|  | ADULT FAMILY HOME’S (AFH) NAME | LICENSE NUMBER |
| --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | INSPECTION DATE |
| LICENSOR’S NAME |
| ATTACHMENT BAGING 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 MANAGERPlease 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 applicableThe 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  |