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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 | | | | |
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| 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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