

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  
**Overnight Planned Respite Services (OPRS)**  
**Certification Evaluation**

Contract Evaluation		
CONTRACTOR'S NAME	CONTRACT NUMBER	CONTRACT END DATE
MAILING ADDRESS		
EVALUATION LENGTH RECOMMENDATION BY PROGRAM MANAGER (12 MONTH MAXIMUM)	CONTRACT MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) PROGRAM MANAGER	
CONTRACT EVALUATION DATES	NEXT REVIEW DATE (FILLED OUT BY QA PROGRAM MANAGER)	
The Evaluator confirms, by signing below, that he/she does not have any interest and/or obligation in the above stated OPRS program.		
<b>EVALUATOR'S</b> SIGNATURE	PRINTED NAME	DATE
<b>OPRS PROVIDER'S</b> SIGNATURE	PRINTED NAME	DATE
<b>PROGRAM MANAGER'S</b> SIGNATURE	PRINTED NAME	DATE
<b>OTHER</b> SIGNATURE (AND ROLE)	PRINTED NAME	DATE
<b>OTHER</b> SIGNATURE (AND ROLE)	PRINTED NAME	DATE
<b>OTHER</b> SIGNATURE (AND ROLE)	PRINTED NAME	DATE

PROVIDER'S NAME	DATE			
<b>Section A. Contractor Qualifications and Responsibilities</b>				
<b>Standards</b>		<b>Program Compliance</b>		
1. The provider has a current signed contract to provide overnight planned respite. WAC 388-829R-025	YES <input type="checkbox"/>	NO <input type="checkbox"/>	P <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Provider and their employees meet each of the following minimum qualifications:	YES	NO	P	N/A
a. Have a high school diploma or GED equivalent, unless hired before September 1, 1991; WAC 388-829R-060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is at least 18 years old when employed as direct care staff, at least 21 years old when employed as an administrator; WAC 388-829R-060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have a clear understanding of job responsibilities and knowledge of individual support plans and individual respite services agreement; and WAC 388-829R-060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have a current, non-disqualifying background check. WAC 388-829R-060	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provider has followed all background check rules and procedures described in WAC 388-829R including:	YES	NO	P	N/A
a. Ensure fingerprint based check done for initial hires and name / DOB renewal checks are completed at least every three (3) years; WAC 388-829R-030	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ensure no staff with a disqualifying crime or conditions works in a capacity that may involve unsupervised access to clients; WAC 388-829R-035	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ensure a documented character, competence, and suitability review is on file for any staff with a non-disqualifying crime or negative action; and WAC 388-113 and WAC 388-825	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Any provision hire meets the conditions described under WAC 388-113 and WAC 388-825.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:	YES	NO	P	N/A
a. 75 hours certificate or exempt from this requirements; WAC 388-829-0030 through 388-829-0045	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 12 hours of Continuing Education per year; and WAC 388-829-0085	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CPR and First Aid training completed within first 60 days of hire and kept current. WAC 388-829-0040	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Blood-borne pathogens training at least annually. WAC 388-829-0050 / 296-823-12005	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The provider has the following policies and procedures in place:	YES	NO	P	N/A
a. Client rights, including a client's right to file a complaint or suggestion without interference; WAC 388-829R-070 reporting requirements for suspected abuse, neglect, financial exploitation, or abandonment. WAC 388-829R-070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Client protections when there have been allegations of abuse, neglect, financial exploitation, or abandonment; WAC 388-829R-070	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PROVIDER'S NAME	DATE								
<ul style="list-style-type: none"> <li>d. Bedding and towels; WAC 388-829R-080</li> <li>e. Access to laundry facilities; WAC 388-829R-080</li> <li>f. Access to a telephone for local calls; WAC 388-829R-080</li> <li>g. Medication monitoring, assistance, and administration as needed; WAC 388-829R-080</li> <li>h. Instruction and support services provided as identified in the client's individual respite services agreement; WAC 388-829R-080</li> <li>i. Transportation provided as identified in the individual respite services agreement; WAC 388-829R-080</li> <li>j. Supports for performing personal hygiene routines and activities of daily living provided as identified in the individual respite service agreement and individual support plan; WAC 388-829R-080</li> <li>k. Activities within the home and community provided as outlined in the individual respite services agreement; and WAC 388-829R-080</li> <li>l. A balanced, nutritional diet. WAC 388-829R-080</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>								
EVALUATOR COMMENTS									
CORRECTIVE ACTION PLAN/TIMELINES									
<b>Section C. Client Services</b>									
<b>Standards</b>	<b>Program Compliance</b>								
1. The provider has staff available 24 hours per day for each day of the respite stay in accordance with individual respite services agreement. WAC 388-829R-080	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
2. Provider ensure that transportation needs met during respite stay as identified in the individual respite services agreement. WAC 388-829R-085	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
3. The provider observes clients for change(s) in health, taking appropriate action. WAC 388-829R-110	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
4. Provider assists with medical treatment, medication assistance, and/or administration as identified in the individual respite services agreement. WAC 388-829R-110 through 388-829R-130	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
5. Provider maintains the following when participating in nurse delegation: <ul style="list-style-type: none"> <li>a. Written instructions for performing the delegated task from the delegating RN;</li> <li>b. The most recent six months of documentation showing that the task was performed; and</li> <li>c. Validation of nursing assistant registrations or certifications.</li> </ul> WAC 388-829R-135	<table border="1"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

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6. The provider serves no more than one client at a time in each respite residence. WAC 388-829R-140	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. The provider regulates the water temperature. a. The water temperature must be kept between 105 and 120 degrees Fahrenheit; b. The provider checks the water temperature at least every six months; and c. The provider documents compliance with this requirement. WAC 388-829R-145	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
<b>Section D. Records and Reports</b>	
<b>Standards</b>	<b>Program Compliance</b>
1. All record entries are: a. Made at the time of or immediately following the event; WAC 388-829R-150 b. Maintained both the original and corrected entries when an error in the record is made; WAC 388-829R-150 c. Written entries are legible, in ink, signed and dated; and WAC 388-829R-150 d. Electronic entries identify the date entry was made and the person making the entry by a unique user ID. WAC 388-829R-150	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The provider maintains the following records: a. Client's name and address; WAC 388-829R-170 b. Name, address, and telephone number of the client's relative or legal representative; WAC 388-829R-170 c. A copy of the most recent ISP; WAC 388-829R-170 d. A copy of the individual respite services agreement; WAC 388-829R-170 e. Nurse delegation records; WAC 388-829R-170 f. Water temperature monitoring records; WAC 388-829R-170 g. Staff training records; WAC 388-829R-170 h. Staff time sheets specific to locations worked; WAC 388-829R-170 i. Payment records; WAC 388-829R-170	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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j. Dates and times of service; WAC 388-829R-170 k. Progress notes and incident reports; WAC 388-829R-170 l. Medication intake records; WAC 388-829R-170 m. A list of the client's personal property upon arrival and departure; and WAC 388-829R-170 n. A record of money or gift cards managed by the respite provider on behalf of the client during the respite stay. WAC 388-829R-170	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The provider has notified DDA and the guardian / family in the event of an unusual incident within 24 hours of the incident including, but not limited to, injuries resulting from altercations, serious injuries, mental health crisis, hospital admissions, a natural disaster, medically emergent conditions, emergency restrictive procedures, missing person, or any suspected abuse, neglect, exploitation or improper restraint. DDA Policy 6.12	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. The provider has a signed policy on reporting requirements on file (required annually). DDA Policy 6.12	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	
<b>Section E. Restrictive Procedures</b>	
<b>Standards</b>	<b>Program Compliance</b>
1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures terminated as soon as the need for protection is no longer necessary. DDA Policy 5.15	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Each use of emergency restrictive procedures documented by an incident report and submitted to DDA. DDA Policy 5.15	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Provider follows direction described in DDA Policy 5.17, Use of Physical Intervention Techniques, and avoids using any prohibited physical interventions. DDA Policy 5.17	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

PROVIDER'S NAME	DATE
<b>Section F. Quality Review</b>	
<b>Standards</b>	<b>Program Compliance</b>
1. The client has his/her own bedroom with a window suitable for egress.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The client has sufficient space for personal belongings.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The client's bedroom provides adequate privacy.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. The provider is knowledgeable about the client's preferences regarding the care provided.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. The provider enables with client to keep in touch with his/her family as preferred by the client.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6. The client's individual privacy provided and respected.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. The provider shows respect for the client.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
8. There is adequate security (i.e., locks, peep holes, asking for identification before opening the door).	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
9. The variety, type, and amount of food is sufficient for the client and to his/her liking.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. There is a posting listed the APS number to report suspected abuse / neglect / exploitation / improper restraint.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
11. The provider participates in dissemination of client feedback survey at the end of each client's respite stay. Overnight Planned Respite Services Contract	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Feedback from client feedback surveys is generally positive.	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	