|  | 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 (ALTSA)  ADULT FAMILY HOME (AFH)  **Pre-Inspection Preparation** | | | | |
| **Review and Consult:**   * 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:**   * Floor plan and AFH floor plan key   **Gather Supplies:**   * Thermometer * Measuring equipment | |
| OMBUDS’ CONCERNS – FROM QUARTERLY MEETING NOTES    See attached | | | | |
| Review of Last Inspection / Citations | | | | |
| Enforcement | | | | |
| Number of licensed beds:  See attached. | | Disclosure of Services | | SPECIALTY APPROVED  Developmental Disabilities  Mental Health  Dementia |
| Named resident manager:  See attached.  N/A, no resident manager. | | | |
| Named comprehensive residents from prior inspection: | | | | |
| NOTES | | | | |
| ATTACHMENT A  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **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 | | | | |