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FIELD MANAGER	S NAME		FM PHONE		LICENSOR'S NAME	
	N	lanager Intake T	Tracking and Inspe	ection Activity Log		Attachment A ¹
Section 1: Syst	ems and Processes - Residential Inspe	ction and Quality	Assurance Program	(RIQAP) Manager C	ompletes	
BAAU RECEIVED	APPLICATION DATE	RIQAP RECEIVED	D APPLICATION DATE		APPLICATION WITHDRAWN	/ / DENIED / VOIDED DATE
	INTAKE PROCESS STEPS		MENDATION OF LICEN: RSON AFFILIATED WIT		ADDITIONAL	ENTRIES REQUIRED
Enter in Initial Ex	cel Spreadsheet	APS via TIVA			Enter license referral date	into Excel Spreadsheet
Complete Inspec	tion Working Papers	TIVA 2			FMS: Add visit and recom	nmend licensure
Email Licensor fi	le assignment	RCPP findings li	ist			
		FMS				
		FamLink				
Section 2: Initia	al Inspection Activity Log Notes - Licen	sor Completes				
DATE			NOTES			INITIALS
	File received from the BAAU and assi	gned to Licensor f	for inspection			AJ



ADULT FAMILY HOME (AFH) **AFH** Initial Licensing Inspection

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		Manager Inta	ake Tracking and Insp	ection Activity Lo	g		Attachment A ²
Section 1: Syst	tems and Processes						
EMAIL ADDRESS							
			Dates				
First contact with	applicant _	Enter Excel cor	ntact date, visit date		Preparation ch	necklist - emailed	
Schedule visit or agree to postpone Enter Outlook caler		calendar date of visit					
Confirmation letter Send email to supervisor or designee date of initial visit							
Section 2: Insp	ection Activity Log N	otes					
DATE			NOTES				INITIALS

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FIELD MANAGER'S NAME

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	Manager Intake Trac	king and Inspection Activity Log	Attachment A ³
Section 2: Ins	pection Activity Log Notes (continued)		
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FIELD MANAGER'S NAME

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		Entrance Int	erview		Attachment B ¹
INTERVIEW					
☐ Introductions / hand out business card ☐ Identify total number of toilets in home: Type of home (check one): ☐ Review process for day ☐ Identify total number of toilets for resident use: ☐ Single level ☐ Multi-level ☐ Are the primary caregiver for another person living in the home: ☐ Inquire if firearms in home ☐ Inquire if pets in home ☐ Review application for changes and accuracy ☐ Type of residents / anticipated types of care needs: ☐ Review floor plan and building inspection checklist ☐ Specialty(ies):					
IDENTIFY WHO CURRENTLY LIVES IN THE HOME (ANY PERSON OVER THE AGE OF 11 WILL REQUIRE A WASHINGTON STATE NAME AND DATE OF BIRTH BGI)					
NAME(S)		RELATIONSHIP	NAME(S)		RELATIONSHIP
NAME(S) OF OTHERS WHO WILL HAVE UN	SUPERVISED ACC	ESS TO RESIDENTS			
NAME(S)		RELATIONSHIP	NAME(S)		RELATIONSHIP
PETS LIVING IN THE HOME					
PET NAME(S) / TYPE(S)	RABIES VACCINATION	TEMPERMENT	PET NAME(S) / TYPE(S)	RABIES VACCINATION	TEMPERMENT
1.	☐ Yes		3.	☐ Yes	
2.	☐ Yes		4.	☐ Yes	

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APPLICANT'S / ER'S NA	ME		APPLIC	CANT CONTACT PHONE
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AFH SITE ADDRESS	DISTRICT / UNIT	COUNTY	INSPECTION TYPE	12 MONTH DATE
			Initial	
FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME	

		Entrance In	terview		Attachment B ¹		
OTHER BACKGROUND INQUIRIES (BGI) INCLUDED WITH THE AFH APPLICATION							
NAME(S)	RELATIONSHIP	DATE BGI COMPLETED	NAME(S)	RELATIONSHIP	DATE BGI COMPLETED		
1.			19.				
2.			20.				
3.			21.				
4.			22.				
5.			23.				
6.			24.				
7.			25.				
8.			26.				
9.			27.				
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18.			36.				

