| PROVIDER’S NAME      | DATE      |
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|  |  DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA) **Stabilization, Assessment, and Intervention Facility (SAIF) Certification Evaluation**  |
| PROVIDER’S NAME      |
| MAILING ADDRESS      |
| PROVIDER EMAIL ADDRESS      | PROVIDER PHONE NUMBER      |
| EVALUATION LENGTH RECOMMENDATION BY PROGRAM MANAGER (12 MONTH MAXIMUM)      | CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE (QA) UNIT MANAGER      |
| EVALUATION PERIOD      to       | NEXT REVIEW DATE (FILLED OUT BY QA UNIT MANAGER)      |
| The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated Stabilization Assessment and Intervention Facility (SAIF). |
| **EVALUATOR’S** SIGNATURE DATE | PRINTED NAME |
| **Participants** |
| **SAIF PROGRAM ADMINISTRATOR’S** NAME | **DDA PROGRAM MANAGER’S** NAME | **DDA RESIDENTIAL QA PROGRAM MANAGER’S** 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 |
| **Section A. Provider Qualifications and Responsibilities** |
| **Standards** | **Program Compliance** |
| 1. All provider staff meet the following qualifications:
 |  YES NO P N/A |
| 1. Are age 18 or older;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Have a high school diploma or GED; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Have a valid food worker’s card under Chapter 246-217 WAC.

 [WAC 388-847-0120](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0020) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Background checks:
 |  YES NO P N/A |
| 1. All provider employees, administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. As of January 1, 2016, all new hires have fingerprint-based background checks;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A character, competence and suitability review is completed before allowing unsupervised access to clients, when background check results reveal non-disqualifying crimes or negative action;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Are renewed at least every three years;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Employees who have been promoted to a new position must complete a Washington State name and date of birth background check renewal;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Persons who have resided fewer than three continuous years in Washington State must have a fingerprint-based background check; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Persons who live out of state have a current FBI fingerprint-based background check.

 [DDA Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf), [WAC 388-847-0120](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0020) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider and their employees meet these Community Residential Services Business Long Term Care Worker Training requirements:
 |  YES NO P N/A |
| 1. 75 hours certificate or exempt from this requirement;

 [WAC 388-829-0015](https://app.leg.wa.gov/wac/default.aspx?cite=388-829-0015) |  [ ]  [ ]  [ ]  [ ]  |
| 1. 12 hours of Continuing Education per year;

 [WAC 388-829-0085](https://app.leg.wa.gov/wac/default.aspx?cite=388-829-0085) |  [ ]  [ ]  [ ]  [ ]  |
| 1. CPR and First Aid training completed within first 60 days of hire and kept current at least annually;

 [WAC 388-829-0040](https://app.leg.wa.gov/wac/default.aspx?cite=388-829-0040) |  [ ]  [ ]  [ ]  [ ]  |
| 1. Blood-borne pathogens training within first 60 days of hire and kept current at least annually;

[WAC 388-829-0050](https://app.leg.wa.gov/wac/default.aspx?cite=388-829-0050), [296-823-12005](https://app.leg.wa.gov/wac/default.aspx?cite=296-823-12005) |  [ ]  [ ]  [ ]  [ ]  |
| 1. Crisis intervention training; and

 [WAC 388-847-0120](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0020) |  [ ]  [ ]  [ ]  [ ]  |
| 1. Trauma-informed care training.

 [WAC 388-847-0120](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0020) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Staff providing transportation have:
 |  YES NO P N/A |
| 1. A valid driver’s license;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Viewed the OFM Safe Driving Habits video; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Have a signed Employee Driver’s Statement of Understanding, DSHS 03-427, included in their personnel file with their DSHS 03-380, Employee Annual Review Checklist.

 [DDA Policy 6.05](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.05.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider maintains the following when participating in nurse delegation:
 |  YES NO P N/A |
| 1. Written instructions for performing the delegated task from the delegating RN;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Documentation of nurse delegation 90-day visits including validation of nursing assistant registrations or certifications;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Verification of nurse delegation credentials for delegated staff;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A consent is in place, signed by the client or legal representatives; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Verification of nurse delegation training for staff.

 [DDA Policy 6.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.15.pdf), [WAC 388-847-0120](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0020) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider has a signed copy of *Residential Services Providers: Mandatory Reporting of Abuse, Improper Use of Restraint, Neglect, Personal or Financial Exploitation, or Abandonment of a Child or Vulnerable Adult*, form DSHS 10-403, on reporting requirements on file (required annually).

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider maintains a client rights policy.

 [RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26), [42 CFR Section 441.301(c) (4)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievances to the department.

 [RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **Section B. Physical and Safety Requirements** |
| **Standards** | **Program Compliance** |
| 1. The program's fixtures, furnishings, exterior, and interior, including the client's bedroom, are maintained in a safe manner and free from hazards.

 [WAC 388-847-0160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0160) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider ensures physical and safety requirements are met:
 |  YES NO P N/A |
| 1. Each client’s private bedroom has:
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. A bed, mattress, pillow, and linens;
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. A closet or other place for storing personal items;
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. A window or door that allows for emergency exit;
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. Unrestricted access to common areas including a private space for visitors; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. An accessible environment and space for a mobility aid, such as a wheelchair or walker.

 [WAC 388-847-0160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0160), [42 CFR Section 441.301(c) (4)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301) |  [ ]  [ ]  [ ]  [ ]  |
| 1. Cleaning supplies, flammables, and other combustible materials are inaccessible and property stored;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Smoke detector and carbon monoxide detectors installed in every client’s bedroom and on every floor of the facility;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Smoke detectors and carbon monoxide detectors are in working condition and address the needs of clients who are deaf or hard of hearing;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Fire extinguishers are located throughout the facility as prescribed by the local fire marshal;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Each fire extinguisher is installed according to manufacturer recommendations, annually replaced or inspected and serviced, in working condition, and readily available for use;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked first aid kit is available;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A stocked disaster kit is available for all clients and staff in the home;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Clients have access to a working telephone;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Clients have access to a working flashlight or alternative light source;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Backup power source is in place for clients who receive life-sustaining treatment (e.g., ventilator); and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Bodies of water are fenced and checked at least once per week for hazards.

 SOP 205.11, [WAC 388-847-0050](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0050), [WAC 388-847-0190](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0190)  |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider regulates the water temperature at the residence:
 |  YES NO P N/A |
| 1. The water temperature must be no higher than 120 degrees Fahrenheit;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider checks the water temperature monthly; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider documents compliance with this requirement.

 [WAC 388-847-0180](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847&full=true) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The state vehicles are furnished with an emergency road kit that includes:
 |  YES NO P N/A |
| 1. Flares / triangular reflector;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. First aid kit;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Fire extinguisher;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Blanket; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Flashlight.

 SOP 205.5 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. There is an emergency response plan in place that:
 |  YES NO P N/A |
| 1. Includes fire drills;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Is practiced with clients at least once per month;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Is documented and maintained by the provider, including documentation if a client chooses to not participate in a drill.

 [WAC 388-847-0170](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0170), [WAC 388-847-0210](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0210), [WAC 388-847-0240](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0240) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider staff are aware of emergency contact protocol including contacting management, 911, family, legal representative, etc.

 SOP 205.03 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider has infection control protocol in place that:
 |  YES NO P N/A |
| 1. Provides staff with the supplies necessary for limiting the spread of infections;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Restricts a staff person's contact with clients when the staff person has an illness that is likely to spread in the course of service delivery; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Reports communicable diseases as required under Chapter [246-100 WAC](https://app.leg.wa.gov/WAC/default.aspx?cite=246-100).

 [WAC 388-847-0250](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0250) |  [ ]  [ ]  [ ]  [ ]  |
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| **Section C. Client Services** |
| **Standards** | **Program Compliance** |
| 1. The provider supports program participants for no longer than 90 days.

 [WAC 388-947-0020](https://app.leg.wa.gov/WAC/default.aspx?cite=388-947-0020) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider provides the following to all clients:
 |  YES NO P N/A |
| 1. Toiletries and personal care items;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Bedding and towels;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Access to laundry facilities;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Access to a telephone;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Opportunities for accessing community activities of their choice; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Transportation to necessary appointments or services.

 [WAC 388-847-0050](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0040), [42 CFR Section 441.301(c) (4)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. For each client, the provider, in collaboration with the individualized team:
 |  YES NO P N/A |
| 1. Supports the client to stabilize target behaviors so they can return to their residential service provider;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Develops and implements a habilitation plan to address the client’s short-term goals and desired outcomes;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Develops a transition plan that ensures that techniques the client has learned are understood by the individualized team; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Coordinates with the client’s residential service provider to maintain community supports (e.g., employment, healthcare provider, school).

 [DDA Policy 4.25](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy4.25.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider assists client with medical needs:
 |  YES NO P N/A |
| 1. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and initiating first aid as needed; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Seeks same-day medical evaluation for changes from baseline health presentation.
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider assists with medication needs of clients:
 |  YES NO P N/A |
| 1. Medications are stored in a locked area that is separate from food and toxic chemicals, and are kept in the original container or a medication organizer that is prepared by a pharmacist or registered nurse;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Available MARs match client medications; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. For medical refusals:
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Documents the refusal, including the time, date, and medication refused;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Informs the client of the benefits of the medication;
 |  |
| 1. Consults a pharmacist or licensed medical provider with prescription authority to determine if the medication refusal could significantly harm the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. If recommended, continues to offer the medication following consultation in subsection 3) above of this section; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Informs the client’s legal representative.

 [WAC 388-847-0130](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0130), [DDA Policy 6.19](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.19.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. If a client chooses to not participate in a fire drill or health care support, the provider must document:
 |  YES NO P N/A |
| 1. Concerns expressed by the client in regard to not participating;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Events related to the client’s choice not to participate;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. That the client was informed of the benefits of the fire drill or health care support and the possible risks of choosing not to participate;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider’s efforts to provide or acquire the support for the client; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Health or safety risks posed by the client’s choice not to participate.

 [WAC 388-847-0240](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0240) |  [ ]  [ ]  [ ]  [ ]  |
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| **Section D. Incident and Mandatory Reporting** |
| **Standards** | **Program Compliance** |
| 1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS’ Adult Protective Services and DDA.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider reported all incidents to DDA and the client’s legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDA.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **Section E. Records and Reports** |
| **Standards** | **Program Compliance** |
| 1. The provider keeps the following information in a client’s record:
 |  YES NO P N/A |
| 1. The client’s name, address, and Social Security number;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The name, address, and telephone number of the client’s legal representative;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Progress notes and incident reports involving the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The client’s behavior support plan;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Copies of current medical and psychiatric diagnoses;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A list of the client’s medications and indications for medications used;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Allergies;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Portable orders for life sustaining treatment (if established); and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A list of the clients’ current medical, behavioral, and hospital providers

 [WAC 388-847-0210](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0220) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider supports clients with managing funds by:
 |  YES NO P N/A |
| 1. Creating a spending plan at intake;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Ensuring client cash does not exceed $75;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Securing and counting funds each shift;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Recording purchases in a ledger;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Maintaining receipts;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Treating gift cards like cash; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Reconciling cash and gift card ledgers monthly.

 SOP 202.03 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider maintains a property record for each client which includes:
 |  YES NO P N/A |
| 1. A descriptive lists of items with a fair market value of $75 or more that the client owned when entering the program;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A descriptive list of items with an original purchase price of $75 or more that the client acquired while residing at the SAIF program; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A date, explanation, and verification of notification to the client's legal representative for any item with a fair market value of $75 or more that is removed from the client's property record.

 SOP 202.2 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider has written releases of information signed by the client or their legal representative (as applicable) before information is shared with others.

 [DDA Policy 4.25](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy4.25.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| **Section F. Restrictive Procedures** |
| **Standards** | **Program Compliance** |
| 1. Only the least restrictive procedures needed to adequately protect the client, others, or property shall be used. Restrictive procedures must be terminated as soon as the need for protection is over.

 [DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| CORRECTIVE ACTION PLAN / TIMELINES |  |

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| 1. The provider develops a functional assessment for each client that is based on two or more of the following:
 |  YES NO P N/A |
| 1. Direct observation;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. An interview with anyone who has personal knowledge of the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A questionnaire; or
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A record review.
 |  [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| CORRECTIVE ACTION PLAN / TIMELINES |  |

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| 1. The functional assessment describes:
 |  YES NO P N/A |
| 1. The target behavior;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The target behavior’s apparent function; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Client history and antecedents pertinent to the target behavior.

 [WAC 388-847-0080](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0080) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider develops a behavior support plan for each client and describes:
 |  YES NO P N/A |
| 1. The target behavior;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Actions that may be taken to prevent the target behavior;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Actions that may be taken in response to the target behavior;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Actions that may be taken if the target behavior increases in frequency, duration, intensity, or impact;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The replacement behavior that matches the target behavior’s function;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. How to teach the replacement behavior;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. How to respond to the replacement behavior; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Benchmarks to evaluate the behavior support plan’s effectiveness.

 [WAC 388-847-0090](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0090) |  [ ]  [ ]  [ ]  [ ]  |
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| CORRECTIVE ACTION PLAN / TIMELINES |  |

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| 1. The provider collects data on the target behaviors:
 |  YES NO P N/A |
| 1. Frequency, data, and impact;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Analyzes the data collected at least every 30 days to determine the effectiveness of the behavior support plan; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Revises the behavior support plan as needed, or documents reasons revision is not indicated.

 [WAC 388-847-0090](https://app.leg.wa.gov/WAC/default.aspx?cite=388-847-0090) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Prior to implementation of restrictive procedures, the proposed Positive Behavior Support Plan must be approved as follows:
 |  YES NO P N/A |
| 1. Written approval of the client and/or legal representative for any strategies requiring Exception to Policy or involving physical or mechanical restraints; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Documentation of approval on [DSHS 15-385](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=15-385&title=), Consent for Use of Restrictive Procedures Requiring an ETP that lists the risks of the target behavior, explains why less restrictive procedures are not recommended, indicates alternatives to the recommendation, and provides space for the client and their legal representative to write their comments and opinions regarding the plan.

 [DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. An incident report must be submitted to the DDA Case Resource Manager for:
 |  YES NO P N/A |
| 1. An injury requiring first aid or medical care that is sustained during implementation of a restrictive procedure or intervention;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A restrictive procedure is implemented under emergency guidelines; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. A client’s animal or pet is abused or neglected.

 [DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf) |  [ ]  [ ]  [ ]  [ ]  |
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| 1. Providers using physical interventions must also follow the direction described in DDA Policy 5.17, Use of Physical Intervention Techniques and avoid using any interventions prohibited by DDA.

 [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf), [DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. Provider staff have taken physical intervention training prior to being authorized to use physical intervention techniques.

 [DDA Policy 5.20](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.20.pdf) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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|  **Section G. Quality Review** |
| **Standards** | **Program Compliance** |
| 1. The clients have adequate privacy in their bedrooms, including a door that locks from the inside, unless the client’s Person-Centered Service Plan indicates that it is unsafe for the client to have a locking door, and sufficient space for personal belongings.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider is knowledgeable about the clients’ preferences regarding the care provided.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| CORRECTIVE ACTION PLAN / TIMELINES |  |

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| 1. The clients’ individual privacy is respected.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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| 1. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| 1. There is adequate security (i.e., locks, peep holds, asking for identification before opening the door).
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| 1. The provider ensures access to balanced, nutritional food choices that reflect the client’s personal preference.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| 1. There is a posting for Adult Protective Services and Child Protective Services contact information to report suspected abuse / neglect / exploitation.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| EVALUATOR COMMENTS |  |

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| 1. Feedback from client satisfaction surveys is generally positive.
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
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