



ESF Pre-Inspection Preparation

ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE
LICENSOR'S NAME		Inspection Type: <input type="checkbox"/> Full	
Team Coordinator: _____ ; Team member(s): _____			
<u>Review facility history to include:</u> <ul style="list-style-type: none"> • Prepare licensee summary from tracking system • Compliance history of previous inspection and past / current complaint investigations since the last full inspection, expand up to 36 months if needed • Past SODs, uncorrected deficiencies, enforcement, and quality review complaints since the last full inspection • Resident and staff list from last licensing inspection • Current exemptions • Other relevant documents 		<u>Consider conferring with staff regarding concerns about facility to include:</u> <ul style="list-style-type: none"> • Nurse, Licensor, Complaint Investigator, FM • Case Managers 	
CONTRACT EXPIRATION	LICENSED BEDS	ADMINISTRATOR	
CURRENT EXEMPTIONS (IF APPLICABLE)			
FACILITY CHANGES SINCE LAST INSPECTION			
OMBUDS QUARTERLY MEETINGS SINCE LAST FULL INSPECTION <input type="checkbox"/> No Concerns			
STATE FIRE MARSHALL'S OFFICE REPORTS SINCE LAST FULL INSPECTION <input type="checkbox"/> No Concerns			
HCS CASE MANAGER CONTACT			CONTACT DATE (IF APPLICABLE)
COMMENTS / CONCERNS			
OTHER CONTACT(S)			CONTACT DATE (IF APPLICABLE)
COMMENTS / CONCERNS			



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Notes: Pre-Inspection Preparation
