Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

ATTACHMENT D

BOARDING HOME RESIDENT CHARACTERISTIC ROSTER

TOTAL CENSUS:

BOARDING HOME NAME:

LICENSE NUMBER:

INSPECTION DATE:

LICENSOR NAME:

Inspection Type: ☐ Initial ☐ Full ☐ Follow up ☐ Monitoring ☐ Complaint: #____

Resident Room	Admit Date	Name	Nursing Services	Medication: Ind. (I), Assist. (A) Adm. (Ad)	Mobility/Falls/Amputation	Behavior/Psycho Social Issues	Dementia/Alzheimer's	Exit Seeking/Wandering	Cognitive Impairments	DDD/Mental Health	Language/Communication Issue	Vision Deficit/Blind	Diabetic: Insulin/Non-Insulin	Assist with ADL's	Wounds/Skin Issue	Incontinent/Appliance (catheter)	Special Dietary Needs	Weight Loss/Weight Gain	Dialysis	Pay Status: Private = P State = S	Recent Hospitalization	Oxygen/Respiratory Therapy	Home Health/Hospice	Other