



## ESF Environmental Observations

ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER	ENTRANCE DATE
LICENSOR'S NAME	Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint: Number _____		
<b>Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.</b>			
<b>A. Quality of Life / Resident Rights</b>			
YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Staff to resident interaction(s), responsiveness and meeting resident needs (0170, 0190)	
<input type="checkbox"/>	<input type="checkbox"/>	Appropriate staff communication with residents (0170, 0200)	
<input type="checkbox"/>	<input type="checkbox"/>	Adaptive equipment available, clean and in good repair (0210, 0310, 0800)	
<input type="checkbox"/>	<input type="checkbox"/>	Resident nutrition, grooming, personal and oral hygiene and/or delivery of care completed (0200)	
<input type="checkbox"/>	<input type="checkbox"/>	Recognition of cultural diversity and preferences (0120, 0170, 0210)	
<input type="checkbox"/>	<input type="checkbox"/>	Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room (0170)	
<input type="checkbox"/>	<input type="checkbox"/>	Presence of restraints (0420)	
<input type="checkbox"/>	<input type="checkbox"/>	Communication system (1005 and 1010)	
<input type="checkbox"/>	<input type="checkbox"/>	Homelike (0170, 0880)	
<input type="checkbox"/>	<input type="checkbox"/>	Facility electronic monitoring equipment must not include audio and focus on entrance or exit doorways (0780)	
<input type="checkbox"/>	<input type="checkbox"/>	Resident requested electronic monitoring equipment is only used in sleeping room of the resident (0790)	
NOTES			
<b>B. Physical Environment – Interior (if two buildings and one license, postings in both buildings)</b>			
YES	NO	INFORMATION POSTED:	
<input type="checkbox"/>	<input type="checkbox"/>	Current ESF license including limits or conditions on the license (1100)	
<input type="checkbox"/>	<input type="checkbox"/>	CRU Hotline (0590)	
<input type="checkbox"/>	<input type="checkbox"/>	Ombudsman Information (1100)	
<input type="checkbox"/>	<input type="checkbox"/>	Appropriate Resident Advocacy Groups, if applicable	
<input type="checkbox"/>	<input type="checkbox"/>	Copy of report, cover letter and plan of correction of most recent full licensing inspection (1100)	
<input type="checkbox"/>	<input type="checkbox"/>	Resident Rights (0190(6)(a-o))	
<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation routes (1600)	
NOTES			



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### C. Maintenance and Housekeeping

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Furnishing, floors, walls, and ceilings (0170)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Presence of lingering objectionable odors (0170)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping supply area (0910)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Laundry – handled according to acceptable methods of infection control (0900)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Infection control practices of staff (0440)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand washing (0440)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Temperature (capable of maintaining 75° in areas occupied by residents and 70° for non-resident areas) (0980 / 0990) |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate ventilation in resident rooms and common areas (0810, 0880, 1000)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate lighting in resident rooms and common areas (0880 / 1001)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cleanliness of resident equipment maintained in good repair (0170)   |

NOTES

### D. Safety

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Prevention of resident access to storage of:   |
|                          |                          | <ul style="list-style-type: none"><li>• Cleaning supplies</li><li>• Cleaning carts</li><li>• Storage closet</li><li>• Toxic materials</li><li>• Medication</li></ul>                         |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency / disaster preparedness  |
|                          |                          | <ul style="list-style-type: none"><li>• Emergency disaster plan reviewed annually (1600)</li><li>• Emergency behavioral crisis response plan (1590)</li><li>• Staff responsibility</li></ul> |

NOTES



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### E. Common Bathrooms (0820 / 0830)

YES NO

- ☐ ☐ Common bathrooms are:
- Safe / clean / adequate lighting / grab bars (if applicable for resident needs)
  - Doors swing out
  - Accessible for all resident / privacy available
  - Equipped with keyed locks that allow access for staff (if applicable for resident needs)
  - Access to at least one bathtub / bathing device for immersion

- ☐ ☐ Safe water temperature in resident bathrooms and sinks utilized by residents(0970)

Water temperature: \_\_\_\_\_ °F ; \_\_\_\_\_ (date and time); \_\_\_\_\_ (place)

Water temperature: \_\_\_\_\_ °F ; \_\_\_\_\_ (date and time); \_\_\_\_\_ (place)

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NOTES

### F. Physical Environment - Outdoors

YES NO

- ☐ ☐ Stairs / steps / ramps in good repair with non-skid surfaces (0950)
- ☐ ☐ Handrails (0950)
- ☐ ☐ Sanitary collection of garbage / refuse (0924)
- ☐ ☐ Presence of pests (0170)
- ☐ ☐ General maintenance of sidewalks / walkways (0980)
- Has areas protected from direct sunshine and rain throughout the day
  - Can be accessed by the resident
  - Has walking surfaces that are firm, stable, and free from cracks and abrupt changes with a maximum of 1 inch between the sidewalk and adjoining landscape areas)
  - Has sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids
  - Surrounded by walls or fences at least 72" high
  - If used a resident courtyard, must not be used for public or service deliveries

NOTES

Use this form and Attachment M, Food Service Observations (DSHS 15-583) for all full inspections.