| 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
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| 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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