



## ESF Request for Documentation

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME	Inspection Type: <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint	

Copy of form provided to: \_\_\_\_\_ NAME \_\_\_\_\_ TIME \_\_\_\_\_ 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 applicable

Prior 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 rule

Further records and information may be requested by the licensor during the inspection process.

Thank you for your assistance.



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<b>Notes: Request for Documentation</b>