

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

ATTACHMENT B



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

## CCRSS Certification Evaluation Client Supports Observation

CLIENT NAME	CLIENT SAMPLE ID NUMBER
-------------	-------------------------

DATE OF CLIENT OBSERVATIONS (OBSERVATIONS IN CLIENT HOME UNLESS OTHERWISE NOTED)

If no observation occurred, mark the "Not Observed" box for that section.

**A. Staff / Client Interactions** **Time of Observation:** ☐ **Not Observed**

Staff name(s):

YES	NO	N/A		YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Were staff to client interaction(s) responsive and meeting client needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was staff / client communication appropriate?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did staff refrain from speaking over clients or in another language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was there recognition of the client's cultural diversity and preferences?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did staff respect the client's dignity, privacy, and rights?				

**B. Meals** **Time of Observation:** ☐ **Not Observed**

☐ Same staff as observed during interventions. Staff name(s), if different:

What meal(s) were observed?

Does the client participate in meal choice?

Are there doctor's orders for dietary restrictions? ☐ Yes ☐ No

If yes, explain restrictions:

If yes, were the restrictions accommodated? ☐ Yes ☐ No

**C. Medication Assistance** **Time of Observation:** ☐ **Not Observed**

☐ Same staff as observed during interventions. Staff name(s), if different:

Who prepared the medications? ☐ Staff ☐ Client

Did the client receive assistance as identified in their PCSP? ☐ Yes ☐ No

Was the medication crushed or mixed in food (WAC 388-101D-0310)? ☐ Yes ☐ No

**D. Notes**