

ADULT FAMILY HOME (AFH) NAME	LICENSE NUMBER
AFH ADDRESS	PROVIDER / ER NAME
INSPECTION DATE	LICENSOR NAME



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
 RESIDENTIAL CARE SERVICES (RCS)
 ADULT FAMILY HOME (AFH)

AFH Capacity Increase Working Papers

Pre-Inspection - Preparation			
Prepare folder:	<input type="checkbox"/> Two (2) copies of floor plan <input type="checkbox"/> Two (2) copies of floor plan key <input type="checkbox"/> Driving directions <input type="checkbox"/> Facility summary and visit log from FMS <input type="checkbox"/> Passed inspection form from the Washington Association of Building Officials (WABO)		
Pre-Inspection AFH Contact	✓ When completed.		
Review bedrooms in floor plan	<input type="checkbox"/>		
Review bathrooms in floor plan	<input type="checkbox"/>		
Inspection scheduled	<input type="checkbox"/>		
Current licensed capacity	NUMBER CURRENT	Requested capacity:	NUMBER REQUESTED
Planning office notified <input type="checkbox"/> If requested capacity is six or fewer, check this box and skip this question.	<input type="checkbox"/> Who contacted: Date(s): Notes:		
Sprinkler system documentation <input type="checkbox"/> If requested capacity is six or fewer, check this box and skip this question.	Check one: <input type="checkbox"/> Appropriate sprinkler system documentation received. <input type="checkbox"/> The home serves only residents who are independent with evacuation and does not require a sprinkler system. <input type="checkbox"/> The home serves residents who require assistance with evacuation and does not have documentation of a sprinkler system (this is grounds for denial if uncorrected). Notes:		

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Pre-Inspection Notes

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Provider or Entity Representative Interview	
NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME	
Before a resident moves in, how will you determine you can meet their needs?	
What is your plan for ensuring you have sufficient staff to care for additional residents?	
What was this bedroom previously used for? Has this change impacted the home? (E.g. caregiver room, where does the caregiver sleep, where has any storage moved to)	
How long did your last evacuation drill take? How will you make sure you can meet the five-minute evacuation time with additional residents?	
Will this capacity change affect your Medicaid policy? If yes, in what way? Have you updated your Medicaid policy?	
What is your parking plan and how will you ensure any extra traffic or extra parked vehicles (of staff, visitors, etc.) will not impact your neighbors? <input type="checkbox"/> If requested capacity is six or fewer, check this box and skip this question.	
How do you respond to concerns or issues residents raise?	
NOTES	

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Caregiver Interview	
<input type="checkbox"/> If requested capacity is six or fewer, mark this box and skip this section.	
NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME	
Do you usually work alone? Are you able to get help if you need it? What do you do if you need help?	
Do you have any concerns about the home increasing their capacity?	
Are you paid on time and in the amount you expect?	
<p>Questions about financial solvency; ask at least two questions, either from the list or create your own and document in the box.</p> <ul style="list-style-type: none"> • Do you always have enough food for the residents to eat? • Does the home have enough supplies for everyone in the home? • Is the home a comfortable temperature all year – enough heat in winter, fans in summer? • Does the power go out frequently? 	
NOTES	

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Resident Interview	
<input type="checkbox"/> If requested capacity is six or fewer, mark this box and skip this section.	
NAME OF PERSON INTERVIEWED AND ROLE IN THE HOME	
Do you have any concerns or complaints about the care and services you receive?	
Are you able to get help quickly when you need it?	
<p>Questions about financial solvency; ask at least two questions, either from the list or create your own and document in the box.</p> <ul style="list-style-type: none"> • Do you always have enough food to eat? • Does the home have enough supplies for everyone in the home? • Is the home a comfortable temperature all year – enough heat in winter, fans in summer? • Does the power go out frequently? 	
Were you given a notice that the home is applying to increase the number of residents that can live here? When?	
Would you recommend that the Department allow the home to increase their capacity and admit more residents? Why or why not?	
NOTES	

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Resident Bedroom / Bathroom Worksheet (M = Met requirements; N = Not met requirements)

BEDROOM	MEASUREMENTS: L X W + 144 = SQ FT	<input type="checkbox"/> If this page is not needed, state why in the notes, check this box, and skip to the next page. NOTES
FLOOR SPACE	L x W =	
+ OTHER		
Evacuation Level <input type="checkbox"/> I <input type="checkbox"/> I / A	Subtotal Sq Ft = - Closet / storage - Door swing - Other	
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	- Other = Usable Sq Ft	

