

CCRSS PROVIDER NAME	CERTIFICATION NUMBER
CLIENT NAME	CLIENT SAMPLE ID NUMBER
RCS CONTRACTED EVALUATOR / STAFF NAME	DATE OF OBSERVATION AND TIME



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

## CCRSS Home Environment and Safety Worksheet

Observations of the environment occur throughout the certification evaluation process.

### Quality of Life / Client Rights

YES NO

- Staff to client interaction(s), responsiveness and meeting client needs
- Staff speaking over clients in another language
- Appropriate staff communication with clients
- Adaptive equipment available, clean and in good repair
- Recognition of cultural diversity and preferences
- Recognition of dignity, privacy, and client rights (i.e., shades in room, knocking before entering room)
- Accessible telephone equipment and list of emergency contact numbers
- Unblocked doors and windows
- Window and/or door alarms (if applicable)
- Audio monitors (if applicable)
- 

### Group Training Home (GTH) Only

YES NO

- Locking bedroom door (unless unsafe for client)?
- Shared bedroom (only if they consent)?
- Client's bedroom furnished and decorated within the term of their written agreements with GTH?
- Client can retain and use personal possessions, including furniture and clothing, as space permits?
- Client has control of their own schedule as indicated in PCSP?
- Able to meet privately at any time with visitors of their choosing?
- Client can access and review GTH's certification results, and corrective action plans? GTH policies and procedures?
- Able to view written notice from GTH of enforcement actions that places a hold on referrals for new clients?
- A signed written agreement with GTH of client's notice rights for termination?
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NOTES (note observations and comments here):

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**Physical Environment - Outdoors**

- YES NO
- Stairs / steps / ramps in good repair
  - Hand rails
  - Garbage / refuse
  - Presence of pests
  - General maintenance of sidewalks / walkways
  - Safe storage area for flammable and combustible materials
  - Clutter that could be potentially hazardous to the client(s)
  - Blocked egress
  - Visible sign of unsanitary home conditions (i.e., mold, mildew, etc.)

**GTH Only**

- YES NO
- Bedroom size: 80 square feet for single room, 140 square feet for double room. If licensed before 01/01/2019, 120 square feet for double room.
  - Bedroom: private room unless client requests right to share
  - Bedroom: window / door that provides natural light, covered with screen, and allows for emergency exit?
  - Bedroom: closet or wardrobe, which is not to be considered in usable square footage?
  - Bedroom: locking door unless PSCP indicates this is unsafe?
  - Clean, comfortable bed with waterproof mattress if needed or requested by client?
  - Adequate space for mobility aids (wheelchair, walker, lifting devices)?
  - Direct, unrestricted access to common areas?
  - Construction changes or significant structural change to the home?
  - Home has been adapted to meet the client's needs?
  
  - Fixtures, furnishings, and exterior safe, sanitary, and well maintained?
  - Hot services, such as fireplace, wood-burning or pellet stove have a stable barrier?
  - Pets: proof of current vaccinations?
  -

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**Safety**

YES NO

- Cleaning supplies / toxic materials locked-up?  
  Do the clients' safety needs require them to be locked-up?  
  Medications locked-up?  
  Working flashlight available?  
  First aid supplies available?  
  Evacuation plan and practice drills?  
  Operating smoke detector (with a light alarm for clients with hearing impairments)?  
  Emergency food and water supply?

Water temperature: \_\_\_\_\_ °F; Date and time: \_\_\_\_\_; Place: \_\_\_\_\_

Water temperature: \_\_\_\_\_ °F; Date and time: \_\_\_\_\_; Place: \_\_\_\_\_

**Re-check of water temperature:**

Water temperature: \_\_\_\_\_ °F; Date and time: \_\_\_\_\_; Place: \_\_\_\_\_

Water temperature: \_\_\_\_\_ °F; Date and time: \_\_\_\_\_; Place: \_\_\_\_\_

**GTH Only**

YES NO

- Smoke detectors in every client's bedroom; on every floor of home, and interconnected so when one alarm is triggered the whole system reacts?  
  Smoke detectors in working condition and meets the needs of specific clients?  
  Fire extinguishers (five pound 2A; 10B-C) on each floor of home?  
  Fire extinguishers installed to manufactures recommendations, annually replaced/inspected or serviced and in working order?  
  Facility located in area in area with public fire protection?  
  Annual inspection by the state fire marshal?  
  Emergency evacuation plan posted in a common area on every floor that displays clearly marked exits; evacuation routes and location for clients to meet outside the home?  
  Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary needs of each client?  
  Requirements met for fireplaces, space heaters and stoves?  
  Does a fence at least 48 inches high enclose bodies of water over 24 inches deep? Is there a door or gate that leads to the bodies of water with an audible alarm?  
  Infection control practices followed?

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**Bathrooms**

YES NO

- Clean?  
  Adequate lighting?  
  Grab bars, if applicable?  
  
  Accessible for all clients?  
  Show / bath tub area is accessible for all clients?

**GTH Only**

YES NO

- Handwashing sinks with hot and cold running water?  
  Toilets (one to five ratio)?  
  Direct access to toilet and shower?

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