|  | | ADULT FAMILY HOME (AFH)  **AFH Initial Licensing Inspection** | | | | | | | | | | | | | | | APPLICANT’S NAME | | | | APPLICANT CONTACT PHONE | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AFH NAME | | | | AFH SITE PHONE | | | | | |
| AFH SITE ADDRESS | | | | | | | | | | | | | | | | | DISTRICT / UNIT | COUNTY | | | INSPECTION TYPE  **Initial** | | | 12 MONTH DATE | | |
| FIELD MANAGER’S NAME | | | | | | | | | | | | | FM PHONE | | | | LICENSOR’S NAME | | | | | | | LICENSE NUMBER | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Manager Intake Tracking and Inspection Activity Log** Attachment A1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Systems and Processes - Residential Inspection and Quality Assurance (QA) Program Manager Completes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFH MAILING ADDRESS  SAME AS ABOVE | | | | | | | | | | | | | | | | | BAAU RECEIVED APPLICATION DATE | | AFH QA RECEIVED APPLICATION DATE | | | | APPLICATION WITHDRAWN / DENIED / VOIDED DATE | | | |
| **INTAKE PROCESS STEPS** | | | | | | | | | | | | | **RECOMMENDATION OF LICENSURE DATE:**  **EACH PERSON AFFILIATED WITH APPLICANT** | | | | | | **ADDITIONAL ENTRIES REQUIRED** | | | | | | | |
| Enter in Initial and QA Excel Spreadsheet | | | | | | | | | | | | | APS via TIVA | | | | | | Enter license referral date into Excel Spreadsheet | | | | | | | |
| Enter FMS: Visit date, licensor, supervisor | | | | | | | | | | | | | TIVA 2 | | | | | | FMS: Add visit and recommend licensure | | | | | | | |
| Complete I Inspection Working Papers | | | | | | | | | | | | | RCPP findings list | | | | | |  | | | | | | | |
| Scan Licensor packet | | | | | | | | | | | | | FMS | | | | | |  | | | | | | | |
| Make available on “Q” working paper / licensor packet | | | | | | | | | | | | | FamLink | | | | | |  | | | | | | | |
| **Section 2: Initial Inspection Activity Log Notes - Licensor Completes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** |
|  | **File received from the BAAU and assigned to Licensor for inspection** | | | | | | | | | | | | | | | | | | | | | | | | | **AJ** |
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| **Manager Intake Tracking and Inspection Activity Log** Attachment A2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Systems and Processes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AFH MAILING ADDRESS  SAME AS ABOVE | | | | | | | | | | | | | | | | | EMAIL ADDRESS | | | | | | | | | |
| **Dates** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First contact with applicant Enter Excel contact date, visit date Preparation checklist - emailed  Schedule visit or agree to postpone Enter Outlook calendar date of visit  Confirmation letter Send email to supervisor or designee date of initial visit | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Inspection Activity Log Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** |
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| **Manager Intake Tracking and Inspection Activity Log** Attachment A3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Inspection Activity Log Notes (continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** |
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| **Entrance Interview** Attachment B1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **INTERVIEW** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Introductions / hand out business card  Identify number of toilets in home:  Specialty(ies)  Review process for day  Identify number of toilets for residents use:  Type of home (check one):  Are the primary caregiver for another person:  Caregiver plan  Inquire if pets in home  Single level  Multi-level  Review application for changes and accuracy  Inquire if firearms in home  Review floor plan and building inspection checklist  Type of residents / anticipated types of care needs | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **IDENTIFY WHO CURRENTLY LIVES IN THE HOME** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME(S)** | | | | | | | | | | **RELATIONSHIP** | | | | | | **NAME(S)** | | | | | | **RELATIONSHIP** | | | | |
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| **NAME(S) OF OTHERS WHO WILL UNSUPERVISED ACCESS TO RESIDENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME(S)** | | | | | | | | | | **RELATIONSHIP** | | | | | | **NAME(S)** | | | | | | **RELATIONSHIP** | | | | |
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| **PETS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PET NAME(S) / TYPE(S)** | | | | | | **RABIES VACCINATION** | | | | **TEMPERMENT** | | | | | | **PET NAME(S) / TYPE(S)** | | | | **RABIES VACCINATION** | | **TEMPERMENT** | | | | |
| 1. | | | | | | Yes | | | |  | | | | | | 3. | | | | Yes | |  | | | | |
