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| Transforming Lives | | DEVELOPMENTAL DISABILITIES ADMNISTRATION (DDA)  **Community Residential Services**  **Quality Assurance Tool** | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| DATE | | | | | | | | | | | | | | | | | | VISIT TYPE (select) | | | | | | | Regular Review  Review per Request  Agency Personnel Change | | | |
| REVIEWER’S NAME | | | | | | | | | | | | | | | | | | CERTIFICATION EXPIRATION DATE | | | | | | | | | | |
| **Reviewer should obtain information below prior to conducting QA assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFIED/LICENSED RESIDENTIAL AGENCY | | | | | | | | | | | | | | | | | | AGENCY/PROGRAM ADMINISTRATOR NAME | | | | | | | | | | |
| HOUSE/PROGRAM NAME | | | | | | | | | | | | | | | | | | HOUSE/PROGRAM MANAGER NAME | | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | NUMBER OF INDIVIDUALS IN HOME | | | | | | | | | | |
| CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | TOTAL HOUSEHOLD CAPACITY | | | | | | | | | | |
| TELEPHONE NUMBER | | | | | | | | | | | | | | | | | | AGENCY MAIN TELEPHONE NUMBER | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDIVIDUALS RESIDING IN THE HOME | | | | | | | ADSA ID | | | | | | | | | | | AGE (select) | | | | | SUPPORT NEED LEVEL | | | STAFF PRESENT | | |
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| PREVIOUS VISIT DATE | | | | | | | TYPE OF PREVIOUS VISIT (select) | | | | | | | | | | | | | | | | Regular Review  Review per Request  Agency Personnel Change | | | | | |
| **What is the purpose of this review? Summarize historical non-compliance issues identified through contract monitoring, previous QA review(s), Statement of Deficiencies, and/or plan of correction(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT COMPLIANCE ISSUES/CONCERNS:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewer should obtain information below prior to conducting QA tool. Content should include issues or outstanding compliance concerns with certification, DDA contract, WACs and/or policies.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this home a certified Supported Living/Group Training Home or licensed Group Home?  Any known repeat citations this past year?  If yes, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any RCS enforcement actions this year? If yes, provide explanation:  Any known issues with individual receiving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **-**Level of supervision as indicated in PCSP?  If yes, provide explanation:  **-**Behavioral support consistent with support plans?  If yes, provide explanation:  **-**Community integration?  If yes, provide explanation:  **-**Habilitation support that works toward increased independence and/or maintaining skills and abilities consistent with support plans?  If yes, provide explanation:  **-**Medications timely and consistently per MAR?  If yes, provide explanation:  **-**Health care support (i.e. annual medical and dental appointments, mental health services, treatment and therapy, etc.)?  If yes, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any other concerns or information?  If yes, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FIRST IMPRESSIONS** | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | | |
| **F1.)** Are staff aware of the planned QA visit? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F2.)** Does the individual appear clean, with clean clothing, hair brushed, shaved, etc.? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F3.)** Is the individual engaged with staff, visitors, or in activities in or out of the residence? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F4.)** Is the residence free of unpleasant odors? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F5.)** Is the home free of hazards, harmful material/debris, dangerous animals, and located in a safe area in the community? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F6.)** Does the home appear to be personalized by the individual (i.e. looks like their home)? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **F7.)** Are staff and the agency as a whole cooperative with the Residential QA Review? | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | | |
| **HOME ENVIRONMENT AND SAFETY (see Attachment A)** | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | | |
| **Exterior** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H1.)** Is the exterior in good repair?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H2.)** Yard/lawn maintained and free of debris? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H3.)** Is transportation readily available? ([**WAC 388-101D-0165**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0165))  Check primary means of transportation below (all that apply):  Public Transportation  Service Provider vehicle  Staff owned vehicle | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **Interior** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H4.)** Interior clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H5.)** Are flooring and walls in good repair and condition (no major damage, stains, odors, etc.)? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H6.)** Are all utilities operating (i.e. water, sewer, heat, electricity)?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H7.)** Are appliances in good working order? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H8.)** Is furniture in good repair? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H9.)** Laundry room is orderly and in good repair? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H10.)** Are there handrails for steps, stairs, and ramps if required per support plans? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **HOME ENVIRONMENT AND SAFETY (Cont.)** | | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | |
| **Bedroom(s)/Shared Areas** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H11.)** Does provider ensure the individual's rights of privacy, dignity and respect? ([**WAC 388-101D-0125**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0125);  [(**42 CFR § 441.301(c)(4)**)](https://www.law.cornell.edu/cfr/text/42/441.301) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H12.)** Are all bedrooms and shared areas clean and free of odors?  ([**WAC 388-101D-0130**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0130)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H13.)** Individual’s bedroom is reflective of the individual’s interest? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H14.)** Approved use of side bed rails per physician’s order and support plans?  ([**WAC 388-101D-0155**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0155);[**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H15.)** Is adaptive or medical equipment (oxygen, CPAP, hearing aids) present and working properly? Is there a back-up power source or emergency plan in place for those who utilize life-sustaining equipment? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H16.)** If individual requires monitoring alarms on doors and/or windows, are the alarms in good working order and being used consistently as required per support plans? ([**WAC 388-101D-0500**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0500); [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf); [**15.04**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.04.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H17.)** Do bedroom windows function properly and have appropriate covering? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H18.)** Use of approved video/audio monitors per support plans and approved ETP? ([**WAC 388-101D-0500**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0500)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **Kitchen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H19.)** Is there a variety of foods and is the amount of food sufficient for the individual? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H20.)** Are foods separated in multi-person household, per EBT rules if applicable? ([**WAC 388-408-0034**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-408-0034)**,** [**0035**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-408-0035)**,** [**RCW 74.04.510**](https://app.leg.wa.gov/RCW/default.aspx?cite=74.04.510)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H21.)** If there is a dietary restriction or an alternative meal plan, is it being followed? ([**WAC 388-101D-0145**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0145)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **Bathroom(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H22.)** Is the bathroom stocked with supplies (clean towels, toilet paper), free of mold/odors, clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H23.)** Is the bathroom free of signs of water damage, leaking, and other disrepair? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **HOME ENVIRONMENT AND SAFETY (Cont.)** | | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | |
| **Safety** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **H24.)** For individuals with restricted access to chemicals, are they properly stored? ([**WAC 388-101D-0425, 0430**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0425);  [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf); [**5.08**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf); [**15.04**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.04.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H25.)** Is the water temperature maintained at or below 120ºF?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H26.)** Are all medications accurately labeled and properly stored in a locked container, if applicable?  ([**WAC 388-101D-0330**](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101D-0330)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H27.)** Exits, corridors, aisles, doorways and other evacuation paths are accessible, unblocked and free of obstacles/barriers/hazards?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H28.)** The setting is physically accessible to the individual. ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170);  [**42 CFR § 441.301(c)(4)**)](https://www.law.cornell.edu/cfr/text/42/441.301) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H29.)** Is there documentation of regular evacuation drills and smoke alarm/detectors checks?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H30.)** Is there a carbon monoxide alarm on each floor and near the bedroom?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H31.)** First-aid supplies are stocked and adequate? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H32.)** Are knives/sharps secured, if required by client support plans?  ([**WAC 388-101D-0425, 0430**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0425);  [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf); [**5.08**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf); [**15.04**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.04.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **H33.)** Condition of home overview:  (Needs repairs/replacements/cleaning)  Rate on a scale of **0**–**4**:   * **0** – RCS report required * **1** – Health and safety issues requiring immediate attention * **2** – Multiple issues require attention, but not major health/safety * **3** – Minor repairs/replacement/ cleaning needed * **4** – Home is clean and in good repair | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| **INCIDENT MANAGEMENT and MANDATED REPORTING** | | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | |
| **IM1.)** RCS reporting hotline number and other emergency numbers posted in home for both individual and staff access? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **IM2.)** Are all direct service staff present aware of Mandated Reporting requirements? ([**WAC 388-101D-0060**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0060); [**DDA Policy 6.12**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **IM3.)** Do all direct service staff present know how to report incidents of **A/N/E/A** (e.g. CRU, law enforcement, not to supervisor/chain of command only)? ([**WAC 388-101D-0060**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0060); [**DDA Policy 6.12**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **IM4.)** Do all direct service staff present know the timelines to report incidents of **A/N/E/A** (e.g. immediately, as soon as it can safely be done)? ([**WAC 388-101-4150**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101-4150); [**RCW 74.34.035**](https://app.leg.wa.gov/RCW/default.aspx?cite=74.34.035);[**DDA 6.12**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.12.pdf)) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **IM5.)** Is there evidence of follow-up and/or correction to incidences? | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **MEANINGFUL ACTIVITIES** | | | | | | | | | **Yes** | | | | **No** | | | | **N/A** | | | | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | | | | | | |
| **M1.)** Documentation of participation in a variety of activities to integrate each individual in the community based on goals and interests? ([**WAC 388-101D-0140**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0140)**;** [**42 CFR § 441.301(c)(4)**)](https://www.law.cornell.edu/cfr/text/42/441.301) | | | | | | | | |  | | | |  | | | |  | | | | |  | | | | | | |
| **M2.)** **Out of the past 7 full calendar days, how many days have the individuals left their home (defined as going beyond their yard, regardless of where and with whom)?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Name** | | | **Days 1 through 7** | | | | | | | | | | | | **Total Days** | | | | | **If individual did not access the community 5 or more days, what was the primary barrier?** | | | | | | | | |
|  | | |  |  |  |  | | | |  |  | | |  |  | | | | | Transport unavailable Staffing Lack of interest  Physical issues Behavioral issues Other | | | | | | | | |
|  | | |  |  |  |  | | | |  |  | | |  |  | | | | | Transport unavailable Staffing Lack of interest  Physical issues Behavioral issues Other | | | | | | | | |
|  | | |  |  |  |  | | | |  |  | | |  |  | | | | | Transport unavailable Staffing Lack of interest  Physical issues Behavioral issues Other | | | | | | | | |
|  | | |  |  |  |  | | | |  |  | | |  |  | | | | | Transport unavailable Staffing Lack of interest  Physical issues Behavioral issues Other | | | | | | | | |
| Other (if “Other” is checked above, explain): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUPPORT PLANNING** | | | | | | | | | **mark “Yes” if metric is met, “No” if metric is unmet, or blank**  **if metric is not being reviewed during this visit or if “N/A”** | | | | | | | | | | | | | | | | | | | |
| **CLIENT NAME** (may enter up to four) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP1.)** Individual records system is orderly, consistent, secured and kept confidential? ([**WAC 388-101D-0370**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0370)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP2.)** Do direct support staff have a clear understanding of support plans and individual needs, **without referencing files**? Ask the following:   * What plans does the individual have? * Risks (choking, seizures, falls, protocols, diet restrictions, etc.)? * What goals are you working on? * Where do you track progress? * What support does this person need for ADL care? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP3.)** Can staff show you in files and plans where the above information is located? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **Support Plans, Goals, Data Collection** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP4.)** Are staff providing instruction and supporting individuals to achieve goals as described in the PCSP and IISP?  Rate on a scale of **0**–**4**:   * **0** – Does not have grasp of IISP goals * **1** – Basic informal instruction is occurring * **2** – Appear to understand habilitation/instructional principles, but does not tie it to IISP goals * **3** – Supporting at least one goal from IISP * **4** – Support individuals with all goals identified in plans   ([**WAC 388-101D-0210-0230**;[**DDA Policy 5.08**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf))](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0210) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **CLIENT NAME** (continue) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP5.)** Can the staff show you where they document information in the individual record (goals, refused activities with alternatives offered, incident log, TLOG etc.)? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP6.)** Documentation of data collection and monitoring of IISP goals is consistent and occurring monthly?  ([**WAC 388-101D-0215**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0215); [**DDA Policy 5.08**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP7.)** Documentation of current IISP in the home and up-to-date 6-month reports submitted to DDA?  ([**WAC 388-101D-0230**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0230); [**DDA Policy 5.08**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.08.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP8.)** Is there a current PCSP in the individual record? ([**WAC 388-101D-0205**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0205)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP9.)** Can staff show where interventions and risks are documented in writing? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP10.)** Is there a calendar with scheduled activities posted in the home?  ([**42 CFR § 441.301(c)(4)**)](https://www.law.cornell.edu/cfr/text/42/441.301) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP11.)** Is the individual supported to maintain own calendar for activities and personal appointments? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP12.)** Can the individual go to his/her preferred places that they want to go and can he/she control own schedule? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP13.)** Does the individual participate in choosing meals and contributing to meal prep? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **Positive Behavior Supports and Restrictive Procedures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP14.)** Approved Functional Analysis (FA) and Positive Behavior Support Plans (PBSP) are current and reflective of individual support needs?  ([**WAC 388-101D-0410**](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101D-0410)**;** [**DDA Policy 5.14**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP15.)** Documentation of data collection and monitoring of behavior strategies is consistent and occurring monthly? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP16.)** Do direct support staff access the PBSP or treatment plans and are staff aware of individual specific restrictions and behavior support protocols in place for the individual? ([**WAC 388-101D-0425**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0425);[**DDA Policy 5.14**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP17.)** Can staff tell you about:   * All restrictive procedures being utilized such as chemicals, sharps, alarms, etc. * Level of supervision in the community * What challenging behaviors the PBSP identifies * What are the interventions and risks?   ([**WAC 388-101D-0410**](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101D-0410);[**DDA Policy 5.14**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **CLIENT NAME** (continue) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP18.)** Can staff show you in files and plans where the above information is located? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP19.)** If restrictive procedures are in place for any individual, is there documented consent from affected housemate(s) on file? ([**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **Incident Management and Mandated Reporting** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP20.)** Documentation of incident reports including notification to DDA, RCS, APS, law enforcement, etc. as appropriate? [(**WAC 388-101-4150**)](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101-4150) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP21.)** Does the individual have an advocate to talk to outside of the program if he/she has a problem with staff in the home? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP22.)** Does the individual know how to contact this advocate? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **Medical/Medication Management/Nurse Delegation (see Attachment B)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP23.)** Documentation that regular, necessary medical and dental appointments are maintained (including date, reason for visits, instructions, follow-up, etc.)? ([**WAC 388-101D-0150**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0150)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP24.)** Is the administration of medications being documented on the medication log/MAR consistently and in a timely manner?  ([**WAC 388-101D-0295**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0295); [**0340**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0340)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP25.)** Does the medication log/MAR and the medications onsite match? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP26.)** Are all medications properly labeled and stored appropriately?  ([**WAC 388-101D-0330**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0330)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP27.)** Is there a protocol information sheet for each psychotropic medication and a treatment plan available? ([**WAC 388-101D-0355**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0355);[**DDA Policy 5.16**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.16.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP28.)** Documentation for nurse delegation current and on file (i.e. consent, instruction, 90-day review)? ([**WAC 388-101D-0160**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0160);[**DDA Policy 6.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.15.pdf); [**6.19**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.19.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP29.)** Physician-approved restricted diet (signed annually by PCP)? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP30.)** Individual-specific supervision/monitoring needs being met (i.e. seizure log, health or safety issues, etc.)?([**WAC 388-101D-0025**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0025)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **CLIENT NAME** (continue) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP31.)** If wheelchair seatbelts, bed rails, or similar medical equipment is used, are the required components and documentation (consent, instruction, etc.) in place?  ([**WAC 388-101D-0155**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0155)**;** [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **Client Funds Management (see Attachment C)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SP32.)** If the PCSP identifies that the individual needs support managing funds, is there a current individualized financial plan in place?  ([**WAC 388-101D-0240**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0240)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP33.)** Does the IFP indicate that the provider manages any portion of the individual’s funds? ([**WAC 388-101D-0240**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0240)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP34.)** Does the IFP clearly delineate between client funds and income that will be managed by the provider and what will be managed by the individual or payee? ([**WAC 388-101D-0240**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0240); [**0245**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0245)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP35.)** Does the IFP reflect the person’s habilitative goal of learning some or all aspects of managing own finances, if applicable? | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP36.)** Does the IFP identify all persons involved with transactions, accounts reconciliation, and accounts verifications? ([**WAC 388-101D-0255**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0255)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP37.)** Is there a current property inventory (reviewed annually as a best practice)? ([**WAC 388-101D-0390**](https://apps.leg.wa.gov/WAC/default.aspx?cite=388-101D-0390)) | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **SP38.)** Is the individual supported to contribute to the management/spending of his/her money to the greatest extent possible (e.g. encouraged to participate with paying bills, grocery lists, grocery shopping, big purchases, etc.)?  Rate on a scale of **0**–**4**:   * **N/A**- Individual has no interest * **0** – Individual has clear interest but **NEVER** involved * **1** – Individual has clear interest but is **SELDOM** involved * **2** – Individual has clear interest and is **SOMETIMES** involved * **3** – Individual has clear interest and is **OFTEN** involved * **4** – Individual has clear interest and is **ALWAYS** involved | | | | | | | | |  | | | | | | | | | |  | | | | |  | | | |  |
| **INTERVIEWS: conduct a random sample of direct care staff (staff present during the time of the visit), two individuals (if possible), and one parent, legal representative or family member.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N/A** | **Direct Support Professional Interview**  **(mark “N/A” if staff are unable to participate or interview is not part of review)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Name:  How long have you worked here?  What kind of training have you had in the following areas?   * Direct support care?      * Medication management and nurse delegation?      * Behavioral support?      * Peer coaching?     What does it mean to be a mandated reporter?  What training have you had around mandated reporting?  Do you know how to report incidents of abuse, neglect, exploitation or abandonment of an individual (e.g. RCS and law enforcement)?  Do you know the timeline for reporting such incidents (i.e. **immediately** if related to sexual or physical abuse, neglect or exploitation, etc.)?  What are some significant support needs you face here at work (challenging behaviors/medical issues)? How do you typically respond to them?  Do you feel supported by the agency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Name:  How long have you worked here?  What kind of training have you had in the following areas?   * Direct support care?      * Medication management and nurse delegation?      * Behavioral support?      * Peer coaching?     What does it mean to be a mandated reporter?  What training have you had around mandated reporting?  Do you know how to report incidents of abuse, neglect, exploitation or abandonment of an individual (e.g. RCS and law enforcement)?  Do you know the timeline for reporting such incidents (i.e. **immediately** if related to sexual or physical abuse, neglect or exploitation, etc.)?  What are some significant support needs you face here at work (challenging behaviors/medical issues)? How do you typically respond to them?  Do you feel supported by the agency? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N/A** | **Individual Interview**  **(mark “N/A” if individual is unable to participate or interview is not part of review)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual Name:  Do you like where you live?    Do you feel you get the support you need from your staff?    Do you get to make choices for yourself (e.g. meals, clothing, purchases, outings, etc.)?    How often do you do things for fun outside the home?  Are there things you would like to do or goals you hope to achieve?    Are you learning new things?    Are the services and supports helping you to live more independently?    Do you ever feel afraid or scared?    What would you do if someone did something you did not like or made you feel uncomfortable?    Do you have friends and/or family that you see?    Do you have an advocate to talk to outside of the program if you have a problem with staff in the home?    Do you know how to contact your advocate or DDA case/resource manager? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual Name:  Do you like where you live?    Do you feel you get the support you need from your staff?    Do you get to make choices for yourself (e.g. meals, clothing, purchases, outings, etc.)?    How often do you do things for fun outside the home?    Are there things you would like to do or goals you hope to achieve?    Are you learning new things?    Are the services and supports helping you to live more independently?    Do you ever feel afraid or scared?    What would you do if someone did something you did not like or made you feel uncomfortable?    Do you have friends and/or family that you see?    Do you have an advocate to talk to outside of the program if you have a problem with staff in the home?    