|  | ADULT FAMILY HOME’S (AFH) NAME | | | LICENSE NUMBER |
| --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | | INSPECTION DATE |
| LICENSOR’S NAME | | | |
| ATTACHMENT B  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ADULT FAMILY HOME (AFH)  **Inspection Process and Records Request** | | | | |
| **The inspection process consists of:** | | | | |
| * Entrance onsite * Inspection tour * Sample selection * Resident interviews * Observation of care | | * Medication review * Resident record review * Provider and staff interviews * Staff record review * Exit conference | Field Manager’s Contact Information: | |
| LICENSEE / RESIDENT MANAGER  Please make the following available to the Licensor today:  Resident and staff list (please include all employees since the last inspection, but no further back than 2 years)  Entire resident records, including the negotiated care plan and nurse delegation records, if applicable  Personnel files, including orientation, CPR, First Aid training, TB testing, background check information, basic or modified training, continuing education and specialty training (as required)  Proof of current liability insurance (commercial and professional)  Succession Plan  Evacuation drills  Medical Test Site Waiver, if applicable  Infection Prevention and Control policy and recommended practices  Staffing plan and policy  Pet vaccination records, if applicable  The Licensor may require further records and information during the inspection process. Thank you for your assistance. | | | | |
| NOTES | | | | |
| AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Inspection Process and Records Request Notes**  **NOTE:** This form should be used to document any additional information or data that does not fit in the designated space. | | | | |
| NOTES | | | | |