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| Transforming Lives | DEVELOPMENTAL DISABILITIES ADMNISTRATION (DDA)  **HOME ENVIRONMENT QA TOOL**  **and**  **ROUTINE MAINTENANCE SCHEDULE** | | | | | | | |  |
| The Home Environment QA Tool and Routine Maintenance Schedule are intended to be guides for users who intend to develop and implement comprehensive maintenance programs in order to maintain adequate housing that is in good operable condition for individuals in residential services. An effective program requires a well-defined maintenance policy and procedures, short and long-term planning, and adequate management response. The development and implementation of an effective maintenance program will result in housing which provides a decent and comfortable living environment for residents and minimizes cost to residential agencies and landlords. In addition, such a program will improve compliance with all governing codes, rules, and contract obligations. | | | | | | | | | |
| REVIEWER’S NAME | | | | | DATE | | | | |
| HOUSE/PROGRAM NAME | | | | | HOUSE/PROGRAM MANAGER NAME | | | | |
| ADDRESS | | | | | NUMBER OF INDIVIDUALS IN HOME | | | | |
| CITY STATE ZIP CODE | | | | | TELEPHONE NUMBER | | | | |
| **HOME ENVIRONMENT QA TOOL** | | | | | | | | | |
| The Home Environment QA Tool is a tool intended to be used to identify home safety issues and maintenance standards when developing or reviewing your maintenance plan. Failure or deficiencies identified in this tool requires the development and implementation of an improvement plan that should include but is not limited to the work that needs to done (regular and preventative), who is responsible for the approval, authorization of funds, and work, and the timeframe for which the work should be completed. | | | | | | | | | |
| **HOME ENVIRONMENT AND SAFETY** | | **Yes** | **No** | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | |
| **Exterior** | | | | | | | | | |
| 1. Is the unit being rented from a landlord that is not affiliated with the provider/agency? | |  |  |  | |  | | | |
| 1. Is the individual listed on the lease? | |  |  |  | |  | | | |
| 1. Is the exterior in good repair?   ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Yard/lawn maintained and free of debris? | |  |  |  | |  | | | |
| 1. Is the home free of hazards, harmful material/debris, dangerous animals, and located in a safe area in the community? | |  |  |  | |  | | | |
| 1. Does the home appear to be personalized by the individual (i.e. looks like their home)? | |  |  |  | |  | | | |
| 1. Do all porches, balconies, decks and similar structures more than 30 inches above the ground have a railing at least 36 inches high? | |  |  |  | |  | | | |
| 1. Do all outside stairs with four or more steps have handrails that are structurally sound? | |  |  |  | |  | | | |
| 1. Do the exterior doors have a deadbolt and/or locking handle that functions properly? | |  |  |  | |  | | | |
| 1. From ground level view, is the roof free of debris and in good repair? | |  |  |  | |  | | | |
| 1. From ground level view, are all gutters free of debris and in good repair? | |  |  |  | |  | | | |
| 1. From ground level view, is the chimney in good repair? | |  |  |  | |  | | | |
| 1. Is the exterior free of evidence of rodent or other pest infestation? | |  |  |  | |  | | | |
| 1. Is the exterior egress free from obstacles, barriers, or locked gate? | |  |  |  | |  | | | |
| 1. Does unit have a backup generator? | |  |  |  | |  | | | |
| **Interior** | | | | | | | | | |
| 1. Interior clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Does the home include a living room, kitchen, bathroom and one living/sleeping room for every individual living in the unit? | |  |  |  | |  | | | |
| 1. Are all windows in good repair and functioning properly, secure, and have appropriate covering? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Are flooring and walls in good repair and condition (no major damage, stains, odors, etc.)? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Is the floor coverings free of tripping hazards e.g. curling, loose edges or holes? | |  |  |  | |  | | | |
| 1. Are the ceilings and walls in good condition, with no large cracks, holes, peeling or chipping paint, or loose plaster? [\*Units built before 1978 may have lead-based paint on the exterior and interior] | |  |  |  | |  | | | |
| 1. Are all utilities operating (i.e. water, sewer, heat, electricity)?   ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Are appliances in good working order? | |  |  |  | |  | | | |
| 1. Is furniture in good repair? | |  |  |  | |  | | | |
| 1. Laundry room is orderly and in good repair? | |  |  |  | |  | | | |
| 1. Are there handrails for steps, stairs, and ramps if required per support plans? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Do all inside stairs with four or more steps have handrails that are structurally sound? | |  |  |  | |  | | | |
| 1. Is there a heating system capable of heating the entire unit to a comfortable temperature? | |  |  |  | |  | | | |
| 1. Is there evidence the heating system is serviced every two years? | |  |  |  | |  | | | |
| 1. Do all rooms have either two working outlets or one working outlet and an overhead light or light fixture? | |  |  |  | |  | | | |
| 1. Do all outlets, switches and electrical boxes have covers with no exposed or fraying wires? | |  |  |  | |  | | | |
| 1. Are all electrical splices properly contained in junction boxes with covers? | |  |  |  | |  | | | |
| 1. For essential medical equipment that operates by A/C power from the unit, is the equipment plugged into an electrical outlet that is not being used to supply power to another major appliance, is the circuit breaker or fuse marked showing which one controls the medical equipment, and is there a fully charged external battery available as backup? | |  |  |  | |  | | | |
| 1. Is adaptive or medical equipment (oxygen, CPAP, hearing aids) present, working properly? Is there a back-up power source or emergency plan in place for those who utilize life-sustaining equipment? | |  |  |  | |  | | | |
| 1. Do all smoke detectors work properly and are they tested regularly? | |  |  |  | |  | | | |
| 1. Are smoke detectors located outside each sleeping area and on each floor of the unit, if applicable? | |  |  |  | |  | | | |
| 1. If any individual is hearing impaired, do the smoke detectors have lights that function properly? | |  |  |  | |  | | | |
| 1. Is there a functioning smoke detector or heat detection device near the laundry room? | |  |  |  | |  | | | |
| 1. Does the water heater have a properly installed pressure relief valve and hot water-tolerant discharge line (no PVC)? | |  |  |  | |  | | | |
| 1. Does the water heater have an adjustable temperature gauge? | |  |  |  | |  | | | |
| 1. Is the water temperature maintained at or below 120ºF?   ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Is the interior free of evidence of rodent or other pest infestation? | |  |  |  | |  | | | |
| **Bedrooms/Shared Areas** | | | | | | | | | |
| 1. Are all bedrooms and shared areas clean and free of odors? ([**WAC 388-101D-0130**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0130)) | |  |  |  | |  | | | |
| 1. If individual requires monitoring alarms on doors and/or windows, are the alarms in good working order and being used consistently as required per support plans? ([**WAC 388-101D-0500**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0500); [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf); [**15.04**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.04.pdf)) | |  |  |  | |  | | | |
| 1. Are the windows large enough to be used as an emergency exit? | |  |  |  | |  | | | |
| 1. Does each bedroom have a door that can be closed? | |  |  |  | |  | | | |
| **Kitchen** | | | | | | | | | |
| 1. Do the stove burners work properly? | |  |  |  | |  | | | |
| 1. If the stove is equipped with a pilot light, does the pilot light ignite the burners properly? | |  |  |  | |  | | | |
| 1. Does the oven work properly and does the door close tightly? | |  |  |  | |  | | | |
| 1. All parts of oven functional, including the oven door seal gasket? | |  |  |  | |  | | | |
| 1. Is the refrigerator in good working repair and clean? | |  |  |  | |  | | | |
| 1. Is the refrigerator door gasket intact forming a proper seal? | |  |  |  | |  | | | |
| 1. Is the freezer in good working repair and clean? | |  |  |  | |  | | | |
| 1. Is the freezer door gasket intact forming a proper seal? | |  |  |  | |  | | | |
| 1. Is food kept at proper temperature when stored in the refrigerator and the freezer? | |  |  |  | |  | | | |
| 1. Is there adequate food preparation and storage areas in or near the kitchen? | |  |  |  | |  | | | |
| 1. Are all kitchen cabinets clean and in proper working condition? | |  |  |  | |  | | | |
| 1. Is the sink properly hooked to a sewer line? | |  |  |  | |  | | | |
| 1. Does the sink have hot and cold running water and a drain with a trap? | |  |  |  | |  | | | |
| 1. Does the sink drain properly? | |  |  |  | |  | | | |
| 1. Are the faucet and sink free of dripping or leaks? | |  |  |  | |  | | | |
| 1. Is there adequate means to dispose of food waste? | |  |  |  | |  | | | |
| **Bathroom(s)** | | | | | | | | | |
| 1. Is the bathroom free of signs of water damage, leaking, and other disrepair? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Is the bathroom stocked with supplies (clean towels, toilet paper), free of mold/odors, clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  |  |  | |  | | | |
| 1. Does the bathroom have a private flush toilet that is fastened tightly to the floor and in good working condition? | |  |  |  | |  | | | |
| 1. Does the bathroom have a private shower or bathtub in good working condition? | |  |  |  | |  | | | |
| 1. Is the sink properly hooked to a sewer line? | |  |  |  | |  | | | |
| 1. Does the sink have hot and cold running water and a drain with a trap? | |  |  |  | |  | | | |
| 1. Does the sink drain properly? | |  |  |  | |  | | | |
| 1. Are the faucet, sink and shower/bathtub free of dripping or leaks? | |  |  |  | |  | | | |
| 1. Is there adequate ventilation either from an operable window or an exhaust fan in good working condition? | |  |  |  | |  | | | |
| **Overall Impression** | | | | | | | | | |
| 1. Condition of home overview (needs repairs, replacements, cleaning):   Rate on a scale of **0**–**4**:  **0** – RCS report required  **1** – Health and safety issues requiring immediate attention  **2** – Multiple issues require attention, but not major health/safety  **3** – Minor repairs/replacement/  cleaning needed  **4** – Home is clean and in good repair | |  | | | |  | | | |
| **WORK ORDER, CORRECTION OF DEFICIENCIES** | | | | | | | | | |
| Review the data and itemize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by maintenance. The Date To Be Completed section should be used in a manner reflecting any action items that are emergent with an early due date to non-emergent items that can be pushed to a later date within reason. | | | | | | | | | |
| **ACTION ITEM** | | **PERSONS RESPONSIBLE** | | | | | **DATE TO BE COMPLETED** | **DONE** | |
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| **Comment:** | | | | | | | | | |

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|  | **ROUTINE MAINTENANCE SCHEDULE** | | | | | | | | | | | | | | | | | | |  |  |  |
|  | The Routine Maintenance Schedule is intended to be used to ensure a house is in good operable condition at all times. Utilizing a schedule like this will hopefully minimize the need for extraordinary repairs and undue burden on the landlord, managing entity, and resident. Routine use of a maintenance schedule will also allow the user to be proactive, rather than just reacting to emergencies and resident requests, reducing the number of work orders, lessening the workload of maintenance staff, and increasing resident satisfaction. | | | | | | | | | | | | | | | | | | |  |  |  |
|  | **Monthly** | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | **Week 1** | | | | | | | | | | | | | | | | | |  |  |  |
|  | Test smoke alarms |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Test carbon monoxide detectors |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Test ground fault circuit interrupt (GFCI) receptacles and circuit breakers |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Test all battery powered devices (garage door opener, door locks, etc.) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Test all assistive technology devices |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  |  | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | **Week 2** | | | | | | | | | | | | | | | | | |  |  |  |
|  | Inspect water heater (leaks, rust) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Inspect heater / air conditioner (leaks, rust) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Inspect dishwasher (leaks) & garbage disposal (ice) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Inspect and clean faucet aerators and showerheads (vinegar) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Pour water down drains (hot water, lemon, baking soda, vinegar) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  |  | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | **Week 3** | | | | | | | | | | | | | | | | | |  |  |  |
|  | Check caulking in bathrooms (toilet, shower, tub) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Roof leaks (inspect all ceilings) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Check all faucets for leaks (under countertops and caulking) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
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|  | **Quarterly** | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | **1st Quarter** | | | | | | **2nd Quarter** | | | | | **3rd Quarter** | | | **4th Quarter** | | | |  |  |  |
|  | Test water temperature to ensure it is no higher than 120ºF |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Inspect foundation, pipes, vents, and ducts for blockages & damage |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Clear dryer vents |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Clean kitchen exhaust fan and filters |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
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|  | **Semi-Annual** | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | **Semi Annual** | | | | | | | | | | | **Semi Annual** | | | | | | |  |  |  |
|  | Replace filters (furnace, AC, general air filters) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine toilets (stability, caulking, water damage) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine caulking (bathrooms, sinks, toilets) for water damage |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine grout (clean, replace, seal) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine gutters and drain spouts for clogging (rain test) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Replace smoke detector, assistive tech batteries |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Check all exterior windows for leaks, visual inspection of roof for leaks |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Inspect Attic for leaks or other issues |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | De-thaw and clean freezer |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | **Emergency Drills (staff)** | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | Heat fuel main shutoff |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Main electrical fuse / breaker box |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Main water shutoff |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Water shutoff valve for toilets, sink faucets, and washing machine |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
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|  | **Annual** |  | | | | | | | | | | | | | | | | | |  |  |  |
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|  | **Routine** | **Jan** | | **Feb** | | **Mar** | | **Apr** | | **May** | | **June** | **July** | **Aug** | **Sept** | **Oct** | | **Nov** | **Dec** |  |  |  |
|  | Make sure your appliances aren't being recalled: www.recalls.gov |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Fire extinguisher check |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine plumbing shutoff valves for all toilets, sinks, and entire home |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Check all electrical sockets for issues (use a tester) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Wax marble countertops with protectant |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Vacuum dryer vents / air vents |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Re-caulk (windows, toilets, showers) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine exterior for cracking, stucco damage. Including trim |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine chimney (should be looked at every two years) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine furnace (rust, venting pipes condition, equal heat, clean, etc.) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Examine water heater (diverter, flu, rust, damage, drain 2 gallons) |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Clean roof tiles, decks, driveways, sidewalks |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Check septic tanks for leakage and smell |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |
|  | Check seals on all doors / windows |  | |  | |  | |  | |  | |  |  |  |  |  | |  |  |  |  |  |

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|  | **Annual Spring and Summer Prep** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |  |  |  |
|  | Hose off exterior of home, scrub off mildew and grime |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Inspect screens and repair any holes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Inspect air conditioner, clean fans, and vents |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trim trees / shrubs away from home (minimum 36 inches) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Take off hose bibs, test faucets |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Annual Fall and Winter Prep** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **June** | **July** | **Aug** | **Sept** | **Oct** | **Nov** | **Dec** |  |  |  |
|  | Inspect storm windows, clean if needed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Inspect chimney, wood burning fire place, and heater |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Drain hot water heater expansion tank, check water pressure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trim trees / shrubs away from home (minimum 36 inches) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Put on hose bibs, seal external faucets |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |