

# ADULT FOSTER HOME INSPECTION REPORT FOR INITIAL APPLICATION

Inspection date: _____	Facility landline phone: _____
Applicant name: _____	E-mail address: _____
Co-applicant name ( <input type="checkbox"/> NA): _____	Capacity requested: _____ Classification requested: _____
Full facility address (street address, city, ZIP): _____	

## SUMMARY OF FINDINGS: APPLICANT AND FACILITY REQUIREMENTS FOR INITIAL LICENSE

OAR Requirement: Application	Rule Reference: * OAR 411-050-0410	Not ok	Date ok'd	OAR Requirement: Application	Rule Reference: * OAR 411-050-0410	Not ok	Date ok'd
Application complete	(1)(2)(3)			House policies	411-050-0444(8)(a-e)		
<input type="checkbox"/> orientation <input type="checkbox"/> EQC exam	(3)(b)			Private contract	411-050-0435(2)		
Qualifications supporting requested classification	(3)(d)			Supplemental applications: <input type="checkbox"/> co-license (if applicable) <input type="checkbox"/> resident manager (if applicable) <input type="checkbox"/> shift caregiver (by exception)	(3)(o) 411-050-0440(1)(3)(4)		
health hist. and physician's stmt.	(3)(e)			Written plan of operation: <input type="checkbox"/> coverage/use of subst.CG's <input type="checkbox"/> back-up licensee or res. mgr	(3)(p)		
financial information	(3)(f)(g)						
sufficient liquid reserves	411-050-0440(2)						
<input type="checkbox"/> lease/rental agreement or proof of purchase/ownership	(3)(h)(i) 411-050-0444(1)(a)						
Criminal history checks: approved and current for all subject individuals	411-050-0412(1)			<b>OAR Requirement: Operational Standards</b>	<b>Rule Reference: OAR 411-050-0444</b>	<b>Not ok</b>	<b>Date ok'd</b>
Verification available	411-050-0412(5)			E-mail address	(1)(k)(A)		
Complete floor plan identifies: <input type="checkbox"/> room size <input type="checkbox"/> resident & caregiver's bedrm <input type="checkbox"/> all exits and window exits <input type="checkbox"/> ramps (if applicable) <input type="checkbox"/> fire ext. & smoke alarms <input type="checkbox"/> evacuation routes	(3)(k)(A-F)			Sanitation: <input type="checkbox"/> pets <input type="checkbox"/> laundry <input type="checkbox"/> 1 <sup>st</sup> aid supplies/manual	(3)(b)(c)(h)		
plan to manage more than one home, if applicable	(3)(l)			Meals: <input type="checkbox"/> weekly menu <input type="checkbox"/> schedule <input type="checkbox"/> complies with 14-hr span <input type="checkbox"/> adequate storage/proper temp. <input type="checkbox"/> pest precautions	(4)(a)(b)(c)(g)(k)(l)		
fee (\$20 per resident bed)	(3)(m)			Telephone: <input type="checkbox"/> landline <input type="checkbox"/> listed # <input type="checkbox"/> unblocked # <input type="checkbox"/> switches to correct mode (if line shared with fax/internet) <input type="checkbox"/> available for res. use/privacy <input type="checkbox"/> restrict. in house policies, if any	(5)(a)(c)(d)		
3 personal references	(3)(n)						
Class 3: two medical professional references, if applicable	411-050-0443(1)(e)(B)						

