Provider's Name	Date

Developmental Disabilities Administration (DDA)

Stabilization, Assessment, and Intervention Facility (SAIF) Certification Evaluation

Provider's Name	
Mailing Address	
Site Address	
Provider Email Address	Provider Phone Number (with area code)
Certification Length Recommendation by DDA Representative (24- month maximum)	Certification Monitoring Length Approved by DDA Quality Assurance Office Signature
Evaluation Period to	Next Review Date (filled out by DDA Quality Assurance Office)

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated Stabilization Assessment and Intervention Facility (SAIF).

Evaluator's Signature	Date	Printed Name

Participants	
SAIF Program Administrator's Name	**Conditional and Short-Term Services Program Manager's** Name
Other Name and Role	**Other** Name and Role
Other Name and Role	**Other** Name and Role
Other Name and Role	**Other** Name and Role

Sample:

- Client sample (total):
- Client initials from sample (no names):
- Staff sample:
- Staff initials from sample (no names):

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance			
1. All provider staff meet the following qualifications:	Yes	No	P	N/A
a) Are age 18 or older;	☐	☐	☐	☐
b) Have a high school diploma or GED; and	☐	☐	☐	☐
c) Have a valid food worker's card under Chapter 246-217 WAC.	☐	☐	☐	☐
WAC 388-847-0120				
Evaluator's Comments				
Corrective Action Plan / Timelines				
2. Background checks:	Yes	No	P	N/A
a) All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;	☐	☐	☐	☐
b) As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;	☐	☐	☐	☐
c) A character, competence and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative action;	☐	☐	☐	☐
d) Are renewed at least every three years;	☐	☐	☐	☐
e) Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;	☐	☐	☐	☐
f) Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and	☐	☐	☐	☐
g) Persons who live out of state have a current FBI fingerprint-based background check.	☐	☐	☐	☐
DDA Policy 5.01, WAC 388-847-0120				
Evaluator's Comments				
Corrective Action Plan / Timelines				
3. The provider and their employees meet these Community Residential Services Business Training requirements:	Yes	No	P	N/A
a) 75 hours certificate or exempt from this requirement;	☐	☐	☐	☐
WAC 388-829-0015				
b) 12 hours of Continuing Education per year;	☐	☐	☐	☐
WAC 388-829-0085				
c) CPR and First Aid training completed within first 60 days of hire and kept current;	☐	☐	☐	☐
WAC 388-829-0015				
d) Blood-borne pathogens training within first 60 days of hire and kept current;	☐	☐	☐	☐

WAC 388-829-0015, 296-823-12005

e) Crisis intervention training; and ☐ ☐ ☐ ☐
WAC 388-847-0120

f) Trauma-informed care training. ☐ ☐ ☐ ☐
WAC 388-847-0120

Evaluator's Comments

Corrective Action Plan / Timelines

4. Provider maintains record of employee trainings. WAC 388-847-0210	Yes	No	P	N/A
	☐	☐	☐	☐

Evaluator's Comments

Corrective Action Plan / Timelines

5. Provider maintains the following when participating in nurse delegation:	Yes	No	P	N/A
a) Written instructions for performing the delegated task from the delegating RN; WAC 246-840-930	☐	☐	☐	☐
b) Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;	☐	☐	☐	☐
c) A consent is in place, signed by the client or legal representatives; and	☐	☐	☐	☐
d) Verification of nurse delegation training for staff. DDA Policy 6.15, WAC 388-847-0120	☐	☐	☐	☐

Evaluator's Comments

Corrective Action Plan / Timelines

6. The Provider has a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee contractor, and volunteer. DDA Policy 6.12	Yes	No	P	N/A
	☐	☐	☐	☐

Evaluator's Comments

Corrective Action Plan / Timelines

7. The provider maintains:	Yes	No	P	N/A
a) A client rights policy in accordance with Chapter 71A.26 RCW; and	☐	☐	☐	☐
b) A client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department. RCW 71A.26	☐	☐	☐	☐

