|  | ADULT FAMILY HOME’S (AFH) NAME | | LICENSE NUMBER |
| --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | INSPECTION DATE |
| LICENSOR’S NAME | | |
| ATTACHMENT H  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ADULT FAMILY HOME (AFH)  **Resident Observations** | | | |
| If no observations for the specified section occurred, mark the “Not Observed” box for that section and skip the rest of the items in that section. All observations ***must***include time, identity of individuals observed, and details of what was observed. The intent is to capture the care and services provided to the residents in the home. Focus should be on the comprehensive residents when possible when observing care and medication services. | | | |
| Staff Observed: | | | |
| **Care (positioning, toileting, transfers, adaptive equipment, bathing)**  **Not Observed** | | | |
| Time of observation:   a.m.  p.m. | | RESIDENTS OBSERVED | |
| NOTES | | | |
| **Medication Services (preparation, delivery)  Not Observed** | | | |
| Time of observation:   a.m.  p.m. | | RESIDENTS OBSERVED | |
| NOTES | | | |
| **Meal Services (eating, including assistance provided or adaptive equipment used)  Not Observed** | | | |
| Time of observation:   a.m.  p.m. | | RESIDENTS OBSERVED | |
| NOTES | | | |
| **Interactions and Activities (visitors and professionals, exercise program, activities)  Not Observed** | | | |
| Time of observation:   a.m.  p.m. | | RESIDENTS OBSERVED | |
| NOTES | | | |
| Use this section to document any additional observations or notes. | | | |