|  | ADULT FAMILY HOME’S (AFH) NAME | | | | | LICENSE NUMBER | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | | | | INSPECTION DATE | | |
| LICENSOR’S NAME | | | | | | | |
| ATTACHMENT G  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ADULT FAMILY HOME (AFH)  **Environmental Tour - Bedrooms** | | | | | | | | |
| **BEDROOMS** | | **BEDROOM A** | **BEDROOM B** | **BEDROOM C** | **BEDROOM D** | | **BEDROOM E** | **BEDROOM F** |
| Name of residents | |  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Number of residents / capacity *(if vacant, skip Part 1 and proceed to Part 2)* | | **/** | **/** | **/** | **/** | | **/** | **/** |
| **Part 1: Rooms with Residents** | | **YES NO** | **YES NO** | **YES NO** | **YES NO** | | **YES NO** | **YES NO** |
| Side rails or transfer poles? | |  |  |  |  | |  |  |
| Privacy protected? | |  |  |  |  | |  |  |
| Call system? | |  |  |  |  | |  |  |
| Adequate space to allow direct, unrestricted, free access to common use areas? | |  |  |  |  | |  |  |
| Special equipment? | |  |  |  |  | |  |  |
| NOTES | | | | | | | | |
| **Part 2: All Licensed Rooms** | | **YES NO** | **YES NO** | **YES NO** | **YES NO** | | **YES NO** | **YES NO** |
| Smoke detectors in each room? | |  |  |  |  | |  |  |
| Smoke detector in proximity to bedrooms? | |  |  |  |  | |  |  |
| Smoke detector heard throughout the house? | |  |  |  |  | |  |  |
| Windows open easily? | |  |  |  |  | |  |  |
| Window screens? | |  |  |  |  | |  |  |
| Windows unobstructed? | |  |  |  |  | |  |  |
| Doors open on both sides? | |  |  |  |  | |  |  |
| Doors unlocking mechanism available? | |  |  |  |  | |  |  |
| Space heaters in use? | |  |  |  |  | |  |  |
| If yes, heaters get hot to touch? | |  |  |  |  | |  |  |
| Closet, dresser / armoire for each resident? | |  |  |  |  | |  |  |
| **BEDROOMS** | | **BEDROOM** | **BEDROOM** | **BEDROOM** | **BEDROOM** | | **BEDROOM** | **BEDROOM** |
| Name of residents | |  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Number of residents / capacity *(if vacant, skip Part 1 and proceed to Part 2)* | | **/** | **/** | **/** | **/** | | **/** | **/** |
| **Part 1: Rooms with Residents** | | **YES NO** | **YES NO** | **YES NO** | **YES NO** | | **YES NO** | **YES NO** |
| Side rails or transfer poles? | |  |  |  |  | |  |  |
| Privacy protected? | |  |  |  |  | |  |  |
| Call system? | |  |  |  |  | |  |  |
| Adequate space to allow direct, unrestricted, free access to common use areas? | |  |  |  |  | |  |  |
| Special equipment? | |  |  |  |  | |  |  |
| NOTES | | | | | | | | |
| **Part 2: All Licensed Rooms** | | **YES NO** | **YES NO** | **YES NO** | **YES NO** | | **YES NO** | **YES NO** |
| Smoke detectors in each room? | |  |  |  |  | |  |  |
| Smoke detector in proximity to bedrooms? | |  |  |  |  | |  |  |
| Smoke detector heard throughout the house? | |  |  |  |  | |  |  |
| Windows open easily? | |  |  |  |  | |  |  |
| Window screens? | |  |  |  |  | |  |  |
| Windows unobstructed? | |  |  |  |  | |  |  |
| Doors open on both sides? | |  |  |  |  | |  |  |
| Doors unlocking mechanism available? | |  |  |  |  | |  |  |
| Space heaters in use? | |  |  |  |  | |  |  |
| If yes, heaters get hot to touch? | |  |  |  |  | |  |  |
| Closet, dresser / armoire for each resident? | |  |  |  |  | |  |  |
| NOTES | | | | | | | | |