|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILTY (ESF)**ESF Request for Documentation** | **Attachment B** |
| --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | LICENSE NUMBER | INSPECTION DATE |
| LICENSOR’S NAME | Inspection Type: [ ]  Full [ ]  Follow up [ ]  Complaint |
|  |
|  NAME TIMECopy of form provided to:  at  **Licensee / Administrator: Please provide the following information / documentation to the licensors:**At the beginning of the inspection:[ ]  Complete list of residents, room number, and language spoken if not fluent in English (facility list of residents)[ ]  Identify residents in the building today[ ]  Residents discharged in the last three months, if applicablePrior to the end of the tour:[ ]  A completed resident characteristic list (Attachment D, DSHS 15-574). Include all licensed rooms and all residents[ ]  Complete list of staff, position title, birthdate, shift, and hire date[ ]  Working schedule of care staff, nursing staff. MHPs and on-call RN and MHPs for prior two weeks[ ]  Disclosure of Admission Agreement[ ]  Location of the resident records[ ]  Location of personnel files[ ]  Request for specific resident and staff records will occur during the inspection[ ]  Copy of evidence of liability insurance coverage[ ]  Pet records, menu calendar, changes in physical environment since the last inspection[ ]  Approved construction review projects since the last full inspection[ ]  Copies of any waivers / exceptions to ruleFurther records and information may be requested by the licensor during the inspection process.Thank you for your assistance. |
| **Notes: Request for Documentation** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |