

Residential Care Facilities

Instructions for submitting a reduced floor plan.

The following instructions are provided as a resource when applying for initial licensure, renewing a license, or requesting to change the number of licensed resident beds, bed location or use of rooms.

In effort to expedite the construction review process please submit a reduced floor plan, as outlined below, with your initial application and construction documents.

A “Reduced floor plan” means an 8 ½ x 11 (legal or 11 x 17 size is acceptable) size drawing that shows each room within the facility in a manner that is legible. The drawing must identify each resident room, show resident rooms by an assigned number, and include the proposed number of residents sleeping in each room.

The department uses the reduced floor plan to document resident occupancy levels for initial licensure, renewals, and requests for change in the number of licensed beds.

Please note incomplete documents will be returned without review.

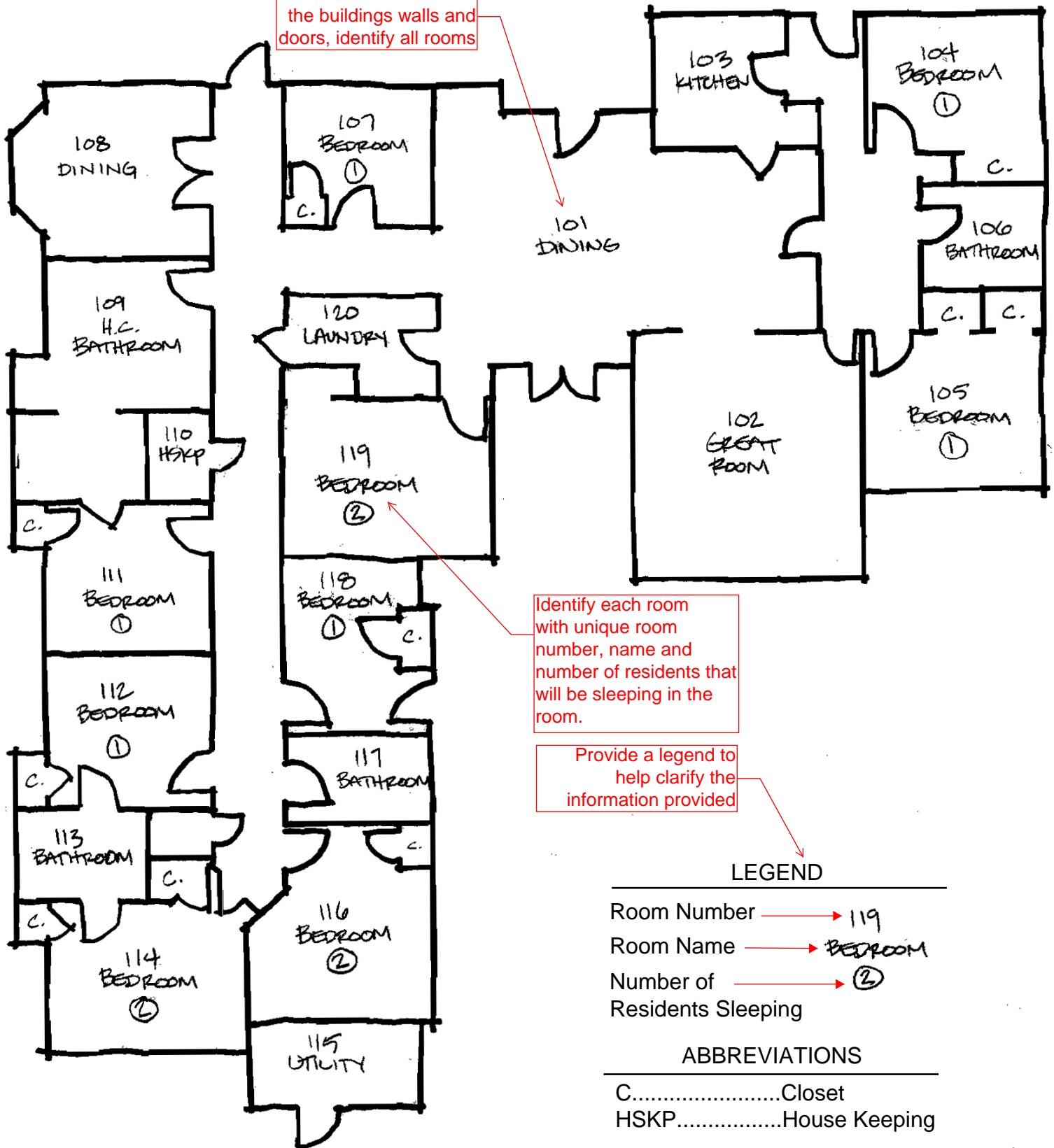
The details provided in a functional program are key factors when determining the number of residents allowed in a sleeping room. Please remember to outline the type and expected age of residents in a functional program. For instance, if your chemical dependency treatment program provides for children accompanying parents to treatment or a pregnant and parenting women program (PPW), the functional program will need to address care of small children including space and/or special requirements for each room. In acute detox, and potentially subacute and mental health facilities, the use of bunk beds in a resident sleeping room may be clinically inappropriate.

Additional guidelines for creating a functional program can be found on the internet at:

<http://www.doh.wa.gov/hsqa/fsl/crs/hospdeskref.htm>

SAMPLE REDUCED FLOOR PLAN

Show the location of the buildings walls and doors, identify all rooms



Identify each room with unique room number, name and number of residents that will be sleeping in the room.

Provide a legend to help clarify the information provided

LEGEND

Room Number → 119
 Room Name → BEDROOM
 Number of Residents Sleeping → ②

ABBREVIATIONS

C.....Closet
 HSKP.....House Keeping

Include the facility name and Date

Facility Name

Date