



ESF Staff and Administrative Record Review

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
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PROVIDER / LICENSEE'S NAME	LICENSOR'S NAME
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Complete each box not greyed out. When additional staff require review, use another copy of this form. See Page 4 for additional instructions.

STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (>TWO YEARS)	STAFF (>TWO YEARS)
NAME						
IDENTIFIER						
DATE OF BIRTH						
DATE OF HIRE*						
BGI CHECK DATE*					PREVIOUS	PREVIOUS
					CURRENT	CURRENT
FINGERPRINT CHECK	<input type="checkbox"/> N/A <input type="checkbox"/> PENDING					
CCS EVALUATION*	<input type="checkbox"/> N/A, NOT REQUIRED	<input type="checkbox"/> N/A, NOT REQUIRED	<input type="checkbox"/> N/A, NOT REQUIRED			
DOH CREDENTIALS	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
DOH EXPIRE DATE						
12 HOURS CE*						
FACILITY ORIENTATION						
ORIENTATION AND SAFETY (5 HOURS)						
70 HOUR BASIC / POPULATION SPECIFIC <u>OR</u>						
EXEMPT **	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT	<input type="checkbox"/> EXEMPT		
FIRST AID / CPR EXPIRATION						
FOOD WORKER'S CARD EXPIRATION						

* Date of Hire - first date worked for pay. BGI - Background Inquiry; CCS - Character, Competency, and Suitability; DOH - Department of Health; CE - Continuing Education.
 ** Could include documentation employee worked in 2011 and met training requirements at that time or documentation employee has worked in current home since 2011. Has Fundamentals or Basics of Caregiving Certificate.



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Specialty Training							
DEMENTIA*							
MENTAL HEALTH*							
DE-ESCALATION*							
<input type="checkbox"/> N/A DEVELOPMENTAL DISABILITY*							
Facility Specific Training							
QUARTERLY STAFF EDUCATION – THREE HOURS							
DE-ESCALATION POLICY AND PROCEDURE TRAINING							
TRAINING BY PHARMACIST							
TB Testing Review (See option worksheet on Page 3)							
TB TESTING MET	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO					
GENERAL LIABILITY INSURANCE (WAC 388-107-1120) Expiration date:				PROFESSIONAL LIABILITY INSURANCE (WAC 388-107-1130) Expiration date: <input type="checkbox"/> N/A			
Notes							



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OPTIONAL WORKSHEET FOR TB TESTING REVIEW. This section can be used to assist in determining compliance with TB testing requirements. TB testing must be given no later than the first day of employment or the first day the staff person starts providing services. Once determined, indicate compliance status on Page 2.

STAFF	ADMINISTRATOR	STAFF (NEW)	STAFF (NEW)	STAFF (NEW)	STAFF (>TWO YEARS)	STAFF (>TWO YEARS)
DATE OF HIRE						
DATE TESTED						
TYPE OF TEST	<input type="checkbox"/> TST* <input type="checkbox"/> IGRA*					
DATE FIRST READ						
RESULT	<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					
DATE SECOND READ						
RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE					
INDURATION IF TST	MM	MM	MM	MM		
CHEST X-RAY						
X-RAY RESULT	<input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE					

TST - Tuberculin Skin Test; IGRA - Interferon Gamma Release Assays

Notes



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Item	Instructions. WACs referenced below are intended as a guide and may not be all inclusive of applicable statues and regulations.		
General	<ul style="list-style-type: none"> • Each box not greyed out must have data in it. 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. • Minimally, review the following facility records and expand as needed based on areas of concern: Emergency Disaster Plan, Abuse / Neglect Policy, Risk Assessment, Menus, and Activity Calendar 		
Sample Selection	Review administrator's records if new since the previous inspection. Conduct a full review of three staff hired since the last inspection. If fewer than three were hired, review all new staff. Conduct a targeted review of one or two staff with a >2-year work history to verify a system is in place for all required renewals (e.g., BGI, CE). When there are not enough current staff with >2 years employment, use former staff that were employed at least two years. Document the reason for any substitutions.		
BGI Check Date	Enter the date BGI was submitted to the department's background check central unit, or the date found on the background check results letter (WAC 388-78A-2466). The submit date and the results date on the background check letter are the same. BGI must be conducted every two years from the date of the previous submission.		
Fingerprint Check Date	Staff hired after 01/07/2012 are required to have a national fingerprint background check. 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).		
CCS Determination	Required when BGI returns with criminal convictions or pending charges that are not disqualifying (WAC 388-113). CCS must be completed before working unsupervised. A second CCS review is required when the FP results indicate additional, non-disqualifying criminal convictions or pending charges not already reflected in the BGI. The facility may use RCS CCS Determination form (DSHS 15-456). If an alternative format is used, reviews must include all information found in WAC 388-113-0060. Enter date of review.		
DOH Credentials	Record type of license, certification, or credential. Examples may include registered nurse (RN), licensed practical nurse (LPN), home care aide certification (HCA). Provider credential search is found on the Department of Health website . Check N/A if not applicable.		
DOH Expiration Date	Enter the date of expiration for staff credential.		
12 Hours CE	<p>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 (HCA). 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. For newly credentialed HCA workers, initial CE requirement is due before their birthdate following their first HCA credential renewal date. See Continuing Education Requirements for more information.</p> <ul style="list-style-type: none"> • Only DSHS-approved courses may be used to meet the CE requirements. Field staff may verify individual CE courses were DSHS-approved by verification of CE course number. Verification of individual courses may be reviewed by logging into the Instructor and Curriculum Tracking System (ICTS). • Ten of their twelve CE hours must cover relevant education regarding the population served within the ESF (388-107-0660 and 0670). 		
Facility Orientation	Required before having routine interactions with residents (388-107-0630 and 388-112A-0200). Record date of completion.		
Orientation and Safety	Two hours of orientation and three hours of safety training is required before providing care to residents (388-107-0630 and 388-112A-0200 and 0220). Record date of completion.		



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70-Hour Basic	All long-term care workers hired after 01/07/2012 must complete within 120 days of hire (WAC 388-78A-2474 and WAC 388-112A-0300). See additional regulations within WAC 388-112A for staff hired before 01/07/2012. RNs, LPNs, CNAs, and persons who are in an approved CNA program are exempt from LTC training requirements (WAC 388-112A-0090 and 388-107-0630). Enter date completed.		
Specialty Training	Staff must complete mental health and dementia specialty training before working in the facility. Staff must complete developmental disabilities training when applicable (388-107-0650). Check N/A if DD Training is not applicable. Record date of completion.		
Quarterly staff education (3 hours)	All ESF staff must receive three hours of training relevant to the needs of the population served. This is in addition to annual CE requirements required for their DOH credential (388-107-0680). Record date completed.		
Training by a pharmacist	Staff have received education and training by a licensed pharmacist on medication-related subjects (388-107-0330). Record date of completion.		
TB Testing Requirement	Indicate yes or no if TB testing has been met (388-107-0450 through 0540). Page three optional section may be used to help determine compliance.		
Liability Insurance	General liability insurance or business liability covers general coverage for premises, operations, etc. Professional liability insurance is only required when the ESF has a professional license or employs professionally licensed staff. Each insurance type must minimally cover one million each occurrence and two million aggregate. WAC 388-107-1110 through 1130)		