

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

ATTACHMENT F

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

Environmental Tour

Environmental 1941								
Physical Environment	Outs	ide	YES	NO			YES	NO
At least one egress door that opens from the				Bodies of water present (ponds, hot tubs,	etc.)			
inside without special effort or key?			Ш	If yes, secui	red?			
All exit doors have no a	dditior	nal locking devices?			Water supply approved by local health authority?			
Well drained and free of	f safet	y hazards?			☐ Public sewer system; or			
Adequate lighting?					Septic system approved by local health authority?	h		
Safety			YES	NO			YES	NO
Emergency evacuation level?	plan p	osted on each			Toxic substances properly stored?			
Three gallons of water p	oer pe	rson stored on site?			Firearms in home?			
72-hour emergency foo	d supp	lies stored on site?			If yes, secured?			
Flashlights?					Medication refrigerated / locked?			
Smoke detector on each	h leve	of the house?			First Aid kit with manual?			
At least one fire extingu	isher o	on each floor?						
SERVICE DATE		ICE DATE		N/A				
LOCATION	LOCA	TION						
Bathrooms			YES	NO			YES	NO
Accessible to all residents?				Clean and sanitary?				
Grab bars in tubs, showers, and next to toilets?		nd next to toilets?			One toilet for every five people?			
Adequate water temperature				(OPTIONAL, IF NEEDED)				
LOCATION					LOCATION			
TEMP		TIME			TEMP TIME			
oF			М 🗆 Р	М	oF	ПАМ	⁄I □ PI	М
Kitchen / Dining Room	าร		YES	NO	-			NO
Clean and sanitary?				П	Adequate space for food handling,			П
Food preparation observed?			$\overline{\Box}$	preparation, and storage?				
Resident Right			YES	NO			YES	NO
CRU hotline posted?					AFH license (any conditions) posted?			
DRW poster visible?				Inspection and complaint investigation reports, related follow-up, and cover letters				
Owner / operator information placed in a visible								
location in a common use area, with board				since the last inspection (but not less than months) placed in a visible location in a	12			
meeting information, if applicable?				common use area?				
Quality of Life			YES	NO			YES	NO
Home maintained in a clean, homelike setting?				Indoor and outdoor common areas are safe, usable, and accessible to residents?				
Adequate furnishings?								
Enough space for residents?								



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## **Environmental Tour Notes**

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