

CCRSS PROVIDER NAME		CERTIFICATION NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	CERTIFICATION EVALUATION DATE(S)	

ATTACHMENT B



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Certification Evaluation Client Supports Observation

CLIENT NAME	CLIENT SAMPLE ID NUMBER
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DATE OF CLIENT OBSERVATIONS (OBSERVATIONS IN CLIENT HOME UNLESS OTHERWISE NOTED)

The information listed in the left box of each category is a guideline, document observations in the right box.
If no observation occurred, mark the "Not Observed" box for that section.

A. Staff / Client Interactions	Time of Observation:	<input type="checkbox"/> Not Observed
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What staff instruction and supports were observed?

Staff name:

YES	NO	N/A		YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were staff to client interaction(s) responsive and meeting client needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was staff / client communication appropriate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did staff refrain from speaking over clients or in another language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there recognition of the client's cultural diversity and preferences?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did staff respect the client's dignity, privacy, and rights?				

B. Meals	Time of Observation:	<input type="checkbox"/> Not Observed
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What meal(s) were observed?

Any dietary restrictions?

Did the meal appear balanced and nutritious?

Were the restrictions accommodated?

☐ Yes ☐ No

C. Medication Assistance	Time of Observation:	<input type="checkbox"/> Not Observed
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What kind of assistance did the client require for medications?

Who prepared the medications? Preparation includes removing the pills from the bottle / blister pack or bubble.

☐ Staff ☐ Client

How did the client take their pills?

Was the medication mixed in food? (388-101D-0310)

☐ Yes ☐ No

Was the medication crushed?

☐ Yes ☐ No