

ESF Pre-Inspection Preparation

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE		
LICENSOR'S NAME	Inspection Type: <input type="checkbox"/> Full			
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>Review facility history to include:</u></p> <ul style="list-style-type: none"> • Past and current complaint investigations • Past SODs and uncorrected deficiencies • Past three consecutive years compliance with all inspections and investigations • Resident and staff list from last licensing inspection • Current exemptions • Other relevant documents </td> <td style="width: 50%; vertical-align: top;"> <p><u>Consider conferring with staff regarding concerns about facility to include:</u></p> <ul style="list-style-type: none"> • Complaint Investigator • Case Managers • Other relevant staff </td> </tr> </table>			<p><u>Review facility history to include:</u></p> <ul style="list-style-type: none"> • Past and current complaint investigations • Past SODs and uncorrected deficiencies • Past three consecutive years compliance with all inspections and investigations • Resident and staff list from last licensing inspection • Current exemptions • Other relevant documents 	<p><u>Consider conferring with staff regarding concerns about facility to include:</u></p> <ul style="list-style-type: none"> • Complaint Investigator • Case Managers • Other relevant staff
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CASE MANAGER'S/HCS NAME		CONTACT DATE		
COMMENTS/CONCERNS				
OMBUD'S NAME		CONTACT DATE		
COMMENTS/CONCERNS				
CONTRACT TYPE		CONTRACT DATE AND EXPIRATION		
CURRENT EXEMPTIONS				



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Notes: Pre-Inspection Preparation