

#6 Setting Up Your Home

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Module 6 - Setting Up Your Home

Table of Contents

Introduction	1
Learning Objectives.....	1
What do You Know?.....	1
Onsite Initial Licensing Inspection	1
Adult Family Home Initial Inspection Preparation Checklist.....	1
Interior Physical Environment - Postings.....	2
Interior Physical Environment – Common Areas.....	4
Interior Physical Environment – Bedrooms	5
Interior Physical Environment – Bathrooms.....	7
Interior Physical Environment – Kitchen and Laundry Area	8
Interior Physical Environment – Medications.....	9
Interior Physical Environment – Other Items	9
Exterior Physical Environment.....	11
Group Activity: What Is Wrong with This Ramp?	13
AFH Records.....	17
Resident Records	17
Electronic Record Keeping/Management Systems.....	18
Staff Records	31
AFH Administrative Records	31
Adult Family Home Records	32
Resident Photographs and Video Recording	34
Video Monitoring.....	34
Video Notification	35
Video Monitoring Requested by Resident.....	35
Audio Monitoring.....	35
Electronic Monitoring Key Points.....	35
Home Maintenance	36
Summary Review	37
Test Your Knowledge	37
Get Ready for Your Next Class	38
Acronyms Used in this Module	38
Revision Table	38

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Setting Up Your Home

Introduction

Setting up your home is one of the most critical things you will do to get licensed. Your licensor will cover all the items on the **Adult Family Home Initial Inspection Preparation Checklist**. If you are sure, you have met all the requirements on this checklist, you may not need a second licensing visit. Also refer to the [AFH Initial Inspection process slideshow](#) for direction.

Learning Objectives

At the end of this module, you will be able to:

- Discuss the requirements for setting up your home
- Explain what postings are required and where they must be located
- Describe how to protect your residents from water hazards
- Identify the exterior physical environment requirements

What do You Know?

True or False



1. All required workplace posters are free
2. Each resident bedroom must have adequate storage space for clothing and personal belongings.
3. The AFH Initial Inspection Preparation checklist is designed to assist the applicant in preparing for the initial inspection

Onsite Initial Licensing Inspection

- The onsite initial inspection usually takes between three to five hours depending on the size of the home, the organization of the applicant, and any unforeseen onsite environmental challenges. The home should be move in ready on the day of initial inspection. **Please only schedule your initial inspection when you are sure your home meets all minimum licensing requirements.** The *Adult Family Home Initial Inspection Preparation Checklist* below is your BEST FRIEND. It will help you prepare for you licensing inspection. Also refer to: [AFH Initial Inspection process slideshow](#)

Adult Family Home Initial Inspection Preparation Checklist

This checklist is designed to assist the applicant in preparation for the initial inspection. You are responsible for meeting the requirements of the current Washington Administrative Code (WAC) & Revised Code of Washington (RCW). WACs are listed for reference only and are subject to revision.

FOR ADDITIONAL INFORMATION, ALSO REFER TO: <https://www.dshs.wa.gov/altsa/residential-care-services/information-afh-prospective-providers>

Module 6 – Setting Up Your Home

Always be sure you are using the most current copy. Click [HERE](#) to go to the *Information For AFH Prospective Providers* page and locate the AFH Initial Preparation Checklist link under, “What I need to know about getting my home ready for inspection?”.

NOTE: This version of the checklist was *Last Updated 7/30/2022 and is being broken down line by line for training purposes.*

Interior Physical Environment - Postings

POSTINGS: In a visible location for staff, visitor, and residents to view		WAC 388-76-:
❶ Post the ALTSA/Complaint Resolution Unit [CRU] hotline abuse/neglect contact information. <i>[Use poster at link here.]</i>		10525
❷ Post the WA State Ombudsman contact information. <i>[the above poster includes State Ombuds program toll free #]</i>		10525
❸ Post the Disability Rights of Washington poster. [formerly Washington Protection & Advocacy System] to order poster call 1 800-562-2702 <i>Or... Click HERE to display a copy you can print and display</i>		10525
❹ Place in a visible location in common use area a copy of all complaint and inspection reports, follow-up reports and related cover letters from the last 12 months. For purposes of initial inspection, its only required to provide a location where these reports will be kept.		10585
❺ Post a statement that the past three years of annual inspection and complaint reports are available upon request.		10585
✚ Have an area designated to post your AFH License.		10584
❶ Post your emergency evacuation floor plan on each level of the house. *The floor plan for each level of the home should be specific to that level. [Indicate route from each bedroom out of home, the location of the doors, windows, and the outdoor meeting place.]		10885/10890

NOTE: If you will become an employer, several Workplan Posters will be required and/or recommended by the State of Washington. We will cover those requirements in Module 11: Hiring Staff.

Module 6 – Setting Up Your Home

1

NOTICE

Concerned about abuse, neglect or violation of resident rights?

Report Online:
www.dshs.wa.gov/altsa/reportadultabuse

Call:
Aging & Long-Term Support Administration
1-800-562-6078

TTY Users 1-800-737-7931

If you need help in resolving any problems or questions licensed long-term care facilities, contact the State Ombuds:
1-800-562-6028

February 2017

All postings and your business license must be viewable and in a common location used by staff, residents, and visitors.

3

Disability Rights WASHINGTON
Washington Department of Social & Health Services

Do you have a disability? You have rights!

Disability Rights Washington (DRW) protects the rights of people with disabilities.

DRW is a non-profit organization that is not a part of state government. DRW provides free advocacy services to people with disabilities, including:

- Disability rights information and referrals
- Problem solving strategies for disability issues
- Community education and training
- Legal services for disability discrimination or violation of rights

If you want more information or have a complaint about your rights, make a free phone call to our office from 9:00 a.m. to 12:00 noon and 1:00 p.m. to 4:00 p.m., Monday through Friday, at:

1-800-562-2702

Interpreters Available / Intérpretes disponibles / Переводчики предоставляются / 동역시 이용가능합니다 / 通訳のご利用可 / 通訳サービス / Tarjamaano xpsa laguu heli kausa / Mga interprete magagamit / 通訳サービス / 通訳サービス / 通訳サービス

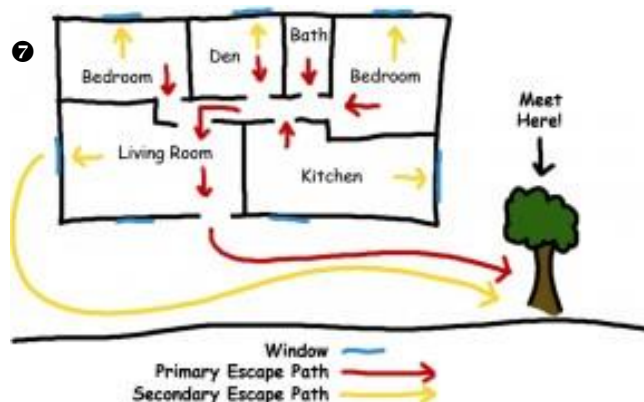
1115 - 17 Avenue South, Suite 810, Seattle, WA 98104
 1-206-324-1321 or 800-562-2702 - Email: info@drw.org - www.disabilityrights.org
 DRW is a member of the National Disability Rights Network. A substantial portion of the DRW budget is federally funded.



You must have your Complaint and Inspection Report notebook set up (even though it will be empty) and displayed in a common area

6

State of Washington
 BUSINESS LICENSE



Have an emergency evacuation floor plan on each level of the house that is specific to that level



Module 6 – Setting Up Your Home

What must I include in my emergency evacuation floor plan?

See [WAC 388-76-10885](#)



- An accurate floor plan of the home, including rooms, hallways, doorways, and windows leading to outside the home.
- Emergency evacuation routes showing the paths to take to exit the home; and
- The designated safe location for residents to meet outside the home.

Interior Physical Environment – Common Areas



COMMON AREA(S)		WAC 388-76-
Must be homelike, with furnishings that each resident may use and large enough for all residents to use at the same time. NOTE: This means enough chairs at the dining table and enough seats in the living room		10705
	Common area/s must not be used as a bedroom or sleeping area.	10705
Must be large enough for all residents to use at the same time		10705
Lighting must be adequate for each task a resident or staff does.		10740
Fireplaces <ul style="list-style-type: none">- Fireplaces that will be used must prevent the possibility of a resident being burned. A sturdy flame-resistant barrier will need to be installed that will prevent all access points to any hot surface of the fireplace.- If fireplace will not be used, plan to provide residents with some type of notice the home does not plan to utilize the fireplace. Also, plan to demonstrate for the Licensor how you plan to prevent usage of the fireplace.		10825 / 10750

Module 6 – Setting Up Your Home

Interior Physical Environment – Bedrooms

BEDROOM(s)	WAC 388-76-
<p>Resident privacy must be maintained in the bedroom; i.e.</p> <ul style="list-style-type: none"> - Curtains or blinds on windows - Bedroom door that closes securely - Pocket, bi-fold, side-hinged, and barn style doors are all acceptable provided the minimum door width opening is 27 inches and the door allows for visual and auditory privacy for residents. 	<p>10575</p>
 <p>Each bedroom is an outside room that allows natural light and must have direct access to hallways and corridors and unrestricted access to common use area.</p> <p>All resident bedrooms must have a window or a door that leads directly to the outside that allows for emergency evacuation.</p>	<p>10685</p>
<p>Bedrooms must meet minimum requirement of usable floor space. [80 usable sq feet for 1 resident & at least 120 usable sq feet for 2 residents] NOTE: See WAC definition section – “usable floor space”</p>	<p>10685 / 10690</p>
<p>Every bedroom must have a closet or place to store resident clothing.</p> <ul style="list-style-type: none"> - Resident bedroom closets are not required to have doors, but if the closet does have a door: <ul style="list-style-type: none"> o It must open easily from the inside and outside. o <u>Slider style closet doors</u> must have a floor guide installed at the bottom to ensure the slider doors stay securely in place while sliding each direction. <p>Slider style closet doors must allow enough space when closed to allow for a resident to get their fingers in to slide the door open from the inside or the outside, or graspable handles must be placed on the inside and the outside of each slider closet door.</p>	 <p>10715</p>
<p>Lighting must be adequate for each task a resident or staff does.</p>	<p>10740</p>
<p>Staff must have means of rapid access to locked bedrooms, toilet rooms, shower rooms, closet, and other resident rooms. Please note locks are not required on resident bedroom and bathroom doors for initial inspection.</p>	<p>10750</p>


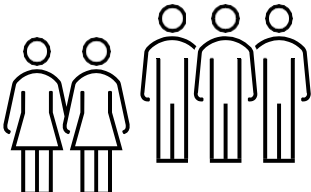
Module 6 – Setting Up Your Home

BEDROOM(s)	WAC 388-76-
<p>Windows must open easily and without a key or tool.</p> <p>Please Note:</p> <ul style="list-style-type: none"> Resident bedroom windows must have a minimum opening area of 5.7 sq. ft. except a grade level floor window opening may have a minimum clear opening of 5.0 sq. ft. Resident bedroom windows must also have a minimum opening height of 24 inches and a minimum opening width of 20 inches. Resident bedroom windowsills cannot exceed 44 inches from the bedroom floor. <p>*Please be aware the minimum listed height of 24 inches and the minimum listed width of 20 inches will only result in a 3.33 sq. ft. opening and will not meet the minimum required 5.7 and 5.0 sq. ft. opening.</p> <p>NOTE: See AFH Information Sheets - Window Requirements</p>	 <p>10795</p>
<p>Windows must not have any obstructions blocking the window opening from the inside or the outside.</p>	<p>10795</p>
<p>Windows must have some form of privacy such as curtains or blinds.</p>	<p>10795</p>
 <p>Screens must be intact on doors and window and installed securely in a way that will not allow the entry of insects. Window glass, window tracks and sills must be clean and free from anything that could harbor bacteria.</p>	<p>10685/10750</p>
<p>Resident bedroom doorway widths must be a minimum of 27 inches.</p> <p>*This is a requirement by Residential Care Services and cannot be found in regulation. If you choose to add locks to resident bedroom doors, you must have an unlocking device nearby to demonstrate the lock can be quickly opened.</p>	<p>10715</p>
<p>Each resident bedroom must have adequate storage space for clothing and personal belongings.</p> <ul style="list-style-type: none"> If the home will utilize an armoire, dresser, or something similar in lieu of a closet, the armoire/dresser <u>must be in the resident bedroom at the time of inspection.</u> The armoire/dresser or similar item being used in lieu of the resident room having a closet <u>will be measured and subtracted from the useable floor space of the bedroom.</u> 	<p>10765</p>



Module 6 – Setting Up Your Home

BEDROOM(s)	WAC 388-76-
Please note: Resident bedrooms do not otherwise need to be furnished at time of initial inspection.	

Interior Physical Environment – Bathrooms

BATHROOM(s)	WAC 388-76-
<p>There must be securely fastened grab bars at the toilet, and in bathing facilities, such as tubs and showers to be utilized by residents.</p> <p>*Effective August 1, 2022, the local building official will be solely responsible for measuring the placement of toilet and tub/shower grab bars. Residential Care Services initial inspection Licensors will be responsible for ensuring grab bars that are installed are secure and safe. Licensors will also inspect and address any safety issues such as a toilet and/or shower/tub requiring additional grab bars to ensure resident safety.</p> <ul style="list-style-type: none"> - Bathrooms not intended for resident use will not be required to meet the toilet and bathing unit grab bar requirements. - Applicants will need to demonstrate during initial inspection the plan to ensure residents do not access bathrooms not meeting toilet and bathing unit grab bar requirements. See WAC 51-51-0330 for specific grab bar requirements. 	<p>10695</p>
Tub and/or showers intended for resident use must have a non-slip surface.	10750
 <p>Staff must have a means of rapid access to locked bathroom if door has a lock on it.</p> <p>Bathroom vanity drawers <u>must not block door when they are open.</u></p>	10750
<p>There must be access to a toilet, shower/tub without going through <u>another resident's bedroom; including 1 flushing toilet per 5 persons.</u></p> <p>Please note: When calculating toilet to people ratio, any person living in the home to include residents, applicant, caregiver etc. will be counted when determining how many toilets will be required.</p> <p>Homes that have a licensed capacity of more than five residents must have at least two indoor flush toilets available and accessible for resident use without requiring any resident to go through another person's room.</p> 	10780

Module 6 – Setting Up Your Home

BATHROOM(s)		WAC 388-76-
	Every toilet must have a toilet paper holder.	10750
Residents must have visual and auditory privacy in the bathroom, with no gaps at the door and privacy coverings or glass at the windows.		10575
Bathrooms must have sufficient lighting.		10740
	Bathroom water temperature must not be less than 105-degrees and must not exceed 120-degrees Fahrenheit.	10750
Bathroom lighting must be adequate.		10750
Bathrooms must be free from toxins.		10750

Interior Physical Environment – Kitchen and Laundry Area

KITCHEN AND LAUNDRY AREA		WAC 388-76-
A plan must be in place for providing laundry service as needed. If laundry passes through kitchen, must have written infection control plan outlining how the home will prevent cross contamination.		10410
Kitchen must be stocked with pots/pans, dishes, silverware, and glasses. <u>The kitchen should be stocked as if residents were moving in on inspection day.</u>		10750
Kitchen and equipment must be maintained in a clean and sanitary state.		10735
Kitchen sink temperature must not be less than 105-degrees and must not exceed 120-degrees Fahrenheit.		10750
Kitchen lighting must be adequate.		10750

Module 6 – Setting Up Your Home

Interior Physical Environment – Medications

MEDICATIONS	WAC 388-76-
<p>All prescribed, over the counter, and refrigerated medications must be kept in locked storage.</p> <p>Be sure to consider a storage method that ensures resident medications are kept separate.</p> <p>NOTE: you must have in place your medication storage process on day of inspection including how you will maintain any medications that require refrigeration.</p>	10485



Interior Physical Environment – Other Items


OTHER ITEMS	WAC 388-76-
<p>Electronic Monitoring Equipment</p> <ul style="list-style-type: none"> If using electronic monitoring equipment, <i>review this WAC section carefully.</i> <p>Please note: Security style cameras can be utilized at entrances and exits of the home but may not show the view of any resident gathering area at the time of initial inspection.</p>	10720/10725
<p>Call Bell System</p> <p>For residents to acquire care & services IF caregiver's bedroom is not within hearing distance.</p>	10400/10685
<p>Hazards in Garage</p> <p>If the garage contains hazards to the residents, you must <u>have a plan</u> as to how you will keep residents safe from these hazards.</p>	10750
<p>Smoke Detectors - Working smoke detectors must be installed:</p> <ul style="list-style-type: none"> on each level of the home, in each resident bedroom & in proximity to where staff sleep. 	10805