| 2. | | | | | | Yes | | | |  | | | | | | 4. | | | | Yes | |  | | | | |
| **OTHER BACKGROUND INQUIRIES (BGI)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME(S)** | | | | | | **RELATIONSHIP** | | | | **DATE BGI COMPLETED** | | | | | | **NAME(S)** | | | | **RELATIONSHIP** | | **DATE BGI COMPLETED** | | | | |
| 1. | | | | | |  | | | |  | | | | | | 4. | | | |  | |  | | | | |
| 2. | | | | | |  | | | |  | | | | | | 5. | | | |  | |  | | | | |
| 3. | | | | | |  | | | |  | | | | | | 6. | | | |  | |  | | | | |
| **Pre-Inspection Preparation and Records Review** Attachment B2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRE-INSPECTION PREPARATION** | | | | | | | | | | | | | | | | | **ADMINISTRATIVE RECORDS** | | | | | | | | | |
| **Folder Contents:**  Application  Two (2) copies floor plans  (copies for each floor)  Building checklist  Working papers  **Notice of Rights and Service Requirements:**  Private Pay  Medicaid  Disaster Plan    **Prior to Visit:**  Contact applicant to confirm appointment | | | | | | | COMMENTS | | | | | | | | | | **Documents:**  CHECK ONE  \*M N N/A  Orientation checklist for new staff  Emergency Evacuation Log  Sewage / Septic system\* Verification – Copy Required  Water system Verification – Copy Required  Accident / Injury Log – Copy Required  Medication Log – Copy Required  **Required Policies:**  Accepting Medicaid Residents  Abandonment, Abuse, Neglect, and/or Exploitation of Residents  Contacting Emergency Medical Services  Medication Disposal  Disaster Plan  **MHP:**  Staffing Plan  Operational Plan  Parking Plan | | | | | | | | | |
| \* Septic system documentation must be from the local health authority and must address the following information:  1) Septic system has been inspected and approved; 2) How many people (not bedrooms) can be accommodated by the septic system; and 3) Local health authority is aware the system will be utilized in an AFH. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staff Records** Attachment C | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXEMPT STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE ANSWER THE FOLLOWING:** | | | | | | | | **APPLICANT** | | | | | | | | **RESIDENT MANAGER** | | | | | | | | | **ENTITY REPRESENTATIVE** | |
| **NAME** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **WHY EXEMPT?** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **DOH EXPIRATION DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **REVISED FUNDAMENTALS DATE COMPLETED** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **CPR EXPIRATION DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **FIRST AID EXPIRATION DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **FOOD SAFETY EXPIRATION DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **WA BGI COMPLETION DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **FINGERPRINT DATE** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **MANAGER MENTAL HEALTH** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **DEVELOPMENTAL DISABILITIES** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **MANAGER DEMENTIA** | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **NON-EXEMPT STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF NON-EXEMPT STAFF** | | | | | | | | | | | | | | | | **Exempt LTC Workers**: LPN, RN, CNA, persons in an approved CNA training program, Medicare Certified Home Health aide, or person with special education training and an endorsement granted by the Superintendent of Public Instruction. LTC worker employed in LTC setting between 01/01/2011 to 01/06/2012 AND met educational requirements at the time.  **Non-Exempt LTC Workers:** Staff must have direct supervision until he/she has completed Core Basic Training within 120 days.  **Caregiver Specialty**: HCA - Need certificate within 120 days of hire. HCA exempt- need certificate within 90days of hire. | | | | | | | | | | |
| **NAME** | | | | | | | | **HCA EXPIRATION DATE** | | | | | | | |
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| COMMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resident Records / Applicant Interview** Attachment D | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXEMPT STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*M N N/A WAC COMMENTS  Notice of rights and service requirements **PR PAY**  Notice of rights and service requirements **MEDICAID**  Financial Recordkeeping – SECTION ONLY 10320  Resident Information Sheet – MUST HAVE FORM / SECTION 10320  Assessment / Preliminary Svc Plan – SECTION ONLY 10330 - 10340  Negotiated Care Plan – SECTION ONLY 10355 - 10385  Legal Documents – SECTION ONLY 10325  Personal Belonging Inventory – MUST HAVE FORM / SECTION 10320  Accident Injury Log – MUST HAVE FORM 10220  Nurse Delegation Paperwork – MUST HAVE SECTION 10320  Medication Log – MUST HAVE FORM 10475  Medication Professional Orders – MUST HAVE SECTION 10320  Disclosure of Charges – MUST HAVE FILLED OUT FORM 10540  Availability  Confidential | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT INTERVIEW – NOT REQUIRED FOR MHP OR RELOCATION FILES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEFORE A RESIDENT MOVES IN, HOW WILL YOU DETERMINE YOU CAN MEET THEIR NEEDS? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW WILL YOU PLAN MEALS? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW ARE YOU GOING TO STAFF YOUR HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW WILL YOU HONOR RESIDENTS’ RIGHTS AND PROTECT THEIR PRIVACY? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT WAYS WILL YOU ASSIST THE RESIDENT TO FEEL LIKE THIS IS THEIR HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW WILL YOU RESPOND TO RESIDENT CONCERNS? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT WAYS WILL YOU HELP RESIDENTS MAINTAIN THEIR INDEPENDENCE? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOW WILL YOU DETERMINE WHAT ACTIVITIES TO OFFER IN YOUR HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet** Attachment E1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom A** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom A Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom B** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom B Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom C** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom C Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom D** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom D Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom E** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom E Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom F** Measurements: Length (L) x Width (W) = Square Feet (Sq. Ft.) Total Useable Sq. Ft.: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Evacuation Level  I  I/ A | | | | Subtotal Sq. Ft. = | | | | | | | | | | | |  | | | | | | | | | | |
| - Closet / Storage | | | | | | | | | | | |
| - Door Swing | | | | | | | | | | | |
| Capacity  1  2 | | | | - Other | | | | | | | | | | | |
| - Other | | | | | | | | | | | |
| **= Usable Sq. Ft.** | | | | | | | | | | | |
| **\*M N N/A**  **Exit does not pass through another room:**  **\*M N N/A**  **Window:\*\***    **Closet / Storage:**  Unobstructed    Open-able  Screens    Floor Guides  Privacy    **Smoke Detector:**  Open-able    Works  **Lighting:**    Audible  **Door:**    Proximity  Lock    **Heat Source:**  Opening device    Safety Issues  **Clean:** | | | | | | | | | | | | | | | | **\*\* Window specifications: Minimum height – 24”, Minimum width – 20”, Minimum square footage opening – 5.7 sq.ft. except at grade level where it may be 5 sq.ft.** | | | | | | | | | | |
| **Bathroom attached to Bedroom F Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.** | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main Bathroom Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.**  Location: | | | | | | | | | | |
| **Additional Bathroom Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.**  Location: | | | | | | | | | | |
| **Additional Bathroom Water Temperature:      oF**  (Minimum 105oF; maximum 120oF)  **\*M N N/A \*M N N/A**  **Accessibility Level:** **General:**  I  I/ A    Sanitation  **Door:**    Toxics inaccessible  Lock with opening device    TP holder  Unobstructed    Toilet grab bars  **Shower / Tub:\*\*\***    Window cover / screens  Opening device    Lighting  Non-Skid Surface    Other | | | | | | | | | | | | | | | | **\*\*\* Minimum size of shower stalls for an adult family home shall be 30 inches deep by 48 inches long.**  Location: | | | | | | | | | | |
| **Interior Physical Environment** Attachment F1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postings \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| DSHS / ALTSA CRU Number  DRW Information  12 month inspection report  3 year inspection posting  1st floor evacuation plan  2nd floor evacuation plan  Place to hand license | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Common Areas:**  **\*M N N/A \*M N N/A** | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | |
| Accessibility  Capacity  Seating / furnishings  Lighting  Fireplace safety  Ventilation | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Telephone \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Telephone Working  Available for resident use  Privacy | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **General / Safety \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Call system  Heating / cooling  Trip hazards  Indoor ramps  Indoor steps  Clean / good repair  Other safety issues | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Laundry \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Plan (if not home)  Supplies  Location | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Interior Physical Environment - Continued** Attachment F2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kitchen / Dining Area \*M N N/A** | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | |
| Stocked (pots / pans, dishes, equipment)  Safe storage for toxics  Sink temperature (Minimum 105oF; maximum 120oF)  Adequate seating  Lighting  Safety | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Fire Extinguisher (5 lbs.) \*M N N/A** | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | |
| 1st floor date:   Mounted  2nd floor date:   Mounted  3rd floor date:   Mounted | | | | | | | | | | | **Must be mounted or securely fastened in a stationary position at a minimum of four inches from the floor (when measured from the bottom) and a maximum of 60 inches from the floor (when measured from the top).** | | | | | | | | | | | | | | | |
| **Smoked Detectors \*M N N/A** | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | |
| Interconnected throughout home  In working order  Audible throughout house  Immediate vicinity of staff sleeping area  In immediate vicinity of resident rooms  On every level of multi-level home | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **Medications \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Adequate locked storage  Plan for refrigerated meds | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Emergency Supplies \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Lighting  First Aid kit  First Aid manual | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Firearms \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| In locked storage | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exterior Physical Environment** Attachment F3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Doors / Entrances / Exits:**  **\*M N N/A \*M N N/A \*M N N/A** | | | | | | | | | | | | | | | **Notes** | | | | | | | | | | | |
| EMG unlocked lever handle / hinged  Threshold  Doorway / hallway limitations  Door alarms  Door to garage  Resident can exit without special knowledge or assistance 10715(3) | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **Ramps:**  **\*M N N/A \*M N N/A** | | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | |
| Slope  Handrails  Smooth transition at end  \* Non-skid surface  Guards | | | | | | | | | | | | Flat landing at top of ramp %:  Flat landing at bottom of ramp %:  Flat landing at turn point %: | | | | | | | | | | | | | | |
| **Deck \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Wheelchair accessible  Barriers on sides  Secure / sturdy  Steps off deck have barrier  Good condition – no gaps  Threshold in / out  Non-skid | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Steps \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Steps off landing have barrier  Handrails on both sides  Safety | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Exterior Physical Environment - Continued** Attachment F4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **General Safety Issues \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Located on busy street  Located at top of ravine  Drop off areas such as rock walls  Walkways used by residents  House numbers visible from street  Outdoor resident use area  Designated safe meeting place | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Front, Back, Side Yards \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| No hazards, toxic materials  No debris, broken glass  \*\* No obstructions egress  residence windows  \*\* No obstructions walkways  Yards maintained | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Water Hazard Identified \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| \*\*\* Type:  Secured by locking any doors, screens, or gates that lead directly to or surround the water hazard  Requires fencing  Requires door alarm and lock  Non-potable water identified | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Outdoor Buildings \*M N N/A** | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | | |
