# ESF Request for Documentation

<table>
<thead>
<tr>
<th>ENHANCED SERVICES FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>INSPECTION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSOR’S NAME</td>
<td></td>
<td>Inspection Type:</td>
</tr>
</tbody>
</table>

## Copy of form provided to:

<table>
<thead>
<tr>
<th>NAME</th>
<th>TIME</th>
</tr>
</thead>
</table>

## Licensee / Administrator: Please provide the following information / documentation to the licensors:

### At the beginning of the inspection:
- Complete list of residents, room number, and language spoken if not fluent in English (facility list of residents)
- Identify residents in the building today
- Residents discharged in the last three months, if applicable

### Prior to the end of the tour:
- A completed resident characteristic list (Attachment D, DSHS 15-574). Include all licensed rooms and all residents
- Complete list of staff, position title, birthdate, shift, and hire date
- Working schedule of care staff, nursing staff, MHPs and on-call RN and MHPs for prior two weeks
- Disclosure of Admission Agreement
- Location of the resident records
- Location of personnel files
- Request for specific resident and staff records will occur during the inspection
- Copy of evidence of liability insurance coverage
- Pet records, menu calendar, changes in physical environment since the last inspection
- Approved construction review projects since the last full inspection
- Copies of any waivers / exceptions to rule

Further records and information may be requested by the licensor during the inspection process.

Thank you for your assistance.
<table>
<thead>
<tr>
<th>ENHANCED SERVICES FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>INSPECTION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LICENSOR'S NAME</td>
<td>Inspection Type: ☐ Full ☐ Follow up ☐ Complaint</td>
<td></td>
</tr>
</tbody>
</table>

Notes: Request for Documentation