Module 6 – Setting Up Your Home


OTHER ITEMS	WAC 388-76-
<p>Smoke detectors MUST be interconnected per the International Residential Code.</p> <p><i>NOTE: Interconnected smoke alarms work as an interlinked system instead of operating independently of one another. If one is activated, they all go off. The alarms can be wireless or hardwired.</i></p> <p>Each resident bedroom smoke detector <u>will be tested during initial inspection</u> to ensure the detector is working properly and interconnected.</p>	
<p>Heaters Space heaters must be certified by an organization listed as a nationally recognized testing laboratory.</p>	10825
<p>If you have individual wall mounted (cadet) heaters, you need to follow manufactures instructions and safety information. If the heating unit is hot to the touch, the hot surface will be required to be made inaccessible.</p>	10750
<p>Baseboard heaters must be made inaccessible if unit is hot to the touch and poses a burn risk to residents.</p>	10750
<p>Water Temperature Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents (bathrooms and kitchen).</p>	10750
<p>Room temperature Must be at least 68°F during waking hours & not less than 60°F at night.</p>	10775
<p>Telephone A telephone for resident(s) to use in private; <u>must be activated and in service at time of inspection.</u> This does not have to be a landline.</p>	10770
<p>Toxic Substance Storage and Supervision Provide storage for toxic substances that is only accessible to residents under direct supervision.</p> <p><i>(NOTE: Toxic substances would be anything with a warning, keep out of reach of children, poison and or toxin label.)</i></p>	10750
<p><u>All windows that can be opened</u> must have screens to prevent flies and/or bugs from entering the home when the window is open.</p>	10750

Module 6 – Setting Up Your Home

Exterior Physical Environment

EXTERIOR PHYSICAL ENVIRONMENT		WAC 388-76-
<p>The main entrance/exit door must have a lever handle that unlocks inside and outside mechanisms and opens the door, from inside of the house, with a single press of the lever handle, and allows for reentry without the use of a key, tool, or special knowledge.</p> <p>The door must also have a lever handle on the outside. <i>See WAC 51-51-330.4</i></p> <p><i>Look to make sure the threshold is not a tripping hazard.</i></p>		10695
<p>Step or stairs to be utilized by resident, must have handrails on both sides extending the full length of the step or stairs.</p> <p>If stairs will not be utilized by residents, applicant must show on day of inspection how they plan to make the steps inaccessible to residents. <i>See WAC 51-51-330.10</i></p>		10695
<p>Ramps must have a safe slope (8.3% or less). <i>All ramps must be inspected by building official. See WAC 51-51-330-9</i></p> <p>*Effective August 1, 2022, the local building official will be solely responsible for measuring ramp and landing slopes. Residential Care Services initial inspection Licensors will be responsible for ensuring all ramps have graspable handrails that extend the full length of the ramp slope and that they are securely installed. Licensors will also inspect and address any safety issues such as uneven or abrupt edges and drop off areas that may pose a trip/fall risk to residents.</p>		10695
<p>Ramps must have:</p> <ul style="list-style-type: none"> graspable handrails on both sides extending the full length of ramp, 3x3 ft. landings at top, bottom, and any change in direction, a safe slope, & non-slip surface <p>Please note: Required ramp landing average measurements may not exceed 2% in slope.</p> <p>*Effective August 1, 2022, the local building official will be solely responsible for measuring ramp and landing slopes. Residential Care Services initial inspection Licensors will be responsible for ensuring all ramps have graspable handrails that extend the full length of the ramp slope and that they are securely installed. Licensors will also inspect and address any safety issues such as uneven or abrupt edges and drop off areas that may pose a trip/fall risk to residents.</p>		10730/ 10745
<p>Doorways</p> <ul style="list-style-type: none"> Doorways must have smooth transitions on bottom of door threshold to maintain a safe, non-trip hazard. 		10750

Module 6 – Setting Up Your Home

EXTERIOR PHYSICAL ENVIRONMENT		WAC 388-76-
Decks <ul style="list-style-type: none"> Decks must be safe including having: <ul style="list-style-type: none"> A non-slip surface, Sturdy barriers as required and Edges cannot be a trip hazard. 		10750
Safe Outdoor Area for Residents <ul style="list-style-type: none"> An outdoor resident area must be safe <i>[from hazards, i.e., busy roads, trip hazards, yard tools, chemicals etc.]</i>, usable and accessible to residents. This space must be large enough to accommodate all the AFH residents at the same time. <p>Please note: This area does not have to be furnished on day of inspection.</p>		10750
If you have water hazards as described in WAC 388-76-10783, you must ensure resident safety per this WAC. Water hazards over twenty-four inches deep must be enclosed by fences and gates at least forty-eight inches high, equipped with an audible alarm that sounds when any door, screen or gate that directly leads to or surrounds the water hazard is opened and secured by locking any doors, screens or gates that lead directly to or surround the water hazard.		10783 /10784
If home is located on a busy street, you must be able to demonstrate a plan to ensure resident safety.		10750
If residents will have access to any drop off areas such as rock walls, a barrier must be in place to prevent residents from accessing the fall hazard.		10750
Front, back and side yards accessible to residents must be free from hazards and toxic materials.		10750
Yard must be maintained.		10750
Outdoor buildings will need to be assessed to ensure safety.		10750
<p>If the home has window wells in a resident bedroom, please review the window well requirements located in the International Residential Code sections R310.2.3 and R310.2.3.1.</p> 		International Residential Code

Module 6 – Setting Up Your Home

Group Activity: What Is Wrong with This Ramp?



SAMPLE RESIDENT RECORD REVIEW				WAC 388-76-
You must have a system to maintain confidential resident records so you can provide the needed care to the residents. During initial inspection, you will be required to demonstrate you have a location (i.e., binder) to house all the areas listed below. The only actual documents listed below you will be required to have at time of inspection is the Personal Inventory Sheet, Resident Information Sheet, Disclosure of Charges and Medication Log.				10315
YOUR SYSTEM MUST BE ORGANIZED SO THERE IS A PLACE FOR THE FOLLOWING DOCUMENTS:				10320
Medication Log [388-76-10475]	Resident Information Sheet [388-76-10320]	Financial Record Keeping		10320
Personal Inventory Sheet [388-76-10320]	Medical Professional Orders [388-76-10320]	Legal Documents		10325
Resident Assessment [388-76-10335]	Preliminary Service Plan [388-76-10320]	Negotiated Care Plan		10355
Nurse Delegation [388-76-10315]	Disclosure of Charges [388-76-10540]			

Module 6 – Setting Up Your Home

ADMINISTRATIVE RECORDS		WAC 388-76-
Provide a staff orientation checklist. This is the checklist the home will use to orient new staff to specific processes and requirements for the home. Please note this is not a checklist of all required staff trainings.		(388-112A-0240)
Have a process and system to ensure employees meet caregiver qualifications, including 1 st Aid/CPR. see also [388-112A]		10130/ 10135
The adult family home must complete the department's disclosure of charges form and provide a copy to each resident admitted to the home.		10540
For any pets, living or visiting, in the home: proof of updated rabies vaccination is REQUIRED .		10230
Provide proof of type of sewage disposal system [PUBLIC SEWER OR INDEPENDENT SEWAGE SYSTEM]. NOTE: If you have a septic system, please be sure to obtain a document from your local health/inspecting authority showing the system has been inspected, approved, will be utilized in an AFH how many people (not bedrooms) can be accommodated with the system. If you have questions about this requirement please discuss with assigned Licensor, or call (360)725-2575		10755
Provide proof of your water system [PUBLIC OR PRIVATE WATER SUPPLY]. NOTE: If you have a private well, please be sure to obtain a document from your local health/inspecting authority showing the system has been inspected, approved and what type of water rating the well has. If you have questions about this requirement please discuss with assigned Licensor, or call (360)725-2575		10790
POLICIES		WAC 388-76-
Must have notice of rights and services (admission agreement) document. Please carefully review WAC Chapter 388-76 for the comprehensive requirements for this document.		10520
Must have written disaster plan. Please specifically address the actions to be taken during and immediately following a natural or man-made disaster to ensure resident safety in this plan.		10830/ 10835
Must have written policy on how the home will dispose of unused, left over, and any remaining medication.		10490
Must have policy for contacting emergency medical services.		10250
Must have policy about accepting Medicaid as a payment source. Please be sure to specifically address your homes policy and process for accepting residents who are funded by Medicaid.		10522

Module 6 – Setting Up Your Home

ADMINISTRATIVE RECORDS		WAC 388-76-
	Must have policy that prohibits abandonment, abuse, neglect, and/or exploitation of any resident. Please be sure to address the specific action your home will take to ensure resident safety in the case of alleged abuse by a staff in your home in this plan.	10675
LOGS		WAC 388-76-
	Must have accident / Incident / Injury Log.	10220
	Must have emergency Evacuation Drill Log.	10900
	Must have medication Log – this log can be a separate log or contained in resident record	10475
Respiratory Protection Program (Added) – see page 31 - Respiratory Protection Program for Long-Term Care Facilities Washington State Department of Health		

EMERGENCY PREPAREDNESS		WAC 388-76-
	Emergency lighting must be readily available for residents and staff. Please have enough emergency lighting available for each resident and ready to demonstrate it is in good working condition.	10740
	Fire Extinguisher 5-pound 2A:10B-C rated fire extinguisher mounted on each level of home. Must be mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor; including visible proof of purchase or service within 1 year. When measuring the mounted fire extinguisher, it will be measured 4 inches from the bottom and 60 inches from the top.	10810
	Emergency medical supplies including first aid supplies and a first aid manual	10850

MULTIPLE HOME PROVIDERS MUST HAVE: These plans must be provided for each home under the MHP management		WAC 388- 76-
	A "24/7" staffing plan, including a resident manager for each home	10036
	A daily operation plan for all homes	10035
	A parking plan for each individual home which includes a plan for accessibility of emergency services	10035

Module 6 – Setting Up Your Home

RESOURCES

REFER TO THIS WEB SITE: <https://www.dshs.wa.gov/altsa/residential-care-services/information-afh-prospective-providers> FOR THE FOLLOWING:

- REGULATIONS
 - WACs:
 - 388-76 AFH Minimum Licensing Requirements
 - 388-112A Training
 - 246-840 Nurse Delegation
 - 388-105-0050 Medicaid Supplementation
 - RCWs:
 - 70.128 Adult Family Homes
 - 70.129 Resident Rights
 - 74.34 Abuse of Vulnerable Adults
- Background Check Information
- Emergency Planning Information
- Caregiving Experience Attestation [CEA] forms for Entity Representatives & Resident Managers

REFER TO THIS WEB SITE: <https://www.dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes> FOR THE FOLLOWING:

- Training Requirements for adult family homes [AFH]
- Food Safety
- Finding community educators in your area
- Administrator Training Classes
- AFH Providers minimum instructor requirements

CALCULATIONS: FOR 'DOOR SWINGS'			
DOOR WIDTH IN INCHES = SQ FT FOR ¼ OF CIRCLE SWING			
DR WIDTH"	SQ FT ¼ SWING	DR WIDTH"	SQ FT ¼ SWING
25"	3.41 SQ FT	33"	5.94 SQ FT
26"	3.69 SQ FT	34"	6.30 SQ FT
27"	3.98 SQ FT	35"	6.68 SQ FT
28"	4.28 SQ FT	36"	7.07 SQ FT
29"	4.59 SQ FT	37"	7.47 SQ FT
30"	4.91 SQ FT	38"	7.88 SQ FT
31"	5.24 SQ FT	39"	8.30 SQ FT
32"	5.59 SQ FT	40"	8.73 SQ FT

Module 6 – Setting Up Your Home

AFH Records

All Records must be set up prior to your initial inspection, even if they don't have any content.

Resident Records

See [WAC 388-76-10320](#), [WAC 388-76-10325](#), and [AFH Information Sheet – Resident Records](#).

You must have a system in place to maintain resident records so you can provide the needed care to your residents. Resident records are confidential and must be stored in a way to prevent loss, alteration or destruction, and unauthorized use. Only the following people are authorized to have access to your resident's record:

- The department (DSHS)
- A health care institution
- When requested by the law
- The resident
- Your staff – ensure your staff has access to the parts of the resident's record needed to provide care and services
- Representative of the long-term care ombuds if requirements are made
- Anyone the resident or their legal representative authorizes

Resident Records must be:

- Kept in the home where the resident lives.
- Kept in a location that is easy to access.
- Identifiable - ensure you are using the right record for the right resident – take a picture of each resident and attach to their record.
- In a format useful to the home – paper or electronic.
If you use an electronic record keeping system, it must be:
 - Accessible to those who need to access the records and easy to navigate through
 - Printable – the licensor/inspector may need request a paper copy of the resident's record
- Kept in a confidential manner for three years after the resident has either left the home or died.
- Your resident records must contain enough information so you and your staff can provide the needed care and services to each resident and organized so you can quickly find what you need. Consider creating tabs in a three-ring binder for each of the topic areas below.

The resident record, at a minimum, must contain the items bolded below per [WAC 388-76-10320-10325](#):

- Resident Information Sheet/Face Sheet – (Identifying information about the resident)
 - Social Security number
 - When the resident was:
 - Admitted to the home
 - Absent from the home
 - Discharged from the home
 - Name, address, and telephone number of the resident's:
 - Representative
 - Health Care Providers
 - Significant family members identified by the resident
 - Other individuals the resident wants involved or notified

Module 6 – Setting Up Your Home

- Personal Belongings Inventory Log [DSHS 02-516](#) – signed by the resident and provider
BEST PRACTICE: Take a picture of their belongings and include in their binder
- Resident Assessment, Preliminary Service Plan, and Negotiated Care Plan
- Current Medical History, Dr. Orders, Labs, Vital Signs
- Medication Logs – List of medications
- Medication Administration Record (MAR)
- Nurse Delegation documents (if receiving nurse delegation):
 - Nursing Assistant credentials and Training [DSHS 10-217](#)
 - Consent for Delegation Process [DSHS 13-678](#)
 - Instructions for Nursing Task [DSHS 13-678](#)
 - Nursing Visit [DSHS 14-484](#)
 - Change in Medical Orders [DSHS 13-681](#)
 - PRN Medication [DSHS 13-678A](#)
- Legal Documents – Powers of Attorney/court-order Guardianship
- Financial Record Keeping – Managing resident funds
- Disclosure of Charges
- Admission Documents

Additional Resources:



- [AFH Information Sheets](#)
- AFH Information Sheet: [Resident Records](#)
- AFH Information Sheet: [Preservation of Resident Records](#) (When Voluntarily Closing Your AFH)


Electronic Record Keeping/Management Systems

If you keep your records electronically, you must be able to:


- Have them accessible to all staff who need them
- Be able to maintain confidentiality
- Print them out if requested by an RCS licensor

EXAMPLE OF A RESIDENT RECORD


Binder Cover

 Poppy McGee	Resident Information	Medical History, Dr. Orders	Medications/MAR	Nurse Delegation	Disclosure of Charges	Admission Documents
	Personal Belongings Inventory	Assessment-Preliminary SP Negotiated SP	Financial	Legal Documents		

Module 6 – Setting Up Your Home

<div data-bbox="256 388 300 430">○</div> 	Resident Information	Medical
		Personal Belongings
<div data-bbox="256 1008 300 1050">○</div> <p>NAME: Poppy McGee</p> <p>Pronouns: _____</p> <p>Spouse/Significant Other: ___ No ___ Yes; Name: _____</p> <p>Family/Friends: _____</p> <p>Likes: _____</p> <p>Dislikes: _____</p> <p>Hobbies: _____</p> <p>Also include:</p> <ul style="list-style-type: none"> When the resident was: <ul style="list-style-type: none"> Admitted to your home Absent from the home Discharged from the home The name, <u>address</u> and telephone number of the resident's: <ul style="list-style-type: none"> Representative; Health care providers; Significant family members identified by the resident; and Other individuals the resident wants involved or notified. 	Assessment/Care Plans	Care Expenses
<div data-bbox="256 1575 300 1617">○</div> <ul style="list-style-type: none"> The resident's social security number Medical insurance cards Code Status: POLST Form, if applicable Funeral plan, disposition of body 		Admission
	Care Notes	Legal

Module 6 – Setting Up Your Home

 AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALSA) Adult Family Home Resident Personal Belongings Inventory WAC 388-76-10320				Resident Information	Medical	
Instructions: Provider or Resident Manager completes upon admission. The Provider/Resident Manager and the resident or the resident's guardian or agent sign. File in the resident's record. Records and information concerning each person in care shall be maintained in such a manner as to preserve confidentiality.						Personal Belongings
RESIDENT'S NAME		NAME OF RESIDENT'S GUARDIAN	DATE OF ADMISSION			
CONTACT LENSES		DENTURES				
EYE GLASSES		HEARING AID				
JEWELRY		WATCH				
MONEY/CHECKBOOK/CREDIT CARDS		OTHER				
CLOTHING LIST				Assessment/Care Plans	Home Assessments	
NUMBER	ITEM	DESCRIPTION				
	Bathrobe					
	Belt					
	Blouse					
	Brassiere					
	Coat					
	Dress					
	Girdle					
	Gloves					
	Handkerchief					
	Hat					
	House coat					
	Necktie					
	Nightgown					
	Pajamas					
	Pants					
	Shirts					
	Shoes					
	Skirts					
	Slippers					
	Slips					
	Socks					
	Stockings					
	Suit					
	Suspenders					
	Sweater					
	Undershirt					
	Underpants					
	Underwear - long					
	Vests					
	Other:					
MISCELLANEOUS				Admission	Transfer	
NUMBER	ITEM	DESCRIPTION				
	Brush					
	Cane or crutches					
	Clock					
	Luggage					
	Radio					
	Television (model and serial number)					
	Walker					
	Wheelchair (model and serial number)					
	Other:					
Statement: I have read and agree that this is an accurate list of my belongings.						
PROVIDER'S/RESIDENT MANAGER'S SIGNATURE		DATE	RESIDENT'S OR GUARDIAN'S SIGNATURE	DATE	Case Notes	Legal

DSHS 02-516 (REV. 07/2017)

Personal Inventory Sheet [388-76-10320](#) - If you complete by hand, use additional pages if necessary.
[Adult Family Home Resident Personal Belongings Inventory](#) (DSHS 02-516 (REV. 07/2017))

Resident Information	Medical
	Medications
Personal Belongings	Nurse Delegation
Assessment/Care Plans	Transfer
Admission	Care Notes
	Legal

Assessment and Care Plans

Assessment Details

Pending Annual

Client Demographics

Client Information

Client Name: McGee, Poppy X
 Assessor Name: Ames, Rachelle (AmesRL)
 Current Case Manager: meewes sanchez, andrea (sanchac)
 Office: ADSAHQ/Lacey/Thurston Assessment date: 09/29/2017

Reason For Assessment

Client requesting assessment to determine continued functional eligibility for Residential AFH Services.
 Was client the primary source of information? Yes
 Other sources of information:
 Jones, Beth

Collateral Contacts

Service Summary

Pending Annual

Client Information

Client Name: McGee, Poppy X
 Address:
 1913 ETHRIDGE AVE NE, , OLYMPIA, WA, 98506
 Phone: (360) 555-4545 Ext: Typ: null
 Gender: Female Age: 62
 Primary Spoken Language: English
 Speaks English? Yes Interpreter Required? No

Contacts

Emergency Contacts:

SAMPLE
AFH NEGOTIATED CARE PLAN


RESIDENT NAME		PROVIDER NAME	
CURRENT DATE		DATE ENTERED	DATE DISCHARGED
DATE OF BIRTH	AGE	SSN	PRIMARY LANGUAGE
NAME & ADDRESS OF INTERESTED PARTY (GUARDIAN, POA, FAMILY)		HOME PHONE	WORK PHONE
NAME OF PHYSICIAN OR MEDICAL GROUP		PHONE	FAX
PHARMACY NAME		PHONE	FAX
NAME OF DENTIST OR DENTAL GROUP		PHONE	FAX
ADVANCE DIRECTIVE	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, SPECIFY TYPE(S)	
LEGAL DOCUMENTS	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, SPECIFY TYPE(S)	
CURRENT MEDICAL STATUS:			
MEDICAL HISTORY:			

Module 6 – Setting Up Your Home

Admission		Resident Information	Medical
<p>Admission Agreement Medicaid or Private Pay – Sample</p> <p>SAMPLE¹ ADULT FAMILY HOME RESIDENT ADMISSION AGREEMENT (MEDICAID ELIGIBLE RESIDENTS)</p> <p><i>Note: Words that are underlined and italicized are notes or instructions to the Facility; they should not be included in the actual admission agreement.</i></p> <p>This is an Agreement between <u>[insert name of Facility and Licensed Provider]</u> (the "Facility") and <u>[insert name of Resident]</u> ("Resident").</p> <p>The Facility is located at <u>[insert address of Facility]</u>. It is licensed by the state of Washington as an adult family home under <u>RCW Chapter 70.128</u> RCW (license no. _____).</p> <p>This Agreement may not be terminated except as provided in Section VII of this Agreement.</p> <p>Disclosure of Charges Form Word (DSHS 15-449)</p> <p>388-76-10540</p>		Personal Belongings	Medications
<p>Adult Family Home Disclosure of Charges Required by RCW 70.128.280</p> <p>HOME / PROVIDER'S NAME: _____ DATE: _____</p> <p>LICENSE NUMBER: _____</p> <p>NOTE: The term "the home" refers to the adult family home / provider listed above. The information in this form is meant to help people search for a home that best suits their needs and choices. The lists of services and charges on this form are not necessarily complete or binding. In addition to looking at these forms, potential residents and their family members may wish to contact the home directly by phone or email, interview the providers at the home, and use other available resources to choose a home that most fits their needs. The care, services, items, and activities listed on this form do not reflect all required and/or available care, services, items, and activities that an adult family home provides for residents. This form may not be used on its own to meet the requirements of section 388-76-10540 WAC. Unless listed individually on this form, charges for care, services, items, and activities are included in the daily and/or monthly rate. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code or call the Long Term Care Ombuds with questions at 1-800-562-6025.</p> <p>Medicaid Information Admission Fees</p> <p>Table of Contents</p>		Assessment/Care Plans	Nurse Prescription
<p>Disclosure of Services Form Word (DSHS 10-508)</p> <p>Adult Family Home Disclosure of Services Required by RCW 70.128.280</p> <p>HOME / PROVIDER: _____ LICENSE NUMBER: _____</p> <p>NOTE: The term "the home" refers to the adult family home / provider listed above. The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.</p> <p>About the Home Personal Care</p> <p>Table of Contents</p>		Admission	Assessment
		Care Notes	Legal

Also included in this section is the Admission Agreement and Notice of Rights and Services

Module 6 – Setting Up Your Home

<p style="text-align: center;">Care Notes</p> <p>Care Notes Highlights</p> <ul style="list-style-type: none"> You may want to maintain daily care notes in a daily binder under a tab for each resident. Once the binder gets full, move the historical notes to this tab in each resident's binder. The Care Notes describes the resident's care/progress and should be written daily <p>Documentation Guidelines</p> <ul style="list-style-type: none"> Make sure you are writing in the right record – a picture of the resident  can help avoid this error Write legibly– print or type the entry if your handwriting is hard to read Do not use a pencil – this is a permanent record Keep to the facts and avoid opinions If you need to add an entry later that you forgot, indicate that it is a late entry and date it If you make an error – draw one line through it – do not erase, use correction fluid or correction tape. Do not alter a record Document each conversation or appointment with a health care professional, include the date, time and who you spoke with Document any information from appointments 	Resident Information	Medical
	Personal Belongings	Medications
	Assessment/Care Plans	Nurse Delegation
	Admission	Financial
	Care Notes	Legal

Module 6 – Setting Up Your Home

Medical

Behind this tab, place all your resident's:

- Medical history
- Doctor orders, and
- Advanced Directives (if they have one) - Some advanced directives you will want to keep under the Legal Documents tab (e.g.: Power of Attorney)
- Copy of POLST forms if there is one

Advanced Directives & Informed Consent

ADVANCE DIRECTIVE: DURABLE POWER OF ATTORNEY FOR HEALTH CARE
This advance directive, a durable power of attorney for health care, allows you to name and prepare your health care agent.
This form meets the requirements of Washington state law.

My Information:

FULL NAME _____ PROXIMATE (optional) _____
DATE OF BIRTH: / / _____ (DD, MM/YYYY)
(over 18 years old)

NAMING A HEALTH CARE AGENT

The person I designate as my health care agent is:

FULL NAME _____ PROXIMATE (optional) _____

Physician Orders for Life Sustaining Treatment (POLST)

The form is a yellowish-green document with black text. At the top, it says "WASHINGTON STATE POLST". Below that, there are fields for "LAST NAME", "FIRST NAME", and "MIDDLE NAME". There are also fields for "DATE OF BIRTH" and "CURRENT ADDRESS". A section titled "MEDICAL CONDITIONS (chronic or acute)" follows. Then, there are three main sections labeled A, B, and C. Section A is about "Use of Cardiopulmonary Resuscitation (CPR)". Section B is about "Level of Medical Interventions". Section C is about "Hydration/Nutrition". Each section has checkboxes for different options. At the bottom, there are checkboxes for "Proxy Decision-Making" and "Completion Date".

Advance Directives & Informed Consent Fact Sheet - Department Of Health (DOH)

Resident Information	Medical
Personal Belongings	Medications
Assessment/Care Plans	Nurse Delegation
Admission	Financial
Care Notes	Legal




Medications

- Keep a list of the Resident's medications here. Here is a sample of what a medication log may look like (you may want to add the pharmacy and pharmacy phone number as well):




Medication Log					
Name:		Date of Birth:		Date:	
Doctor:		SAMPLE			
Medication (Name)	Dosage	Unit	Frequency	Purpose	Notes
	40 mg	Tablet	1 tablet daily	High Cholesterol	Have Dr. order to crush Started 1/1/21
1.					
2.					
3.					

- You may want to keep each residents Medication Administration Record (MAR) in a separate notebook for everyday use and then store the older MARs in each resident's binder.

Module 6 – Setting Up Your Home

Nurse Delegation Forms		Resident Information	Medical
<p>Nursing Assistant credentials and Training DSHS 10-217</p>  <p>The form is titled 'Nurse Delegation: Credentials and Training Verification'. It includes a header with the Washington State Department of Social & Health Services logo. The form is divided into three main sections: 1. LONG TERM CARE WORKER'S (LTCW) NAME (PRINT), 2. Credential Verification, and 3. Training Verification. Section 2 includes a checkbox for 'Attach a copy of internet Provider Credential Search' and a link to the search page. Section 3 includes checkboxes for 'NAR', 'NAC', and 'HCA - C', and a section for 'Non-exempt LTCW' with checkboxes for '9 hour ND for nursing assistants', '3 hour special focus on diabetes', and 'Basic training'.</p>		Personal Belongings	Medications
<p>Consent for Delegation Process DSHS 13-678</p>  <p>The form is titled 'Nurse Delegation: Consent for Delegation Process'. It includes a header with the Washington State Department of Social & Health Services logo. The form is divided into two main sections: 1. CLIENT INFORMATION and 2. SETTING INFORMATION. Section 1 includes fields for CLIENT NAME, DATE OF BIRTH, ID/SETTING (OPTIONAL), CLIENT ADDRESS, CITY, STATE, ZIP CODE, TELEPHONE NUMBER, FACILITY OR PROGRAM CONTACT, and TELEPHONE NUMBER. Section 2 includes fields for FAX NUMBER, E-MAIL ADDRESS, SETTING, CLIENT DIAGNOSIS, and ALLERGIES.</p>		Assessment/Care Plans	Nurse Delegation
<p>Instructions for Nursing Task DSHS 13-678</p>  <p>The form is titled 'Nurse Delegation: Instructions for Nursing Task'. It includes a header with the Washington State Department of Social & Health Services logo. The form is divided into two main sections: 1. CLIENT INFORMATION and 2. TASK INFORMATION. Section 1 includes fields for CLIENT NAME, DATE OF BIRTH, ID / SETTING (OPTIONAL), and DATE TASK DELEGATED. Section 2 includes a section for 'DELEGATED TASK AND EXPECTED OUTCOME' and a section for 'Complete 6 and 7 only if medication(s) delegated:'. The medication section includes fields for DATE, VERIFICATION OF DELEGATED MEDICATION, NAME / TITLE, and METHOD OF VERIFICATION.</p>		Admission	Hygiene
		Care Notes	Legal

Module 6 – Setting Up Your Home

Nurse Delegation Forms			Resident Information	Medical																														
<p>Nursing Visit DSHS 14-484</p>  <p>Nurse Delegation: Nursing Visit</p> <table border="1"> <tr> <td>1. CLIENT NAME</td> <td>2. DATE OF BIRTH</td> <td>3. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other</td> </tr> <tr> <td colspan="3">4. CHECK ALL THAT APPLY <input type="checkbox"/> Initial Client Assessment (See attached) <input type="checkbox"/> Supervisory Visit <input type="checkbox"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <input type="checkbox"/> Initial Insulin Delegation <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="3">5. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S)</td> </tr> <tr> <td colspan="3">RELATED TO:</td> </tr> <tr> <td colspan="3">6. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT <input type="checkbox"/> No Change <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diet/Weight/Nutrition <input type="checkbox"/> Neurological <input type="checkbox"/> GU/Reproductive <input type="checkbox"/> GI <input type="checkbox"/> Respiratory <input type="checkbox"/> Endocrine <input type="checkbox"/> ADL <input type="checkbox"/> Sensory <input type="checkbox"/> Pain <input type="checkbox"/> Integumentary <input type="checkbox"/> Psych/Social <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cognition </td> </tr> <tr> <td colspan="3">7. Notes</td> </tr> </table>					1. CLIENT NAME	2. DATE OF BIRTH	3. SETTING <input type="checkbox"/> AFH <input type="checkbox"/> DDA <input type="checkbox"/> In-home <input type="checkbox"/> Other	4. CHECK ALL THAT APPLY <input type="checkbox"/> Initial Client Assessment (See attached) <input type="checkbox"/> Supervisory Visit <input type="checkbox"/> Initial Caregiver Delegation <input type="checkbox"/> Condition Change <input type="checkbox"/> Initial Insulin Delegation <input type="checkbox"/> Other			5. CLIENT REQUIRES NURSE DELEGATION FOR THESE TASK(S)			RELATED TO:			6. REVIEW OF SYSTEMS: ONLY CHECK CHANGES IN CONDITION FROM LAST ASSESSMENT <input type="checkbox"/> No Change <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Diet/Weight/Nutrition <input type="checkbox"/> Neurological <input type="checkbox"/> GU/Reproductive <input type="checkbox"/> GI <input type="checkbox"/> Respiratory <input type="checkbox"/> Endocrine <input type="checkbox"/> ADL <input type="checkbox"/> Sensory <input type="checkbox"/> Pain <input type="checkbox"/> Integumentary <input type="checkbox"/> Psych/Social <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cognition			7. Notes			Personal Belongings	Medications										
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<p>Change in Medical Orders DSHS 13-681</p>  <p>Nurse Delegation: Change in Medical / Treatment Orders</p> <table border="1"> <tr> <td>1. CLIENT NAME</td> <td>2. DATE OF BIRTH</td> <td>3. SETTING</td> </tr> <tr> <td>4. DATE RND WAS NOTIFIED</td> <td>5. BY WHOM</td> <td>6. CHANGES IN ORDER(S) <input type="checkbox"/> New med. <input type="checkbox"/> Change in a delegated med <input type="checkbox"/> New nursing task <input type="checkbox"/> Change in a nursing task </td> </tr> <tr> <td colspan="2">7. HOW WAS THE CHANGE RECEIVED? <input type="checkbox"/> Written <input type="checkbox"/> Faxed <input type="checkbox"/> Verbal </td> <td>8. EFFECTIVE DATE OF CHANGE</td> </tr> <tr> <td colspan="3">9. Only Complete if number 7 was a verbal order.</td> </tr> <tr> <td>NAME OF PERSON PROVIDING VERIFICATION</td> <td>TITLE OF PERSON PROVIDING VERIFICATION</td> <td>DATE OF VERIFICATION</td> </tr> <tr> <td colspan="3">10. NURSING TASK(S): <input type="checkbox"/> New task(s) sheet required <input type="checkbox"/> Current task(s) sheet(s) updated <input type="checkbox"/> No change to task(s) sheet(s) NURSING TASK / ORDER</td> </tr> <tr> <td colspan="3">11. This medication(s) is: <input type="checkbox"/> New <input type="checkbox"/> Changed</td> </tr> <tr> <td>12. DATE ORDERED</td> <td>13. NAME OF MEDICATION</td> <td>14. START DATE</td> </tr> <tr> <td>15. STOP DATE (IF APPLICABLE)</td> <td>16. STRENGTH/DOSE</td> <td>17. MEDICATION FREQUENCY</td> </tr> <tr> <td>18. ROUTE</td> <td>19. NOT TO EXCEED</td> <td>20. REASON FOR MEDICATION</td> </tr> </table>			1. CLIENT NAME	2. DATE OF BIRTH	3. SETTING	4. DATE RND WAS NOTIFIED	5. BY WHOM	6. CHANGES IN ORDER(S) <input type="checkbox"/> New med. <input type="checkbox"/> Change in a delegated med <input type="checkbox"/> New nursing task <input type="checkbox"/> Change in a nursing task	7. HOW WAS THE CHANGE RECEIVED? <input type="checkbox"/> Written <input type="checkbox"/> Faxed <input type="checkbox"/> Verbal		8. EFFECTIVE DATE OF CHANGE	9. Only Complete if number 7 was a verbal order.			NAME OF PERSON PROVIDING VERIFICATION	TITLE OF PERSON PROVIDING VERIFICATION	DATE OF VERIFICATION	10. NURSING TASK(S): <input type="checkbox"/> New task(s) sheet required <input type="checkbox"/> Current task(s) sheet(s) updated <input type="checkbox"/> No change to task(s) sheet(s) NURSING TASK / ORDER			11. This medication(s) is: <input type="checkbox"/> New <input type="checkbox"/> Changed			12. DATE ORDERED	13. NAME OF MEDICATION	14. START DATE	15. STOP DATE (IF APPLICABLE)	16. STRENGTH/DOSE	17. MEDICATION FREQUENCY	18. ROUTE	19. NOT TO EXCEED	20. REASON FOR MEDICATION	Assessment/Care Plans	Nurse Delegation
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11. NO																																		
<p>Care Notes</p>			Legal																															

<p style="text-align: center;">Financial Record Keeping</p> <p>If you manage any funds for your residents, keep those accounting records behind the Financial tab. If you keep an electronic copy, indicate the name of the file.</p> <p>Resident Rights: WAC 388-76-10555 – Resident Rights – Financial Affairs WAC 388-76-10560 – Adult Family Home Management of Resident Financial Affairs WAC 388-76-10561 – Resident Security Deposit Account WAC 388-76-10565 – Adult Family Home System for Management of Resident Financial Affairs WAC 388-76-10570 – Financial Affairs Related to Resident Death</p> <p>Resident Record - Content WAC 388-76-10320</p> <p>INSTRUCTOR NOTE: Review all the WAC references if you manage any of your resident's funds.</p> <p>Resident rights—Adult family home management of resident financial affairs.</p> <p>If the adult family home agrees to manage a resident's personal funds, the home must do all of the following:</p> <ol style="list-style-type: none"> (1) Hold, safeguard, manage, and account for the personal funds of the resident deposited with the home; (2) Have a written authorization from the resident; (3) Deposit a resident's personal funds in excess of one hundred dollars in an interest-bearing account or accounts separate from any of the home's operating accounts, and that credits all interest earned on residents' funds to that account; (4) If funds are pooled accounts, there must be a separate accounting for each resident's share; and (5) Keep a resident's personal funds that do not exceed one hundred dollars in a noninterest-bearing account, interest-bearing account, or petty cash fund. 	Resident Information	Medical
	Personal Belongings	Medications
	Assessment/Care Plans	Nurse Delegation
	Admission	Financial
	Care Notes	Legal

<p style="text-align: center;">Legal Documents</p> <p>WAC 388-76-10325</p> <p>Resident record—Legal documents—If available.</p> <p>When available, the adult family home must obtain copies of the following legal documents for the resident's records:</p> <p>(1) Any powers of attorney granted by the resident, including for health care decision making and financial; and</p> <p>(2) Court order of guardianship for the resident.</p>	Resident Information	Medical
<p style="text-align: center;">DURABLE POWER OF ATTORNEY (WITH HEALTH CARE POWERS ONLY)</p> <p>NOTICE: The powers granted by this document are broad and sweeping. If you have any questions about these powers, obtain competent legal advice. Free legal information regarding construction of the powers granted by this document and completion of this form may be obtained by calling the Legal Services Developer, Aging Services, Oklahoma Department of Human Services, (405) 522-3069, or your local legal aid or legal services office. This document authorizes your agent to make medical and other health care decisions for you. You may revoke this power of attorney if you later wish to do so.</p> <p>I _____ (insert name and address)</p> <p>appoint _____ (insert name and address of the person appointed)</p>	Personal Belongings	Medications
<p style="text-align: center;">DURABLE POWER OF ATTORNEY FOR FINANCES</p> <p>I, _____, am of sound mind, and I (Print or type your full name)</p> <p>voluntarily make this designation. I revoke any financial powers of attorney I have signed in the past.</p> <p style="text-align: center;">Or GUARDIANSHIP</p>	Assessment/Care Plans	Minor Disposition
<p>Consider:</p> <ul style="list-style-type: none"> • Advanced Directives (DNR, Living Will, POLST) • Medicaid Policy Acknowledgement • _____ • _____ • _____ • Authorization for Release of Information • Photo Consent Form • Travel Agreement (Who will be providing transportation) 	Admission	Financial
	Care Notes	Legal

Module 6 – Setting Up Your Home

Staff Records

You must keep documents related to your staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

- Orientation Checklist
- Caregiver qualifications, including first aid and CPR
- Staff information such as address and contact information.
- Staff orientation and training records pertinent to duties, including, but not limited to:
 - Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;
 - Cardiopulmonary resuscitation;
 - First aid; and
 - HIV/AIDS training.
- Tuberculosis testing results.
- Respiratory Protection Program (More about this program requirements in Module 11 – Hiring Staff)
- Criminal history disclosure and background check results as required.

AFH Administrative Records

Setting up your records - Your system must include the following documents:

- Evacuation Drill
- Accident/Injury Log
- Succession Plan

A Succession Plan ([WAC 388-76-10201](#)) requires AFHs to have a written plan addressing how they will continue to meet the requirements of Chapter 388-76 WAC if the provider or entity representative is unable to fulfill their duties in the home. The AFH must make the plan available to the department upon request
- Policies
 - Medication Disposal
 - Abuse, Neglect, Exploitation
 - Contacting Emergency Services
 - Medicaid Policy
- Disaster Plans
 - [Emergency Preparedness Workbook for AFHs](#)
 - [Emergency Planning Information](#)
 - [AFH Response to Natural or Human-Made Disaster](#)
- Notice of Rights and Service Requirements
- Liability Insurance
- Respiratory Protection Program
 - The written respiratory protection program is a plan for how you will provide respiratory protection for employees at your facility. It helps you identify procedures for your facility to

Module 6 – Setting Up Your Home

follow in providing proper respiratory protection, medical evaluations, respirator training, respirator fit testing, etc. See Washington Administrative Code (WAC) [296-842-12005](#) for details about the written respiratory protection program requirements.

- [Respiratory Protection Program for Long-Term Care Facilities | Washington State Department of Health](#)

Adult Family Home Records

The information below is shared by Joseph Spada - AFH Owner/AFH Administrator Instructor and outlines how he sets up the records for his AFHs. Some areas have been updated.

Binders To Set Up Your AFH Records

Set up the following binders and tabs for your AFH operation. Also, get binder labels so each binder can be labeled with the appropriate title or resident name.

1. Resident Record – 1 for each resident

- 1.1 Face Sheet/Resident Information Sheet
- 1.2 When admitted to the home, absent from the home, and discharged from the home
- 1.3 Names, addresses and phone numbers of the representative, health care provider, family members
- 1.4 Assessment and preliminary service plan
- 1.5 Negotiated Care Plan (NCP)
- 1.6 Personal Care Record
- 1.7 Inventory of Belongings
- 1.8 Medical Orders (Physician's Orders)
- 1.9 Vital Signs
- 1.10 Care Notes
- 1.11 Labs
- 1.12 Nursing Delegation (RND)
- 1.13 Emergency (POLST form, living will, etc.)
- 1.14 POA documents
- 1.15 MAR and Daily Care Log
- 1.16 Hospice
- 1.17 Medical History
- 1.18 Receipts (DME delivered and other receipts)
- 1.19 Pharmacy
- 1.20 Legal (Residency Agreement, Disclosures, AFH Policies, DSHS Disclosure of Charges, etc.)
- 1.21 Financial records
- 1.22 Pets – if you accept pets
- 1.23 Miscellaneous

2. Medication Administration Record (MAR) – 1 per AFH

- 2.1 6 tabs – 1 for each resident's Medication Administration Record (MAR) and Daily Care Log (*Added: Best Practice – Take a photo of each resident and attach to their tab to ensure meds are given to the correct resident*)
- 2.2 6 additional spare tabs for other documentation, i.e., daily care notes (move those to the Resident's Record to the archive when full).

Module 6 – Setting Up Your Home

3. Provider Record – 1 per person, i.e., provider and co-provider.

- 3.1 Certifications
- 3.2 Insurance – for liability Insurance + additional if ARNP, RN, LPN, etc.
- 3.3 AFH Application (keep application copy + documents submitted
- 3.4 Miscellaneous

4. AFH Administration Record – 1 per AFH

- 4.1 DSHS Incident Log
- 4.2 Fire Drills Log
- 4.3 Liability Insurance
- 4.4 License Copy
- 4.5 Miscellaneous
- 4.6 ADDED: Respiratory Protection Program

5. Emergency Preparedness Plan – 1 per AFH

- 5.1 Keep Emergency and Disaster Plan and related documents

6. Employee Records – 1 per employee

- 6.1 Employment Application
- 6.2 Certifications and Licenses
- 6.3 Training records including CPR, first aid, HV/AIDS
- 6.4 CEs – for continuing education
- 6.5 TB results
- 6.6 Criminal history disclosure and background check results
- 6.7 Performance Reviews
- 6.8 AFH Orientation Checklist (used for all new hires)
- 6.9 Nurse Delegation
- 6.10 Employment Agreement(s)/Job offer
- 6.11 I-9, W-4, etc.
- 6.12 Notes (for documenting all employee interactions, verbal, hone, or otherwise)
- 6.13 Claims (for any LNI, ESD, or other claims for the employee)

7. Inspection Reports A

- 7.1 Inspection Reports – statements of deficiencies (SOD)
- 7.2 Plan of Corrections (POC)
- 7.3 Complaint Investigations
- 7.4 Miscellaneous

8. Inspection Reports B

- 8.1 For a POSTED COPY of the most recent inspection report + Plan of Correction if any

9. Menus

- 9.1 Menus

Module 6 – Setting Up Your Home

9.2 Recipes

9.3 Miscellaneous (swallowing precautions, etc.)

10. Activities

Resident Photographs and Video Recording



In today's world of social media such as Twitter, Facebook, Instagram, YouTube, and TikTok, you may not stop to consider a resident's right to privacy before sharing a funny video of a group activity or posting pictures to advertise your AFH. However, without written authorization from the resident or their representative, this is a violation of their privacy.

