

Provider Name



Date

Home and Community Living Administration
**State-Operated Community Residential
 Transitions Program (SOCR-T) Quality Assurance Review**

Provider Name		
Mailing Address		
Site Address		
Provider Email Address		Provider Phone Number
Quality Review Length Recommendation by Resource Manager / Program Manager (24-month maximum)	Quality Review Monitoring Length Approved by HCLA Quality Assurance Office Signature)	
Certification Evaluation Period	Next Review Date (filled out by HCLA Quality Assurance Office)	
The evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated State-Operated Community Residential Transitions Program Quality Assurance Review.		
Evaluator's Signature	Date	Printed Name
Participants		
Conditional and Short-Term Services Program Manager Name	Provider Name	Other Name and Role
Other Name and Role	Other Name and Role	Other Name and Role
Other Name and Role	Other Name and Role	Other Name and Role

Sample:

- Client sample (total):
- Client initials from sample (no names):
- Staff sample:
- Staff initials from sample (no names):

Section A. Provider Qualifications and Responsibilities

Standards	Program Compliance			
	YES	NO	P	N/A
1. All provider staff meet the following qualifications: <ul style="list-style-type: none"> a. Are age 18 or older; and b. Have a high school diploma or GED. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				
2. Background checks:	Yes	No	P	N/A
a. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 actions;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are renewed at least every three years;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Persons who have resided fewer than three continuous years in Washington State must have fingerprint-based background check; and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Persons who live out of state have a current FBI fingerprint-based background check.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy 5.01				
Evaluator Comments:				
Corrective Actions:				
3. The provider and their employees meet these training requirements:	Yes	No	P	N/A
a. 75 hours certificate or exempt from this requirement WAC 388-829-0015 ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 12 hours of Continuing Education per year WAC 388-829-0085 ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. CPR and First Aid training completed in person 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 within first 60 days of hire and kept current WAC 388-829-0050 ;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluator Comments:				
Corrective Actions:				

4. The Provider has a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee contractor, and volunteer. DDA Policy 6.12 Evaluator Comments: Corrective Actions: 		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The provider maintains a client rights policy. RCW 71A.26 Evaluator Comments: Corrective Actions: 		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department. RCW 71A.26 Evaluator Comments: Corrective Actions: 		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section B. Physical and Safety Requirements					
Standards		Program Compliance			
1. The provider meets the requirements of: a. Each client's Person-Centered Service Plan (PCSP) when the PCSP identifies the service provider as responsible; and b. Each client's Individual Instruction and Support Plan; i. Completed with the client within the first 30 days after admission ii. Reviewed semi-annually and at any time requested by the client or the client's legal representative; WAC 388-848-0170 , SOP 207.10 Evaluator Comments: Corrective Actions: 		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. The provider: a. Has a designated administrator; b. Ensures that clients have immediate access to staff, or the means to contact staff, at all times; c. Provides adequate staff to meet the needs of clients as identified in their PCSPs; and d. Retains each client's records for six years after date of discharge.		Yes	No	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Evaluator Comments:**Corrective Actions:**

3. The provider ensures the following home safety requirements are met for each client unless otherwise specified in the client's Person-Centered Service plan:
- A safe and healthy environment;
 - Accessible telephone equipment and a list of emergency contact numbers;
 - An evacuation plan developed and practiced with the client;
 - Unblocked doors and windows for emergency exit;
 - A safe storage area for flammable and combustible materials;
 - An operating smoke detector, with a light alarm for clients with hearing impairments;
 - An accessible flashlight or other safe accessible light source in working condition;
 - Basic first aid supplies;
 - Unless otherwise specified in the client's person-centered service plan, SOCR-T must assist clients in regulating household water temperature as follows:
 - Maintains water temperature in the household no higher than 120 degrees Fahrenheit
 - Checks water temperature when the client first moves into the household and at least once every three months from then on; and
 - Regulates water temperature for clients who receive 24-hour support, and for other clients as specified in the IISP; and
 - Maintains records that indicate the requirements in this section are met for each client.

Yes No P N/A

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Evaluator Comments:**Corrective Actions:****Section C. Client Services****Standards****Program Compliance**

1. Provider provides the following to clients in the program:
- Daily meals and snacks;
 - Toiletries and personal care items;
 - Bedding;
 - Access to laundry services;
 - Access to a telephone;
 - Community access; and
 - Transportation to necessary appointments and activities.

Yes No P N/A

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2. Provider assists clients with healthcare needs including:
- Medication assistance and administration;
 - Delegated nursing tasks under WAC 246-840-910 – 246-840-970;
 - Assisting the client with healthcare appointments including scheduling;
 - Transportation to, and participation in, medical appointments as necessary; and

Yes No P N/A

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<p>e. Assisting the client to understand and follow their healthcare plans and recommendations. WAC 388-848-0160</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																				
<p>3. The provider supports the client with wraparound housing stability services. WAC 388-848-0160</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<table border="1"> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </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"/>																												
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Section D. Records and Reports																																					
Standards	Program Compliance																																				
<p>1. The provider maintains the following for all clients:</p> <ul style="list-style-type: none"> a. Functional Assessment and Positive Behavior Support Plans; b. Daily schedule; c. Short-term goals; d. Teaching strategies and training plan for SOCR-T staff; e. Discharge date and expectations; and f. Training for staff on PBSP and record of training. <p>SOP 207.10</p> <p>Evaluator's Comments:</p> <p>Corrective Actions:</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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> </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"/>								
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<p>2. To manage client funds, the provider:</p> <ul style="list-style-type: none"> a. Keeps client cash secured; b. Keeps client cash counted each shift; c. Keeps a timely, accurate ledger of all client funds received and spent d. Creates an Individual Financial Plan for each client which includes: <ul style="list-style-type: none"> i. The amount of cash the client has upon intake; ii. The support level the client needs when managing money; iii. The client's spending plan; iv. Whether the money will be replenished and how frequently; and e. Creates and manages client gift card ledgers (if applicable). <p>SOP 202.05</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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> </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"/>
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<p>3. Upon admission, the provider works with the client and the client's legal representative (if applicable) to:</p>	<table border="1"> <tr> <th>Yes</th> <th>No</th> <th>P</th> <th>N/A</th> </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"/>																												
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<p>a. Complete an inventory of the client's property;</p> <p>b. Review and sign the SOCR-T program rules and expectations;</p> <p>c. Schedule bi-weekly team meetings; and</p> <p>d. Discuss discharge planning.</p> <p>SOP 207.10</p>	<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"/>
<p>Evaluator Comments:</p>	
<p>Corrective Actions:</p>	
<p>Section E. Incidents and Mandatory Reporting</p>	
<p>Standards</p>	<p>Program Compliance</p>
<p>1. The provider reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS' Adult Protective Services and DDCS.</p> <p>DDA Policy 6.12</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Evaluator Comments:</p>	
<p>Corrective Actions:</p>	
<p>2. The provider additionally reported any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34.</p> <p>DDA Policy 6.12</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Evaluator Comments:</p>	
<p>Corrective Actions:</p>	
<p>3. The provider reported all incidents to DDCS and the client's legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDCS.</p> <p>DDA Policy 6.12</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Evaluator Comments:</p>	
<p>Corrective Actions:</p>	
<p>Section F. Restrictive Procedures</p>	
<p>Standards</p>	<p>Program Compliance</p>
<p>1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary.</p> <p>DDA Policy 5.15</p>	<p>Yes No P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>Evaluator Comments:</p>	
<p>Corrective Actions:</p>	

<p>2. An incident report was submitted to the DDCS Case Resource Manager for:</p> <p>a. Any injuries requiring first aid or medical care that were sustained during implementation of a restrictive procedure or intervention;</p> <p>b. Any restrictive procedures that were implemented under emergency guidelines; and</p> <p>c. Abuse or neglect of a client's animal or pet.</p> <p>DDA Policy 5.15</p> <p>Evaluator Comments:</p> <p>Corrective Actions:</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>Additional comments regarding evaluation:</p>																																																				