| Locked  Safety  Step(s)  Ramp | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| \*\* Plants  \*\*\* i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, pond, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Environment** Attachment F5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notes and Drawings:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Window Well Requirements:**  R310.2.3 Window wells.  The horizontal area of the window well shall be not less than 9 square feet (0.9 m2), with a horizontal projection and width of not less than 36 inches (914 mm). The area of the window well shall allow the emergency escape and rescue opening to be fully opened.  **Exception:** The ladder or steps required by Section R310.2.3.1 shall be permitted to encroach not more than 6 inches (152 mm) into the required dimensions of the window well.  R310.2.3.1 Ladder and steps.  Window wells with a vertical depth greater than 44 inches (1118 mm) shall be equipped with a permanently affixed ladder or steps usable with the window in the fully open position. Ladders or steps required by this section shall not be required to comply with Sections R311.7 and R311.8. Ladders or rungs shall have an inside width of not less than 12 inches (305 mm), shall project not less than 3 inches (76 mm) from the wall and shall be spaced not more than 18 inches (457 mm) on center vertically for the full height of the window well.  **Formulas and Reference:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments; **however, the department will send you a certified notice letter describing the complete list of issues addressed today.**  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **WAC 388-76** | | | **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adult Family Home Initial Licensing Inspection Notes** Attachment H | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adult Family Home Floor Plan “Key”**  **Each Bedroom approved for resident use is automatically approved for independent residents. Date:       Total Capacity:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEDROOM BEDROOM CAPACITY BEDROOM LABEL1**  **DESIGNATION (CHECK ONE) (CHECK ONE)**  **A**  1  2  I  I/A  **B**  1  2  I  I/A  **C**  1  2  I  I/A  **D**  1  2  I  I/A  **E**  1  2  I  I/A  **F**  1  2  I  I/A  **G**  1  2  I  I/A  (IF APPLICABLE)  **H**  1  2  I  I/A  (IF APPLICABLE)  1  LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEFROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A).  **NOTE:** FLOOR PLAN AND KEY MUST MATCH. | | | | | | | | | | | | | **KEY: Determining evacuation level label for each resident bedroom as Independent (I) OR Independent/Assistance (I/A).**  **Bedroom labeled as “Independent (I)”**  The resident using this bedroom is able to ambulate out of the bedroom, through the house and main egress (exit) door to the ground, without use of physical assistance, can, walker, or wheelchair, and one (1) queuing.  The exit path from the bedroom may have any of the following:  **∙** Step / stairs **∙** Ramp **∙** No step / stairs or ramp  **Bedroom labeled as both “Independent / Assistance (I/A)**  The resident using this bedroom can be identified as Independent OR is identified as needing physical assistance or mobility aid(s) (cane, walker, or wheelchair) and/or two (2) or more verbal queuing to travel the bedroom through the house and main egress (exit) door to the ground.  The exit path from the bedroom **MUST NOT** have any of the following:  **∙** Step / stairs **∙** Elevators **∙** Chairlifts **∙** Platform life | | | | | | | | | | | | | |
| **388-76-10870 resident evacuation capability levels - identification required**  The adult family home must ensure that each resident's assessment identifies, and each resident's preliminary care plan and negotiated care plan describes the residents ability to evacuate the home according to the following descriptions:  (1) Independent: Resident is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one verbal cue;  (2) Assistance required: Resident is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids. | | | | | | | | | | | | | **388-76-10865 Resident evacuation from adult family home**   1. The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less. 2. The home must ensure that residents who require assistance are able to evacuate the home as follows: 3. Through the primary egress door; 4. Via a path from the resident’s bedroom that does not go through other bedrooms; and 5. Without the resident having to use any of the following: 6. Stairs; 7. Elevator   (3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51.  (4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms. | | | | | | | | | | | | | |
| **I acknowledge receipt and understanding of the “Evacuation Label” of each bedroom in my Adult Family Home.** | | | | | | | | | | | | | NAME DATE | | | | | | | | | | | | | |
