| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
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|  |  ATTACHMENT O AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Group Training Home (GTH) General Environment and Safety Worksheet** |
| Observations of the environment occur throughout the certification evaluation process. |
| DATE OF OBSERVATIONS | TIME OF OBSERVATIONS |
| 1. **Quality of Life / Client Rights**
 |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Was there accessible telephone equipment and list of emergency contact numbers? (101D-0170) |
| [ ]  | [ ]  | [ ]  | Was the environment homelike? (101-3020, 823-1095) |
| [ ]  | [ ]  | [ ]  | Were audio monitors used appropriately? |
| [ ]  | [ ]  | [ ]  | Door / window alarms? |
| 1. **Environment WAC 388-101D-0170, 0585, 0590, 0595, 0600, 0610**
 |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Construction changes or significant structural changes to the home since most recent certification evaluation? |
| [ ]  | [ ]  | [ ]  | Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained? |
| [ ]  | [ ]  | [ ]  | Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier? |
| [ ]  | [ ]  | [ ]  | Stairs / handrails / ramps / walkways in good repair? |
| [ ]  | [ ]  | [ ]  | Clear of clutter that could be hazardous to clients? |
| [ ]  | [ ]  | [ ]  | Door / windows unblocked? |
| [ ]  | [ ]  | [ ]  | Free of pests? |
| [ ]  | [ ]  | [ ]  | Flammable / combustible materials safety stored? |
| [ ]  | [ ]  | [ ]  | Yard free of garbage / refuse? |
| [ ]  | [ ]  | [ ]  | Free of unsanitary conditions (mold, mildew, etc.) |
| 1. **Bathrooms WAC 388-101D-0570**
 |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Handwashing sinks with hot and cold running water? |
| [ ]  | [ ]  | [ ]  | Direct access to toilet and shower? |
| [ ]  | [ ]  | [ ]  | Toilets (1:5 ratio)? |
| [ ]  | [ ]  | [ ]  | Adequate lighting? |
| [ ]  | [ ]  | [ ]  | Grab bars? |
| [ ]  | [ ]  | [ ]  | Safe and clean? |
| 1. **Safety WAC 388-101D-0605, 0615, 0620, 0625**
 |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Annual inspection by the state fire marshal (optional if the GTH was an ALF 01/01/2019)? |
| [ ]  | [ ]  | [ ]  | Smoke detectors in every client’s bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? N/A if annually inspected by state fire marshal. |
| [ ]  | [ ]  | [ ]  | Smoke detectors in working condition and meet the needs of the specific clients? N/A if annually inspected by state fire marshal. |
| [ ]  | [ ]  | [ ]  | Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home, installed to manufacturer’s recommendations, annually replaced or inspected and serviced, in working order? N/A if annually inspected by state fire marshal. |
| [ ]  | [ ]  | [ ]  | Emergency evacuation plan posted in a common area on every floor that displays clearly marked exits, evacuation routes and location for clients to meet outside the home? |
| [ ]  | [ ]  | [ ]  | Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary needs of each client? |
| [ ]  | [ ]  | [ ]  | Does a fence at least 48 inches high enclose bodies of water over 24 inches deep? Is there a door or gate that leads to the bodies of water with an audible alarm? |
| [ ]  | [ ]  | [ ]  | Pets: proof of current rabies vaccinations? |
| [ ]  | [ ]  | [ ]  | Medications secured? |
| 1. **Water Temp: Check two locations (if either check is >120oF, re-check locations over 120oF or indicate allowed by PCSP)**
 |
| Kitchen Temperature: oF Time: [ ]  A.M. [ ]  P.M.  | Kitchen Temperature: oF Time: [ ]  A.M. [ ]  P.M. |
| Bathroom Temperature: oF Time: [ ]  A.M. [ ]  P.M.Additional location descriptor if needed:  | Bathroom Temperature: oF Time: [ ]  A.M. [ ]  P.M.Additional location descriptor if needed:  |
| Is water temperature allowed >120oF in PCSP? [ ]  Yes [ ]  No |
| 1. **Infection Prevention and Control (IPC)**
 |
| Yes | No | N/A | **Observe staff are following and encouraging clients to follow standard precautions (select N/A for anything not observed.** |
| [ ]  | [ ]  | [ ]  | Hand hygiene (technique, before and after care, availability of alcohol-based hand rub or sink with soap and water) |
| [ ]  | [ ]  | [ ]  | Appropriate staff use of PPE (gloves for bodily fluids and contact precautions, gowns, correct donning and doffing) |
| [ ]  | [ ]  | [ ]  | Respiratory hygiene / cough etiquette (availability of tissues, trash, cover cough and sneezes) |
| [ ]  | [ ]  | [ ]  | Client placement (isolation) |
| [ ]  | [ ]  | [ ]  | Cleaning and disinfecting care equipment and environment (correct technique, timing, appropriate produce use) |
| [ ]  | [ ]  | [ ]  | Safe laundry and textile handling |
| [ ]  | [ ]  | [ ]  | Safe injection practice (clean and disinfect designated area before piercing, new needle, syringe for containers) |
| [ ]  | [ ]  | [ ]  | Sharps safety (dedicated clearly labeled sharps container, container replaced before overfilling) |
| **For any observation marked “No” on the IPC section, interview staff and, if possible, client.**Interview date / time/ name: What is your training? What is the reason standard Precautions were not followed? What do you do to prevent the spread of infection?  |
| 1. **Notes**
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