|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Attachment H  **Assisted Living Facility  Other Contact Interview** | | | | |
| ASSISTED LIVING FACILITY NAME | | | | | LICENSE NUMBER |
| INSPECTION DATE | | LICENSOR NAME | | | |
| Inspection Type:  Initial  Full  Follow up  Monitoring  Complaint: Number | | | | | |
|  | | | | | |
| RESIDENT NAME | | | RESIDENT NUMBER | | DATE OF INTERVIEW |
| CONTACT NAME AND NUMBER | | | RELATIONSHIP TO RESIDENT | | |
| NOTES | | | | | |
|  | | | | | |
| CONTACT NAME AND NUMBER | | | DATE OF INTERVIEW | RELATIONSHIP TO RESIDENT | |
| NOTES | | | | | |
| **Additional Notes Attachment H** | | | | | |
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