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|  |  Attachment A **Assisted Living Facility Pre-Inspection Preparation** |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| INSPECTION DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Full |
|  |
| Review licensing file for:* Current state contract – if applicable
* Past and current complaint investigations
* Past SOD’s and uncorrected deficiencies (list on back of form)
* Past three consecutive years compliance with all inspections and investigations
* Resident and staff list from last licensing inspection
* Current exemptions
 | Confer regarding concerns about facility with:* Complaint Nurse, licensor
* Case Managers: HCS, DDD
 |
|  |
| CASE MANAGER DDD / HCS | CONTACT DATE |
| COMMENTS / CONCERNS |
|  |
| OMBUDS |
| COMMENTS / CONCERNS |
|  |
| OTHER OUTSIDE AGENCY | CONTACT DATE |
| COMMENTS / CONCERNS |
|  |
| Contracts: **[ ]**  AL **[ ]**  EARC **[ ]**  ARC **[ ]**  Dementia **[ ]**  DDD **[ ]**  Adult Day Care **[ ]**  None |
| CURRENT EXEMPTIONS |
| **Notes: Pre-Inspection Preparation Attachment A** |
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