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