|  | 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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