| A picture containing text, clipart  Description automatically generated  ADULT FAMILY HOME (AFH)  **AFH Initial Licensing Inspection** | | | | | | | | | APPLICANT’S / ER’S NAME | | | | | | | | | | | | | | | | | |
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| APPLICANT CONTACT PHONE NUMBER | | | | | | | | | | AFH SITE PHONE NUMBER | | | | | | | |
| AFH NAME | | | | | | | | | | | | | | | | | |
| AFH SITE ADDRESS | | | | | | | | | EMAIL ADDRESS | | | | | | | | | | | | | | | | | |
| DISTRICT / UNIT | | | | | | | | COUNTY | | | INSPECTION TYPE  **Initial** | | | | 12 MONTH DATE | | |
| FIELD MANAGER’S NAME | | | | | | | | | FM PHONE | | | | | | | | | | | LICENSOR’S NAME | | | | | | |
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| **Manager Intake Tracking and Inspection Activity Log** Attachment A1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Systems and Processes - Residential Inspection and Quality Assurance Program (RIQAP) Manager Completes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BAAU RECEIVED APPLICATION DATE | | | | | | | | RIQAP RECEIVED APPLICATION DATE | | | | | | | | | | APPLICATION WITHDRAWN / DENIED / VOIDED DATE | | | | | | | | |
| **Section 2: Initial Inspection Activity Log Notes - Licensor Completes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** |
|  | **File received from the BAAU and assigned to Licensor for inspection** | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Licensor Tracking and Inspection Activity Log** Attachment A2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 1: Systems and Processes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dates** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First contact with applicant Preparation checklist - emailed  Schedule visit or agree to postpone Confirmation letter - emailed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Section 2: Inspection Activity Log Notes** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATE** | **NOTES** | | | | | | | | | | | | | | | | | | | | | | | | | **INITIALS** |
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| **Licensor 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 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  Caregiver plan:   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** | | | |
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| **NAME(S) OF OTHERS WHO WILL HAVE UNSUPERVISED ACCESS TO RESIDENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME(S)** | | | | | | | | **RELATIONSHIP** | | | | **NAME(S)** | | | | | | | | | | | **RELATIONSHIP** | | | |
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| **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 | |  | | | |
| **Entrance Interview** Attachment B1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OTHER BACKGROUND INQUIRIES (BGI) INCLUDED WITH THE AFH APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME(S)** | | | | **RELATIONSHIP** | | | | **DATE BGI COMPLETED** | | | | **NAME(S)** | | | | | | | | | **RELATIONSHIP** | | **DATE BGI COMPLETED** | | | |
| 1. | | | |  | | | |  | | | | 17. | | | | | | | | |  | |  | | | |
| 2. | | | |  | | | |  | | | | 18. | | | | | | | | |  | |  | | | |
| 3. | | | |  | | | |  | | | | 19. | | | | | | | | |  | |  | | | |
| 4. | | | |  | | | |  | | | | 20. | | | | | | | | |  | |  | | | |
| 5. | | | |  | | | |  | | | | 21. | | | | | | | | |  | |  | | | |
| 6. | | | |  | | | |  | | | | 22. | | | | | | | | |  | |  | | | |
| 7. | | | |  | | | |  | | | | 23. | | | | | | | | |  | |  | | | |
| 8. | | | |  | | | |  | | | | 24. | | | | | | | | |  | |  | | | |
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| 10. | | | |  | | | |  | | | | 26. | | | | | | | | |  | |  | | | |
| 11. | | | |  | | | |  | | | | 27. | | | | | | | | |  | |  | | | |
| 12. | | | |  | | | |  | | | | 28. | | | | | | | | |  | |  | | | |
| 13. | | | |  | | | |  | | | | 29. | | | | | | | | |  | |  | | | |
| 14. | | | |  | | | |  | | | | 30. | | | | | | | | |  | |  | | | |
| 15. | | | |  | | | |  | | | | 31. | | | | | | | | |  | |  | | | |
| 16. | | | |  | | | |  | | | | 32. | | | | | | | | |  | |  | | | |
| **Pre-Inspection Preparation and Records Review** Attachment B2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRE-INSPECTION PREPARATION** | | | | | | | | | **ADMINISTRATIVE RECORDS** | | | | | | | | | | | | | | | | | |
| **Electronic Folder Contents:**  Application  Copy of floor plans  (copies for each floor)  Building checklist    **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  **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.  \* 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Staff Records** Attachment C | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EXEMPT STAFF** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PLEASE ANSWER THE FOLLOWING:** | | | | | **APPLICANT (NOT APPLICABLE FOR ENTITIES)** | | | | | | | | | | | **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** | | | | |  | | | | | | | | | | |  | | | | | |  | | | | |
| **MENTAL HEALTH** | | | | |  | | | | | | | | | | |  | | | | | |  | | | | |
| **DEVELOPMENTAL DISABILITIES** | | | | |  | | | | | | | | | | |  | | | | | |  | | | | |
| **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 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*M N N/A WAC COMMENTS  Notice of rights and service requirements  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  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 of files  Plan to keep files confidential | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT INTERVIEW – NOT REQUIRED FOR MHP OR RELOCATION FILES** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BEFORE A RESIDENT MOVES IN, HOW WILL YOU DETERMINE YOU CAN MEET THEIR NEEDS? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. HOW WILL YOU PLAN MEALS AND ACTIVITIES FOR THE HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WHAT WILL YOU TAKE INTO CONSIDERATION WHEN PLANNING STAFFING FOR YOUR HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. HOW WILL YOU GO ABOUT MAKING A RESIDENT FEEL COMFORTABLE HERE AND MAKE THEM FEEL LIKE THIS IS THEIR HOME? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. HOW WILL YOU RESPOND TO RESIDENT CONCERNS? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WHAT WAYS WILL YOU HELP RESIDENTS MAINTAIN THEIR INDEPENDENCE? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. WHAT WOULD YOU DO IF YOU SAW, SUSPECTED, OR WERE TOLD THAT A RESIDENT WAS BEING ABUSED, NEGLECTED, OR FINANCIALLY EXPLOITED? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. HOW WILL YOU HONOR RESIDENT’S RIGHTS AND PROTECT THEIR PRIVACY? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet** Attachment E1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom A** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom B** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom C** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom D** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom E** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bedroom F** Measurements: Length (L) x Width (W) divided by 144 = Square Feet (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:\*\***    Door opening device  Unobstructed    **Clean:**  Windowsill height does not exceed 44”    **Closet / Storage:**  Screens    Open-able  Privacy    Floor Guides  Open-able    **Heat Source:**  **Lighting:**  **Door:**  Lock  Doorway width minimum 27 inches | | | | | | | | | | | | | | | | **\*\* 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 \*M N N/A \*M N N/A**  **Accessibility Level:**  I  I/ A    **General:**  **Door:**    Sanitation  Lock with opening device    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    Other | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Resident Bedroom / Bathroom Worksheet - Continued** Attachment E7 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Main Bathroom** – Water Temperature:  oF (Minimum 105oF; Maximum 120oF  **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    Toilet grab bars secure  **Shower / Tub:**    Window cover / screens  Shower / tub grab bars secure    Lighting  Non-Skid Surface | | | | | | | | | | | | | | Location: | | | | | | | | | | | | |
| **Additional Bathroom**  **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    Toilet grab bars secure  **Shower / Tub:**    Window cover / screens  Shower / tub grab bars secure    Lighting  Non-Skid Surface | | | | | | | | | | | | | | Location: | | | | | | | | | | | | |
| **Additional Bathroom**  **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    Toilet grab bars secure  **Shower / Tub:**    Window cover / screens  Shower / tub grab bars secure    Lighting  Non-Skid Surface | | | | | | | | | | | | | | 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 hang 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 | | | | | | | \*\* The adult family home must ensure that fireplaces, stoves, or heaters that get hot to the touch when in use have a stable, flame-resistant barrier that does not get hot to the touch and that prevents any contact by residents or any flammable materials. | | | | | | | | | | | | | | | | | | | |
| **Laundry \*M N N/A** | | | | | | | **Notes** | | | | | | | | | | | | | | | | | | | |
| Plan (if not home)  Supplies  Location | | | | | | | **Must provide an infection control plan if residents would be required to pass through the kitchen to access the laundry area.** | | | | | | | | | | | | | | | | | | | |
| **Interior Physical Environment - Continued** Attachment F2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Kitchen / Dining Area \*M N N/A** | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | | |
| Stocked (pots / pans, dishes, equipment)  Safe storage for toxics  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).** | | | | | | | | | | | | | | | | |
| **Medications \*M N N/A** | | | | | | | **Notes** | | | | | | | | | | | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | |
| In locked storage | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exterior Physical Environment** Attachment F3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Exit Door(s):**  **\*M N N/A \*M N N/A \*M N N/A** | | | | | | | | | | | | | | **Notes** | | | | | | | | | | | | |
| EMG unlocked lever handle / hinged  Minimum doorway width is 32 inches  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:**  **\*M N N/A \*M N N/A** | | | | | | | | | | | **Notes** | | | | | | | | | | | | | | | |
| Bilateral handrails secure  Handrails extend full length of slope  Smooth transition at ends  Non-skid surface  General safety | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **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 (no trip / fall hazards)  House numbers visible from street  Outdoor resident use area  Designated safe meeting place | | | | | | | Designated safe meeting location:  Outdoor resident use area location:  \*\* Any outdoor security cameras must not interfere with resident privacy. | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | | | \*\* Any outdoor storage areas, structures, or living quarters on the AFH property must be inspected for safety. | | | | | | | | | | | | | | | | | | | |
| **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 48 inches  Requires door alarm and lock for any gate leading to the water hazard  Non-potable water identified | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Outdoor Buildings \*M N N/A** | | | | | | | **Notes** | | | | | | | | | | | | | | | | | | | |
| Locked  Safety  Step(s) | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| \*\*\* i.e., fountain, hot tub, pool, natural body of water such as stream, river, lake, pond, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Environment** Attachment F5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Types of locking devices and door activation:**  WAC 51-51-0330 R 330.4  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:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Exit Summary Worksheet** Attachment G1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant:** Below is a preliminary list of findings and comments.  **Please review the notice letter carefully.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Finding(s) and Comments** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Adult Family Home Initial Licensing Inspection Notes** Attachment H | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Emergency food / water requirement once 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 | | | | | | | | | | SPECIALTIES APPLICANT RESIDENT MANAGER    Dementia  Mental Health  Developmental Disabilities | | | | | | | | | | | | CONTRACT  Yes  No | |
| NOTES | | | | | | | | | | | | | | | | | | | | | | | | | | |