

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

ATTACHMENT H



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
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
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DATE OF OBSERVATIONS	TIME OF OBSERVATIONS
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Quality of Life / Client Rights		WAC 388-101D-0170																			
<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Was adaptive / life sustaining equipment available, clean, and in good repair?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Was there accessible telephone equipment and list of emergency contact numbers?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Were doors and windows unblocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Were audio monitors used appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
Y	N	N/A																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Was the environment homelike?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			

Physical Environment													
<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Were stairs / steps, handrails / ramps, and walkways in good repair?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Were flammable and combustible materials stored safely?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Clear of clutter that could be potentially hazardous to the client(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Was the yard free of garbage / refuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Clear of signs of unsanitary home conditions (i.e., mold, mildew, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Was the property free of pests?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Bathrooms													
<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Safe and clean?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Accessible for all clients?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Private?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Grab bars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Safety													
<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Emergency food and water supply?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td>Y</td><td>N</td><td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Operating smoke detectors (with light alarm for clients with hearing impairments)?	Y	N	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Y	N	N/A											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Medications locked-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Cleaning supplies / toxic materials locked-up if required by clients' safety needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> First aid supplies available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Evacuation plan and practice drills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Working flashlight available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
<table border="0"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> Door / window alarms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

Water Temperature in °F, check in two (2) locations (if first check >120°F, re-check water temperature)	
Temperature: _____ °F <input type="checkbox"/> Kitchen Date / time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Temperature: _____ °F <input type="checkbox"/> Kitchen Date / time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Temperature: _____ °F <input type="checkbox"/> Bathroom Date / time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Temperature: _____ °F <input type="checkbox"/> Bathroom Date / time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.

NOTES
