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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>Quality of Life / Resident Rights</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Staff to resident interaction(s), responsiveness and meeting resident needs (0170, 0190)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Appropriate staff communication with residents (0170, 0200)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Adaptive equipment available, clean and in good repair (0210, 0310, 0800)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Resident nutrition, grooming, personal and oral hygiene and/or delivery of care completed (0200)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition of cultural diversity and preferences (0120, 0170, 0210)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room (0170)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Presence of restraints (0420)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communication system (1005 and 1010)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homelike (0170, 0880)</td>
</tr>
</tbody>
</table>

NOTES
<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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Full</td>
<td>Follow up</td>
</tr>
<tr>
<td>YES NO</td>
<td>Physical Environment – Interior (if two buildings and one license, postings in both buildings)</td>
<td></td>
</tr>
</tbody>
</table>

Information posted:
- [ ] Current ESF license including limits or conditions on the license (1100)
- [ ] CRU Hotline (0590)
- [ ] Ombudsman Information (1100)
- [ ] Appropriate Resident Advocacy Groups, if applicable
- [ ] Copy of report, cover letter and plan of correction of most recent full inspection conducted by department (1100)
- [ ] Resident Rights (0190(6)(a-o))
- [ ] Emergency evacuation routes (1600)

NOTES
## ESF Environmental Observations

<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>

### YES  NO  Maintenance and Housekeeping adequate

- [ ]  [ ] Furnishing, floors, walls, and ceilings (0170)
- [ ]  [ ] Presence of objectionable odors (0170)
- [ ]  [ ] Housekeeping supply area (0910)
- [ ]  [ ] Laundry – handled according to acceptable methods of infection control (0900)
- [ ]  [ ] Infection control practices of staff (0440)
- [ ]  [ ] Hand washing (0440)
- [ ]  [ ] Temperature (capable of 75° areas occupied by residents and 70° for non-resident areas) (0980/0990)
- [ ]  [ ] Adequate ventilation in resident rooms and common areas (0810, 0880, 1000)
- [ ]  [ ] Adequate lighting in resident rooms and common areas (0880 / 1001)
- [ ]  [ ] Safe water temperature in resident rooms and sinks utilized by residents (0970)
- [ ]  [ ] Cleanliness of resident equipment maintained in good repair (0170)

### NOTES
## ESF Environmental Observations

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

### Safety

- Prevention of resident access to storage of:
  - Cleaning supplies
  - Cleaning carts
  - Medication
  - Storage closet

- Emergency / disaster preparedness
- Emergency disaster plan (1600)
- First Aid
- Staff responsibilities
- Emergency response teams (1590)

### Notes

---

ESF ENVIRONMENTAL OBSERVATIONS
DSHS 15-577 (02/2021)
## ESF Environmental Observations

<table>
<thead>
<tr>
<th>ENHANCED SERVICES FACILITY NAME</th>
<th>LICENSE NUMBER</th>
<th>INSPECTION DATE</th>
<th>LICENSOR’S NAME</th>
<th>Inspection Type:</th>
<th>Full</th>
<th>Follow up</th>
<th>Complaint</th>
</tr>
</thead>
</table>

### Common Bathrooms (0820 / 0830)

- Safe / clean / adequate lighting / grab bars (if applicable for resident needs)
- Doors swing out
- Accessible for all resident / privacy available

**Water temperature:** __________ °F ; __________________ (date and time); ___________________________ (place)

**Water temperature:** __________ °F ; __________________ (date and time); ___________________________ (place)

### Bathtub or immersion tub (0830)

- Access to at least one bathing device for immersion

**NOTES**
### Physical Environment - Outdoors

- [ ] Yes  [ ] No  Stairs / steps / ramps in good repair (0950)
- [ ] Yes  [ ] No  Hand rails (0950)
- [ ] Yes  [ ] No  Garbage / refuse (0924)
- [ ] Yes  [ ] No  Presence of pests (0170)
- [ ] Yes  [ ] No  General maintenance of sidewalks / walkways (0980)

### Outdoor recreations space and walkway (0890)

- [ ] Yes  [ ] No  Has areas protected from direct sunshine and rain throughout the day
- [ ] Yes  [ ] No  Can be accessed by the resident
- [ ] Yes  [ ] No  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
- [ ] Yes  [ ] No  Accessible to residents without staff
- [ ] Yes  [ ] No  Has sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids
- [ ] Yes  [ ] No  Surrounded by walls or fences at least 72” high
- [ ] Yes  [ ] No  If used a resident courtyard, must not be used for public or service deliveries

### NOTES

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