



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT H

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)  
ADULT FAMILY HOME (AFH)

### Resident Observations

If no observations for the specified section occurred, mark the "Not Observed" box for that section and skip the rest of the items in that section. All observations **must** include time, identity of individuals observed, and details of what was observed. The intent is to capture the care and services provided to the residents in the home. Focus should be on the comprehensive residents when possible when observing care and medication services.

Staff Observed:

**Care (positioning, toileting, transfers, adaptive equipment, bathing)**  Not Observed

Time of observation: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	RESIDENTS OBSERVED
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NOTES

**Medication Services (preparation, delivery)**  Not Observed

Time of observation: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	RESIDENTS OBSERVED
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NOTES

**Meal Services (eating, including assistance provided or adaptive equipment used)**  Not Observed

Time of observation: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	RESIDENTS OBSERVED
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NOTES

**Interactions and Activities (visitors and professionals, exercise program, activities)**  Not Observed

Time of observation: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	RESIDENTS OBSERVED
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NOTES



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### Resident Observations

Use this section to document any additional observations or notes.