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| Provider Name | Date |
| A picture containing text, clipart  AI-generated content may be incorrect. |  Home and Community Living Administration **State-Operated Community Residential****Transitions Program (SOCR-T) Quality Assurance Review** |
| Provider Name |
| Mailing Address |
| Site Address |
| Provider Email Address | Provider Phone Number |
| Quality Review Length Recommendation by Resource Manager / Program Manager (24-month maximum) | Quality Review Monitoring Length Approved by HCLA Quality Assurance Office Signature) |
| Certification Evaluation Period | Next Review Date (filled out by HCLA Quality Assurance Office) |
| The evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated State-Operated Community Residential Transitions Program Quality Assurance Review. |
| **Evaluator’s** Signature Date | Printed Name |
| **Participants** |
| **Conditional and Short-Term Services Program Manager** Name | **Provider** 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 | **Other** Name and Role |
| **Sample:*** Client sample (total):
* Client initials from sample (no names):
* Staff sample:
* Staff initials from sample (no names):
 |
| **Section A. Provider Qualifications and Responsibilities** |
| **Standards** | **Program Compliance** |
| 1. All provider staff meet the following qualifications:
	1. Are age 18 or older; and
 |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Have a high school diploma or GED.

**Evaluator Comments:** |  [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. Background checks:
	1. All provider employees, administrators, owner-administrators, subcontractors, and volunteers have a current, non-disqualifying background check before having unsupervised access to clients;
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. As of January 1, 2016, all new hires have fingerprint-based background checks before allowing unsupervised access to clients;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 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 actions;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 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 fingerprint-based background check; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Persons who live out of state have a current FBI fingerprint-based background check.

[Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf)**Evaluator Comments:** |  [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. The provider and their employees meet these 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 in person within first 60 days of hire and kept current [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 [WAC 388-829-0050](https://app.leg.wa.gov/wac/default.aspx?cite=388-829-0050);
 |  [ ]  [ ]  [ ]  [ ]  |
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| 1. The Provider has a current signed copy of: Mandatory Reporting of Abuse, Neglect, Exploitation, or Abandonment of a Child or Vulnerable Adult, (form DSHS 10-403), on reporting requirements (required upon hire and annually) for each administrator, owner, operator, employee contractor, and volunteer.

 [DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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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) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments:** |  |

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| 1. The provider maintains a client grievance policy, including timelines, possible remedies, and information about how to submit unresolved grievance to the department.

[RCW 71A.26](https://app.leg.wa.gov/RCW/default.aspx?cite=71A.26)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| **Section B. Physical and Safety Requirements** |
| **Standards** | **Program Compliance** |
| 1. The provider meets the requirements of:
	1. Each client’s Person-Centered Service Plan (PCSP) when the PCSP identifies the service provider as responsible; and
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Each client’s Individual Instruction and Support Plan;
 |  |
| * + 1. Completed with the client within the first 30 days after admission
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. Reviewed semi-annually and at any time requested by the client or the client’s legal representative;
 |  [ ]  [ ]  [ ]  [ ]  |
| [WAC 388-848-0170](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0170)**,** SOP 207.10**Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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| 1. The provider:
	1. Has a designated administrator;
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Ensures that clients have immediate access to staff, or the means to contact staff, at all times;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Provides adequate staff to meet the needs of clients as identified in their PCSPs; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Retains each client’s records for six years after date of discharge.
 |  [ ]  [ ]  [ ]  [ ]  |
| [WAC 388-848-0170](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0170)**Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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| 1. The provider ensures the following home safety requirements are met for each client unless otherwise specified in the client’s Person-Centered Service plan:
	1. A safe and healthy environment;
 |  Yes No P N/A  [ ]  [ ]  [ ]  [ ]  |
| * 1. Accessible telephone equipment and a list of emergency contact numbers;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. An evacuation plan developed and practiced with the client;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Unblocked doors and windows for emergency exit;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. A safe storage area for flammable and combustible materials;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. An operating smoke detector, with a light alarm for clients with hearing impairments;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. An accessible flashlight or other safe accessible light source in working condition;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Basic first aid supplies;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Unless otherwise specified in the client’s person-centered service plan, SOCR-T must assist clients in regulating household water temperature as follows:
 |   |
| * + 1. Maintains water temperature in the household no higher than 120 degrees Fahrenheit
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. Checks water temperature when the client first moves into the household and at least once every three months from then on; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * + 1. Regulates water temperature for clients who receive 24-hour support, and for other clients as specified in the IISP; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Maintains records that indicate the requirements in this section are met for each client.
 |  [ ]  [ ]  [ ]  [ ]  |
| [WAC 388-848-0180](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0180)**Evaluator Comments:** |  |

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| **Section C. Client Services** |
| **Standards** | **Program Compliance** |
| 1. Provider provides the following to clients in the program:
	1. Daily meals and snacks;
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Toiletries and personal care items;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Bedding;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Access to laundry services;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Access to a telephone;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Community access; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Transportation to necessary appointments and activities.