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FIELD MANAGER'S NAME

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Pre-Inspection Preparation and Records Review Attach					
	ADMINISTRATIVE RECORDS				
COMMENTS	Documents:				
	CHECK ONE				
	*M N N/A Orientation checklist for new staff				
	Emergency Evacuation Log				
	Water system Verification* – Copy Required				
	Accident / Injury Log – Copy Required				
	MHP:				
	Staffing Plan				
	•	COMMENTS Documents: CHECK ONE *M N N/A Orientation checklist for new staff			

- * 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.
- * Water sewer verification must show the proposed AFH site address as the service address and must show the water / sewer bill is paid current on the day of inspection.
- * Well water must be approved as group B. Must have documentation from the local health authority.

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FIELD MANAGER'S NAME		FM PHONE	LICENSOR'S NAME		
		Staff Reco	ords	Attachment C	
EXEMPT STAFF					
PLEASE ANSWER THE FOLLOWING:	APPLICANT		RESIDENT MANAGER	ENTITY REPRESENTAT IVE	
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					
MENTAL HEALTH					
DEVELOPMENTAL DISABILITIES					
DEMENTIA					
NON-EXEMPT STAFF					
NAME OF NON-EXEM			Exempt LTC Workers: LPN, RN, CNA, persons in an approved CNA		
NAME	HCA EXPIRATION I	DATE	program, Medicare Certified Home Health aide, or person with special education training and an endorsement granted by the Superintendent of Public Instruction. LT 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. need certificate within 90days of hire.	HCA exempt-	
COMMENTS					



FIELD MANAGER'S NAME

ADULT FAMILY HOME (AFH) **AFH Initial Licensing Inspection**

	APPLICANT'S / ER'S NA	APPI IC	CANT CONTACT PHONE		
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			Resident Records / Applicant Interview	Attachment D
*M	Ν	N/A	WAC COMMENTS	
			Notice of rights and service requirements	
			Financial Recordkeeping – SECTION ONLY10320	
			Resident Information Sheet – MUST HAVE FORM / SECTION10320	
			Assessment / Preliminary Svc Plan – SECTION ONLY10330 - 10340	
			Negotiated Care Plan – SECTION ONLY10355 - 10385	
			Legal Documents – SECTION ONLY10325	
			Personal Belonging Inventory – MUST HAVE FORM / SECTION10320	
			Nurse Delegation Paperwork – MUST HAVE SECTION10320	
			Medication Log – MUST HAVE FORM10475	
			Medication Professional Orders – MUST HAVE SECTION10320	
			Disclosure of Charges – MUST HAVE FILLED OUT FORM10540	
			Availability of files	
			Plan to keep files confidential	

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ADULT FAMILY HOME (AFH)

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DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial		12 MONTH DATE
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Transforming lives AFH Initial Licensing Inspection	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	
APPLICANT INTERVIEW - NOT REQUIRED FOR MHP OR RELOCATION FILES 1. BEFORE A RESIDENT MOVES IN, HOW WILL YOU DETERMINE YOU CAN ME	ET THEIR NEEDS?		
2. HOW WILL YOU PLAN MEALS AND ACTIVITIES FOR THE HOME?			
3. WHAT WILL YOU TAKE INTO CONSIDERATION WHEN PLANNING STAFFING	FOR YOUR HOME?		
4. HOW WILL YOU GO ABOUT MAKING A RESIDENT FEEL COMFORTABLE HEF	RE AND MAKE THEM FEEL LIKE THIS IS THEIR HO	DME?	
5. HOW WILL YOU RESPOND TO RESIDENT CONCERNS?			
6. WHAT WAYS WILL YOU HELP RESIDENTS MAINTAIN THEIR INDEPENDENCE	E?		
7. WHAT WOULD YOU DO IF YOU SAW, SUSPECTED, OR WERE TOLD THAT A	RESIDENT WAS BEING ABUSED, NEGLECTED, C	R FINANCIALLY EXPLOIT	ED?
8. HOW WILL YOU HONOR RESIDENT'S RIGHTS AND PROTECT THEIR PRIVAC	CY?		

