| CCRSS PROVIDER NAME | | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | | | | |
|  | | | | | | |
|  | ATTACHMENT H  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  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. | | | | | | |
| CLIENT NAME | | | | | CCRSS SAMPLE ID NUMBER | |
| DATE OF OBSERVATIONS | | | | TIME OF OBSERVATIONS | | |
| **Quality of Life / Client Rights WAC 388-101D-0170** | | | | | | |
| Y N N/A  Was adaptive / life sustaining equipment available, clean, and in good repair?  Were doors and windows unblocked?  Was the environment homelike? | | | Y N N/A  Was there accessible telephone equipment and list of emergency contact numbers?  Were audio monitors used appropriately? | | | |
| **Physical Environment** | | | | | | |
| Y N N/A  Were stairs / steps, handrails / ramps, and walkways in good repair?  Clear of clutter that could be potentially hazardous to the client(s)?  Clear of signs of unsanitary home conditions (i.e., mold, mildew, etc.)? | | | | Y N N/A  Were flammable and combustible materials stored safely?  Was the yard free of garbage / refuse?  Was the property free of pests? | | |
| **Bathrooms** | | | | | | |
| Y N N/A  Safe and clean?  Adequate lighting?  Grab bars? | | | | Y N N/A  Accessible for all clients?  Private? | | |
| **Safety** | | | | | | |
| Y N N/A  Emergency food and water supply?  Medications locked-up?  First aid supplies available?  Working flashlight available?  Door / window alarms? | | | | Y N N/A  Operating smoke detectors (with light alarm for clients with hearing impairments)?  Cleaning supplies / toxic materials locked-up if required by clients’ safety needs?  Evacuation plan and practice drills? | | |
| **Water Temperature in oF, check in two (2) locations (if first check >120oF, re-check water temperature)** | | | | | | |
| Temperature:  oF  Kitchen  Date / time:   A.M.  P.M. | | | | Temperature:  oF  Kitchen  Date / time:   A.M.  P.M. | | |
| Temperature:  oF  Bathroom  Date / time:   A.M.  P.M. | | | | Temperature:  oF  Bathroom  Date / time:   A.M.  P.M. | | |
| NOTES | | | | | | |