| Logo for the Washington State Department of Social and Health Services featuring three people, arms interconnected, inside an outline of the state of Washington. | 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** | | | | | | | | |
| **Physical Environment Outside YES NO YES NO** | | | | | | | | |
| At least one egress door that opens from the inside without special effort or key? | | | |  | Bodies of water present (ponds, hot tubs, etc.) | | |  |
| If yes, secured? | | |  |
| All exit doors have no additional locking devices? | | | |  | Water supply approved by local health authority? | | |  |
| Well drained and free of safety hazards? | | | |  | Public sewer system; or | | |  |
| Adequate lighting? | | | |  | Septic system approved by local health authority? | | |
| **Safety YES NO YES NO** | | | | | | | | |
| Emergency evacuation plan posted on each level? | | | |  | Toxic substances properly stored? | | |  |
| Three gallons of water per person stored on site? | | | |  | Firearms in home? | | |  |
| 72-hour emergency food supplies stored on site? | | | |  | If yes, secured? | | |  |
| Flashlights? | | | |  | Medication refrigerated / locked? | | |  |
| Smoke detector on each level of the house? | | | |  | First Aid kit with manual? | | |  |
| At least one fire extinguisher on each floor? | | | |  |  | | | |
| SERVICE DATE | | SERVICE DATE | | N/A |
| LOCATION | | LOCATION | | |
| **Bathrooms YES NO YES NO YES NO YES NO** | | | | | | | | |
| Accessible to all residents? | | | |  | Clean and sanitary? | | |  |
| Grab bars in tubs, showers, and next to toilets? | | | |  | One toilet for every five people? | | |  |
| **Adequate water temperature** | | | |  | (OPTIONAL, IF NEEDED) | | | |
| LOCATION | | | | | LOCATION | | | |
| TEMP  **OF** | | | TIME  AM  PM | | TEMP  **OF** | | TIME  AM  PM | |
| **Kitchen / Dining Rooms YES NO YES NO YES NO YES NO** | | | | | | | | |
| Clean and sanitary? | | | |  | Adequate space for food handling, preparation, and storage? | | |  |
| Food preparation observed? | | | |  |
| **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 since the last inspection (but not less than 12 months) placed in a visible location in a common use area? | | |  |
| Owner / operator information placed in a visible location in a common use area, with board meeting information, if applicable? | | | |  |
| **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? | | | |  |  | | |  |
| ATTACHMENT F  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ADULT FAMILY HOME  **Environmental Tour Notes** | | | | | | | | |
| NOTES | | | | | | | | |