|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Request for Documentation** | | | **Attachment B** |
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| ENHANCED SERVICES FACILITY NAME | | LICENSE NUMBER | INSPECTION DATE | |
| LICENSOR’S NAME | | Inspection Type:  Full  Follow up  Complaint | | |
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| NAME TIME  Copy of form provided to:  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. | | | | |
| **Notes: Request for Documentation** | | | | |
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