Evaluator's Comments

Corrective Action Plan / Timelines

Section B. Physical and Safety Requirements				
Standards	**Program Compliance**			
1. The program's fixtures, furnishings, exterior, and interior, including the client's bedroom, are maintained in a safe manner and free from hazards. WAC 388-847-0160, WAC 388-847-0261	Yes ☐	No ☐	P ☐	N/A ☐
Evaluator's Comments				
Corrective Action Plan / Timelines				
2. The provider ensures physical and safety requirements are met:	Yes	No	P	N/A
a) Each client's bedroom has:				
1) A bed, mattress, pillow, and linens;	☐	☐	☐	☐
2) A closet or other place for storing personal items;	☐	☐	☐	☐
3) A window or door that allows for emergency exit; and	☐	☐	☐	☐
4) An accessible environment and space for a mobility aid, such as a wheelchair or walker. WAC 388-847-0160	☐	☐	☐	☐
b) Unrestricted access to common areas;	☐	☐	☐	☐
c) Cleaning supplies, flammables, and other combustible materials are inaccessible and properly stored; WAC 388-847-0200	☐	☐	☐	☐
d) Smoke detector and carbon monoxide detectors installed in every client's bedroom and on every floor of the facility;	☐	☐	☐	☐
e) Smoke detectors and carbon monoxide detectors are in working condition and address the needs of clients who are deaf or hard of hearing;	☐	☐	☐	☐
f) Fire extinguishers are located throughout the facility as prescribed by the local fire marshal;	☐	☐	☐	☐
g) Each fire extinguisher is installed according to manufacturer recommendations, annually replaced or inspected and serviced, in working condition, and readily available for use; WAC 388-847-0190	☐	☐	☐	☐
h) A stocked first aid kit is available;	☐	☐	☐	☐
i) A stocked disaster kit is available for all clients and staff in the home;	☐	☐	☐	☐
j) Clients have access to a working telephone;	☐	☐	☐	☐
k) Clients have access to a working flashlight or alternative light source;	☐	☐	☐	☐
l) Backup power source is in place for clients who receive life-sustaining treatment (e.g., ventilator);	☐	☐	☐	☐
m) There is a safety plan for any body of water more than 24 inches deep at the home;	☐	☐	☐	☐
n) There is contact information for the developmental disabilities ombuds available and accessible in the home;	☐	☐	☐	☐
o) There is an evacuation plan and emergency food and water supply; and.	☐	☐	☐	☐
p) All entrances and exits are unblocked. WAC 388-847-0261	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				

	Yes	No	P	N/A
3. The provider supports the client to:				
a) Understand and follow their health care professional's instructions, referrals, and medication directions; and	☐	☐	☐	☐
b) Assist with medically necessary health care appointments, including scheduling, transporting, and participating when necessary. WAC 388-847-0060	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				
4. The provider regulates the water temperature at the residence:				
c) The water temperature must be no higher than 120 degrees Fahrenheit;	☐	☐	☐	☐
d) The provider checks the water temperature monthly; and	☐	☐	☐	☐
e) The provider documents compliance with this requirement. WAC 388-847-0180	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				
5. There is an emergency response plan in place that:				
a) Includes fire drills;	☐	☐	☐	☐
b) Is practiced with clients at least once per month; and	☐	☐	☐	☐
c) Is documented and maintained by the provider, including documentation if a client chooses to not participate in a drill. WAC 388-847-0170, WAC 388-847-0210, WAC 388-847-0240	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				
6. Emergency contact information is available and accessible in the home (e.g., 911, poison control, non-emergency 911, adult protective services, child protective services) WAC 388-847-0261	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				
7. Provider has infection control protocol in place that:				
a) Provides staff with the supplies necessary for limiting the spread of infections;	☐	☐	☐	☐
b) Restricts a staff person's contact with clients when the staff person has an illness that is likely to spread in the course of service delivery; and	☐	☐	☐	☐
c) Reports communicable diseases as required under Chapter 246-100 WAC.	☐	☐	☐	☐