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FIELD MANAGER'S NAME			FM PHONE		LICENSOR'S NAME	1
		Pacidant Pa	edroom / Bat	hroom l	Norkahaat	Λttachment Γ1
Dadway A Mass					VVOIKSHEEL	Attachment E ¹
Bedroom A Measu		Width (W) divided by 144 = So	quare Feet (Sq.	Ft.)		
Evacuation Level	Subtotal Sq. Ft. =					
□ I □ I/ A	- Closet / Storage					
	- Door Swing					
Capacity	- Other					
	- Other					
	= Usable Sq. Ft.					
			*M N N/A		low specifications: Minimum height – 24", Minimum wi	
Exit does not pass thro			🗌 🔲 🔲	toota	ge opening – 5.7 sq. ft. except at grade level where it m	ay be 5 sq. π.
	*M N N/A					
Window:**		Door opening device				
Unobstructed		Clean:				
Windowsill height does r		Closet / Storage:				
44 inches		Open-able				
Screens		Floor Guides				
Privacy		Smoke Detector: Works				
Open-able						
Lighting: Door:		Audible Proximity				
Lock		Heat Source:				
Doorway width minimum		rieat Source.				
Bathroom attached to I		ater Temperature: °F				
Datinooni attached to i		linimum 105°F; maximum 120°	ο ⊏ \			
	*M N N/A	iiiiiiiiiiiiii 100 1 , iiiaxiiiiuiii 120	*M N N/A			
Accessibility Level:		General:				
□ I □ I/A		Sanitation				
Door:		Toxics inaccessible				
Lock with opening device		TP holder				
Unobstructed		Toilet grab bars secure				
Doorway width minimum	n 27 inches 🗌 🔲 🗍	Window cover / screens	. 🗌 🔲 🗀			
Shower / Tub:		Lighting	. 🗌 🔲 🗀			
Shower / tub grab bars s	secure 🗌 🔲 🔲	Other	🗌 🗎 🗎			
Non-Skid Surface						

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FIELD MANAGER'S NAME	Ξ		FM PHONE		LICENSOR'S NAME	
		Resident Bedroo	om / Bathroor	n Workshe	et - Continued	Attachment E ¹
Bedroom B Meas	urements: Length (L) x	Width (W) divided by 144 = \$	Square Feet (So	g. Ft.)		
	Subtotal Sq. Ft. =	. , ,		·		
Evacuation Level	- Closet / Storage					
□ I □ I/ A	- Door Swing					
	- Other					
Capacity	- Other					
□ 1 □ 2	= Usable Sq. Ft.					
			*M N N/A	** Window	v specifications: Minimum height – 24", Minimum w	ridth - 20", Minimum square
Exit does not pass thre	ough another room:		🗆 🗆 🗆		opening - 5.7 sq. ft. except at grade level where it i	
	*M N N/A					
Window:**		Door opening device				
Unobstructed		Clean:				
Windowsill height does i		Closet / Storage:				
44 inches		Open-able				
Screens		Floor Guides				
Privacy		Smoke Detector:				
Open-able		Works				
Lighting:		Audible				
Door:		Proximity				
Lock		Heat Source:	📙 📙			
Doorway width minimum	n 27 inches 🔲 🔲 📙					
Bathroom attached to		ater Temperature: °I				
	•	linimum 105°F; maximum 12	•			
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Accessibility Level:		General:				
□ I □ I/A		Sanitation				
Door:		Toxics inaccessible				
Lock with opening device Unobstructed		TP holder Toilet grab bars secure				
Doorway width minimum		Window cover / screens				
Shower / Tub:		Lighting				
Shower / tub grab bars s		Other				
Non-Skid Surface		Ou 101				
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ADULT FAMILY HOME (AFH) **AFH Initial Licensing Inspection**

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		Resident Bedroor	n / Bathroom W	orksheet - Continued	Attachment E ³
Bedroom C Measu	urements: Length (L) x	Width (W) divided by 144 = So			
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	- Other				
Capacity	- Other				
□ 1 □ 2	= Usable Sq. Ft.				
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Exit does not pass thro	ough another room:			footage opening – 5.7 sq. ft. except at grade level where	
	*M N N/A				
Window:**		Door opening device			
Unobstructed		Clean:			
Windowsill height does r	not exceed	Closet / Storage:	🗌 🔲 🔲		
44 inches		Open-able			
Screens		Floor Guides			
Privacy		Smoke Detector:			
Open-able		Works			
Lighting:		Audible			
Door:		Proximity			
Lock		Heat Source:			
Doorway width minimum					
Bathroom attached to I		ater Temperature: °F			
	•	linimum 105°F; maximum 120°	*		
A!b:!!!4ll.	*M N N/A	General:	*M N N/A		
Accessibility Level:					
□ I □ I/A		Sanitation Toxics inaccessible			
Door: Lock with opening device		TP holder			
		Toilet grab bars secure			
Unobstructed					
Shower / Tub:		Lighting			
Shower / tub grab bars s		Other			
Non-Skid Surface					

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		Resident Bedroor	n / Bathroor	n Worksheet - Continued		Attachment E ⁴
Bedroom D Meas	urements: Length (L) x	Width (W) divided by 144 = So	quare Feet (So	η. Ft.)		
Evacuation Level	Subtotal Sq. Ft. =					
	- Closet / Storage					
	- Door Swing					
0 :1	- Other					
Capacity	- Other					
□ 1 □ 2	= Usable Sq. Ft.					
	•		*M N N/A	** Window specifications: Mini		
Exit does not pass thre	ough another room:		🗌 🗎 🗀	footage opening – 5.7 sq. ft. e	except at grade level where it n	nay be 5 sq. ft.
	*M N N/A					
Window:** Door opening device						
Unobstructed						
Windowsill height does		Closet / Storage:				
44 inches		Open-able				
Screens		Floor Guides				
Privacy		Smoke Detector:				
Open-able		Works				
Lighting:		Audible	🔲 🔲 🔲			
Door:		Proximity				
Lock		Heat Source:	🗌 🔲 🔲			
Doorway width minimun	n 27 inches 🗌 🔲 🔲					
Bathroom attached to		ater Temperature: °F				
	•	linimum 105°F; maximum 120°	,			
A	*M N N/A		*M N N/A			
Accessibility Level:		General:				
□ I □ I/ A		Sanitation				
Door:		Toxics inaccessible				
		TP holder				
		Toilet grab bars secure				
Doorway width minimum 27 inches Window cover / screens						
Shower / Tub: Lighting Lighting						
Shower / tub grab bars		Other	📙 📙			
Non-Skid Surface						

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APPLICANT'S / ER'S NA	APPLIC	CANT CONTACT PHONE		
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FIELD MANAGER'S NAME			FM PHONE		LICENSOR'S NAME	I
		Resident Bedroor	ı Works	heet - Continued	Attachment E ⁵	
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Capacity	- Other					
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Exit does not pass thro	ough another room:				ge opening - 5.7 sq. ft. except at grade level where it m	
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Window:**		Door opening device	🗌 🔲 🔲			
Unobstructed		Clean:				
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44 inches		Open-able				
Screens		Floor Guides				
Privacy		Smoke Detector: Works				
Open-able Lighting:		Audible				
Door:		Proximity				
Lock		Heat Source:				
Doorway width minimum						
Bathroom attached to	Bedroom E Wa	ater Temperature: °F				
	(M	inimum 105°F; maximum 120	°F)			
	*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 secure				
•		Window cover / screens				
Shower / tub: Shower / tub grab bars s		Other				
Non-Skid Surface		Outof				

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	APPLICANT'S / ER'S NA	APPI IC	CANT CONTACT PHONE		
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		Resident Bedroo	om / Bathroor	n Workshe	et - Continued	Attachment E ⁶
Bedroom F Measu	urements: Length (L) x	Width (W) divided by 144 = \$	Square Feet (So	g. Ft.)		
	Subtotal Sq. Ft. =	, ,				
Evacuation Level	- Closet / Storage					
□ I □ I/ A	- Door Swing					
0 "	- Other					
Capacity	- Other					
□ 1 □ 2	= Usable Sq. Ft.					
	,		*M N N/A		specifications: Minimum height – 24", Minimum	
Exit does not pass thro	ough another room:		🗌 🔲 🔲	footage	opening – 5.7 sq. ft. except at grade level where it	may be 5 sq. ft.
	*M N N/A					
Window:**		Door opening device				
Unobstructed		Clean:				
Windowsill height does r		Closet / Storage:				
44 inches		Open-able				
Screens		Floor Guides				
Privacy		Smoke Detector:				
Open-able		Works				
Lighting:		Audible				
Door:		Proximity				
Lock		Heat Source:	🗀 🗀			
Doorway width minimum						
Bathroom attached to		ater Temperature: °I				
	*M N N/A	inimum 105°F; maximum 12	∪°F) *M N N/A			
Accessibility Level:	III IN IN/A	General:				
□ I □ I/A		Sanitation				
Door:	nni.	Toxics inaccessible				
Lock with opening devic	:e 🗌 🗍 🗍	TP holder				
Unobstructed		Toilet grab bars secure				
Doorway width minimum 27 inches Window cover / screens						
Shower / Tub: Lighting Lighting			🗌 🔲 🔲			
Shower / tub grab bars s	Other	🗌 🔲 🔲				
Non-Skid Surface						

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FIELD MANAGER'S NAME

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	Resident Bedroom / Bathroom Worksheet - Continued Attachment E ⁷				
Main Bathroom	Wa	ater Temperature: °F	Location:		
	(M	inimum 105°F; maximum 120°F)			
Accessibility Level:	*M.N N/A	*M N N/A			
□ I □ I/ A		General:			
Door:		Sanitation 🔲 🔲 🔲			
Lock with opening device		Toxics inaccessible			
Unobstructed	🗌 🔲 🔲	TP holder			
Doorway width minimum 27 inches	s 🔲 🔲 🔲	Toilet grab bars secure 🗌 🔲 🔲			
Shower / Tub:	🗌 🔲 🔲	Window cover / screens			
Shower / tub grab bars secure	🗌 🗎 🗎	Lighting			
Non-Skid Surface	🗌 🗎 🗎				
Additional Bathroom		ater Temperature: °F	Location:		
		inimum 105°F; maximum 120°F)			
Accessibility Level:	*M . N N/A	*M N N/A			
□ I □ I/A		General:			
Door:		Sanitation			
Lock with opening device	$\sqcup \sqcup \sqcup$	Toxics inaccessible			
Unobstructed		TP holder			
Doorway width minimum 27 inches		Toilet grab bars secure 🗌 🔲 🔲			
Shower / Tub:		Window cover / screens			
Shower / tub grab bars secure		Lighting			
Non-Skid Surface	🔲 🔲 🔲				
Additional Bathroom		ater Temperature: °F	Location:		
	•	inimum 105°F; maximum 120°F)			
Accessibility Level:	*M . N N/A	*M N N/A			
□ I □ I/ A		General:			
Door:		Sanitation			
Lock with opening device	$\sqcup \sqcup \sqcup$	Toxics inaccessible			
Unobstructed		TP holder			
Doorway width minimum 27 inches		Toilet grab bars secure			
Shower / Tub:		Window cover / screens			
Shower / tub grab bars secure	🗌 🗎 🗎	Lighting			
Non-Skid Surface	🗌 🔲 🔲				

