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|  | Attachment A  **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  Adult Day Care    Other:  None | | | |
| 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: Pre-Inspection Preparation Attachment A** | | | |
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