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

ATTACHMENT O

Washington State Department of Social & Health Services
Transforming lives

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

CCRSS Group Training Home (GTH)
General Environment and Safety Worksheet

Observations of the environment occur throughout the certification evaluation process.

DATE OF OBSERVATIONS	TIME OF OBSERVATIONS

A. Quality of Life / Client Rights

Yes	No	N/A	
☐	☐	☐	Was there accessible telephone equipment and list of emergency contact numbers? (101D-0170)
☐	☐	☐	Was the environment homelike? (101-3020, 823-1095)
☐	☐	☐	Were audio monitors used appropriately?
☐	☐	☐	Door / window alarms?

B. Environment — WAC 388-101D-0170, 0585, 0590, 0595, 0600, 0610

Yes	No	N/A	
☐	☐	☐	Construction changes or significant structural changes to the home since most recent certification evaluation?
☐	☐	☐	Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained?
☐	☐	☐	Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier?
☐	☐	☐	Stairs / handrails / ramps / walkways in good repair?
☐	☐	☐	Clear of clutter that could be hazardous to clients?
☐	☐	☐	Door / windows unblocked?
☐	☐	☐	Free of pests?
☐	☐	☐	Flammable / combustible materials safety stored?
☐	☐	☐	Yard free of garbage / refuse?
☐	☐	☐	Free of unsanitary conditions (mold, mildew, etc.)

C. Bathrooms — WAC 388-101D-0570

Yes	No	N/A	
☐	☐	☐	Handwashing sinks with hot and cold running water?
☐	☐	☐	Direct access to toilet and shower?
☐	☐	☐	Toilets (1:5 ratio)?
☐	☐	☐	Adequate lighting?
☐	☐	☐	Grab bars?
☐	☐	☐	Safe and clean?

D. Safety — WAC 388-101D-0605, 0615, 0620, 0625

Yes	No	N/A	
☐	☐	☐	Annual inspection by the state fire marshal (optional if the GTH was an ALF 01/01/2019)?
☐	☐	☐	Smoke detectors in every client's bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? N/A if annually inspected by state fire marshal.
☐	☐	☐	Smoke detectors in working condition and meet the needs of the specific clients? N/A if annually inspected by state fire marshal.
☐	☐	☐	Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home, installed to manufacturer's recommendations, annually replaced or inspected and serviced, in working order? N/A if annually inspected by state fire marshal.
☐	☐	☐	Emergency evacuation plan posted in a common area on every floor that displays clearly marked exits, evacuation routes and location for clients to meet outside the home?
☐	☐	☐	Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary needs of each client?
☐	☐	☐	Does a fence at least 48 inches high enclose bodies of water over 24 inches deep? Is there a door or gate that leads to the bodies of water with an audible alarm?

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

☐ ☐ ☐ Pets: proof of current rabies vaccinations?

☐ ☐ ☐ Medications secured?

E. Water Temp: Check two locations (if either check is >120ºF, re-check locations over 120ºF or indicate allowed by PCSP)

Kitchen Temperature: ºF Time: ☐ A.M. ☐ P.M.	Kitchen Temperature: ºF Time: ☐ A.M. ☐ P.M.
Bathroom Temperature: ºF Time: ☐ A.M. ☐ P.M. Additional location descriptor if needed:	Bathroom Temperature: ºF Time: ☐ A.M. ☐ P.M. Additional location descriptor if needed:

Is water temperature allowed >120ºF in PCSP? ☐ Yes ☐ No

F. Infection Prevention and Control (IPC)

Yes	No	N/A	**Observe staff are following and encouraging clients to follow standard precautions (select N/A for anything not observed.**
☐	☐	☐	Hand hygiene (technique, before and after care, availability of alcohol-based hand rub or sink with soap and water)
☐	☐	☐	Appropriate staff use of PPE (gloves for bodily fluids and contact precautions, gowns, correct donning and doffing)
☐	☐	☐	Respiratory hygiene / cough etiquette (availability of tissues, trash, cover cough and sneezes)
☐	☐	☐	Client placement (isolation)
☐	☐	☐	Cleaning and disinfecting care equipment and environment (correct technique, timing, appropriate produce use)
☐	☐	☐	Safe laundry and textile handling
☐	☐	☐	Safe injection practice (clean and disinfect designated area before piercing, new needle, syringe for containers)
☐	☐	☐	Sharps safety (dedicated clearly labeled sharps container, container replaced before overfilling)

For any observation marked "No" on the IPC section, interview staff and, if possible, client.

Interview date / time/ name:

What is your training?

What is the reason standard Precautions were not followed?

What do you do to prevent the spread of infection?

G. Notes