| A picture containing text, clipart  Description automatically generated | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Pre-Inspection Preparation** | | | | | Attachment A |
| --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | LICENSE NUMBER | | ENTRANCE DATE | |
| LICENSOR’S NAME | | | Inspection Type:  Full | | | |
| Team Coordinator: ; Team member(s): | | | | | | |
| Review facility history to include:   * Prepare licensee summary from tracking system * Compliance history of previous inspection and past / current complaint investigations since the last full inspection, expand up to 36 months if needed * Past SODs, uncorrected deficiencies, enforcement, and quality review complaints since the last full inspection * Resident and staff list from last licensing inspection * Current exemptions * Other relevant documents | | | Consider conferring with staff regarding concerns about facility to include:   * Nurse, Licensor, Complaint Investigator, FM * Case Managers | | | |
| CONTRACT EXPIRATION | | LICENSED BEDS | ADMINISTRATOR | | | |
| CURRENT EXEMPTIONS (IF APPLICABLE) | | | | | | |
| FACILITY CHANGES SINCE LAST INSPECTION | | | | | | |
| OMBUDS QUARTERLY MEETINGS SINCE LAST FULL INSPECTION  No Concerns | | | | | | |
| STATE FIRE MARSHALL’S OFFICE REPORTS SINCE LAST FULL INSPECTION  No Concerns | | | | | | |
| HCS CASE MANAGER CONTACT | | | | CONTACT DATE (IF APPLICABLE) | | |
| COMMENTS / CONCERNS | | | | | | |
| OTHER CONTACT(S) | | | | CONTACT DATE (IF APPLICABLE) | | |
| COMMENTS / CONCERNS | | | | | | |
| **Notes: Pre-Inspection Preparation** | | | | | | |
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