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| A picture containing text, clipart  Description automatically generated |  Attachment B  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Assisted Living Facility Request for Documentation** |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| ENTRANCE DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Full **[ ]**  Follow up **[ ]**  Complaint: Number   |
| [ ]  **The field office has contacted the Ombuds.****Licensee / Administrator: Please provide the following documentation to the licensors per WAC 388-78A-3140.** |
| **Documentation due to licensor within two (2) hours of entrance:** | **Received:** |
| **Resident Information** |
| Resident Characteristic Roster, DSHS 10-362\* or Resident List, DSHS 10-361 or facility list of all licensed rooms (occupied and vacant), and all residents including roommates, room number, and language spoken if not fluent in English. If a nonresident is in a licensed room, indicate nonresident. Provide one copy for each inspection team member.  | [ ]  |
| \* Note: Maintaining a Resident Characteristic Roster, DSHS 10-362, expedites onsite inspection time.This form can be located at <https://www.dshs.wa.gov/fsa/forms/> |
| **Staff / Administrative Information** |
| Complete list of staff, position title, shift, hire date (first date worked for pay), and date of birth. Provide one copy for each inspection team member. | [ ]  |
| Three weeks of staffing schedules as actually worked including nursing, dietary staff, and housekeeping / laundry staff. | [ ]  |
| System for and access to personnel files and resident records (requests for specific resident and staff records will occur during the inspection).  | [ ]  |
| Name and phone numbers of administrator / designee. | [ ]  |
| **Applicable documentation due to licensor by end of entrance day:** | **Received:** |
| Disclosure of services. | [ ]  |
| Copy of evidence of general and professional liability insurance coverage.  | [ ]  |
| Four weeks of menus as served, activity schedule.  | [ ]  |
| Disaster plan, policies and procedures for: Infection Prevention Control, mandated reporting for abuse / neglect.  | [ ]  |
| Valid Medical Test Site Certificate of Waiver License (MTSW) / Clinical Laboratory Improvement Amendment (CLIA) ([ ]  Not applicable). | [ ]  |
| Nurse delegation policy and procedure ([ ]  Not applicable). | [ ]  |
| Pet policy and records ([ ]  Not applicable).  | [ ]  |
| Changes in physical environment and approved Construction Review projects since last full inspection ([ ]  Not applicable).  | [ ]  |
| Copies of any waivers / exceptions / exemptions to rules ([ ]  Not applicable).  | [ ]  |
| **Resident Register (Discharge Information / Move Out Record)** List of residents discharged in last six months and reason for discharge (if deceased write deceased) ([ ]  Not applicable). | [ ]  |
| **Documentation required:** |
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