| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

Washington State Department of Social & Health Services
Transforming lives

AGING AND LONG-TERM SUPPORT ADMMNISTRATION (ALTSA)
RESIDENTIAL CARE SERVICES (RCS)
ADULT FAMILY HOME (AFH)

# AFH Capacity Increase Working Papers

| **Pre-Inspection - Preparation** | | | |
|---|---|---|---|
| **Prepare folder:** | ☐ Two (2) copies of floor plan<br>☐ Two (2) copies of floor plan key<br>☐ Driving directions<br>☐ Facility summary and visit log from FMS<br>☐ Passed inspection form from the Washington Association of Building Officials (WABO) | | |
| **Pre-Inspection AFH Contact** | ✓ **When completed.** | | |
| Review bedrooms in floor plan | ☐ | | |
| Review bathrooms in floor plan | ☐ | | |
| Inspection scheduled | ☐ | | |
| Current licensed capacity | NUMBER CURRENT | Requested capacity: | NUMBER REQUESTED |
| Planning office notified<br>☐ If requested capacity is six or fewer, check this box and skip this question. | ☐<br>Who contacted:<br>Date(s):<br>Notes: | | |
| Sprinkler system documentation<br>☐ If requested capacity is six or fewer, check this box and skip this question. | Check one:<br>☐ Appropriate sprinkler system documentation received.<br>☐ The home serves only residents who are independent with evacuation and does not require a sprinkler system.<br>☐ The home serves residents who require assistance with evacuation and does not have documentation of a sprinkler system (this is grounds for denial if uncorrected).<br>Notes: | | |

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
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**Pre-Inspection Notes**

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Provider or Entity Representative Interview**

NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME

| | |
|---|---|
| Before a resident moves in, how will you determine you can meet their needs? | |
| What is your plan for ensuring you have sufficient staff to care for additional residents? | |
| What was this bedroom previously used for? Has this change impacted the home? (E.g. caregiver room, where does the caregiver sleep, where has any storage moved to) | |
| How long did your last evacuation drill take? How will you make sure you can meet the five-minute evacuation time with additional residents? | |
| Will this capacity change affect your Medicaid policy? If yes, in what way? Have you updated your Medicaid policy? | |
| What is your parking plan and how will you ensure any extra traffic or extra parked vehicles (of staff, visitors, etc.) will not impact your neighbors?<br>☐ If requested capacity is six or fewer, check this box and skip this question. | |
| How do you respond to concerns or issues residents raise? | |

NOTES

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Caregiver Interview**

☐ If requested capacity is six or fewer, mark this box and skip this section.

NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME

| | |
|---|---|
| Do you usually work alone? Are you able to get help if you need it? What do you do if you need help? | |
| Do you have any concerns about the home increasing their capacity? | |
| Are you paid on time and in the amount you expect? | |
| Questions about financial solvency; ask at least two questions, either from the list or create your own and document in the box.<br>• Do you always have enough food for the residents to eat?<br>• Does the home have enough supplies for everyone in the home?<br>• Is the home a comfortable temperature all year – enough heat in winter, fans in summer?<br>• Does the power go out frequently? | |

NOTES

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Resident Interview**

☐ If requested capacity is six or fewer, mark this box and skip this section.

NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME

| | |
|---|---|
| Do you have any concerns or complaints about the care and services you receive? | |
| Are you able to get help quickly when you need it? | |
| Questions about financial solvency; ask at least two questions, either from the list or create your own and document in the box.<br>• Do you always have enough food to eat?<br>• Does the home have enough supplies for everyone in the home?<br>• Is the home a comfortable temperature all year – enough heat in winter, fans in summer?<br>• Does the power go out frequently? | |
| Were you given a notice that the home is applying to increase the number of residents that can live here? When? | |
| Would you recommend that the Department allow the home to increase their capacity and admit more residents? Why or why not? | |

NOTES

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Resident Bedroom / Bathroom Worksheet** **(M = Met requirements; N = Not met requirements)**

| BEDROOM | MEASUREMENTS: L X W ÷ 144 = SQ FT | |
|---|---|---|
| FLOOR SPACE<br>L x W =<br><br>+ OTHER | | |
| **Evacuation Level**<br>☐ I ☐ I / A | **Subtotal Sq Ft =** | |
| | - Closet / storage | |
| | - Door swing | |
| **Capacity**<br>☐ 1 ☐ 2 | - Other | |
| | - Other | |
| | **= Usable Sq Ft** | |

☐ If this page is not needed, state why in the notes, check this box, and skip to the next page.

