Washington State Department of Social & Health Services
ADSA Aging & Disability Services Administration

ATTACHMENT A

BOARDING HOME PRE INSPECTION PREPARATION

BOARDING HOME NAME:	LICENSE NUMBER:
INSPECTION DATE:	LICENSOR NAME:

Inspection Type: ☐ Initial ☐ Full ☐ Follow up ☐ Monitoring ☐ Complaint: #_____

Review licensing file for:

- Inspections and visits since last licensing inspection
- Current state contract/specialty designation – if applicable
- Past and/current complaint investigation reports
- Past SOD's and uncorrected deficiencies
- Three years compliance with all inspections and investigations
- Resident and staff list from last licensing inspection
- Current exemptions

Confer re: concerns about home: (below)

- Complaint nurse, licensor
- Case Managers: HCS, DDD
- Ombudsman

Assemble supplies:

- Forms (Attachments)
- Equipment

CASE MANAGER DDD/HCS:	CONTACT DATE:
COMMENTS/CONCERNS:	

OMBUDSMAN:	CONTACT DATE:
COMMENTS/CONCERNS:	

OTHER OUTSIDE AGENCY:	CONTACT DATE:
COMMENTS/CONCERNS:	

Contracts: ☐ AL ☐ EARC ☐ ARC ☐ Dementia ☐ DDD ☐ Adult Day Care

CURRENT EXEMPTIONS:

NOTES: