

PROVIDER'S NAME	DATE
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DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)

Stabilization, Assessment, and Intervention Facility (SAIF) Certification Evaluation

PROVIDER'S NAME	
MAILING ADDRESS	
PROVIDER EMAIL ADDRESS	PROVIDER PHONE NUMBER
CERTIFICATION LENGTH RECOMMENDATION BY PROVIDER QUALITY ASSURANCE SPECIALIST (12 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) UNIT MANAGER
EVALUATION PERIOD to	NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER)

The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated Stabilization Assessment and Intervention Facility (SAIF).

EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
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Participants

SAIF PROGRAM ADMINISTRATOR'S NAME	DDA PROGRAM MANAGER'S NAME	DDA RESIDENTIAL QA PROGRAM MANAGER'S NAME
OTHER NAME AND ROLE	OTHER NAME AND ROLE	OTHER NAME AND ROLE
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PROVIDER'S NAME	DATE																																
Section A. Provider Qualifications and Responsibilities																																	
Standards	Program Compliance																																
<p>1. All provider staff meet the following qualifications:</p> <p>a) Are age 18 or older;</p> <p>b) Have a high school diploma or GED; and</p> <p>c) Have a valid food worker's card under Chapter 246-217 WAC. WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>																
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<p>2. Background checks:</p> <p>a) All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;</p> <p>b) As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;</p> <p>c) A character, competence and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative action;</p> <p>d) Are renewed at least every three years;</p> <p>e) Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;</p> <p>f) Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and</p> <p>g) Persons who live out of state have a current FBI fingerprint-based background check. DDA Policy 5.01, WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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<p>3. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:</p> <p>a) 75 hours certificate or exempt from this requirement; WAC 388-829-0015</p> <p>b) 12 hours of Continuing Education per year; WAC 388-829-0085</p> <p>c) CPR and First Aid training completed within first 60 days of hire and kept current at least annually; WAC 388-829-0040</p> <p>d) Blood-borne pathogens training within first 60 days of hire and kept current at least annually; WAC 388-829-0050, 296-823-12005</p> <p>e) Crisis intervention training; and WAC 388-847-0120</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>								
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<p>f) Trauma-informed care training. WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																								
<p>CORRECTIVE ACTION PLAN / TIMELINES</p>																									
<p>4. Provider maintains the following when participating in nurse delegation:</p> <p>a) Written instructions for performing the delegated task from the delegating RN;</p> <p>b) Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;</p> <p>c) Verification of nurse delegation credentials for delegated staff;</p> <p>d) A consent is in place, signed by the client or legal representatives; and</p> <p>e) Verification of nurse delegation training for staff.</p> <p>DDA Policy 6.15, WAC 388-847-0120</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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<p>5. The provider has a signed copy of <i>Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult</i>, form DSHS 10-403, on reporting requirements on file (required annually).</p> <p>DDA Policy 6.12</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<p>6. The provider maintains a client rights policy.</p> <p>RCW 71A.26, 42 CFR Section 441.301(c) (4)</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<p>7. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department.</p> <p>RCW 71A.26</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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CORRECTIVE ACTION PLAN / TIMELINES				
4. The state vehicles are furnished with an emergency road kit that includes:				
a) Flares / triangular reflector;	YES	NO	P	N/A
b) First aid kit;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fire extinguisher;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Blanket; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Flashlight.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOP 205.5				
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
5. There is an emergency response plan in place that:				
a) Includes fire drills;	YES	NO	P	N/A
b) Is practiced with clients at least once per month; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is documented and maintained by the provider, including documentation if a client chooses to not participate in a drill.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-847-0170 , WAC 388-847-0210 , WAC 388-847-0240				
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
6. Provider staff are aware of emergency contact protocol including contacting management, 911, family, legal representative, etc.				
SOP 205.03				
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				
7. Provider has infection control protocol in place that:				
a) Provides staff with the supplies necessary for limiting the spread of infections;	YES	NO	P	N/A
b) Restricts a staff person's contact with clients when the staff person has an illness that is likely to spread in the course of service delivery; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Reports communicable diseases as required under Chapter 246-100 WAC .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WAC 388-847-0250				
EVALUATOR COMMENTS				
CORRECTIVE ACTION PLAN / TIMELINES				

