ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER	PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME			

ATTACHMENT D

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)

Resident List

See attached resident List Key. **Select two residents for comprehensive reviews. Any residents chosen as expanded sample residents should not be identified as comprehensive residents.**		**CHECK HERE IF COMPREHENSIVE**	STATE / PRIVATE PAY	ABLE TO INTERVIEW	OUT OF HOME	TRANSFER STATUS	ASSISTIVE MOBILITY DEVICES NEEDED	EVACUATION LEVEL	INFECTIOUS ILLNESS IN THE HOME	INJURIES / FALLS IN LAST 30 DAYS	WANDERING	PAIN	BEHAVIOR AFFECTING SELF OR OTHERS	DIABETES	INCONTINENT	NIGHTTIME ASSISTANCE REQUIRED	SKIN CARE ISSUES	NUTRITION ISSUES	WEIGHT LOSS / GAIN	MEDICATION LEVEL	NURSE DLEGATION	OUTSIDE AGENCY
R1		☐																				
R2		☐																				
R3		☐																				
R4		☐																				
R5		☐																				
R6		☐																				
R7		☐																				
R8		☐																				

ANY PLANNED DISCHARGES IN NEXT 30 DAYS?	ADMISSIONS IN LAST 60 DAYS
HOSPITALIZATIONS IN LAST 30 DAYS AND REASON FOR HOSPITALIZATION	

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER	PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME			

ATTACHMENT D

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)

Resident List

NOTE: This form should be used to document any additional information or data that does not fit in the designated space.

NOTES

ATTACHMENT D

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER	PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME			

ATTACHMENT D

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)

Resident List

The Licensor uses this key when selecting the sample for the inspection, typically during the entrance onsite phase of the inspection, with the assistance of the adult family home provider. If an area does not apply to the resident place, put a dash in the space.

STATE / PRIVATE PAY	"S" = State (when Medicaid is the payment source); "P" = Private
ABLE TO INTERVIEW	"Y" = Yes or "N" = No (you may not be able to interview the resident for a number of reasons ranging from cognitive impairment to overt refusal)
OUT OF HOME	"Y" = Yes or "N" = No (identify whether or not the resident is literally in the home)
TRANSFER STATUS	"I" = Independent; "A" = Assistance required; "T" = Total assistance (Hoyer included)
ASSISTIVE MOBILITY DEVICE NEEDED	WC = Wheelchair; W = Walker; C = Cane; BB = Bed Bound
EVACUATION LEVEL	"I" = Independent; "A" = Assistance required (see WAC 388-76-10870 for definitions)
INFECTIOUS ILLNESS IN LAST 30 DAYS	"Y" = Yes or "N" = No (i.e., Diarrhea, Flu, UTI)
FALLS IN LAST 30 DAYS	"Y" = Yes or "N" = No
WANDERING	"Y" = Yes or "N" = No (if Yes, has the resident eloped from the home?)
PAIN	"Y" = Yes or "N" = No
BEHAVIOR	"Y" = Yes or "N" = No (include care refusal, striking out, yelling, throwing things, intrusive behavior)
DIABETES	"N" = Not diabetic; "I" = Insulin dependent diabetic; "O" = Oral medication dependent diabetic; "D" = Diet controlled diabetic
INCONTINENT	"Y" = Yes (a person is considered incontinent if they require partial or total assistance including presence of an indwelling catheter) or "N" = No
NIGHTTIME CARE REQUIRED?	"Y" = Yes or "N" = No
SKIN CARE ISSUES	"P" = Pressure sore; "O" = Other (some examples of other skin care issues are wounds and stasis ulcers)
NUTRITION ISSUES	"Y" = Yes (the resident requires a nutrient concentrate, supplements, or modified diet); "N" = No; "TF" = Tube Feeding
WEIGHT LOSS / GAIN	"L" = Loss; "G" = Gain; "N" = no
MEDICATION LEVEL	"I" = Independent; "A" = Assistance required; "AD" = Administration required
NURSE DELEGATION	"Y" = Yes; "N" = No
OUTSIDE AGENCY	"H" = Hospice; "HH" = Home Health; "T" = therapy (physical, occupational, or speech); "MH" = mental health; "N" = No