Due to media reports that highlighted nursing home staff taking unauthorized pictures or videos of residents, CMS sent out a stern reminder in 2016 about protecting resident privacy and prohibiting mental abuse. A resident has the right to personal privacy. Taking photos or recording a resident in their personal space without their or their representative's written consent is a violation of that privacy. This includes posting those photos/video on any websites or social media. Examples include photos of the resident's room, whether they are in it or not, as well as residents having a meal or participating in an activity.

There are some allowances for security and safety reasons, and they are outlined in [WAC 388-76-10720](#) and [WAC 388-76-10725](#).

Video Monitoring

Except for the exceptions outlined below or in WAC 388-76-10725, you must not use any audio monitoring equipment or video monitoring equipment if it includes an audio component.

You may video monitor and video record activities in and around the home, without an audio component, only in the following areas:



- **Entrances and Exits** - if the cameras are focused only on the entrance/exit doorways and not focused on any areas where your residents gather
- **Outdoor Areas**
 - Accessible by both your residents and the public such as driveways and walkways if the intent is for security and safety reasons
 - Not commonly used by residents
 - Can be used in designated smoking areas under these conditions:
 - Resident needs supervision for smoking
 - A staff person watches the video monitor when residents are using the smoking area
 - The video camera is clearly visible
 - The video monitor is in a place that is not viewable by the public

Module 6 – Setting Up Your Home

NOTE: The presence of cameras must not alter/replace your responsibility to provide appropriate in-person assistance and monitoring due to a resident's individual physical or cognitive limitations.

Video Notification

You must notify all residents, in writing, of the video monitoring equipment, and each person or organization that will have access to the electronic monitoring.

The notification must be signed by you and the resident, and a copy kept for your records. The resident's signature acknowledges that they know about the equipment and have received written notification.

Video Monitoring Requested by Resident

Audio or video monitoring equipment may not be installed in any resident sleeping area unless the resident or the resident's representative has requested and consents to the monitoring.

A resident may limit their consent of using monitoring equipment in their bedroom to:

- specific times or situations,
- pointing the camera in a particular direction, or
- prohibiting the use of certain devices.

Before any electronic monitoring can occur, you must ensure:

- The monitoring does not violate a resident's privacy as outlined in RCW **9.73**.
- That if the resident has a roommate, they have provided written consent to the use of the equipment.
- The written request for monitoring includes an agreed upon specific duration of time that the monitoring equipment will be used.
- The equipment is installed so it is safe for the resident.

The AFH must also:

- Check in with the resident, at least quarterly, about the use of the monitoring equipment, and have each documented evaluation signed and dated by the resident.
- Immediately stop electronic monitoring if the resident or their roommate no longer wants/consents to it, or the resident is no longer able to give consent unless the consent was already provided by their representative.

Audio Monitoring

Only the resident or their court appointed guardian/attorney-in-fact, who has obtained a court order, for audio electronic monitoring can give consent. If the consent is made by the resident's decision maker as outlined here, you must obtain a copy of the court order and keep the consent in the resident's record.

Electronic Monitoring Key Points

- You cannot refuse to admit an individual, or discharge a resident, solely because of a request to conduct authorized electronic monitoring.
- You cannot release any audio or video monitoring recording except to authorized persons or required by law.
- If you find that a resident, resident's family, or other third party is electronically monitoring a resident's bedroom without complying with the requirements in [WAC 388-76-10725](#), you must

Module 6 – Setting Up Your Home

disconnect or remove such equipment until the appropriate consent is obtained and notice given.

- [WAC 388-76-10725](#) does not prevent you from using electronic monitoring items such as motion sensor alerts, floor pressure sensors, or global positioning devices, if the monitoring does not transmit or record a human-viewable image, sound, or resident name. Use of these devices must be included in the resident's NCP.

Reference:

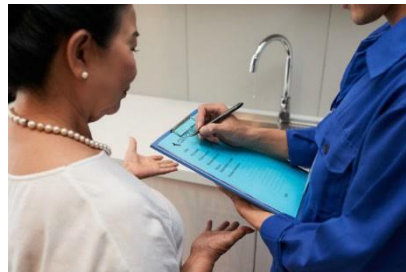
- Centers for Medicare & Medicaid Services (CMS); Center for Clinical Standards and Quality/Survey & Certification Group – [Protecting Resident Privacy and Prohibiting Mental Abuse Related to Photographs and Audio/Video Recordings by Nursing Home Staff](#).

Home Maintenance

It is important to keep your AFH in good repair and condition. Not only for the safety of your residents, but for their wellbeing. [WAC 388-76-10750](#) outlines the safety and maintenance requirements.

Your AFH must:

- Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards. You may want to set aside 1-3% of your home's purchase price each year to cover maintenance. There are several Home Maintenance checklists online you can use to help you maintain your home and property.
- Ensure that there is existing outdoor space that is safe and usable for residents.
- Provide clean, functioning, safe, adequate household items and furnishings to meet the needs of each resident.
- Ensure items and furnishings brought into the home by the resident for their use are clean, functioning, and safe.
- Provide safe and functioning systems for:
 - Heating
 - Cooling, including air circulating fans
 - Hot and cold water
 - Electricity
 - Plumbing
 - Garbage disposal
 - Sewage
 - Cooking
 - Laundry
 - Artificial and natural light
 - Ventilation
 - And any other feature of the home



Module 6 – Setting Up Your Home

- Ensure hot water temperature is at least 105 degrees and does not exceed 120 degrees Fahrenheit at all fixtures used by or accessible to residents, such as tub, showers, and sinks.
- Keep all toxic substances and hazardous materials in locked storage and in their original containers.
- Grant a resident access to and use of toxic substances and hazardous materials only with direct supervision unless the resident has been assessed as safe to use the substance or material without direct supervision and the use is documented in their negotiated care plan.
- Provide rapid access for all staff to any bedroom, toilet room, shower room, closet, other room occupied by each resident.
- Keep all firearms locked and accessible only to authorized persons.
- Keep the home free from:
 - Rodents
 - Flies
 - Cockroaches
 - And other vermin



BEST PRACTICE: Develop A Home Maintenance Plan – housekeeping and safety practices (see AFH Info sheet – Safety and Maintenance). Include changing batteries in smoke detectors or replacing when required.

Summary Review

During this module, we learned about:

- The requirements for setting up your home
- The postings that are required and where they must be located
- How to protect your residents from hazards
- The exterior physical environment requirements
- What else?

Test Your Knowledge

True or False



1. Resident records are confidential and only accessible to authorized individuals.
2. If you use the checklist, you will cover all requirements and be ready for your inspection.
3. The hot water temperature must not exceed 140 degrees.

Module 6 – Setting Up Your Home

Get Ready for Your Next Class



- Read assigned modules

Acronyms Used in this Module

Acronym	Description
AFH	Adult Family Home
CMS	Centers for Medicare & Medicaid Services
CPR	Cardiopulmonary Resuscitation
CRU	Complaint Resolution Unit
L&I	Department of Labor and Industries
MAR	Medication Administration Record
NCP	Negotiated Care Plan
POA	Power of Attorney
POC	Plan of Corrections
POLST	Physicians Order for Life Sustaining Treatment
RND	Nursing Delegation
SOD	Statements of Deficiencies
UL	Underwriters Laboratories

Revision Table

Date	Volume	Changes	Page(s)
1/2025	V5.2	<ul style="list-style-type: none">• Minor grammar, formatting corrections• Added/removed, and repaired links throughout• Added reference to the new AFH Initial Inspection Process slideshow for direction (pg. 1)• Added Succession Plan to Admin Records requirements (pg. 31)• Added Summary Review (pg. 37)	