EXIT DOES NOT PASS THROUGH ANOTHER ROOM: Window M N N/A Unobstructed..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Screens..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Privacy..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Open-able..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Size..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lighting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lock..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Opening device..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Closet / storage M N N/A Open-able..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Floor guides..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Smoke detector: Works..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Audible..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proximity..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat source: Safety issues..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Special equipment: Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NOTES
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BATHROOM ATTACHED TO BEDROOM WATER TEMP Accessibility level M N N/A <input type="checkbox"/> I <input type="checkbox"/> I / A Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lock (with opening device)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unobstructed..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shower / tub: Grab bar(s)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-skid surface..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	General M N N/A Sanitation..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxins accessible..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet paper holder..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toilet grab bars..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Window cover / screens..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lighting..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NOTES
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* Note that a closet may not be removed in order to increase the amount of a useable floor space.

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Resident Bedroom / Bathroom Worksheet		(M = Met requirements; N = Not met requirements)	
BEDROOM	MEASUREMENTS: L X W + 144 = SQ FT	<input type="checkbox"/> If this page is not needed, state why in the notes, check this box, and skip to the next page. NOTES	
FLOOR SPACE	L x W =		
+ OTHER			
Evacuation Level <input type="checkbox"/> I <input type="checkbox"/> I / A	Subtotal Sq Ft =		
	- Closet / storage		
	- Door swing		
	- Other		
Capacity <input type="checkbox"/> 1 <input type="checkbox"/> 2	- Other		
	= Usable Sq Ft		
EXIT DOES NOT PASS THROUGH ANOTHER ROOM:		NOTES	
Window M N N/A	Closet / storage M N N/A		
Unobstructed..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Open-able..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Screens..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Floor guides..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Privacy..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Smoke detector:		
Open-able..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Works..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Size..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Audible..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Lighting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Proximity..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Heat source:		
Lock..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Safety issues..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Opening device..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Special equipment:		
Clean <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
BATHROOM ATTACHED TO BEDROOM	General M N N/A	NOTES	
	Sanitation..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
WATER TEMP	Toxins accessible..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Accessibility level M N N/A	Toilet paper holder..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<input type="checkbox"/> I <input type="checkbox"/> I / A	Toilet grab bars.... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Window cover / screens..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Lock (with opening device)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Lighting..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Unobstructed..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Shower / tub:	Other..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Grab bar(s)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Non-skid surface.. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

* Note that a closet may not be removed in order to increase the amount of a useable floor space.

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Additional Space Considerations				
	M	N	N/A	NOTES
Sufficient indoor common space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient call system access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety issues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient dining space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient emergency supplies (water, food, lighting, First Aid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sufficient outdoor common space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New bedrooms have access to emergency exit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posted emergency evacuation plans updates.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current liability insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit Preparation				
	Yes	No		NOTES
Does the home meet the requirements for the desired capacity increase?.....	<input type="checkbox"/>	<input type="checkbox"/>		
Recommended capacity after inspection:				
Has the floor plan and floor plan key been filled out and signed by the provider / ER and licensor?.....	<input type="checkbox"/>	<input type="checkbox"/>		

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Notes and Drawings

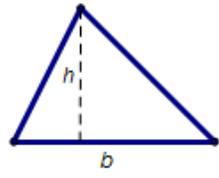
Forms and Reference:

CALCULATIONS: FOR DOOR SWINGS
DOOR WIDTH IN INCHES = SQ FT FOR ¼ 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

WINDOW:
MIN HEIGHT: 24 IN
MIN WIDTH: 20 IN
MIN OPENING: 5.7 SQ FT,
EXCEPT GRADE LEVEL
FLOOR WINDOWS MAY BE
5.0 SQ FT
SILL HEIGHT NO MORE
THAN 44 IN FROM FLOOR

TRIANGULAR AREA (CALCULATE SQ FT)



$A = 1/2(bh)$

MEASURE THE BASE (B) OF THE TRIANGLE
MEASURE THE HEIGHT (H) OF THE TRIANGLE
MULTIPLY THE BASE BY THE HEIGHT (B X H)
DIVIDE THIS AMOUNT BY 2 (TWO)

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Additional Notes

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Adult Family Home Floor Plan "Key"

LICENSOR	EFFECTIVE DATE	CAPACITY
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Each bedroom approved for resident use is automatically approved for independent residents.

