hur applicable.	s. If the facility has more tha nay include pets of nonreside man transmittable diseases, ¿	If the facility has three or fewer pets, review all pet records. If the facility has more than three pets, identify a random sample of three pets. Expand the sample if issues are identified. The sample may include pets of nonresidents. Verify regular examinations and up to date immunizations, certified by a veterinarian to be free of human transmittable diseases, and that the facility is following their internal pet policies. Check no pets if not applicable.

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