WAC 388-847-0250 Evaluator's Comments	
Corrective Action Plan / Timelines	

Section C. Client Services					
Standards	**Program Compliance**				
1. The provider supports program participants for no longer than 90 days. WAC 388-847-0070	Yes ☐	No ☐	P ☐	N/A ☐	
Evaluator's Comments					
Corrective Action Plan / Timelines					
2. The provider provides the following to all clients:	Yes	No	P	N/A	
a) Toiletries and personal care items;	☐	☐	☐	☐	
b) Bedding and towels;	☐	☐	☐	☐	
c) Access to laundry facilities;	☐	☐	☐	☐	
d) Access to a telephone;	☐	☐	☐	☐	
e) Opportunities for accessing community activities of their choice; and	☐	☐	☐	☐	
f) Transportation to necessary appointments or services. WAC 388-847-0050	☐	☐	☐	☐	
Evaluator's Comments					
Corrective Action Plan / Timelines					
3. For each client, the provider, in collaboration with the individualized team:	Yes	No	P	N/A	
a) Supports the client to reduce target behaviors related to their goals so they can return to their home and be supported by their chosen residential service provider;	☐	☐	☐	☐	
b) Develops and implements a behavior plan to address the client's short-term goals and desired outcomes;	☐	☐	☐	☐	
c) Develops a transition plan that ensures that techniques the client has learned are understood by the individualized team; and	☐	☐	☐	☐	
d) Partners with the client's current community providers to ensure continuity of care between support plans and treatment plans by assisting the client in maintaining their community supports (e.g., employment, healthcare provider, school) DDA Policy 4.25	☐	☐	☐	☐	
Evaluator's Comments					
Corrective Action Plan / Timelines					
4. Provider assists with medication needs of clients:	Yes	No	P	N/A	
a) Medications are stored in a locked area that is separate from food and toxic chemicals, under proper conditions for sanitation, temperature, and ventilation and are kept in the original container or a medication organizer that is prepared by a pharmacist or registered nurse; WAC 388-847-0140	☐	☐	☐	☐	
b) Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);	☐	☐	☐	☐	
c) Available MARs match client medications; and	☐	☐	☐	☐	
d) For medication refusals:	☐	☐	☐	☐	

1) Documents the refusal, including the time, date, and medication refused;	☐	☐	☐	☐
2) Informs the client of the benefits of the medication;				
3) Consults a pharmacist or licensed medical provider with prescription authority to determine if the medication refusal could significantly harm the client;	☐	☐	☐	☐
4) If recommended, continue to offer the medication following consultation in subsection 3) above of this section; and	☐	☐	☐	☐
5) Informs the client's legal representative.	☐	☐	☐	☐
WAC 388-847-0130, DDA Policy 6.19				
Evaluator's Comments				
Corrective Action Plan / Timelines				

5. When disposing of discontinued, expired, or replaced medication the provider documents the type of medication, amount, and the date that it was disposed. The disposal is verified by signature by two people one of whom may be the client.	Yes ☐	No ☐	P ☐	N/A ☐
WAC 388-847-0150				
Evaluator's Comments				
Corrective Action Plan / Timelines				

6. If a client chooses not to participate in a fire drill or health care support, the provider must document:	Yes	No	P	N/A
a) Concerns expressed by the client in regard to not participating;	☐	☐	☐	☐
b) Events related to the client's choice not to participate;	☐	☐	☐	☐
c) That the client was informed of the benefits of the fire drill or health care support and the possible risks of choosing not to participate;	☐	☐	☐	☐
d) The provider's efforts to provide or acquire the support for the client; and	☐	☐	☐	☐
e) Health or safety risks posed by the client's choice not to participate.	☐	☐	☐	☐
WAC 388-847-0240				
Evaluator's Comments				
Corrective Action Plan / Timelines				

Section D. Incident and Mandatory Reporting	
Standards	**Program Compliance**
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDA. DDA Policy 6.12 Evaluator's Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. ☐ The provider understands this requirement. DDA Policy 6.12 Evaluator's Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	
3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDA. DDA Policy 6.12 Evaluator's Comments	Yes ☐ No ☐ P ☐ N/A ☐
Corrective Action Plan / Timelines	

Section E. Records and Reports					
Standards	**Program Compliance**				
1. The provider keeps the following information in a client's record:	Yes	No	P	N/A	
a) The client's name, address, and Social Security number;	☐	☐	☐	☐	
b) The name, address, and telephone number of the client's legal representative;	☐	☐	☐	☐	
c) Progress notes and incident reports involving the client;	☐	☐	☐	☐	
d) The client's behavior support plan;	☐	☐	☐	☐	
e) Copies of current medical and psychiatric diagnoses;	☐	☐	☐	☐	
f) A list of the client's medications and indications for medications used;	☐	☐	☐	☐	
g) Allergies;	☐	☐	☐	☐	
h) Portable orders for life sustaining treatment (if established); and	☐	☐	☐	☐	
i) A list of the clients' current medical, behavioral, and hospital providers	☐	☐	☐	☐	
WAC 388-847-0210					
Evaluator's Comments					
Corrective Action Plan / Timelines					
2. Provider supports clients with managing funds by:	Yes	No	P	N/A	
a) Creating a spending plan at intake;	☐	☐	☐	☐	
b) Ensuring client cash does not exceed $75;	☐	☐	☐	☐	
c) Securing and counting funds each shift;	☐	☐	☐	☐	
d) Recording purchases in a ledger;	☐	☐	☐	☐	
e) Maintaining receipts; and	☐	☐	☐	☐	
f) Reconciling cash and gift card ledgers monthly.	☐	☐	☐	☐	
SOP 202.03					
Evaluator's Comments					
Corrective Action Plan / Timelines					
3. Provider maintains a property record for each client which includes:	Yes	No	P	N/A	
a) A descriptive list of items with a fair market value of $75 or more that the client owned when entering the program;	☐	☐	☐	☐	
b) A descriptive list of items with an original purchase price of $75 or more that the client acquired while residing at the SAIF program; and	☐	☐	☐	☐	
c) A date, explanation, and verification of notification to the client and the client's legal representative for any item with a fair market value of $75 or more that is removed from the client's property record.	☐	☐	☐	☐	
WAC 388-847-0230					
Evaluator's Comments					
Corrective Action Plan / Timelines					
4. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others.	Yes	No	P	N/A	

DDA Policy 4.25	☐ ☐ ☐ ☐
Evaluator's Comments	
Corrective Action Plan / Timelines	

Section F. Restrictive Procedures					
Standards	**Program Compliance**				
1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary. ☐ The provider understands this requirement. DDA Policy 5.15 Evaluator's Comments	Yes ☐	No ☐	P ☐	N/A ☐	
Corrective Action Plan / Timelines					
2. The provider develops a functional assessment for each client that is based on two or more of the following: a) Direct observation; b) An interview with anyone who has personal knowledge of the client; c) A questionnaire; or d) A record review. WAC 388-847-0080 Evaluator's Comments	Yes ☐ ☐ ☐ ☐	No ☐ ☐ ☐ ☐	P ☐ ☐ ☐ ☐	N/A ☐ ☐ ☐ ☐	
Corrective Action Plan / Timelines					
3. The functional assessment describes: a) The target behavior; b) The target behavior's apparent function; and c) Client history and antecedents pertinent to the target behavior. WAC 388-847-0080 Evaluator's Comments	Yes ☐ ☐ ☐	No ☐ ☐ ☐	P ☐ ☐ ☐	N/A ☐ ☐ ☐	
Corrective Action Plan / Timelines					
4. The provider develops a behavior support plan for each client and describes: a) The target behavior; b) Actions that may be taken to prevent the target behavior; c) Actions that may be taken in response to the target behavior; d) Actions that may be taken if the target behavior increases in frequency, duration, intensity, or impact; e) The replacement behavior that matches the target behavior's function; f) How to teach the replacement behavior; g) How to respond to the replacement behavior; and h) Benchmarks to evaluate the behavior support plan's effectiveness. WAC 388-847-0090 Evaluator's Comments	Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	P ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	

Corrective Action Plan / Timelines				
5. The provider collects data on the target behaviors: a) Frequency, duration, and impact; b) Analyzes the data collected at least every 30 days to determine the effectiveness of the behavior support plan; and c) Revise the behavior support plan as needed, or document reasons revision is not indicated. WAC 388-847-0090 Evaluator's Comments	Yes ☐ ☐ ☐ ☐	No ☐ ☐ ☐ ☐	P ☐ ☐ ☐ ☐	N/A ☐ ☐ ☐ ☐
Corrective Action Plan / Timelines				
6. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows: a) PBSPs that require an ETP or involve physical or mechanical restraints have written approval from the client or the client's legal representative. b) Approval is documented on DSHS 02-556, Request for Exception to Policy (ETP) for Use of Restrictive Procedures requiring an ETP that lists the risks of the target behavior and the risk of the restrictive procedure, explains why less restrictive procedures are not recommended, and indicates alternatives to the recommendation. Space is provided for the client and their legal representative to write their comments and their opinions regarding the plan. DDA Policy 5.15 Evaluator's Comments	Yes ☐ ☐	No ☐ ☐	P ☐ ☐	N/A ☐ ☐
Corrective Action Plan / Timelines				
7. An incident report must be submitted to the DDA Case Resource Manager for: a) An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention; b) A restrictive procedure is implemented under emergency guidelines; and c) A client's animal or pet is abused or neglected. ☐ The provider understands this requirement. DDA Policy 5.15 Evaluator's Comments	Yes ☐ ☐ ☐	No ☐ ☐ ☐	P ☐ ☐ ☐	N/A ☐ ☐ ☐
Corrective Action Plan / Timelines				
8. Provider follows direction described in DDA Policy 5.17 and does not use any prohibited physical interventions. ☐ The provider understands this requirement. DDA Policy 5.17, DDA Policy 5.15 Evaluator's Comments	Yes ☐	No ☐	P ☐	N/A ☐

Corrective Action Plan / Timelines	

Section G. Quality Review					
Standards	**Program Compliance**				
	Yes	No	P	N/A
1. Clients have adequate privacy in their bedrooms and sufficient space for personal belongings.	☐	☐	☐	☐
2. If a client is unable to have a lock on their door due to documented history of safety concerns, a modification has been requested, documented, and approved.	☐	☐	☐	☐
3. The provider is knowledgeable about the clients' preferences regarding the care provided.	☐	☐	☐	☐
4. The clients' individual privacy is respected.	☐	☐	☐	☐
5. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).	☐	☐	☐	☐
6. There is adequate security (i.e., locks, peep holds, asking for identification before opening the door).	☐	☐	☐	☐
7. The provider ensures access to balanced, nutritional food choices that reflect the client's personal preference.	☐	☐	☐	☐
8. There is a posting for Adult Protective Services contact information to report suspected abuse / neglect / exploitation.	☐	☐	☐	☐
9. Feedback from client satisfaction surveys is generally positive.	☐	☐	☐	☐
10. The provider participated in the certification evaluation process in a timely and responsive manner including:				
a) Participating in scheduled and unscheduled visits, cooperating in scheduling visits, providing information and documentation as requested, responding to questions or issues identified, participating in an exit meeting, and implementing a corrective action plan.	☐	☐	☐	☐
11. The provider completed any outstanding corrective action plans from the previous certification period.	☐	☐	☐	☐
Evaluator's Comments				
Corrective Action Plan / Timelines				

Additional comments regarding evaluation: