| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | CERTIFICATION EVALUATION DATE(S) |
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|  |  ATTACHMENT H AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) **CCRSS Group Training Home (GTH) Home Environment and Safety Worksheet** |
| Observations of the environment occur throughout the certification evaluation process. |
| CLIENT NAME | CLIENT SAMPLE ID NUMBER |
| DATE OF OBSERVATIONS | TIME OF OBSERVATIONS |
| **Quality of Life / Client Rights** |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Did the client have a shared bedroom (only if they consent)? |
| [ ]  | [ ]  | [ ]  | Was the client’s bedroom furnished and decorated within the term of their written agreement with the GTH? |
| [ ]  | [ ]  | [ ]  | Can client retain and use personal possessions, including furniture and clothing, as space permits? |
| [ ]  | [ ]  | [ ]  | Does the client have control of their own schedule as indicated in their PCSP? |
| [ ]  | [ ]  | [ ]  | Is the client able to meet privately at any time with visitors of their choosing?  |
| [ ]  | [ ]  | [ ]  | Can the client access and review the GTH’s certification results and correction action plans? |
| [ ]  | [ ]  | [ ]  | Can the client access and review the GTH’s policies and procedures? |
| [ ]  | [ ]  | [ ]  | Can the client view written notice from GTH of enforcement actions that places a hold on referrals for new clients? |
| [ ]  | [ ]  | [ ]  | Does the client have a written agreement with the GTH regarding client’s notice of rights for termination? |
| **Physical Environment and Outdoors** |
| Yes | No | N/A | **Bedroom:** |
| [ ]  | [ ]  | [ ]  | Does the bedroom have adequate square footage (80 sq. ft. single, 140 sq. ft. double, 120 sq. ft. double if licensed before 01/01/2019)? |
| [ ]  | [ ]  | [ ]  | Is the bedroom private unless client requests to share? |
| [ ]  | [ ]  | [ ]  | Window / door provides natural light. Covered with a screen, and allows for emergency exit? |
| [ ]  | [ ]  | [ ]  | Does the room have a closet or wardrobe (not included in usable square footage)? |
| [ ]  | [ ]  | [ ]  | Does the room have a locking bedroom door (unless unsafe for client per PCSP)? |
| [ ]  | [ ]  | [ ]  | Clean, comfortable bed with waterproof mattress if needed or requested by client? |
| [ ]  | [ ]  | [ ]  | Adequate space for mobility aids (i.e., wheelchair, walker, lifting devices)? |
| [ ]  | [ ]  | [ ]  | Direct, unrestricted access to common areas? |
| [ ]  | [ ]  | [ ]  | Construction changes or significant structural change to the home? |
| [ ]  | [ ]  | [ ]  | Home has been adapted to meet the client’s needs? |
| [ ]  | [ ]  | [ ]  | Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained? |
| [ ]  | [ ]  | [ ]  | Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier? |
| [ ]  | [ ]  | [ ]  | Pets: proof of current vaccinations? |
| **Bathrooms** |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Handwashing sinks with hot and cold running water? |
| [ ]  | [ ]  | [ ]  | Direct access to toilet and shower? |
| [ ]  | [ ]  | [ ]  | Toilets (1:5 ratio)? |
| [ ]  | [ ]  | [ ]  |  |
| **Safety** |
| Yes | No | N/A |  |
| [ ]  | [ ]  | [ ]  | Smoke detectors in every client’s bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? |
| [ ]  | [ ]  | [ ]  | Smoke detectors in working condition and meets the needs of the specific clients? |
| [ ]  | [ ]  | [ ]  | Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home? |
| [ ]  | [ ]  | [ ]  | Fire extinguishers installed to manufacturer’s recommendations, annually replaced / inspected or serviced and in working order? |
| [ ]  | [ ]  | [ ]  | Facility located in are with public fire protection? |
| [ ]  | [ ]  | [ ]  | Annual inspection by the 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? |
| [ ]  | [ ]  | [ ]  | Infection control practices followed? |
| **Water Temperature in oF; check two locations (if first check >120oF, re-check water temperature)** |
| Temperature: oF Date / time: [ ]  A.M. [ ]  P.M. [ ]  Kitchen [ ]  Other:  |
| Temperature: oF Date / time: [ ]  A.M. [ ]  P.M. [ ]  Bathroom [ ]  Other:  |
| Temperature: oF Date / time: [ ]  A.M. [ ]  P.M. [ ]  Kitchen [ ]  Other:  |
| Temperature: oF Date / time: [ ]  A.M. [ ]  P.M. [ ]  Bathroom [ ]  Other:  |
| NOTES |