

AGING AND LONG-TERM SUPPORT ADMINISTRATOR (ALSA)  
**Assisted Living Facility Staff Sample / Record Review**

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER	INSPECTION DATE	CD ID NUMBER
LICENSOR NAME	VISIT TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint: CRU Intake 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 (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
IDENTIFIER						
DATE OF BIRTH						
POSITION						
DATE OF HIRE*						
FACILITY ORIENTATION						
ORIENTATION AND SAFETY (5 HOURS)						
70 HOUR BASIC						
DOH CREDENTIALS						
DOH EXPIRE DATE						
12 HOURS CE* (NUMBER OF HOURS)						
BGI CHECK DATE*						
FINGERPRINT CHECK DATE	<input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> N/A <input type="checkbox"/> Pending	<input type="checkbox"/> N/A <input type="checkbox"/> Pending
CCS EVALUATION*						
ND* TRAINING						
ND INSULIN*						

\* BGI = Background Inquiry; CCS = Character, Competency, and Suitability; CE = Continuing Education; Date of Hire = First date worked for pay

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STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (> TWO YEARS)	STAFF (> TWO YEARS)
NAME						
DATE OF HIRE						
<b>Specialty Training</b>						
<b>DEMENTIA</b> <input type="checkbox"/> N/A						
<b>MENTAL HEALTH</b> <input type="checkbox"/> N/A						
<b>DDA</b> <input type="checkbox"/> N/A						
FOOD HANDLER EXP.						
1 <sup>ST</sup> AID / CPR EXP.						
<b>TB Testing Review for Staff</b>						
DATE TESTED						
TYPE OF TEST	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*		
DATE FIRST READ						
RESULT	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
INDURATION IF TST	MM	MM	MM	MM		
DATE OF SECOND TST TEST	<input type="checkbox"/> N/A, not TST	<input type="checkbox"/> N/A, not TST	<input type="checkbox"/> N/A, not TST	<input type="checkbox"/> N/A, not TST		
DATE SECOND READ						
RESULT	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
INDURATION IF TST	MM	MM	MM	MM		
* ND = Nurse Delegation; TST = Tuberculin Skin Test; IGRA = Interferon Gamma Release Assays						

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALISA)  
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STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (>TWO YEARS)	STAFF (>TWO YEARS)
NAME						
<b>RESPIRATORY PROTECTION PROGRAM (minimum three sample size)</b>						
DATE MEDICALLY CLEARED						
DATE OF ANNUAL FIT TEST						
MASK MAKE & MODEL						
<b>PET RECORDS</b> <input type="checkbox"/> No Pets						
PET 1						
PET 2						
PET 3						
<b>NOTES</b>						

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**INSTRUCTIONS**

- Check N/A box, write N/A, or draw a line through the box for any areas on this form which are not relevant. If there is no data, the reviewer of the record does not know if it was missed by the licensor or if it was a finding for the facility.
  - When selecting staff sample >2 years, attempt to sample current staff. When there are not enough current staff with >2 years employment, use former staff. Document the reason for any substitutions.
  - If there has been a change in administrator since the last inspection, review the administrator's records to verify they meet the appropriate qualification and training requirements.
  - Fingerprint Check Date box: This box must have data in it. Common data for this box includes a date, the N/A box being checked, the pending box being checked, a line drawn through the box, or words that clearly describe the result of the fingerprint check review (such as "not found" if the facility will be cited for lack of fingerprint check documentation).
  - CE hours: When reviewing CE credits, record the number of hours the person received in the time period between their last two birthdays. For example, a review conducted on December 1, 2024, of a person born on January 1 would need to have all hours between January 1, 2023, and January 1, 2024, reviewed. Registered nurses and licensed practical nurses are exempt from this requirement, unless voluntarily certified as a home care aide. The field staff may use the number of credits found at the last inspection only if less than a year has passed since the last inspection, the staff member was reviewed during that inspection, and the staff member has not had a birthday since the last inspection. Only DSHS-approved courses may be used to meet the CE requirements. Field staff must verify that CE courses were DSHS-approved. Verification may be done by logging into the Instructor and Curriculum Tracking System (ICTS). If the field staff does not have access to ICTS at the inspection site, they may contact their FM with the course number and the FM will verify the courses for them. If the FM is unable to verify the data prior to the end of the inspection or if there are concerns about the certificate, the field staff may also make a copy of the certificate and verify the courses when they return to the field office.
  - \* Note: For **EARC – SDC Contract**, review staff records for documentation of at least six (6) hours of continuing education per year related to dementia (may be part of the total twelve hours required). WAC 388-110-220(3)(d)
  - Review pet records if applicable. If the facility has three or fewer pets, review all pet records. If the facility has more than three pets, identify a random sample of three pets. Expand the sample if issues are identified. The sample may include pets of nonresidents.
- Verify:
- ✓ Pets have regular examinations and immunizations are not expired.
  - ✓ Pets are certified by a veterinarian to be free of human transmittable diseases.
  - ✓ Facility is in compliance with their internal pet policies.
  - At minimum, review the following facility records. Expand the facility record review as needed based on areas of concern.
    - ✓ Emergency disaster plan (WAC 388-78A-2700)
    - ✓ Insurance verification
    - ✓ Abuse and neglect policy
    - ✓ Nurse delegation documentation
    - ✓ Disclosure of services
    - ✓ Menus
    - ✓ Activity calendar