

### HOME VISIT REPORT

## SUPPLEMENT TO NOTICE OF INSPECTION AND DUE PROCESS RIGHTS

Licensee or Applicant Name (*Last, First, M.I.*) \_\_\_\_\_

Time Arrived \_\_\_\_\_ Time Departed \_\_\_\_\_ Date \_\_\_\_\_

Home Address (*No., Street*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

#### Purpose of Home Visit

- |   |  |
|---|--|
| New Home Visit  | Visit to Investigate Complaint or Unusual Incident |
| General Monitoring Visit to Verify Licensing Compliance | Visit to Follow up on Corrective Action Plan       |
| Renewal License Home Visit                              | Other (specify purpose): _____                     |

Records and Items Reviewed or Inspected and Persons Interviewed

Noted Deficiencies

Concerns

#### Required Follow-Up

1. None
2. Corrected at time of inspection.
3. Report to follow within 30 days.
4. Comments: \_\_\_\_\_

Inspector's Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider/On-Site Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

(A copy of this form shall be given to the Licensee/Applicant at the conclusion of the inspection in accordance with A.R.S. §41 1009.D.1)

Routing: Original - Inspector; Canary - Licensee/Applicant

Instructions on Reverse

**Completion Instructions for LCR 1007AFORNA  
HOME VISIT REPORT  
SUPPLEMENT TO NOTICE OF INSPECTION AND DUE PROCESS RIGHTS**

A. Purpose. To provide the applicant or licensee with a written record of the inspection, a description of licensing violations or concerns, and any response required of the licensee or applicant.

B. Completion.

1. Write clearly and press firmly so that all copies are legible.
2. Complete all applicable parts of the form—most importantly—record dates, times, names, addresses and details.
3. **Under PURPOSE OF HOME VISIT**, specify one or more of the following:
  - a. New home visit
  - b. General monitoring visit to verify licensing compliance
  - c. Renewal license home visit
  - d. Visit to investigate complaint or unusual incident
  - e. Visit to follow up on corrective action plan
  - f. Other (specify purpose): \_\_\_\_\_
4. Under **RECORDS AND ITEMS REVIEWED OR INSPECTED AND PERSONS INTERVIEWED**, specify what you looked at. ( e.g., Client File Review Clara Client Completed a health/safety inspection, Reviewed training records, Observed the daily routine, Observed training program on eating for Clara Client, Interviewed licensee or household member).
5. Under **NOTED DEFICIENCIES**, list the specific rules which were found to be out of compliance and a brief description of the finding.
6. Under **CONCERNS**, list items of concern of a general nature that may or may not be directly related to Licensing Rules but do impact on client care, and/or quality of life issues. (e.g.:
  - a. *Noted that Clara has not attended her day program for 4 days—van lift is broken;*
  - b. *John complained that he was bored and never gets to go anywhere; Recreation logs indicate no outings in the last 45 days;*
  - c. *Licensee drank a Coke in front of clients, when two clients asked for a Coke also, licensee said, “Get a drink of water, it’s better for you.”)*
7. Under **REQUIRED FOLLOW UP**, specify what the licensee should do in response to the home visit report and/or whether further action will be taken. If no deficiencies or major concerns are indicated, the **REQUIRED FOLLOW UP** would be **item #1**, “None.” If the deficiencies were corrected at the time of inspection, check **item #2**. If the deficiencies or concerns are serious and require evidence of correction, check **item #3**. Then return to the office, discuss the problems with your supervisor and the licensing manager to draft a formal letter to the licensee clearly citing the deficiencies and concerns and the required corrections or response. Set timelines for when a response should be received. If there are one or more deficiencies or concerns, which merit a response check **item #4** and specify the specific actions, required of the licensee to correct the deficiency.
 

The licensing manager must approve all corrective action plans. If the concerns are serious, OLCR should contact Program Personnel and a meeting should be scheduled with the licensee to verbally discuss the serious problems. This meeting must be held as soon as possible and the results of the meeting clearly documented and provided to the agency.
8. The licensing worker should sign and date this form and request the licensee sign and date this form.

C. Routing. As specified at the bottom on the front.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-542-0419; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.