|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Pre-Inspection Preparation** | **Attachment A** |
| --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full |
|  |
| Review facility history to include:* Past and current complaint investigations
* Past SODs and uncorrected deficiencies
* Past three consecutive years compliance with all inspections and investigations
* Resident and staff list from last licensing inspection
* Current exemptions
* Other relevant documents
 | Consider conferring with staff regarding concerns about facility to include:* Complaint Investigator
* Case Managers
* Other relevant staff
 |
|  |
| CASE MANAGER’S / HCS NAME | CONTACT DATE |
| COMMENTS / CONCERNS |
|  |
| OMBUD’S NAME | CONTACT DATE |
| COMMENTS / CONCERNS |
|  |
| CONTRACT TYPE | CONTRACT DATE AND EXPIRATION |
| CURRENT EXEMPTIONS |
| **Notes: Pre-Inspection Preparation** |
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