OAR Requirement: Operational Standards	Rule Reference: OAR 411-050-0444	Not ok	Date ok'd	OAR Requirement: Facility Standards	Rule Reference: OAR 411-050-0445	Not ok	Date ok'd
Facility Records: <input type="checkbox"/> proof of required crim ✓'s <input type="checkbox"/> required caregiver documentation (as required)	(6)(a)(A)(B)(ii)(iii)(iv)			Common areas: <input type="checkbox"/> accessible to all residents <input type="checkbox"/> ≥ 150 sq. ft. <input type="checkbox"/> + 40 sq. ft. (as required)	(1)(e)		
<input type="checkbox"/> proof of required pet shots (if applicable) <input type="checkbox"/> well water test (if applicable)	(6)(a)(D)(E)			Safety barriers: <input type="checkbox"/> stairs <input type="checkbox"/> pools <input type="checkbox"/> hot tubs <input type="checkbox"/> saunas	(1)(f)		
Posted Items: <input type="checkbox"/> floor plan <input type="checkbox"/> bill of rights <input type="checkbox"/> house policies <input type="checkbox"/> menu <input type="checkbox"/> complaint procedure <input type="checkbox"/> LTCO poster <input type="checkbox"/> monitoring device notice <input type="checkbox"/> emergency #'s by phone (includes qualified backup)	(6)(b)(C-G)(I-J)(c)			Video monitors: <input type="checkbox"/> not used unless requested by resident <input type="checkbox"/> privacy	(1)(g)		
				Septic/sewage system in good working order	(2)(b)		
				Garbage: <input type="checkbox"/> suitably stored and covered <input type="checkbox"/> weekly removal	(2)(c)		
				Screens in good condition (if doors or windows are used for ventilation)	(2)(d)		
General Conditions: (as applicable) <input type="checkbox"/> business license <input type="checkbox"/> zoning, building and housing codes <input type="checkbox"/> fire and safety regulations	(1)(a)			Bathrooms: <input type="checkbox"/> mirror <input type="checkbox"/> ventilation (window or fan) <input type="checkbox"/> privacy <input type="checkbox"/> clean, good repair (sink, toilet, tub/shower, odor-free) <input type="checkbox"/> 1 sink, toilet, tub or shower for every 6 occupants (including day care and room and board) <input type="checkbox"/> 1 sink, toilet on each floor with resident rooms <input type="checkbox"/> non-slip surface <input type="checkbox"/> grab bars (toilets, tubs, showers for residents) <input type="checkbox"/> barrier-free access <input type="checkbox"/> individual towels/washcloths	(3)(a-h)		
Interior/exterior premises: <input type="checkbox"/> clean/good repair <input type="checkbox"/> no accumulated garb/debris <input type="checkbox"/> walls/ceilings, floors permit cleaning as appropriate	(1)(b)						
Lighting: <input type="checkbox"/> each room <input type="checkbox"/> stairway <input type="checkbox"/> exits <input type="checkbox"/> appropriate covers	(1)(c)						
Temperature: <input type="checkbox"/> heating system works <input type="checkbox"/> comfortable temperature <input type="checkbox"/> AC must be functional/ maintained (if applicable)	(1)(d)(B)						

OAR Requirement: Facility Standards	Rule Reference: OAR 411-050-0445	Not ok	Date ok'd	OAR Requirement: Facility Standards	Rule Reference: OAR 411-050-0445	Not ok	Date ok'd		
Bedrooms: <input type="checkbox"/> constructed as a bedroom or by permit <input type="checkbox"/> walls (floor to ceiling) <input type="checkbox"/> door to common area/hall <input type="checkbox"/> adequate heat, light, window	(4)(a)(A-D)			Bedroom window (for exit): <input type="checkbox"/> readily opens from the inside without special tools <input type="checkbox"/> dimensions $\geq$ 821 sq inches, $\geq$ 22 inches high and $\geq$ 20 inches wide <input type="checkbox"/> sill height not more than 44 inches from floor, or has approved aid for exit	(5)(e)				
Bedroom size: <input type="checkbox"/> $\geq$ 70 sq ft for 1 resident <input type="checkbox"/> $\geq$ 120 sq ft for 2 residents <input type="checkbox"/> max 2 persons per room	(4)(a)(E-F)								
sleeping area for non-residents	(4)(b)								
<input type="checkbox"/> Bed (mattress/springs) in good condition/day care bed <input type="checkbox"/> mattress pad/bedspread/sheets/pillow/pillow case/blankets <input type="checkbox"/> dresser/closet/storage <input type="checkbox"/> privacy (drapes/shades)	(4)(c)(d)			<input type="checkbox"/> interior/exterior doorways wide enough for walkers, wheelchairs (as applicable) <input type="checkbox"/> handrails on stairs	(5)(f)				
<input type="checkbox"/> proximity to caregiver, or <input type="checkbox"/> suitable alert system				(4)(f)			<input type="checkbox"/> construction/flame spread <input type="checkbox"/> manufactured home/label	(5)(f)(A)(i)(ii)(iii)	
Safety: (as applicable) <input type="checkbox"/> fire & life safety codes <input type="checkbox"/> heating equipment (good repair, well maintained) <input type="checkbox"/> permit for wood/pellet stoves, or approved inspection <input type="checkbox"/> approved/listed glass or metal mesh screen on fireplace, anchored top and bottom <input type="checkbox"/> safety barrier (wood and pellet stoves) <input type="checkbox"/> space heaters	(5)(a)(b)(A)(B)(C)(D)			Fire extinguishers: <input type="checkbox"/> functional <input type="checkbox"/> 2A – 10BC <input type="checkbox"/> visible <input type="checkbox"/> easy access <input type="checkbox"/> on each floor	(5)(g)				
						Smoke alarms: <input type="checkbox"/> bedrooms <input type="checkbox"/> smoking area <input type="checkbox"/> stairtop <input type="checkbox"/> basement <input type="checkbox"/> halls/access areas, adjoining bedrooms <input type="checkbox"/> common areas for residents <input type="checkbox"/> alarm can wake occupants with doors closed <input type="checkbox"/> functional <input type="checkbox"/> warns of low battery	(5)(h)(i)(j)		
						combustibles, firearms			
No extension cords, multi-plug adapters (instead of permanent wiring)	(5)(c)			hazardous materials, properly stored and not accessible to residents	(5)(l)				
Door hardware: <input type="checkbox"/> simple/no locks against exit <input type="checkbox"/> no hasps, sliding bolts, hook and eyes or dbl-key deadbolts	(5)(d)			Designated point of safety: <input type="checkbox"/> away from structure <input type="checkbox"/> access to street or public sidewalk in $\leq$ 3 minutes	(5)(o)				

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Stairs: <input type="checkbox"/> riser height (between 6-8") <input type="checkbox"/> width (between 8-10½") <input type="checkbox"/> barrier-free exits <input type="checkbox"/> resident hallway width ≥ 36"	(5)(r)(s)			Smoking: <input type="checkbox"/> designated areas, in house policies <input type="checkbox"/> not in any bedrooms or near O <sub>2</sub> /flammable materials <input type="checkbox"/> safe ashtrays (if applicable)	(5)(x)		
window/door exits obstacle free	(5)(s)			Natural disaster resources	(5)(y)		
ADA ramp (1" rise for each 12" distance/max rise 30")	(5)(t)						
<input type="checkbox"/> 2 <sup>nd</sup> safe exit from all sleeping rooms <input type="checkbox"/> closest fire station > 5 miles	(5)(u)(v)						
Flashlight: <input type="checkbox"/> plug-in, rechargeable <input type="checkbox"/> functions well <input type="checkbox"/> each floor	(5)(w)						

**Comments:**


**CORRECT BY:** \_\_\_\_\_ **CALL FOR REINSPECTION:** ☐ Yes ☐ No **Phone:** \_\_\_\_\_

**If a follow-up inspection is not required, verification of cited corrections must be submitted to the local AFH program office within the time frame provided.**

Cited deficiencies must be corrected within 30 days of the inspection date or sooner, as specified by the local Adult Foster Home Program. A license may not be issued unless the applicant and home are in compliance with ORS 443.705 to 443.825 and the Adult Foster Home Administrative Rules. See OAR 411-050-0415(5), Issuance.

AFH Licenser's signature	Date	Applicant's signature	Date
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