RESIDENT AND STAFF LIST - ATTACHMENT C

AFH AND LICENSEE NAME	LICENSE NUMBER

INSPECTION DATE	LICENSOR NAME

INSPECTION TYPE

☐ Initial ☐ Re-inspection ☐ Complaint ☐ Follow-up ☐ Monitoring

RESIDENT LIST

Resident #	Resident Name	State/Private Pay	Interviewable	Out of Home	Medication Level	Evacuation Level	Diabetic	Incontinent	Skin Care Issues	Nutrition Issues	Weight Loss/Gain	Mobility Issues	Nurse Delegation	Outside Agency(s)	Other (specify below)
R#1															
R#2															
R#3															
R#4															
R#5															
R#6															

OTHER SPECIFIED INFORMATION

STAFF/VOLUNTEER LIST

Staff/Volunteer	STAFF/VOLUNTEER NAME	NAME OF OTHERS IN HOME
S#A		
S#B		
S#C		
S#D		
S#E		
S#F		

NOTES