[WAC 388-848-0160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0160) |  [ ]  [ ]  [ ]  [ ]  |
| **Evaluator’s Comments:** |  |

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| **Corrective Actions:** |  |

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| 1. Provider assists clients with healthcare needs including:
	1. Medication assistance and administration;
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Delegated nursing tasks under WAC 246-840-910 – 246-840-970;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Assisting the client with healthcare appointments including scheduling;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Transportation to, and participation in, medical appointments as necessary; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Assisting the client to understand and follow their healthcare plans and recommendations.
 |  [ ]  [ ]  [ ]  [ ]  |
| [WAC 388-848-0160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0160)**Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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| 1. The provider supports the client with wraparound housing stability services.

[WAC 388-848-0160](https://app.leg.wa.gov/WAC/default.aspx?cite=388-848-0160) |  YES NO P N/A [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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| **Section D. Records and Reports** |
| **Standards** | **Program Compliance** |
| 1. The provider maintains the following for all clients:
	1. Functional Assessment and Positive Behavior Support Plans;
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| * 1. Daily schedule;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Short-term goals;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Teaching strategies and training plan for SOCR-T staff;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Discharge date and expectations; and
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Training for staff on PBSP and record of training.

SOP 207.10**Evaluator’s Comments:** |  [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. To manage client funds, the provider:
 |  Yes No P N/A |
| * 1. Keeps client cash secured;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Keeps client cash counted each shift;
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Keeps a timely, accurate ledger of all client funds received and spent
 |  [ ]  [ ]  [ ]  [ ]  |
| * 1. Creates an Individual Financial Plan for each client which includes:
 |  |
| The amount of cash the client has upon intake; |  [ ]  [ ]  [ ]  [ ]  |
| The support level the client needs when managing money; |  [ ]  [ ]  [ ]  [ ]  |
| The client’s spending plan; |  [ ]  [ ]  [ ]  [ ]  |
| Whether the money will be replenished and how frequently; and |  [ ]  [ ]  [ ]  [ ]  |
| 1. Creates and manages client gift card ledgers (if applicable).
 |  [ ]  [ ]  [ ]  [ ]  |
| SOP 202.05**Evaluator Comments:** |  |

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| 1. Upon admission, the provider works with the client and the client’s legal representative (if applicable) to:
2. Complete an inventory of the client’s property;
 |  Yes No P N/A  [ ]  [ ]  [ ]  [ ]  |
| 1. Review and sign the SOCR-T program rules and expectations;
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Schedule bi-weekly team meetings; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Discuss discharge planning.
 |  [ ]  [ ]  [ ]  [ ]  |
| SOP 207.10**Evaluator Comments:** |  |

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| **Section E. Incidents and Mandatory Reporting** |
| **Standards** | **Program Compliance** |
| 1. The provider reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS’ Adult Protective Services and DDCS.

[DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. The provider additionally reported 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)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. The provider reported all incidents to DDCS and the client’s legal representative, in accordance with DDA Policy 6.12. This includes submitting the General Event Report to DDCS.

[DDA Policy 6.12](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Section F. Restrictive Procedures** |
| **Standards** | **Program Compliance** |
| 1. Only the least restrictive procedures are used to adequately protect the client, others, or property. Restrictive procedures are terminated as soon as the need for protection is no longer necessary.

[DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)**Evaluator Comments:** |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |

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| **Corrective Actions:** |  |

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| 1. An incident report was submitted to the DDCS Case Resource Manager for:
2. Any injuries requiring first aid or medical care that were sustained during implementation of a restrictive procedure or intervention;
 |  Yes No P N/A  [ ]  [ ]  [ ]  [ ]  |
| 1. Any restrictive procedures that were implemented under emergency guidelines; and
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. Abuse or neglect of a client’s animal or pet.
 |  [ ]  [ ]  [ ]  [ ]  |
| [DDA Policy 5.15](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)**Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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| **Section G. Qualify Review** |
| **Standards** | **Program Compliance** |
| 1. The provider demonstrates a clear understanding of the [DDCS Guiding Values](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/DDA%20Guiding%20Values%20Booklet.pdf) when providing services.
 |  Yes No P N/A [ ]  [ ]  [ ]  [ ]  |
| 1. Clients have adequate privacy in their bedrooms and sufficient space for personal belongings.
 |   [ ]  [ ]  [ ]  [ ]  |
| 1. The provider is knowledgeable about the clients’ preferences regarding the care provided.
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The clients’ individual privacy is respected (i.e., knocking and waiting for a response before entering the client’s bedroom or bathroom). SOP 201.04
 |   [ ]  [ ]  [ ]  [ ]  |
| 1. The provider shows respect for the clients (e.g. addressing individuals in the first person, using their name when addressing them).
 |  [ ]  [ ]  [ ]  [ ]  |
| 1. The provider ensures access to balanced, nutritional food choices that reflect the client’s personal preference.
 |   [ ]  [ ]  [ ]  [ ]  |
| 1. The provider remains awake and attentive to the client’s needs and engaged in work-related tasks. SOP 201.04
 |   [ ]  [ ]  [ ]  [ ]  |
| 1. There is a posting for Adult Protective Services and Child Protective Services contact information to report suspected abuse / neglect / exploitation?
 |   [ ]  [ ]  [ ]  [ ]  |
| **Evaluator Comments:** |  |

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| **Additional comments regarding evaluation:** |

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