DSHS
WASHINGTON STATE Department of Social and Health Services

DEVELOPMENT DISABILITIES COMMUNITY LIVING (DDCS)
ADULT FAMILY HOME (AFH)

# DDCS AFH Quality Improvement Visit Assessment

| DATE OF VISIT |
|---|
| PQIS |
| CRM |

| CLIENT NAME | AFH NAME | REASON FOR VISIT<br>30–90 day: Move date: _____<br>Other: _____ |
|---|---|---|
| ADSA | AFH PROVIDER | |
| PREVIOUS LIVING SITUATION | AFH CITY / LOCATION | ☐ SER ☐ RATD ☐ Sent to CRM for RMT upload |

| GENERAL OBSERVATION: INDIVIDUAL, RESIDENTS, HOUSE | YES | NO | N/A UNSURE | VISIT REVIEW / FOLLOW UP ITEMS |
|---|---|---|---|---|
| Does the individual appear clean, healthy, and content? | ☐ | ☐ | ☐ | |
| Do other residents appear clean, healthy, and content? | ☐ | ☐ | ☐ | |
| Do caregivers treat the resident(s) with dignity and respect? | ☐ | ☐ | ☐ | |
| Is the house exterior in acceptable condition and free of hazards? | ☐ | ☐ | ☐ | |
| Is the house interior clean and in good condition (flooring, walls, no bad odors, exits free of obstacles)? | ☐ | ☐ | ☐ | |
| COMMENTS | | | | |

| CAREGIVER INTERVIEW<br>CAREGIVER NAME: | YES | NO | N/A UNSURE | RECORDS REVIEW | YES | NO | N/A UNSURE |
|---|---|---|---|---|---|---|---|
| Do you know who the resident's Case Manager is and how to contact them? | ☐ | ☐ | ☐ | Do you have a copy of the client's most current CARE Assessment with the AFH as the formal provider? | ☐ | ☐ | ☐ |
| Are you aware that you, and any caregivers that work for you, are mandatory reporters? | ☐ | ☐ | ☐ | Have you completed the Negotiated Care Plan and sent a copy to DDCS CRM? | ☐ | ☐ | ☐ |
| Do you know how to enroll in DDST? | ☐ | ☐ | ☐ | Does MAR documentation appear to be completed timely? | ☐ | ☐ | ☐ |
| Do you need any Technical Assistance? (CEUs, behavioral supports, consultation) | ☐ | ☐ | ☐ | Are medications organized and securely stored? | ☐ | ☐ | ☐ |
| Do you need anything else from DDCS? | ☐ | ☐ | ☐ | Are authorizations and Client Responsibility payments in place? | ☐ | ☐ | ☐ |
| COMMENTS | | | | COMMENTS | | | |

Answered by: ☐ Client ☐ AFH Caregiver

| POWER AND CHOICE: ABILITY TO DIRECT YOUR OWN LIFE; OPPORTUNITIES TO MAKE YOUR OWN DECISIONS | YES | NO | N/A UNSURE |
|---|---|---|---|
| Can you decorate your room how you want to? | ☐ | ☐ | ☐ |
| Do you like the food being served at the AFH? | ☐ | ☐ | ☐ |
| Can you access food when you want it? | ☐ | ☐ | ☐ |
| Do you decide your daily schedule (when to eat or go to bed, activities you do)? | ☐ | ☐ | ☐ |
| Are you allowed to have family / friends visit you at the AFH? | ☐ | ☐ | ☐ |
| COMMENTS | | | |

| HEALTH AND SAFETY: UNDERSTANDING HOW TO REMAIN HEALTHY AND SAFE IN ALL ASPECTS OF YOUR LIFE | YES | NO | N/A UNSURE |
|---|---|---|---|
| Do you go to medical appointments as needed? | ☐ | ☐ | ☐ |
| Do you have a way to get to your medical appointments? | ☐ | ☐ | ☐ |
| Do you have any medical needs that are not currently being addressed? | ☐ | ☐ | ☐ |
| If you use medical equipment, is it in working order (bedrails, CPAP, hearing aids, mobility aids)? | ☐ | ☐ | ☐ |
| Do you feel safe in your home? | ☐ | ☐ | ☐ |
| COMMENTS | | | |

| RELATIONSHIPS: VALUABLE CONNECTIONS THAT OFFER MORE MEANING TO LIFE | YES | NO | N/A UNSURE |
|---|---|---|---|
| Do you get along with caregivers and housemates? | ☐ | ☐ | ☐ |
| Do you and any of your housemates do things together? | ☐ | ☐ | ☐ |
| Are you able to contact friends and family when you want to? | ☐ | ☐ | ☐ |
| Do you have opportunities to meet new people? | ☐ | ☐ | ☐ |
| COMMENTS | | | |

| INCLUSION: ENGAGING IN COMMUNITY LIFE THROUGH SHARED RESOURCES AND ACTIVITIES | YES | NO | N/A UNSURE |
|---|---|---|---|
| Did you help choose this AFH to live in? | ☐ | ☐ | ☐ |
| Are there places that you like to go in your community? | ☐ | ☐ | ☐ |
| Do you have a way to get where you want to go in the community? | ☐ | ☐ | ☐ |
| Are you interested in learning about additional places in the community that might interest you? | ☐ | ☐ | ☐ |
| COMMENTS | | | |

| STATUS AND CONTRIBUTION: BEING VALUED, RESPECTED AND POSITIVELY REGARDD BY OTHERS | YES | NO | N/A UNSURE |
|---|---|---|---|
| Do you have / want a job? | ☐ | ☐ | ☐ |
| Do you want to take a class (i.e. further education, hobby, skill, interest)? | ☐ | ☐ | ☐ |
| Do you get spending money? | ☐ | ☐ | ☐ |
| Are you able to purchase / request items you want / need? | ☐ | ☐ | ☐ |
| Do caregivers listen to you and respect you? | ☐ | ☐ | ☐ |
| COMMENTS | | | |

| COMPETENCE: BEING ABLE TO DO WHAT WE NEED TO DO AND WHAT WE WANT TO DO | YES | NO | N/A UNSURE |
|---|---|---|---|
| Do caregivers help you the way you want to be helped? | ☐ | ☐ | ☐ |
| Are there tasks you prefer to do independently? | ☐ | ☐ | ☐ |
| Are there tasks you want to learn to do more independently? | ☐ | ☐ | ☐ |
| Can you ask for what you want or need? | ☐ | ☐ | ☐ |
| Would you change anything about living here? | ☐ | ☐ | ☐ |
| COMMENTS | | | |