

## Assisted Living Facility Monitoring Visit

Name of Assisted Living Facility		License Number
Name of Licensor		Date
<p>A brief observational tour of the facility was done to observe the residents and environment for health and safety issues. The licensor spoke with residents, collateral contacts (only if needed), and staff. Residents were observed for obvious problems such as hygiene, hydration, and nutrition issues, pain, and bruising.</p>		
Names of Residents		Names of Staff
1.		1.
2.		2.
3.		3.
4.		4.
5.		5.
6.		6.
General condition of facility (e.g., clean, well maintained, no hazards)		
General condition of the residents (e.g., clean, no obvious bruising, relaxed, comfortable)		
General resident interview information		
General staff interview information		
<b>Outcomes</b>		
<input type="checkbox"/> No significant signs of resident health and welfare issues were identified during a brief observational monitoring visit to the facility.		
<input type="checkbox"/> Significant signs of resident health and welfare issues were identified during a brief observational monitoring visit to the facility. Document issues and actions on Assisted Living Facility Notes / Worksheet (Attachment L).		