DSHS
WASHINGTON STATE Department of Social and Health Services

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Companion Home Site Review for Physical and Safety Requirements

COMPANION HOME
☐ Current Provider
☐ Applicant

COMPANION HOME PROVIDER'S OR APPLICANT'S NAME	
COMPANION HOME ADDRESS	
CLIENT'S NAME	
List any specialized equipment or devices the client uses:	
Is the home physically accessible to the client?	☐ Yes ☐ No
Does the client have direct, unrestricted access to all common areas of the home?	☐ Yes ☐ No
Are all entrances and exits in the home unblocked?	☐ Yes ☐ No
If the client uses mobility aids, is there adequate space in the home? (Choose "N/A" if the client does not use any specialized equipment or devices.)	☐ Yes ☐ No ☐ N/A
Is the home maintained inside and outside in a safe and healthy manner free from hazards?	☐ Yes ☐ No
Are flammable and combustible materials stored safely?	☐ Yes ☐ No
Is there a working smoke and carbon monoxide detector close to the client's bedroom and located on every floor of the home?	☐ Yes ☐ No
Does the smoke detector meet any specialized needs the client has due to loss of vision or hearing? (Choose "N/A" if no specialized smoke detector is needed.)	☐ Yes ☐ No ☐ N/A
Does the home have a five-pound 2A:10B-C fire extinguisher or a fire extinguisher that meets the residence type?	☐ Yes ☐ No
Does the home have a fire extinguisher in the kitchen and one on every floor of the home?	☐ Yes ☐ No
Does the home have a first-aid kit?	☐ Yes ☐ No
Is there a working telephone accessible to the client?	☐ Yes ☐ No
Is there a working flashlight or alternative light source accessible to the client?	☐ Yes ☐ No
Is emergency contact information accessible to the client?	☐ Yes ☐ No

Is the developmental disabilities ombuds contact information accessible to the client?	☐ Yes ☐ No
Is there an evacuation plan completed and accessible to the client?	☐ Yes ☐ No
Is there a railing for any patio, deck, porch, or balcony as required by local building code? (Choose "N/A" if the home has no patio, deck, porch, or balcony.)	☐ Yes ☐ No ☐ N/A
Is there a railing for any patio, deck, porch, or balcony that is more than 12 inches off the ground and identified as a safety need in the client's person-centered service plan? (Choose "N/A" if there is no safety need identified in the client's person-centered service plan.)	☐ Yes ☐ No ☐ N/A
Is there an accessible, private bedroom for the client?	☐ Yes ☐ No
Does the client's private bedroom have a door that locks from the inside? (Choose "N/A" if the client's person-centered service plan indicates that it is unsafe for the client to have a locking door.) Attach PCSP.	☐ Yes ☐ No ☐ N/A
Does the client's bedroom have an exit that does not rely solely on a window, ladder, folding stairs, or trap door?	☐ Yes ☐ No
Is the water temperature at the Companion Home/applicant's home 120 degrees Fahrenheit or less?	☐ Yes ☐ No
If there any bodies of water over 24 inches deep at the Companion Home / applicant's home? Is there a safety plan for any body of water that is more than 24 inches deep at the home? (Choose "N/A" if the home has no bodies of water over 24 inches deep.)	☐ Yes ☐ No ☐ N/A
If there is a door or gate that leads directly to a body of water, does it have an audible alarm? (Choose "N/A" if the home has no bodies of water over 24 inches deep.)	☐ Yes ☐ No ☐ N/A
Does the home have an evacuation plan and an emergency food and water supply?	☐ Yes ☐ No
Is the home serving a client who uses life sustain medical equipment? Does the home have a backup power source? (Choose "N/A" if the home is not serving a client that uses life sustain medical equipment.)	☐ Yes ☐ No
Does the home meet integrated settings requirements per WAC 388-823-1096? Are there any modifications? If so, list them here. Are they justified in the person-centered service plan?	☐ Yes ☐ No

All physical and safety requirements listed above must be met prior to a client moving in to the Companion Home. If the client's needs change while residing in the Companion Home, the Companion Home must continue to meet the physical and safety requirements for the client to remain in the home.

Any "No" answers must be resolved:

- **Prior to delivering Companion Home residential habilitation services to a client;**

- **Within 24 hours for health and safety concerns for a current Companion Home; or**
- **Within 10 days of a non-health and safety-related concern in a current Companion Home unless an alternative time-frame is mutually agreed upon.**

RESOURCE MANAGER'S SIGNATURE	PRINTED NAME	DATE OF HOME VISIT

RESOURCE MANAGER ADMINISTRATOR / DESIGNEE REVIEW

☐ Home meets Physical and Safety Requirements ☐ Home Does Not meet Physical and Safety Requirements

RESOURCE MANAGER ADMINISTRATOR / DESIGNEE SIGNATURE	PRINTED NAME	DATE OF REVIEW