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			Interior Physical Environment Atta	achment F¹
Postings *M	N	N/A	Notes	
DSHS / ALTSA CRU Number				
DRW Information				
12-month inspection report				
3-year inspection posting				
1 st floor evacuation plan				
2 nd floor evacuation plan				
Place to hang license				
Common Areas:			Ni-4	
*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			** The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-r	resistant
Heating / cooling			barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials.	
Trip hazards				
Indoor ramps				
Indoor steps				
Clean / good repair				
Other safety issues				
Laundry *M	N	N/A	Notes	
Plan (if not home)			Must provide an infection control plan if residents would be required to pass through the kitchen to access the laundry are	ea.
Supplies				
Location				

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FIELD MANAGER'S NAME		FM PHONE LICENSOR'S NAME	
	Inter	erior Physical Environment - Continued Attachm	nent F ²
Kitchen / Dining Area *M	N N/A	Notes	
Stocked (pots / pans, dishes, equipment)			
Safe storage for toxics			
Sink temperature (Minimum 105°F; maximum 120°F)			
Adequate seating			
Safety			
Fire Extinguisher (5 lbs.) *M	N N/A	1.000	
1st floor date:		Must be mounted or securely fastened in a stationary position at a minimum of four inches from the floor (when the bettern) and a maximum of 60 inches from the floor (when measured from the ten)	hen
2 nd floor date:		measured from the bottom) and a maximum of 60 inches from the floor (when measured from the top).	
3 rd floor date: ☐ Mounted			
Smoke Detectors *M	N N/A	Notes	
Interconnected throughout home			
_			
,			
On every level of multi-level home			
Medications *M N N/A Notes	3		
Adequate locked storage			
Plan for refrigerated meds			
Emergency Supplies *M N N/A Notes	;		
Lighting (for each resident)			
First Aid kit			
First Aid manual or guide			
Firearms *M N N/A Notes	5		
In locked storage			
NOTES			

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FIELD MANAGER'S NAME

ADULT FAMILY HOME (AFH) **AFH Initial Licensing Inspection**

	APPLICANT'S / ER'S NA	APPLICANT CONTACT PHONE			
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	AFH NAME	AFH SITE PHONE			
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Emergency Exit Door(s):									Notes
*N		N/A	*M	N I	N/A	*M	N	N/A	110103
EMG unlocked lever handle / hinged] 🗌 .			□	🔲			
Minimum doorway width is 32 inches \square] 🗌 .			□	🔲			
Minimum door way height 78 inches] 🗆 .			□	🔲			
Threshold] 🗌 .			□	🗆			
Doorway / hallway limitations] 🗌 .			□	🔲			
Door alarms] 🗌 .			□	🔲			
Door to garage] 🗌 .			□	🔲			
Resident can exit without special									
knowledge or assistance 10715(3)] 🗌 .			□	🔲			
Ramps:						Notes			
*N	ΛN	N/A	*M	NI	N/A	NOICS			
Bilateral handrails secure] 🗌 .							
Handrails extend full length of slope] 🗌 .							
Smooth transition at ends] 🗌 .							
Non-skid surface] 🗌 .							
General safety] 🗌 .							
Deck *M	N I	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 I	N/A	Notes						
Steps off landing have barrier									
Handrails on both sides									
Safety									

Exterior Physical Environment

Attachment F³

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FIELD MANAGER'S NAME		FM PHONE	LICENSOR'S NAME	
	Exterior Phy	Exterior Physical Environment - Continued		
General Safety Issues *M N N/A	Notes			
Located on busy street	Designated safe meeting Outdoor resident use are	ea location:	ere with resident privacy.	
Front, Back, Side Yards *M N N/A	Notes			
No hazards, toxic materials	** Any outdoor storage a	areas, structures, or livi	ng quarters on the AFH property must be inspected for safety.	
Water Hazard Identified *M N N/A	Notes			
*** Type:				
Outdoor Buildings *M N N/A	Notes			
Locked				

^{***} i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, pond, etc.



AFH Initial Licensing Inspection

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FM PHONE		LICENSOR'S NAME		

Physical Environment

Attachment F⁵

Types of locking devices and door activation:

WAC 51-51-0330 R 330.4

FIELD MANAGER'S NAME

Operable parts of door handles, pulls, latches, locks, and other devices installed in adult family homes shall be operable with one hand and shall not require tight grasping, pinching, or twisting of the wrist. Pocket doors shall have graspable hardware available when in the closed or open position.

