

## Assisted Living Facility Pre-Inspection Preparation

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
INSPECTION DATE	LICENSOR NAME		
Inspection Type: <input type="checkbox"/> Full			
<u>Review licensing file for:</u> <ul style="list-style-type: none"> <li>Current state contract – if applicable</li> <li>Past and current complaint investigations</li> <li>Past SOD's and uncorrected deficiencies (list on back of form)</li> <li>Past three consecutive years compliance with all inspections and investigations</li> <li>Resident and staff list from last licensing inspection</li> <li>Current exemptions</li> </ul>		<u>Confer regarding concerns about facility with:</u> <ul style="list-style-type: none"> <li>Complaint Nurse, licensor</li> <li>Case Managers: HCS, DDD</li> </ul>	
CASE MANAGER DDD / HCS		CONTACT DATE	
COMMENTS / CONCERNS			
OMBUDS			
COMMENTS / CONCERNS			
OTHER OUTSIDE AGENCY		CONTACT DATE	
COMMENTS / CONCERNS			
Contracts: <input type="checkbox"/> AL <input type="checkbox"/> EARC <input type="checkbox"/> ARC <input type="checkbox"/> Dementia <input type="checkbox"/> DDD <input type="checkbox"/> Adult Day Care <input type="checkbox"/> None			
CURRENT EXEMPTIONS			
<b>Notes: Pre-Inspection Preparation</b>			<b>Attachment A</b>

