|  | | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Staff and Administrative Record Review** | | | | | | | | | | | | | | | **Attachment I** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | | | | | | | | LICENSE NUMBER | | | INSPECTION DATE | | | |
| PROVIDER / LICENSEE’S NAME | | | | | | | | LICENSOR’S NAME | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| STAFF | | | ADMINISTRATOR | | STAFF A (NEW) | | STAFF B (NEW) | | | STAFF C (NEW) | | | STAFF D (>TWO YEARS, CURRENT OR FORMER STAFF) | | | STAFF E (>TWO YEARS, CURRENT OR FORMER STAFF) | |
| NAME | | |  | |  | |  | | |  | | |  | | |  | |
| DATE OF BIRTH | | |  | |  | |  | | |  | | |  | | |  | |
| DATE OF HIRE\* | | |  | |  | |  | | |  | | |  | | |  | |
| BGI EXPIRE DATE\* | | |  | |  | |  | | |  | | |  | | |  | |
| FINGERPRINT CHECK | | | N/A  PENDING | | N/A  PENDING | | N/A  PENDING | | | N/A  PENDING | | | N/A  PENDING | | | N/A  PENDING | |
| CCS EVALUATION\* | | | N/A | | N/A | | N/A | | | N/A | | | N/A | | | N/A | |
| DOH CREDENTIALS | | | N/A | | N/A | | N/A | | | N/A | | | N/A | | | N/A | |
| DOH EXPIRE DATE | | |  | |  | |  | | |  | | |  | | |  | |
| 12 HOURS CE\* | | |  | |  | |  | | |  | | |  | | |  | |
| FACILITY ORIENTATION | | |  | |  | |  | | |  | | |  | | |  | |
| ORIENTATION AND SAFETY (5 HOURS) | | |  | |  | |  | | |  | | |  | | |  | |
| 70 HOUR BASIC / POPULATION SPECIFIC **OR** | | |  | |  | |  | | |  | | |  | | |  | |
| EXEMPT (WAC 388-112A-0090 AND 388-107-0630\*\*) | | | EXEMPT | | EXEMPT | | EXEMPT | | | EXEMPT | | | EXEMPT | | | EXEMPT | |
| FIRST AID / CPR | | |  | |  | |  | | |  | | |  | | |  | |
| TRAINING BY PHARMACIST | | |  | |  | |  | | |  | | |  | | |  | |
| FOOD SAFETY / HANDLER | | |  | |  | |  | | |  | | |  | | |  | |
| THREE (3) HOURS OF CE PER QUARTER (ALL STAFF) | | |  | |  | |  | | |  | | |  | | |  | |
| \* BGI = Background Inquiry; CCS = Character, Competency, and Suitability; CE = Continuing Education; Date of Hire = first date worked for pay.  \*\* 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. | | | | | | | | | | | | | | | | | |
| Liability Insurance (WAC 388-107-1110)  Expiration date: | | | | | | | | Professional Liability Insurance (WAC 388-107-1130)  Expiration date: | | | | | | | | | |
| **SPECIALTY TRAINING**  ESF ADMINISTRATOR | | | TRAINING NOT AVAILABLE AT THIS TIME |  | | | | | | | | | | | | | |
| **DEMENTIA\*** | | |  |  | |  | | |  | | |  | | |  | | |
| **MENTAL HEALTH\*** | | |  |  | |  | | |  | | |  | | |  | | |
| **DE-ESCALATION\*** | | |  |  | |  | | |  | | |  | | |  | | |
| **N/A DDA\*** | | |  |  | |  | | |  | | |  | | |  | | |
| **TB TESTING REVIEW FOR STAFF** | | | | | | | | | | | | | | | | | |
| STAFF | | | ADMINISTRATOR | STAFF A | | STAFF B | | | STAFF C | | | STAFF D | | | STAFF E | | |
| DATE TESTED | | |  |  | |  | | |  | | |  | | |  | | |
| TYPE OF TEST | | | TST\*  IGRA\* | TST\*  IGRA\* | | TST\*  IGRA\* | | | TST\*  IGRA\* | | | TST\*  IGRA\* | | |  | | |
| DATE FIRST READ | | |  |  | |  | | |  | | |  | | |  | | |
| RESULT | | | POSITIVE  NEGATIVE | POSITIVE  NEGATIVE | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | |
| INDURATION IF TST | | | MM | MM | | MM | | | MM | | | MM | | | MM | | |
| DATE OF SECOND TST TEST | | | N/A, NOT TST | N/A, NOT TST | | N/A, NOT TST | | | N/A, NOT TST | | | N/A, NOT TST | | | N/A, NOT TST | | |
| DATE SECOND READ | | |  |  | |  | | |  | | |  | | |  | | |
| RESULT | | | POSITIVE  NEGATIVE | POSITIVE  NEGATIVE | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | | POSITIVE  NEGATIVE | | |
| INDURATION IF TST | | | MM | MM | | MM | | | MM | | | MM | | | MM | | |
| CHEST X-RAY | | | N/A | N/A | | N/A | | | N/A | | | N/A | | | N/A | | |
| \* TST = Tuberculin Skin Test; IGRA = Interferon Gamma Release Assays. | | | | | | | | | | | | | | | | | |
| **PET RECORDS**  **No Pets** | | | IF MORE THAN THREE (3), IDENTIFY A RANDOM SAMPLE OF THREE PETS | | | | | | | | | | | | | | |
| PET 1 |  | | | | | | | | | | | | | | | | |
| PET 2 |  | | | | | | | | | | | | | | | | |
| PET 3 |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Notes** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |