| CCRSS PROVIDER NAME | | | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | | | | |
|  | | | 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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