ASSISTED LIVING FACILITY NAME	LICENSE NUMBER	ENTRANCE DATE	LICENSOR NAME

DSHS WASHINGTON STATE Department of Social and Health Services

Attachment K

AGING AND LONG-TERM SUPPORT ADMINISTRATIN (ALTSA)

Assisted Living Facility Staff Sample / Record Review

CD ID NUMBER

Visit Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

Address each box not greyed out. When additional staff require review, use another copy of this form. 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	☐ N/A	☐ N/A	☐ N/A	☐ N/A
DOH EXPIRE DATE						
12 HOURS CE* (NUMBER OF HOURS)						
BGI CHECK DATE*					PREVIOUS: CURRENT: ☐ N/A ☐ PENDING	PREVIOUS: CURRENT: ☐ N/A ☐ PENDING
FINGERPRINT CHECK DATE	☐ N/A ☐ Pending	☐ N/A ☐ Pending	☐ N/A ☐ Pending	☐ N/A ☐ Pending		
CCS* DETERMINATION	☐ N/A, not required	☐ N/A, not required	☐ N/A, not required	☐ N/A, not required	☐ N/A, not required	☐ N/A, not required

* DOH – Department of Health; CE – Continuing Education; BGI – Background Inquiry; CCS – Character, Competency, and Suitability; Date of Hire – First Date worked for pay

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STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
DATE OF HIRE						
NURSE DELEGATION (ND) TRAINING						
ND INSULIN						
Specialty Training						
DEMENTIA ☐ **N/A**						
MENTAL HEALTH ☐ **N/A**						
DEVELOPMENTAL DISABILITIES ☐ **N/A**						
FOOD WORKER CARD EXPIRATION						
1ST AID / CPR EXPIRATION						
TB Testing Review (See optional worksheet on Page 3)						
TB TESTING REQUIREMENT MET	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No		
PET RECORDS	☐ **No Pets**					
PET 1						
PET 2						
PET 3						

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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.

STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
DATE OF HIRE						
DATE TESTED						
TYPE OF TEST	☐ TST* ☐ IGRA*	☐ TST* ☐ IGRA*	☐ TST* ☐ IGRA*	☐ TST* ☐ IGRA*		
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 Test; IGRA - Interferon Gamma Release Assays

Notes

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Item	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 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 MTSW / CLIA 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 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.
Orientation and Safety (5 hours)	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 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, 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 Department of Health website. Check N/A if not applicable.
DOH Expiration Date	Enter the date of expiration for staff credential.
12 Hours CE	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 Continuing Education Requirements 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 course number. Verification of individual courses may be reviewed by logging into the Instructor and Curriculum Tracking System (ICTS). 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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Item	Instructions (continuation) – WACs referenced below are intended as a guide and may not be all inclusive of applicable regulations.
BGI Check Date	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 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 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 include all information found in WAC 388-113-0060. Enter date of review.
ND Training and ND Insulin	ND core training is required by a nursing assistant before commencing any specific nursing care tasks (RCW 18.88B.070). Specialized diabetes nurse delegation is an additional training when administering insulin by injection. Record date(s) of completion.
Specialty Training	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, 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.