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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); |  |
| **Evaluator Comments:** |  |

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| **Corrective Actions:** |  |

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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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| 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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| **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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| 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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| **Corrective Actions:** |  |

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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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| 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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| **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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