| **Adult Family Home Floor Plan “Key”**  **Each Bedroom approved for resident use is automatically approved for independent residents. Date:       Total Capacity:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BEDROOM BEDROOM CAPACITY BEDROOM LABEL1**  **DESIGNATION (CHECK ONE) (CHECK ONE)**  **A**  1  2  I  I/A  **B**  1  2  I  I/A  **C**  1  2  I  I/A  **D**  1  2  I  I/A  **E**  1  2  I  I/A  **F**  1  2  I  I/A  **G**  1  2  I  I/A  (IF APPLICABLE)  **H**  1  2  I  I/A  (IF APPLICABLE)  1  LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEFROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A).  **NOTE:** FLOOR PLAN AND KEY MUST MATCH. | | | | | | | | | | | | | **KEY: Determining evacuation level label for each resident bedroom as Independent (I) OR Independent/Assistance (I/A).**  **Bedroom labeled as “Independent (I)”**  The resident using this bedroom is able to ambulate out of the bedroom, through the house and main egress (exit) door to the ground, without use of physical assistance, can, walker, or wheelchair, and one (1) queuing.  The exit path from the bedroom may have any of the following:  **∙** Step / stairs **∙** Ramp **∙** No step / stairs or ramp  **Bedroom labeled as both “Independent / Assistance (I/A)**  The resident using this bedroom can be identified as Independent OR is identified as needing physical assistance or mobility aid(s) (cane, walker, or wheelchair) and/or two (2) or more verbal queuing to travel the bedroom through the house and main egress (exit) door to the ground.  The exit path from the bedroom **MUST NOT** have any of the following:  **∙** Step / stairs **∙** Elevators **∙** Chairlifts **∙** Platform life | | | | | | | | | | | | | |
| **388-76-10870 resident evacuation capability levels - identification required**  The adult family home must ensure that each resident's assessment identifies, and each resident's preliminary care plan and negotiated care plan describes the residents ability to evacuate the home according to the following descriptions:  (1) Independent: Resident is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one verbal cue;  (2) Assistance required: Resident is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids. | | | | | | | | | | | | | **388-76-10865 Resident evacuation from adult family home**   1. The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less. 2. The home must ensure that residents who require assistance are able to evacuate the home as follows: 3. Through the primary egress door; 4. Via a path from the resident’s bedroom that does not go through other bedrooms; and 5. Without the resident having to use any of the following: 6. Stairs; 7. Elevator   (3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51.  (4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms. | | | | | | | | | | | | | |
| **I acknowledge receipt and understanding of the “Evacuation Label” of each bedroom in my Adult Family Home.** | | | | | | | | | | | | | NAME DATE | | | | | | | | | | | | | |
| **Post Inspection – Meets Requirements** Attachment I | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant meets minimum licensing requirements and is recommended for licensure.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Check if**  **Discuss: discussed:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensure recommendation; approval process | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| BAAU will: mail license and background check results | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Request Medicaid contract, if desired | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Identify District / Unit – Field Manager | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| AFH Locator will list home at <https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx> | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| AFH Locator will indicate Medicaid contract, once the contract has been signed | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Discuss QA visit – **including TB requirement** | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Emergency food / water | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Complete floor plan and key with identified, approved resident bedrooms, capacity, and evacuation level | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| Floor plan of home does have limited space that may or may not accommodate larger mobility aids. Applicant was informed: if the home accepts or retains residents that can use mobility aids independently, they must be able to safely and freely self-propel / navigate through doorways, hallways, bathroom, and/or any part of the home the residents needs or wants to use. | | | | | | | | | | | | | | **N/A** | | **Discussed** | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE | | | | | CAPACITY | | | | | | | | | SPECIALTIES APPLICANT RESIDENT MANAGER    Dementia  Mental Health  Developmental Disabilities | | | | | | | | | | | CONTRACT  Yes  No | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | |