| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
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|  |  ATTACHMENT H AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Home Environment and Safety Worksheet** |
| Observations of the environment occur throughout the certification evaluation process. |
| CLIENT NAME | CCRSS SAMPLE ID NUMBER |
| DATE OF OBSERVATIONS | TIME OF OBSERVATIONS |
| **Quality of Life / Client Rights WAC 388-101D-0170** |
| Y N N/A[ ]  [ ]  [ ]  Was adaptive / life sustaining equipment available, clean, and in good repair?[ ]  [ ]  [ ]  Were doors and windows unblocked?[ ]  [ ]  [ ]  Was the environment homelike? | Y N N/A[ ]  [ ]  [ ]  Was there accessible telephone equipment and list of emergency contact numbers?[ ]  [ ]  [ ]  Were audio monitors used appropriately? |
| **Physical Environment** |
| Y N N/A[ ]  [ ]  [ ]  Were stairs / steps, handrails / ramps, and walkways in good repair?[ ]  [ ]  [ ]  Clear of clutter that could be potentially hazardous to the client(s)?[ ]  [ ]  [ ]  Clear of signs of unsanitary home conditions (i.e., mold, mildew, etc.)? | Y N N/A[ ]  [ ]  [ ]  Were flammable and combustible materials stored safely?[ ]  [ ]  [ ]  Was the yard free of garbage / refuse?[ ]  [ ]  [ ]  Was the property free of pests? |
| **Bathrooms** |
| Y N N/A[ ]  [ ]  [ ]  Safe and clean?[ ]  [ ]  [ ]  Adequate lighting?[ ]  [ ]  [ ]  Grab bars? | Y N N/A[ ]  [ ]  [ ]  Accessible for all clients?[ ]  [ ]  [ ]  Private? |
| **Safety** |
| Y N N/A[ ]  [ ]  [ ]  Emergency food and water supply?[ ]  [ ]  [ ]  Medications locked-up?[ ]  [ ]  [ ]  First aid supplies available?[ ]  [ ]  [ ]  Working flashlight available?[ ]  [ ]  [ ]  Door / window alarms? | Y N N/A[ ]  [ ]  [ ]  Operating smoke detectors (with light alarm for clients with hearing impairments)?[ ]  [ ]  [ ]  Cleaning supplies / toxic materials locked-up if required by clients’ safety needs?[ ]  [ ]  [ ]  Evacuation plan and practice drills? |
| **Water Temperature in oF, check in two (2) locations (if first check >120oF, re-check water temperature)** |
| Temperature:  oF [ ]  KitchenDate / time:  [ ]  A.M. [ ]  P.M.  | Temperature:  oF [ ]  KitchenDate / time:  [ ]  A.M. [ ]  P.M.  |
| Temperature:  oF [ ]  BathroomDate / time:  [ ]  A.M. [ ]  P.M.  | Temperature:  oF [ ]  BathroomDate / time:  [ ]  A.M. [ ]  P.M.  |
| NOTES |