Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)

Attachment K

Assisted Living Facility
Staff Sample / Record Review

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

INSPECTION DATE	LICENSOR NAME

Inspection Type: ☐ Initial ☐ Full ☐ Follow up ☐ Monitoring ☐ Complaint: Number _____

All boxes must be completed. If not applicable, enter N/A. If additional staff entries are needed, use another copy of this form.

STAFF	ADMINISTRATOR	STAFF A	STAFF B	STAFF C	STAFF D	STAFF E
NAME						
POSITION						
DATE OF HIRE						
DATE OF BIRTH						
BGI INITIAL DATE						
BGI EXPIRE DATE						
FINGERPRINT CHECK DATE (IF NOT REQUIRED, PUT N/A)						
CHARACTER, COMPETENCE AND SUITABILITY EVALUTION						
ORIENTATION TO THE FACILITY						
ORIENTATION AND SAFETY (5 HOURS)						
70 HOUR BASIC / POPULATION SPECIFIC						
NURSE DELEGATION (ND)						
ND INSULIN						
DOH TYPE						
EXPIRATION DATE						
Specialty Training						
DEMENTIA						
MENTAL HEALTH						
DDA						
FOOD SAFETY / HANDLER						
12 HOURS CONTINUING EDUCATION						
1ST AID / CPR						

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TB Testing Review for Staff

STAFF	ADMINISTRATOR	STAFF A	STAFF B	STAFF C	STAFF D	STAFF E
NAME						
DATE OF HIRE						
DATE TESTED AND TYPE OF TEST	DATE: TYPE: ☐ TST ☐ IGRA	DATE: TYPE: ☐ TST ☐ IGRA	DATE: TYPE: ☐ TST ☐ IGRA	DATE: TYPE: ☐ TST ☐ IGRA	DATE: TYPE: ☐ TST ☐ IGRA	DATE: TYPE: ☐ TST ☐ IGRA
DATE FIRST READ AND RESULT. IF TESTING METHOD IS TST, RECORD MM OF INDURATION	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM
SECOND TEST (TST ONLY): DATE OF SECOND TEST						
DATE SECOND TEST READ AND RESULT	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM	DATE: RESULT: ☐ POSITIVE ☐ NEGATIVE INDURATION: MM

Notes

Attachment K