NOTES

EXIT DOES NOT PASS THROUGH ANOTHER ROOM:

| **Window** | M | N | N/A |
|---|---|---|---|
| Unobstructed | ☐ | ☐ | ☐ |
| Screens | ☐ | ☐ | ☐ |
| Privacy | ☐ | ☐ | ☐ |
| Open-able | ☐ | ☐ | ☐ |
| Size | ☐ | ☐ | ☐ |
| **Lighting** | ☐ | ☐ | ☐ |
| **Door** | ☐ | ☐ | ☐ |
| Lock | ☐ | ☐ | ☐ |
| Opening device | ☐ | ☐ | ☐ |
| **Clean** | ☐ | ☐ | ☐ |

| **Closet / storage** | M | N | N/A |
|---|---|---|---|
| Open-able | ☐ | ☐ | ☐ |
| Floor guides | ☐ | ☐ | ☐ |
| **Smoke detector**: | | | |
| Works | ☐ | ☐ | ☐ |
| Audible | ☐ | ☐ | ☐ |
| Proximity | ☐ | ☐ | ☐ |
| **Heat source**: | | | |
| Safety issues | ☐ | ☐ | ☐ |
| **Special equipment**: | | | |
| Other | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |

NOTES

BATHROOM ATTACHED TO BEDROOM

WATER TEMP

| **Accessibility level** ☐ I ☐ I / A | M | N | N/A |
|---|---|---|---|
| **Door** | ☐ | ☐ | ☐ |
| Lock (with opening device) | ☐ | ☐ | ☐ |
| Unobstructed | ☐ | ☐ | ☐ |
| **Shower / tub**: | | | |
| Grab bar(s) | ☐ | ☐ | ☐ |
| Non-skid surface | ☐ | ☐ | ☐ |

| **General** | M | N | N/A |
|---|---|---|---|
| Sanitation | ☐ | ☐ | ☐ |
| Toxins accessible | ☐ | ☐ | ☐ |
| Toilet paper holder | ☐ | ☐ | ☐ |
| Toilet grab bars | ☐ | ☐ | ☐ |
| Window cover / screens | ☐ | ☐ | ☐ |
| Lighting | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |

NOTES

* Note that a closet may not be removed in order to increase the amount of a useable floor space.

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Resident Bedroom / Bathroom Worksheet** **(M = Met requirements; N = Not met requirements)**

| BEDROOM | MEASUREMENTS: L X W ÷ 144 = SQ FT | |
|---|---|---|
| FLOOR SPACE<br>L x W =<br><br>+ OTHER | | |
| **Evacuation Level**<br>☐ I ☐ I / A | **Subtotal Sq Ft =** | |
| | - Closet / storage | |
| | - Door swing | |
| **Capacity**<br>☐ 1 ☐ 2 | - Other | |
| | - Other | |
| | **= Usable Sq Ft** | |

☐ If this page is not needed, state why in the notes, check this box, and skip to the next page.

NOTES

EXIT DOES NOT PASS THROUGH ANOTHER ROOM:

| **Window** | M | N | N/A |
|---|---|---|---|
| Unobstructed | ☐ | ☐ | ☐ |
| Screens | ☐ | ☐ | ☐ |
| Privacy | ☐ | ☐ | ☐ |
| Open-able | ☐ | ☐ | ☐ |
| Size | ☐ | ☐ | ☐ |
| **Lighting** | ☐ | ☐ | ☐ |
| **Door** | ☐ | ☐ | ☐ |
| Lock | ☐ | ☐ | ☐ |
| Opening device | ☐ | ☐ | ☐ |
| **Clean** | ☐ | ☐ | ☐ |

| **Closet / storage** | M | N | N/A |
|---|---|---|---|
| Open-able | ☐ | ☐ | ☐ |
| Floor guides | ☐ | ☐ | ☐ |
| **Smoke detector**: | | | |
| Works | ☐ | ☐ | ☐ |
| Audible | ☐ | ☐ | ☐ |
| Proximity | ☐ | ☐ | ☐ |
| **Heat source**: | | | |
| Safety issues | ☐ | ☐ | ☐ |
| **Special equipment**: | | | |
| Other | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |

NOTES

BATHROOM ATTACHED TO BEDROOM

WATER TEMP

| **Accessibility level** ☐ I ☐ I / A | M | N | N/A |
|---|---|---|---|
| **Door** | ☐ | ☐ | ☐ |
| Lock (with opening device) | ☐ | ☐ | ☐ |
| Unobstructed | ☐ | ☐ | ☐ |
| **Shower / tub**: | | | |
| Grab bar(s) | ☐ | ☐ | ☐ |
| Non-skid surface | ☐ | ☐ | ☐ |

| **General** | M | N | N/A |
|---|---|---|---|
| Sanitation | ☐ | ☐ | ☐ |
| Toxins accessible | ☐ | ☐ | ☐ |
| Toilet paper holder | ☐ | ☐ | ☐ |
| Toilet grab bars | ☐ | ☐ | ☐ |
| Window cover / screens | ☐ | ☐ | ☐ |
| Lighting | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |
| Other | ☐ | ☐ | ☐ |

NOTES

* Note that a closet may not be removed in order to increase the amount of a useable floor space.

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Additional Space Considerations**

| | M | N | N/A | NOTES |
|---|---|---|---|---|
| Sufficient indoor common space | ☐ | ☐ | ☐ | |
| Sufficient call system access | ☐ | ☐ | ☐ | |
| Safety issues | ☐ | ☐ | ☐ | |
| Sufficient dining space | ☐ | ☐ | ☐ | |
| Sufficient emergency supplies (water, food, lighting, First Aid) | ☐ | ☐ | ☐ | |
| Sufficient outdoor common space | ☐ | ☐ | ☐ | |
| New bedrooms have access to emergency exit | ☐ | ☐ | ☐ | |
| Posted emergency evacuation plans updates | ☐ | ☐ | ☐ | |
| Current liability insurance | ☐ | ☐ | ☐ | |

**Exit Preparation**

| | Yes | No | NOTES |
|---|---|---|---|
| Does the home meet the requirements for the desired capacity increase? | ☐ | ☐ | |
| Recommended capacity after inspection: | | | |
| Has the floor plan and floor plan key been filled out and signed by the provider / ER and licensor? | ☐ | ☐ | |

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Notes and Drawings**

**Forms and Reference:**

CALCULATIONS: FOR DOOR SWINGS

DOOR WIDTH IN INCHES = SQ FT FOR ¼ CIRCLE SWING

| DR WIDTH" | SQ FT ¼ SWING | DR WIDTH" | SQ FT ¼ SWING |
|---|---|---|---|
| **25"** | 3.41 SQ FT | **33"** | 5.94 SQ FT |
| **26"** | 3.69 SQ FT | **34"** | 6.30 SQ FT |
| **27"** | 3.98 SQ FT | **35"** | 6.68 SQ FT |
| **28"** | 4.28 SQ FT | **36"** | 7.07 SQ FT |
| **29"** | 4.59 SQ FT | **37"** | 7.47 SQ FT |
| **30"** | 4.91 SQ FT | **38"** | 7.88 SQ FT |
| **31"** | 5.24 SQ FT | **39"** | 8.30 SQ FT |
| **32"** | 5.59 SQ FT | **40"** | 8.73 SQ FT |

**WINDOW:**

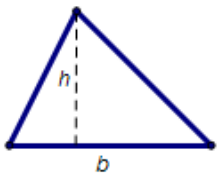
**MIN HEIGHT: 24 IN**

**MIN WIDTH: 20 IN**

**MIN OPENING: 5.7 SQ FT, EXCEPT GRADE LEVEL FLOOR WINDOWS MAY BE 5.0 SQ FT**

**SILL HEIGHT NO MORE THAN 44 IN FROM FLOOR**

**TRIANGULAR AREA (CALCULATE SQ FT)**




A=1/2(**bh**)

MEASURE THE BASE **(B)** OF THE TRIANGLE

MEASURE THE HEIGHT **(H)** OF THE TRIANGLE

MULTIPLY THE BASE BY THE HEIGHT **(B X H)**

DIVIDE THIS AMOUNT BY **2** (TWO)

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Additional Notes**

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Adult Family Home Floor Plan "Key"**

| LICENSOR | EFFECTIVE DATE | CAPACITY |
|---|---|---|
| | | |

**Each bedroom approved for resident use is automatically approved for independent residents.**

| BEDROOM DESIGNATION | BEDROOM CAPACITY (CHECK ONE) | | BEDROOM LABEL[1] (CHECK ONE) | |
|---|---|---|---|---|
| | 1 | 2 | I | I / A |
| **A** | ☐ | ☐ | ☐ | ☐ |
| **B** | ☐ | ☐ | ☐ | ☐ |
| **C** | ☐ | ☐ | ☐ | ☐ |
| **D** | ☐ | ☐ | ☐ | ☐ |
| **E** | ☐ | ☐ | ☐ | ☐ |
| **F** | ☐ | ☐ | ☐ | ☐ |
| **G** (IF APPLICABLE) | ☐ | ☐ | ☐ | ☐ |
| **H** (IF APPLICABLE) | ☐ | ☐ | ☐ | ☐ |

[1] LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEDROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A).

