|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Environmental Observations** | | | | | | Attachment G |
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| ENHANCED SERVICES FACILITY NAME | | | | | | LICENSE NUMBER | ENTRANCE DATE | |
| LICENSOR’S NAME | | | Inspection Type:  Full  Follow up  Complaint: Number | | | | | |
| **Observations of the environment occur throughout the inspection. Interviews with facility staff and residents are an important source of information to include.** | | | | | | | | |
| 1. **Quality of Life / Resident Rights** | | | | | | | | |
| YES NO  Staff to resident interaction(s), responsiveness and meeting resident needs (0170, 0190)  Appropriate staff communication with residents (0170, 0200)  Adaptive equipment available, clean and in good repair (0210, 0310, 0800)  Resident nutrition, grooming, personal and oral hygiene and/or delivery of care completed (0200)  Recognition of cultural diversity and preferences (0120, 0170, 0210)  Recognition of dignity, privacy, and resident rights (i.e., shades in room, knocking before entering room (0170)  Presence of restraints (0420)  Communication system (1005 and 1010)  Homelike (0170,0880)  Facility electronic monitoring equipment must not include audio and focus on entrance or exit doorways (0780)  Resident requested electronic monitoring equipment is only used in sleeping room of the resident (0790)  NOTES | | | | | | | | |
| 1. **Physical Environment – Interior (if two buildings and one license, postings in both buildings)** | | | | | | | | |
| YES NO INFORMATION POSTED:  Current ESF license including limits or conditions on the license (1100)  CRU Hotline (0590)  Ombudsman Information (1100)  Appropriate Resident Advocacy Groups, if applicable  Copy of report, cover letter and plan of correction of most recent full licensing inspection (1100)  Resident Rights (0190(6)(a-o))  Emergency evacuation routes (1600)  NOTES | | | | | | | | |
| 1. **Maintenance and Housekeeping** | | | | | | | | |
| YES NO  Furnishing, floors, walls, and ceilings (0170)  Presence of lingering objectionable odors (0170)  Housekeeping supply area (0910)  Laundry – handled according to acceptable methods of infection control (0900)  Infection control practices of staff (0440)  Hand washing (0440)  Temperature (capable of maintaining 75o in areas occupied by residents and 70o for non-resident areas) (0980 / 0990)  Adequate ventilation in resident rooms and common areas (0810, 0880, 1000)  Adequate lighting in resident rooms and common areas (0880 / 1001)  Cleanliness of resident equipment maintained in good repair (0170)  NOTES | | | | | | | | |
| 1. **Safety** | | | | | | | | |
| YES NO  Prevention of resident access to storage of: | | | | | | | | |
|  | * Cleaning supplies * Toxic materials | | | * Cleaning carts * Medication | * Storage closet | | | |
| Emergency / disaster preparedness   * Emergency disaster plan reviewed annually (1600) * Emergency behavioral crisis response plan (1590) * Staff responsibility   NOTES | | | | | | | | |
| 1. **Common Bathrooms (0820 / 0830)** | | | | | | | | |
| YES NO  Common bathrooms are:   * Safe / clean / adequate lighting / grab bars (if applicable for resident needs) * Doors swing out * Accessible for all resident / privacy available * Equipped with keyed locks that allow access for staff (if applicable for resident needs) * Access to at least one bathtub / bathing device for immersion   Safe water temperature in resident bathrooms and sinks utilized by residents(0970)  Water temperature:  oF ;  (date and time);  (place)  Water temperature:  oF ;  (date and time);  (place)  Water temperature:  oF ;  (date and time);  (place)  NOTES | | | | | | | | |
| 1. **Physical Environment - Outdoors** | | | | | | | | |
| YES NO  Stairs / steps / ramps in good repair with non-skid surfaces (0950)  Handrails (0950)  Sanitary collection of garbage / refuse (0924)  Presence of pests (0170)  General maintenance of sidewalks / walkways (0980)   * Has areas protected from direct sunshine and rain throughout the day * Can be accessed by the resident * Has walking surfaces that are firm, stable, and free from cracks and abrupt changes with a maximum of 1 inch between the sidewalk and adjoining landscape areas) * Has sufficient space and outdoor furniture provided with flexibility in arrangement of the furniture to accommodate residents who use wheelchairs and mobility aids * Surrounded by walls or fences at least 72” high * If used a resident courtyard, must not be used for public or service deliveries   NOTES | | | | | | | | |
| **Use this form and Attachment M, Food Service Observations (DSHS 15-583) for all full inspections.** | | | | | | | | |