

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

ATTACHMENT P



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

CCRSS Group Training Home (GTH) Client Environment and Safety Worksheet

Observations of the environment occur throughout the certification evaluation process.

CLIENT NAME	CLIENT SAMPLE ID NUMBER
DATE OF OBSERVATIONS	TIME OF OBSERVATIONS

A. Quality of Life / Client Rights	WAC 388-101D-0695
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Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the client's bedroom furnished and decorated within the term of their written agreement with the GTH?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can client retain and use personal possessions, including furniture and clothing, as space permits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have control of their own schedule as indicated in their PCSP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have a written agreement with the GTH regarding client's notice of rights for termination?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was adaptive / life sustaining equipment available, clean, and in good repair?

B. Bedroom	WAC 388-101D-0565, 0580, 0695
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Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bedroom private unless client requests to share?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window / door provides natural light. Covered with a screen, and allows for emergency exit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the room have a closet or wardrobe?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the room have a locking bedroom door (unless unsafe for client per PCSP)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean, comfortable bed with waterproof mattress if needed or requested by client?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate space for mobility aids (i.e., wheelchair, walker, lifting devices)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct, unrestricted access to common areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home has been adapted to meet the client's needs?

C. Notes

NOTES
