|  |  |  |
| --- | --- | --- |
|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)ENHANCED SERVICES FACILITY (ESF)**ESF Request for Documentation** | Attachment B |
| ENHANCED SERVICES FACILITY NAME      | LICENSE NUMBER      | ENTRANCE DATE      |
| LICENSOR’S NAME      | Inspection Type: [ ]  Full |
| [ ]  **The field office has contacted the Ombuds.** NAME TIMECopy of form provided to:  at   |
| **Documentation due to licensor within two (2) hours of entrance**  | **Received** |
| Resident Characteristic Roster, DSHS 15-574\* or Resident List, DSHS 15-573 or facility list of all licensed rooms (occupied and vacant), and all residents, room number, and those with limited English proficiency. Provide one copy for each inspection team member. | [ ]  |
| Complete list of staff, position title, shift, date of birth, and hire date (first date worked for pay). Provide one copy for each inspection team member. | [ ]  |
| Prior two weeks of staffing schedules as actually worked, including nursing, Mental Health Professional, on call staff, dietary staff, and housekeeping / laundry staff. | [ ]  |
| System for and access to personnel files and resident records (requests for specific resident and staff records will occur during the inspection). | [ ]  |
| Name and contact information of administrator / designee. | [ ]  |
| \* Note: Maintaining a Resident Characteristic Roster, DSHS 15-574, expedites inspection time. This form can be located [here](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=15-574&title=). |
| **Applicable documentation due to licensor by the end of entrance day** | **Received** |
| Admissions Agreement | [ ]  |
| Proof of general and professional liability insurance coverage. | [ ]  |
| Four weeks of menus as served, available group activity opportunities. | [ ]  |
| Emergency disaster plan, policies and procedures for: Infection Prevention Control, mandated reporting records for abuse / neglect, crisis prevention and response protocol, functional program.  | [ ]  |
| Valid Medical Test Site Certificate of Waiver License (MTSW) / Clinical Laboratory Improvement Amendment (CLIA) ([ ]  Not applicable). | [ ]  |
| Changes in physical environment and approved Construction Review projects since last full inspection ([ ]  Not applicable).  | [ ]  |
| Copies of any waivers / exceptions / exemptions to rules ([ ]  Not applicable). | [ ]  |
| List of residents discharged in the last three months and reason for discharge (if deceased, write deceased) ([ ]  Not applicable). | [ ]  |
| Copy of the signed Risk Assessment ([ ]  Not applicable). | [ ]  |
| **Documentation required** |
|       |