

## AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES (RCS) ENHANCED SERVICES FACILITY (ESF)

## **ESF Monitoring Visit**

| ENHANCED SERVICES FACILITY NAME  |     | LICENSE NUMBER |
|--|-----|----------------|
| LICENSOR'S NAME  |     | DATE           |
| A brief observational tour of the facility was done to observe the residents and environment for health and safety issues. The licensor spoke with residents, collateral contacts (only if needed), and staff. Residents were observed for obvious problems such as hygiene, hydration and nutrition issues, pain, and bruising. |     |                |
| Names of Residents   |     |                |
| 1.   | 6.  |                |
| 2.   | 7.  |                |
| 3.   | 8.  |                |
| 4.   | 9.  |                |
| 5.   | 10. |                |
| Names of Staff   |     |                |
| 1.   | 4.  |                |
| 2.   | 5.  |                |
| 3. 6. General condition of facility (e.g., clean, well maintained, no hazards)   |     |                |
| General condition of the residents (e.g., clean, no obvious bruising, relaxed, comfortable)  |     |                |
| General resident interview information   |     |                |
| General staff interview information  |     |                |
| Outcomes   |     |                |
| ☐ No significant signs of resident health and welfare issues were identified during a brief observational monitoring visit to the home.  |     |                |
| ☐ Significant signs of resident health and welfare issues were identified during a brief observational monitoring visit to the facility. Document issues and actions on Enhanced Services Facility Notes / Worksheet (Attachment K).   |     |                |