NOTE: FLOOR PLAN AND KEY **MUST** MATCH.

IF A HOME IS REQUESTING A LIMIT ON THEIR LICENSE IN ORDER TO BE EXEMPTED FROM SPRINKLER SYSTEM REQUIREMENTS, ALL BEDROOMS MUST BE MARKED AS APPROVED FOR INDEPENDENT RESIDENTS ONLY.

**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, cane, walker or wheelchair and one (1) cueing.

The exit path from the bedroom may have been any of the following:

- Step / Stairs
- Ramp
- No steps / 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 cueing to travel from 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
- Chairlifts
- Elevations
- Platform Lift

**388-76-10865** RESIDENT EVACUATION FROM THE 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:
  (a) Through the primary egress door;
  (b) Via a path from the resident's bedroom that does not go through other bedrooms; and
  (c) Without the resident having to use any of the following:
    (i) Stairs;
    (ii) Elevators;
    (iii) Chairlift; or
    (iv) Platform lift.
(3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51-0325.
(4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms.

**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 resident's 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.

**I acknowledge receipt and understanding of the "Evacuation Label" of each bedroom in my AFH.**

| SIGNATURE | DATE |
|---|---|
| | |

| ADULT FAMILY HOME (AFH) NAME | LICENSE NUMBER |
|---|---|
| AFH ADDRESS | PROVIDER / ER NAME |
| INSPECTION DATE | LICENSOR NAME |

**Adult Family Home Floor Plan "Key"**

| LICENSOR | EFFECTIVE DATE | CAPACITY |
|---|---|---|
| | | |

**Each bedroom <u>approved</u> for resident use is <u>automatically approved</u> for independent residents.**

| BEDROOM DESIGNATION | BEDROOM CAPACITY (CHECK ONE) | | BEDROOM LABEL[1] (CHECK ONE) | |
|---|---|---|---|---|
| | 1 | 2 | I | I / A |
| **A** | ☐ | ☐ | ☐ | ☐ |
| **B** | ☐ | ☐ | ☐ | ☐ |
| **C** | ☐ | ☐ | ☐ | ☐ |
| **D** | ☐ | ☐ | ☐ | ☐ |
| **E** | ☐ | ☐ | ☐ | ☐ |
| **F** | ☐ | ☐ | ☐ | ☐ |
| **G** (IF APPLICABLE) | ☐ | ☐ | ☐ | ☐ |
| **H** (IF APPLICABLE) | ☐ | ☐ | ☐ | ☐ |

[1] <u>LABEL</u> THE EVACUATION LEVEL OF EACH RESIDENT BEDROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A).

NOTE: FLOOR PLAN AND KEY **MUST** MATCH.

IF A HOME IS REQUESTING A LIMIT ON THEIR LICENSE IN ORDER TO BE EXEMPTED FROM SPRINKLER SYSTEM REQUIREMENTS, ALL BEDROOMS MUST BE MARKED AS APPROVED FOR INDEPENDENT RESIDENTS ONLY.

**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, cane, walker or wheelchair and one (1) cueing.

The exit path from the bedroom may have been any of the following:

- Step / Stairs
- Ramp
- No steps / 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 cueing to travel from 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
- Chairlifts
- Elevations
- Platform Lift

**<u>388-76-10865</u>** RESIDENT EVACUATION FROM THE 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:
  (a) Through the primary egress door;
  (b) Via a path from the resident's bedroom that does not go through other bedrooms; and
  (c) Without the resident having to use any of the following:
    (i) Stairs;
    (ii) Elevators;
    (iii) Chairlift; or
    (iv) Platform lift.
(3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51-0325.
(4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms.

**<u>388-76-10870</u>** 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 resident's 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.

**I acknowledge receipt and understanding of the "Evacuation Label" of each bedroom in my AFH.**

| SIGNATURE | DATE |
|---|---|
| | |