BEDROOM DESIGNATION	BEDROOM CAPACITY (CHECK ONE)		BEDROOM LABEL ¹ (CHECK ONE)		KEY: Determining Evacuation Level "Label" for each Resident Bedroom as Independent (I) or Independent / Assistance (I/A)
	1	2	I	I / A	
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>BEDROOM LABELED AS "INDEPENDENT" (I) The resident using this bedroom is able to ambulate out of the bedroom, through the house and main egress (exit) door to the ground, without use of physical assistance, cane, walker or wheelchair and one (1) cueing. The exit path from the bedroom may have been any of the following:</p> <ul style="list-style-type: none"> • Step / Stairs • Ramp • No steps / stairs or ramp <p>BEDROOM LABELED AS BOTH "INDEPENDENT / ASSISTANCE" (I / A) The resident using this bedroom can be identified as independent or is identified as needing physical assistance or mobility aid(s) (cane, walker, or wheelchair) and/or two (2) or more verbal cueing to travel from the bedroom through the house and main egress (exit) door to the ground. The exit path from the bedroom must not have any of the following:</p> <ul style="list-style-type: none"> • Step / Stairs • Chairlifts • Elevations • Platform Lift
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
G (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
H (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>¹ LABEL THE EVACUATION LEVEL OF EACH RESIDENT BEDROOM ON THE AFH FLOOR PLAN AS (I) OR (I/A). NOTE: FLOOR PLAN AND KEY MUST MATCH. IF A HOME IS REQUESTING A LIMIT ON THEIR LICENSE IN ORDER TO BE EXEMPTED FROM SPRINKLER SYSTEM REQUIREMENTS, ALL BEDROOMS MUST BE MARKED AS APPROVED FOR INDEPENDENT RESIDENTS ONLY.</p>					<p>388-76-10865 RESIDENT EVACUATION FROM THE ADULT FAMILY HOME</p> <ol style="list-style-type: none"> (1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less. (2) The home must ensure that residents who require assistance are able to evacuate the home as follows: <ol style="list-style-type: none"> (a) Through the primary egress door; (b) Via a path from the resident's bedroom that does not go through other bedrooms; and (c) Without the resident having to use any of the following: <ol style="list-style-type: none"> (i) Stairs; (ii) Elevators; (iii) Chairlift; or (iv) Platform lift. (3) Ramps for residents to enter, exit, or evacuate on homes licensed after November 1, 2016 must comply with WAC 51-51-0325. (4) Homes that serve residents who are not able to hear the fire alarm warning must install visual fire alarms.
<p>388-76-10870 RESIDENT EVACUATION CAPABILITY LEVELS - IDENTIFICATION REQUIRED The adult family home must ensure that each resident's assessment identifies, and each resident's preliminary care plan and negotiated care plan describes the resident's ability to evacuate the home according to the following descriptions:</p> <ol style="list-style-type: none"> (1) Independent: Resident is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. The department will consider a resident independent if capable of getting out of the home after one verbal cue; (2) Assistance required: Resident is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids. 					

I acknowledge receipt and understanding of the "Evacuation Label" of each bedroom in my AFH.

SIGNATURE	DATE
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Adult Family Home Floor Plan "Key"

LICENSOR	EFFECTIVE DATE	CAPACITY
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Each bedroom approved for resident use is automatically approved for independent residents.

BEDROOM DESIGNATION	BEDROOM CAPACITY (CHECK ONE)		BEDROOM LABEL ¹ (CHECK ONE)		KEY: Determining Evacuation Level "Label" for each Resident Bedroom as Independent (I) or Independent / Assistance (I/A)	
	1	2	I	I / A		
A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>BEDROOM LABELED AS "INDEPENDENT" (I) The resident using this bedroom is able to ambulate out of the bedroom, through the house and main egress (exit) door to the ground, without use of physical assistance, cane, walker or wheelchair and one (1) cueing. The exit path from the bedroom may have been any of the following:</p> <ul style="list-style-type: none"> • Step / Stairs • Ramp • No steps / stairs or ramp <p>BEDROOM LABELED AS BOTH "INDEPENDENT / ASSISTANCE" (I / A) The resident using this bedroom can be identified as independent or is identified as needing physical assistance or mobility aid(s) (cane, walker, or wheelchair) and/or two (2) or more verbal cueing to travel from the bedroom through the house and main egress (exit) door to the ground. The exit path from the bedroom must not have any of the following:</p> <ul style="list-style-type: none"> • Step / Stairs • Chairlifts • Elevations • Platform Lift 	
B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
H (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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SIGNATURE	DATE
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