| 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 FAGING 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 |