

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER				
PROVIDER / LICENSEE'S NAME	INSPECTION DATE				
LICENSOR'S NAME	1				

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ADULT FAMILY HOME (AFH)

ATTACHMENT G

Environmental Tour - Redrooms

DEDDOONO												
BEDROOMS	BEDR	OOM A	BEDROOM B BEDROOM C			BEDROOM D		BEDROOM E		BEDROOM F		
Name of residents												
Number of residents / capacity (if vacant, skip Part 1 and proceed to Part 2)	/		/		/		/		/		/	
Part 1: Rooms with Residents	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Side rails or transfer poles?												
Privacy protected?												
Call system?												
Adequate space to allow direct, unrestricted, free access to common use areas?												
Special equipment?												
Part 2: All Licensed Rooms	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Smoke detectors in each room?												
Smoke detector in proximity to bedrooms?												
Smoke detector heard throughout the house?												
Windows open easily?												
Window screens?												
Windows unobstructed?												
Doors open on both sides?												
Doors unlocking mechanism available?												
Space heaters in use?												
If yes, heaters get hot to touch?												
Closet, dresser / armoire for each resident?												



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AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ADULT FAMILY HOME (AFH)

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Environmental Tour - Bedrooms									
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AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ADULT FAMILY HOME (AFH)

Environmental Tour - Bedrooms

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