

Assisted Living Facility Pre-Inspection Preparation

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME	
Inspection Type: <input type="checkbox"/> Full		
<u>Review licensing file for:</u> <ul style="list-style-type: none"> 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 		<u>Confer regarding concerns about facility with:</u> <ul style="list-style-type: none"> 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: <input type="checkbox"/> AL <input type="checkbox"/> EARC <input type="checkbox"/> ARC <input type="checkbox"/> Dementia <input type="checkbox"/> DDD <input type="checkbox"/> Adult Day Care <input type="checkbox"/> None		
CURRENT EXEMPTIONS		
Notes: Pre-Inspection Preparation		Attachment A

