



ASSISTED LIVING FACILITY (ALF)

Room Requirements Checklist

WORKER'S OFFICE	WORKER'S PHONE NUMBER
CLIENT ID NUMBER	DATE

This form will be used by Home and Community Services (HCS) staff to document a room that may not fully meet the Assisted Living Facility contract because one or more of the following subset of physical plant requirements listed in WAC 388-110-140 is missing.

Room _____ is required by regulation to include the following items. The checked items are not present:

A lockable entry door.

The kitchen area must be equipped with:

A refrigerator.

A microwave oven, range, or cooktop.

A counter mounted kitchen sink.

A storage space for utensils and supplies (can be a container).

A work counter surface (or dining room table).

Telephone and television service accessible (hard-wired or wifi).

COMMENTS:

FACILITY NAME	ROOM NUMBER
WORKER'S SIGNATURE	DATE

Instructions to the Case Manager, Social Service Specialist, or Nursing Care Consultant:

Send a copy of the complete form to the facility administrator / designee, the CRU, and the HQ RCS Policy Program Manager