

ESF Environmental Observations

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME	Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint	

Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.

YES NO **Quality of Life / Resident Rights**

- Staff to resident interaction(s), responsiveness and meeting resident needs (0170, 0190)
- Appropriate staff communication with residents (0170, 0200)
- Adaptive equipment available, clean and in good repair (0210, 0310, 0800)
- Resident nutrition, grooming, personal and oral hygiene and/or delivery of care completed (0200)
- Recognition of cultural diversity and preferences (0120, 0170, 0210)
- Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room (0170)
- Presence of restraints (0420)
- Communication system (1005 and 1010)
- Homelike (0170,0880)

NOTES

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YES	NO	Physical Environment – Interior (if two buildings and one license, postings in both buildings)	
		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 inspection conducted by department (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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<p>YES NO Maintenance and Housekeeping adequate</p> <p><input type="checkbox"/> <input type="checkbox"/> Furnishing, floors, walls, and ceilings (0170)</p> <p><input type="checkbox"/> <input type="checkbox"/> Presence of objectionable odors (0170)</p> <p><input type="checkbox"/> <input type="checkbox"/> Housekeeping supply area (0910)</p> <p><input type="checkbox"/> <input type="checkbox"/> Laundry – handled according to acceptable methods of infection control (0900)</p> <p><input type="checkbox"/> <input type="checkbox"/> Infection control practices of staff (0440)</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand washing (0440)</p> <p><input type="checkbox"/> <input type="checkbox"/> Temperature (capable of 75° areas occupied by residents and 70° for non-resident areas) (0980/0990)</p> <p><input type="checkbox"/> <input type="checkbox"/> Adequate ventilation in resident rooms and common areas (0810, 0880, 1000)</p> <p><input type="checkbox"/> <input type="checkbox"/> Adequate lighting in resident rooms and common areas (0880 / 1001)</p> <p><input type="checkbox"/> <input type="checkbox"/> Safe water temperature in resident rooms and sinks utilized by residents (0970)</p> <p><input type="checkbox"/> <input type="checkbox"/> Cleanliness of resident equipment maintained in good repair (0170)</p> <p>NOTES</p>		

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<p>YES NO Safety</p> <p><input type="checkbox"/> <input type="checkbox"/> Prevention of resident access to storage of:</p> <ul style="list-style-type: none"> • Cleaning supplies • Cleaning carts • Storage closet • Toxic materials • Medication <p><input type="checkbox"/> <input type="checkbox"/> Emergency / disaster preparedness</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency disaster plan (1600)</p> <p><input type="checkbox"/> <input type="checkbox"/> First Aid</p> <p><input type="checkbox"/> <input type="checkbox"/> Staff responsibilities</p> <p><input type="checkbox"/> <input type="checkbox"/> Emergency response teams (1590)</p> <p>NOTES</p>		

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<p>YES NO Common Bathrooms (0820 / 0830)</p> <p>Common bathrooms are:</p> <p><input type="checkbox"/> <input type="checkbox"/> Safe / clean / adequate lighting / grab bars (if applicable for resident needs)</p> <p><input type="checkbox"/> <input type="checkbox"/> Doors swing out</p> <p><input type="checkbox"/> <input type="checkbox"/> Accessible for all resident / privacy available</p> <p>Water temperature: _____ °F ; _____ (date and time); _____ (place)</p> <p>Water temperature: _____ °F ; _____ (date and time); _____ (place)</p> <p>YES NO Bathtub or immersion tub (0830)</p> <p><input type="checkbox"/> <input type="checkbox"/> Access to at least one bathing device for immersion</p> <p>NOTES</p>		

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<p>YES NO Physical Environment - Outdoors</p> <p><input type="checkbox"/> <input type="checkbox"/> Stairs / steps / ramps in good repair (0950)</p> <p><input type="checkbox"/> <input type="checkbox"/> Hand rails (0950)</p> <p><input type="checkbox"/> <input type="checkbox"/> Garbage / refuse (0924)</p> <p><input type="checkbox"/> <input type="checkbox"/> Presence of pests (0170)</p> <p><input type="checkbox"/> <input type="checkbox"/> General maintenance of sidewalks / walkways (0980)</p> <p>YES NO Outdoor recreations space and walkway (0890)</p> <p><input type="checkbox"/> <input type="checkbox"/> Has areas protected from direct sunshine and rain throughout the day</p> <p><input type="checkbox"/> <input type="checkbox"/> Can be accessed by the resident</p> <p><input type="checkbox"/> <input type="checkbox"/> 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)</p> <p><input type="checkbox"/> <input type="checkbox"/> Accessible to residents without staff</p> <p><input type="checkbox"/> <input type="checkbox"/> Has sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids</p> <p><input type="checkbox"/> <input type="checkbox"/> Surrounded by walls or fences at least 72" high</p> <p><input type="checkbox"/> <input type="checkbox"/> If used a resident courtyard, must not be used for public or service deliveries</p> <p>NOTES</p>		

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