



ADULT FAMILY HOME (AFH)

Licensing Inspection Floor Plan "Key"

AFH SITE ADDRESS	APPLICANT'S / ER'S NAME			
	APPLICANT CONTACT PHONE NUMBER		AFH SITE PHONE NUMBER	
	AFH NAME			
	EMAIL ADDRESS			
	DISTRICT / UNIT	COUNTY	INSPECTION TYPE Initial	12 MONTH DATE

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Each Bedroom approved for resident use is automatically approved for independent residents.

Date: _____ Total Capacity: _____

BEDROOM DESIGNATION	BEDROOM CAPACITY (CHECK ONE)	BEDROOM LABEL ¹ (CHECK ONE)	N/A ²	KEY: Determining evacuation level label for each resident bedroom as Independent (I) OR Independent/Assistance (I/A).
A	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/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 lift
B	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
C	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
D	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
E	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
F	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
G	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
H	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> I <input type="checkbox"/> I/A	<input type="checkbox"/> N/A	
¹ LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEDROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A). ² CHECK "N/A" IF THE BEDROOM IS NOT BEING LICENSED. NOTE: FLOOR PLAN AND KEY MUST MATCH.				
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: (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. 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 _____