The force required to activate operable parts shall be 5.0 pounds (22.2 N) maximum. Required exit doors shall have no additional locking devices.

Required exit door hardware shall unlock inside and outside mechanisms when exiting the building allowing reentry into the adult family home without the use of a key, tool, or special knowledge.

Window Well Requirements:

R310.2.3 Window wells.

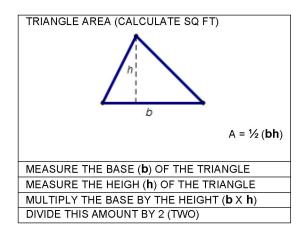
The horizontal area of the window well shall be not less than 9 square feet (0.9 m²), with a horizontal projection and width of not less than 36 inches (914 mm). The area of the window well shall allow the emergency escape and rescue opening to be fully opened.

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:**

CALCULATIONS: FOR 'DOOR SWINGS'				
DOOR WIDTH IN INCHES = SQ FT FOR 1/4 OF CIRCLE SWING				
DR WIDTH"	SQ FT 1/4 SWING	DR WIDTH"	SQ FT 1/4 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	





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FIELD MANAGER'S NAME		FM PHONE	LICENSOR'S NAME	
	Exi	t Summary Worksheet		Attachment G ¹
Applicant: Below is	s a preliminary list of findings and comments.			
	Please re	eview the notice letter care		
WAC 388-76		Finding(s) and Co	omments	

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FIELD MANAGER'S NAME

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	Exi	t Summary Worksheet	Attachment G ²
Applicant: Below is address	s a preliminary list of findings and comments; however, t l sed today. Please re	he department will send you a certified notion eview the notice letter carefully.	e letter describing the complete list of issues
WAC 388-76		Finding(s) and Comments	
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ADULT FAMILY HOME (AFH) **AFH Initial Licensing Inspection**

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FIELD MANAGER'S NAME			FM PHONE		LICENSOR'S NAME	
		Ex	it Summary Works	heet		Attachment G ³
Applicant: Below is addres	s a preliminary list of findings and sed today.		the department will s		notice letter describing the c	omplete list of issues
WAC 388-76			Finding(s)	and Comments		

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FIELD MANAGER'S NAME

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		Exit	t Summary Worksheet	Attachment C	3 ⁴
Applicant:	Below is	s a preliminary list of findings and comments; however, tl sed today.	he department will send you a certified	I notice letter describing the complete list of issues	
		Please re	eview the notice letter carefully.		
WAC 38	8-76		Finding(s) and Comments		
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	Exi	it Summary Worksheet	Attachment G ⁶
Applicant: Below addres	is a preliminary list of findings and comments; however, t ssed today.		e letter describing the complete list of issues
	Please r	review the notice letter carefully.	
WAC 388-76		Finding(s) and Comments	

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ADULT FAMILY HOME (AFH)

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Transforming lives AFH Initial Licensing Inspection	AFH NAME			AFH SITE PHONE
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FIELD MANAGER'S NAME	FM PHONE		LICENSOR'S NAME	
Adult Family Ho	me Initial Licensin	g Inspection Note	s	Attachment H

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FIELD MANAGER'S NAME

ADULT FAMILY HOME (AFH) **AFH Initial Licensing Inspection**

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Post Inspection – Meets Requirements Attachment I						
Applicant meets minimum licensing re	Applicant meets minimum licensing requirements and is recommended for licensure.					
Check if Discuss: discussed:						
Licensure recommendation; approval pro	ocess					
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/lo	okup/AFHAdvLookup.aspx					
AFH Locator will indicate Medicaid contra	act, once the contract has been signed					
Emergency food / water requirement onc	e licensed					
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	SPECIA	LTIES APPLICANT RESIDENT MANAGER	CONTRACT Yes		
			mentia Mental Health Developmental Disabilities	☐ No		
NOTES						