

## Assisted Living Facility Pre-Inspection Preparation

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER				
ENTRANCE DATE LICENSOR NAME					
Inspection Type:  Full					
Preparation activities:  Print licensee summary and room list from tracking system  Review compliance history since last inspection, expand up to 36 months if needed  Review past SOD's, uncorrected deficiencies, and enforcement actions since last full inspection  Review past and current complaint investigations since last full inspection  Identify current communicable disease outbreaks and review current IPC guidance  Review resident and staff list from last licensing inspection  Consult regarding concerns about facility with:  Nurse, Licensor, Complaint Investigators, FM  Case Managers: HCS, DDA					
Contract(s): AL EARC ARC EARC-SDC Other:	Adult Day Care				
Licensed Beds:					
Administrator:  CURRENT EXEMPTIONS (IF APPLICABLE)					
FACILITY CHANGES SINCE LAST INSPECTION					
OMBUDS QUARTERLY MEETINGS SINCE LAST FULL INSPECTION  No Concerns					
STATE FIRE MARSHAL'S OFFICE REPORTS SINCE LAST FULL INSPECTION  No Concerns					
CASE MANAGER DDA / HCS	CONTACT DATE (IF APPLICABLE)				
COMMENTS / CONCERNS					
OTHER OUTSIDE AGENCY	CONTACT DATE (IF APPLICABLE)				
COMMENTS / CONCERNS					

Notes:	<b>Pre-Inspection Preparation</b>		Attachment A