



ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT A

AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
ADULT FAMILY HOME (AFH)

Pre-Inspection Preparation

Review and Consult: <ul style="list-style-type: none"> • Provider Summary in STARS • Resident and staff sample from last inspection • Last 36 months of citations and consultations, including any uncorrected deficiencies • Review complaint investigations since last inspection, with the focus on trends • Map or driving directions 		Copy and Review: <ul style="list-style-type: none"> • Floor plan and AFH floor plan key 	
Gather Supplies: <ul style="list-style-type: none"> • Thermometer • Measuring equipment 			
OMBUDS' CONCERNS – FROM QUARTERLY MEETING NOTES			
<input type="checkbox"/> See attached			
<input type="checkbox"/> Review of Last Inspection / Citations			
<input type="checkbox"/> Enforcement			
Number of licensed beds: <input type="checkbox"/> See attached.	<input type="checkbox"/> Disclosure of Services	SPECIALTY APPROVED <input type="checkbox"/> Developmental Disabilities <input type="checkbox"/> Mental Health <input type="checkbox"/> Dementia	
Named resident manager: <input type="checkbox"/> See attached.	<input type="checkbox"/> N/A, no resident manager.		
Named comprehensive residents from prior inspection:			
NOTES			



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Pre-Inspection Preparation Notes

NOTE: This form should be used to document any additional information or data that does not fit in the designated space.

NOTES