Section C. Client Services						
Standards			Program Compliance			
1. The provider supports program participants for no longer than 90 days. WAC 388-947-0020			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
2. The provider provides the following to all clients: <ul style="list-style-type: none"> a) Toiletries and personal care items; b) Bedding and towels; c) Access to laundry facilities; d) Access to a telephone; e) Opportunities for accessing community activities of their choice; and f) Transportation to necessary appointments or services. WAC 388-847-0050, 42 CFR Section 441.301(c) (4)			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. For each client, the provider, in collaboration with the individualized team: <ul style="list-style-type: none"> a) Supports the client to stabilize target behaviors so they can return to their residential service provider; b) Develops and implements a habilitation plan to address the client's short-term goals and desired outcomes; c) Develops a transition plan that ensures that techniques the client has learned are understood by the individualized team; and d) Partners with the client's current community providers to ensure continuity of care between support plans and treatment plans by: <ul style="list-style-type: none"> i. Assisting the client in maintaining their community supports (e.g., employment, healthcare provider, school) ii. Coordinating with the client's care coordinator or fee-for-service behavioral health provider. DDA Policy 4.25			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provider assists client with medical needs: <ul style="list-style-type: none"> a) Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and b) Seeks same-day medical evaluation for changes from baseline health presentation. 			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>5. Provider assists with medication needs of clients:</p> <p>a) Medications are stored in a locked area that is separate from food and toxic chemicals, and are kept in the original container or a medication organizer that is prepared by a pharmacist or registered nurse;</p> <p>b) Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);</p> <p>c) Available MARs match client medications; and</p> <p>d) For medical refusals:</p> <ol style="list-style-type: none"> 1) Documents the refusal, including the time, date, and medication refused; 2) Informs the client of the benefits of the medication; 3) Consults a pharmacist or licensed medical provider with prescription authority to determine if the medication refusal could significantly harm the client; 4) If recommended, continues to offer the medication following consultation in subsection 3) above of this section; and 5) Informs the client's legal representative. <p style="text-align: center;">WAC 388-847-0130, DDA Policy 6.19</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>
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<p>6. If a client chooses to not participate in a fire drill or health care support, the provider must document:</p> <p>a) Concerns expressed by the client in regard to not participating;</p> <p>b) Events related to the client's choice not to participate;</p> <p>c) That the client was informed of the benefits of the fire drill or health care support and the possible risks of choosing not to participate;</p> <p>d) The provider's efforts to provide or acquire the support for the client; and</p> <p>e) Health or safety risks posed by the client's choice not to participate.</p> <p style="text-align: center;">WAC 388-847-0240</p> <p>EVALUATOR COMMENTS</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	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"/>																
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CORRECTIVE ACTION PLAN / TIMELINES																																									

Section D. Incident and Mandatory Reporting						
Standards			Program Compliance			
1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDA. DDA Policy 6.12			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34. DDA Policy 6.12			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						
3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDA. DDA Policy 6.12			YES	NO	P	N/A
EVALUATOR COMMENTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECTIVE ACTION PLAN / TIMELINES						

Section E. Records and Reports					
Standards		Program Compliance			
1. The provider keeps the following information in a client's record: <ul style="list-style-type: none"> a) The client's name, address, and Social Security number; b) The name, address, and telephone number of the client's legal representative; c) Progress notes and incident reports involving the client; d) The client's behavior support plan; e) Copies of current medical and psychiatric diagnoses; f) A list of the client's medications and indications for medications used; g) Allergies; h) Portable orders for life sustaining treatment (if established); and i) A list of the clients' current medical, behavioral, and hospital providers <p style="text-align: center;">WAC 388-847-0210</p>		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"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
2. Provider supports clients with managing funds by: <ul style="list-style-type: none"> a) Creating a spending plan at intake; b) Ensuring client cash does not exceed \$75; c) Securing and counting funds each shift; d) Recording purchases in a ledger; e) Maintaining receipts; f) Treating gift cards like cash; and g) Reconciling cash and gift card ledgers monthly. <p style="text-align: center;">SOP 202.03</p>		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"/>
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		<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					
3. Provider maintains a property record for each client which includes: <ul style="list-style-type: none"> a) A descriptive lists of items with a fair market value of \$75 or more that the client owned when entering the program; b) A descriptive list of items with an original purchase price of \$75 or more that the client acquired while residing at the SAIF program; and c) A date, explanation, and verification of notification to the client's legal representative for any item with a fair market value of \$75 or more that is removed from the client's property record. <p style="text-align: center;">SOP 202.2</p>		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"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
4. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others. <p style="text-align: center;">DDA Policy 4.25</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

Section F. Restrictive Procedures						
Standards			Program Compliance			
1. Only the least restrictive procedures needed to adequately protect the client, others, or property shall be used. Restrictive procedures must be terminated as soon as the need for protection is over. DDA Policy 5.15 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			YES	NO	P	N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider develops a functional assessment for each client that is based on two or more of the following: a) Direct observation; b) An interview with anyone who has personal knowledge of the client; c) A questionnaire; or d) A record review. WAC 388-847-0080 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			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"/>
3. The functional assessment describes: a) The target behavior; b) The target behavior's apparent function; and c) Client history and antecedents pertinent to the target behavior. WAC 388-847-0080 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			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"/>
4. The provider develops a behavior support plan for each client and describes: a) The target behavior; b) Actions that may be taken to prevent the target behavior; c) Actions that may be taken in response to the target behavior; d) Actions that may be taken if the target behavior increases in frequency, duration, intensity, or impact; e) The replacement behavior that matches the target behavior's function; f) How to teach the replacement behavior; g) How to respond to the replacement behavior; and h) Benchmarks to evaluate the behavior support plan's effectiveness. WAC 388-847-0090 EVALUATOR COMMENTS CORRECTIVE ACTION PLAN / TIMELINES			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"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>5. The provider collects data on the target behaviors:</p> <p>a) Frequency, data, and impact;</p> <p>b) Analyzes the data collected at least every 30 days to determine the effectiveness of the behavior support plan; and</p> <p>c) Revises the behavior support plan as needed, or documents reasons revision is not indicated.</p> <p style="text-align: center;">WAC 388-847-0090</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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<p>6. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows:</p> <p>a) PBSPs that require an ETP or involve physical or mechanical restraints have written approval from the client or the client’s legal representative.</p> <p>b) Approval is documented on DSHS 15-385, Consent for Use of Restrictive Procedures Requiring an ETP that lists the risks of the target behavior and the risk of the restrictive procedure, explains why less restrictive procedures are not recommended, and indicates alternatives to the recommendation. Space is provided for the client and their legal representative to write their comments and their opinions regarding the plan.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>				
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<p>7. An incident report must be submitted to the DDA Case Resource Manager for:</p> <p>a) An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention;</p> <p>b) A restrictive procedure is implemented under emergency guidelines; and</p> <p>c) A client’s animal or pet is abused or neglected.</p> <p style="text-align: center;">DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	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"/>
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<p>8. Providers using physical interventions must also follow the direction described in DDA Policy 5.17, Use of Physical Intervention Techniques and avoid using any interventions prohibited by DDA.</p> <p style="text-align: center;">DDA Policy 5.17, DDA Policy 5.15</p> <p>EVALUATOR COMMENTS</p> <p>CORRECTIVE ACTION PLAN / TIMELINES</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
YES	NO	P	N/A														
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<p>9. All staff working with clients have taken physical intervention training prior to working unsupervised.</p> <p style="text-align: center;">DDA Policy 5.20</p>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
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EVALUATOR COMMENTS	
CORRECTIVE ACTION PLAN / TIMELINES	

Section G. Quality Review					
Standards		Program Compliance			
		YES	NO	P	N/A
1.	The clients have adequate privacy in their bedrooms, including a door that locks from the inside, unless the client's Person-Centered Service Plan indicates that it is unsafe for the client to have a locking door, and sufficient space for personal belongings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The provider is knowledgeable about the clients' preferences regarding the care provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The clients' individual privacy is respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	There is adequate security (i.e., locks, peep holds, asking for identification before opening the door).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	The provider ensures access to balanced, nutritional food choices that reflect the client's personal preference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	There is a posting for Adult Protective Services and Child Protective Services contact information to report suspected abuse / neglect / exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Feedback from client satisfaction surveys is generally positive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVALUATOR COMMENTS					
CORRECTIVE ACTION PLAN / TIMELINES					
Additional comments regarding evaluation:					