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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
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|  |
| 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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