

NOTICE OF INSPECTION RIGHTS

Name _____ Location _____

Mailing Address (if different) (No., Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ Date of Inspection _____ Time of Inspection _____ AM PM

Name of Inspector(s): _____

(The inspector must provide photo identification)

This inspection is conducted under the authority of Arizona Revised Statutes and the Arizona Administrative Code (see back of form).

The purpose of this inspection is:

- To verify compliance with licensing requirements for a Developmental Home.
- To verify compliance with Life-Safety requirements for the OLCR.
- To verify compliance with audit requirements for Home & Community Based Services (HCBS).
- To conduct an inquiry or follow-up on a complaint related to a service that is licensed or certified by the OLCR.
- Other _____

You have the right to:

- Have an on-site representative of this service, home or facility accompany the inspector on the premises, except during confidential interviews.
- Make copies of any original documents if originals are to be taken during the inspection.
- Be informed that all statements made during the inspection may be included in the inspection report
- Be informed if and when a conversation during the inspection is to be tape-recorded.
- Due process relating to an appeal of a final decision based on the results of the inspection.
- Contact the Office of the Ombudsman if you believe you were treated unfairly during the inspection, administrative review or appeal process (see back of form).

If you have any **questions** regarding this inspection, you may ask the inspector directly, or you may contact the

Inspections office at: _____

To request an **administrative review** of the decisions based on the results of the inspection, you may contact the OLCR

Administrator at: _____

To appeal a licensing decision, notify your licensing worker who will, in turn, file the request for an appeal.

I have been informed of my inspection and due process rights, as listed above. I understand that while I have the right to decline to sign this form, the inspector may proceed with the inspection.

Provider/On-Site Representative's Signature _____ Date: _____

The provider/on-site representative was not present The provider/onsite representative refused to sign this form

Inspector's Signature: _____ Date: _____

Routing: Original – Inspector; Copy – Provider/On-Site Representative

LEGAL AUTHORITY

The requirement to inform a regulated person or organization of inspection and due process rights is established in the Arizona Revised Statute (ARS) § 41-1009 Inspections; applicability.

Inspections by the OLCR are conducted under the legal authority of the following statutes and rules:

Regulatory Unit and Regulated Service	Arizona Revised Statutes	Arizona Administrative Code
<i>Child Developmental Home</i>	A.R.S. §36-592	Title 6, Chapter 6, Article 10 Appeal Process: Article 20
<i>Adult Developmental Home</i>	A.R.S. §36-592	Title 6, Chapter 6, Article 11 Appeal Process: Article 20
Home & Community Based Services (HCBS) <i>Attendant Care, Day Treatment & Training, Habilitation, Home Health Aide, Home Health Nurse, Housekeeping, Transportation, OT, PT, Personal Care, Respiratory Therapy, Respite, Speech/Hearing Therapy, Supported Employment</i>	A.R.S. §36-596.54	Title 6, Chapter 6, Article 15 Administrative Review Process: Article 18 Appeal Process: Article 20
Life-Safety Inspection for OLCR	A.R.S. §8-504	Title 6, Chapter 18, Article 7

INTERNET LINKS

Internet Links for Arizona Revised Statutes and the Arizona Administrative Code are:

<http://www.azleg.state.az.us/arizonarevisedstatues.asp> (All of the Statutes cited above are found under Title 8 and Title 36)

https://apps.azsos.gov/public_services/CodeTOC.htm#ID6(All of the rules contained in Title 6, Chapter 6)

ARIZONA OMBUDSMAN INFORMATION

Arizona Ombudsman – Citizen’s Aide

The Ombudsman – Citizen’s Aide is an office that Arizona citizens can turn to when they feel they have been treated unfairly by a state administrator, agency, department, board or commission. If you have made a reasonable effort to resolve a problem with an agency and still have not been successful, contact the Ombudsman. For more information on the Arizona Ombudsman – Citizen’s Aide or to file a complaint:

Arizona Ombudsman – Citizen’s Aide

3737 N. 7th Street, Suite 209

Phoenix, AZ 85014

Voice: (602) 277-7292 or (800) 872-2879

Fax: (602) 277-7312

Internet: <http://www.azleg.state.az.us/ombudsman/default.htm>

E-mail: ombuds@azoca.org

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en línea o en la oficina local.