|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transforming Lives | Attachment B  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Assisted Living Facility Request for Documentation** | | | |
| ASSISTED LIVING FACILITY NAME | | | LICENSE NUMBER | |
| INSPECTION DATE | | LICENSOR NAME | | |
| Inspection Type:  Initial  Full  Follow up  Monitoring  Complaint: Number | | | | |
| **The field office has contacted the Ombuds.**  **Licensee / Administrator: Please provide the following documentation to the licensors per WAC 388-78A-3140.** | | | | |
| **Documentation due to licensor within two (2) hours of entrance:** | | | | **Received:** |
| **Resident Information** | | | | |
| Resident Characteristic Roster, DSHS 10-362\* or Resident List, DSHS 10-361 or facility list of all licensed rooms (occupied and vacant), and all residents including roommates, room number, and language spoken if not fluent in English. If a nonresident is in a licensed room, indicate nonresident. Provide one copy for each inspection team member. | | | |  |
| \* Note: Maintaining a Resident Characteristic Roster, DSHS 10-362, expedites onsite inspection time. This form can be located at <https://www.dshs.wa.gov/fsa/forms/> | | | | |
| **Staff / Administrative Information** | | | | |
| Complete list of staff, position title, shift, hire date (first date worked for pay), and day and month of birth. Provide one copy for each inspection team member. | | | |  |
| Three weeks of staffing schedules as actually worked including nursing, dietary staff, and housekeeping / laundry staff. | | | |  |
| System for and access to personnel files and resident records (requests for specific resident and staff records will occur during the inspection). | | | |  |
| Name and phone numbers of administrator / designee. | | | |  |
| **Documentation due to licensor by end of entrance day:** | | | | **Received:** |
| Disclosure of services. | | | |  |
| Copy of evidence of general and professional liability insurance coverage (must have name and address of the facility on the document). | | | |  |
| Four weeks of menus as served, activity schedule. | | | |  |
| Emergency manual, disaster plan, Respiratory Protection Program protocol, Medicaid contract, mandated reporting records for abuse / neglect, nurse delegation protocol. | | | |  |
| Pet policy and records. | | | |  |
| Changes in physical environment and Approved Construction Review projects since last full inspection. | | | |  |
| Copies of any waivers / exceptions / exemptions to rules. | | | |  |
| **Resident Register (Discharge Information / Move Out Record)** List of residents discharged in last six months with forwarding address and reason for discharge (if deceased write deceased). | | | |  |
| **Documentation required:** | | | | |
|  | | | | |