Do you know how to contact your advocate or DDA case/resource manager? | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N/A** | **Legal Representative/Family Interview**  **(mark “N/A” if person is unable to participate or interview is not part of review)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name:  Role:  How often do you talk to the individual you represent?  Does the individual you represent like where he/she lives?  If no, provide explanation:    Do you have any health and safety concerns regarding his/her residence?  If yes, provide explanation:    Does this individual get the help he/she needs?  If no, provide explanation:    Is this individual supported to form new relationships and/or maintain current relationships with people in his/her life?  If no, provide explanation:    Has this individual ever expressed having problems at the home, with staff or other people?  If yes, provide explanation:    Is the individual’s medical needs being met? If no, provide explanation:    How often does the individual go to preferred activities in the community for his/her enjoyment?  Does agency staff appropriately support the individual in a way that meets his/her needs?  If no, provide explanation:    Do staff treat him/her with respect?  If no, provide explanation:    Is the residential provider helping the individual accomplish his/her goals?  If no, provide explanation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP:**  **Review the data and summarize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by staff, the reviewer, quality assurance staff and management, DDA resource manager, and/or DDA case manager. Recommendations and suggestions for “best practice” can also be included as they relate to service contract, policy, and WACs.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **GENERAL INSTRUCTIONS**  This tool is intended to be a guide for evaluating focused areas of residential programs, drive quality assurance/quality improvement metrics and agency goals, and improve service delivery. **Complete one tool per household.** The intent of a QA visit is to have a collaborative approach toward your common goal of providing quality supports and services to clients, and to offer resources and guidance in best practices to staff. Take this opportunity to model positive interactions and to provide instruction, feedback and training as appropriate. If there are significant health and safety concerns during the visit, they should be addressed immediately and reported to RCS/APS per mandated reporter requirements specified in RCW 74.34. The reviewer may choose to use the entire tool for extensive QA/QI processes or part of the tool for targeted QA/QI. Leave non-applicable areas **blank** or marked with **“N/A”** where designated. The reviewer may need to select **one** respondent to some questions in a multiple staff and client setting. Note in **Comments** your observations about different respondents’ knowledge. For example – there is the option to interview multiple staff, but you only formally interview one staff, note other staff responses or contributions to any question in **Comments**. All responses should be entered into a database for best data analysis and reporting purposes. The original tool used to collect data should be kept for future reference (when possible).  **CURRENT COMPLIANCE ISSUES/CONCERNS**  **This review may be conducted in response to compliance issues related to an RCS audit, investigation, or enforcement actions.** If needed, consult with agency management, RCS, or DDA to answer these questions, which may inform your visit and suggest areas of special focus.  **FIRST IMPRESSIONS**  **F2. Do individuals appear clean, with clean clothing, hair brushed, shaved?** Provide information for more than one client if you see significant variance between individuals, and note concerns in the comments.  **F3. Are individuals engaged with staff, visitors, or activities in or out of home?** Answer “yes” if you see evidence of this during your visit or in the documentation. Use more than one answer if you see significant variance between clients, and note in the comments.  **F7. Are staff and the agency as a whole cooperative with the QA review?**  - Answer with the rating that best categorizes the cooperation of the agency on the whole (including arranging the QA visit, during the visit, and hearing feedback). If barriers to communication and collaboration exist, identify the issues and steps that need to be taken to resolve them.  **HOME ENVIRONMENT AND SAFETY- EXTERIOR**  **H1. Is the exterior of the residence in good repair?** Answer “no” if you see obvious signs of disrepair such as paint peeling, gutters falling off, roof covered in moss, etc..  **H2. Is the yard / lawn maintained?** Answer “no” if they lawn is extremely over-grown, if there is trash in the yard or if the general condition of the yard is kept at a noticeably lower standard than the surrounding homes.  **H3. Is transportation readily available?** Ask how people get around, check the primary means of transportation used, checking more than one if different methods are used by different clients and/or different methods are used equally. Check “no” if significant barriers to getting places the clients want to go are identified.  **INTERIOR**  **H4. Interior clean and in good sanitary condition** **(flooring, walls, odor-free)?** Answer “yes” unless there are concerns about structural issues, odor, stains, water damage or mold, etc.  **H7. Are appliances in good working order?** Answer “no” if there are any appliances in disrepair or unsafe to use.  **H8. Is furniture in good repair?** Answer “no” if one or more furniture items in the home are unsafe, obviously broken, or badly stained.  **H9. Laundry room orderly and in good repair?** Answer “yes” unless there are concerns about cleanliness, clutter, water damage, or lint buildup in the dryer or areas of the space.  **H10. Are handrails, grab bars, and ramps present as needed, per individual support plans or professional orders?** If there are clients with mobility issues, answer “no” if there are any areas of the home/exit that are inaccessible or unsafe due to lack of handrails and/or ramps.  **BEDROOMS / SHARED AREAS**  **H11. Does the provider ensure people have rights of privacy, dignity, and respect (house key, bathroom door lock, visitors when people want)**? Answer “yes” unless there are concerns about provider practice.  **H13. Bedrooms are reflective of the individual’s interest?** Answer “yes” unless there is no evidence of this occurring.   1. **H15.** **Is adaptive or medical equipment (oxygen, CPAP, hearing aids) present and working properly?** **Is there a working back up power source or emergency plan in place for those who utilize life-sustaining equipment?**  For any necessary devices that are not present or not functioning, answer “No” and note plan to address this in the Corrections, Consultations, and Follow-Up box. Review instructions to staff, routine operation checks, and plans or emergency protocols that involve using this equipment, as best practice. 2. **H16. If individual requires alarms on doors or windows, are the alarms working and being used as required per service plans?** Is there documentation of agreement for the impact of a housemate’s restriction? Answer “no” if staff report the alarms are not working/don’t always work and/or if you observe alarms not set or not working during your visit. Clarify in comments if there is no need for an agreement for the impact of a housemate’s restriction. 3. **H17. Do bedroom windows function properly and have appropriate covering?** Check for functioning curtains or blinds. Ensure blinds cords are not a safety hazard. Do windows open freely and have screens?   **KITCHEN**  **H19. Is there a variety and sufficient amount of food in the home?** Is there a minimum of 3 days food in the home? If food seems sparse, ask why. If there is “emergency” food stored elsewhere (and if that is a part of a client’s plan) ask when or how they will get more food. **If there is not a clear plan for getting more food, immediate action may be required.**  **BATHROOM**  **H22. Is the bathroom stocked with supplies (clean towels, toilet paper), free of mold/odors, clean and in good sanitary condition?** Is there mold on walls/ceiling? Are there odors or cleaning issues?  **SAFETY**  **H24. For clients with restricted access to chemicals are they properly stored?** If this is a requirement or part of a client’s plan, physically look for products in drawers and cabinets. Keep in mind dish soap or other hazardous items may have been overlooked or left out during cleaning. Ask for any unsecured items to be immediately secured, if applicable.  **H27. Are exits, doorways, and other evacuation paths accessible and free of obstacles/barriers/hazards?** Check for blocked doorways in bedrooms or other means of emergency egress. Ensure that each person’s PCSP and all other support plans describe the person's ability to evacuate the home according to the following descriptions: (1) Independent: person is physically and mentally capable of safely getting out of the home without the assistance of another individual or the use of mobility aids. A person is considered independent if capable of getting out of the home after one verbal cue; (2) Assistance required: Person is not physically or mentally capable of getting out of the house without assistance from another individual or mobility aids.  **H29.** **Is there documentation of regular evacuation drills and smoke detector checks?** Review records to ensure all individuals in the home participate in evacuation drills whenever possible. Is there evidence of regular smoke detector checks? Only test the smoke detectors when you have permission, when it is safe to do so, and when it does not disrupt the individuals in the home.  **H30. Is there a carbon monoxide alarm?** Verify through observation  **H32. Are sharps secured if required by client support plans?** If this is a requirement or part of a client’s plan, physically look for items in drawers and cabinets. Keep in mind sharp items may have been overlooked or left out during meal prep. Ask for any unsecured items to be immediately secured, if applicable.  **H33. Condition of home overview: (Needs repairs, replacements, cleaning)** Rate on a scale of 0–4**.**  **INCIDENT MANAGEMENT and MANDATORY REPORTING**  **IM1. RCS and emergency contacts posted in home for both individual and staff access?** Can staff show you where emergency contact numbers are located?  **IM4. Do staff know how to report incidents of A/N/E/A?** Do staff understand notification requirements to DDA, RCS, APS, law enforcement, etc. as appropriate?Answer “Yes” if staff indicate they are required by law to report any suspicions of abuse, neglect, exploitation or abandonment, the investigative entities to which they are to report to: RCS/APS/law enforcement, and the timelines (immediately for adults)- all in language consistent with mandated reporting requirements.  **MEANINGFUL ACTIVITIES**  **M1. Is there documentation of community integration?** Look for evidence of regular activities, for multiple months, across different areas, such as calendars, IISP documentation, progress notes, etc..  **CLIENT RECORDS**  **SP1. Client record system is orderly, comprehensive, and kept confidential?** Look for files organized with tables of contents, separate sections for specific documents (e.g., health/finances/support plans/data collection/etc.), with consistency (i.e., same system) across the program records. Staff should have sufficient records present to be able to provide adequate care. Records should be stored out of view of others.  **SP2. Do direct support staff have a clear understanding of individual support plans and individual needs, without referencing files?** Ask staff about clients’ plans, their physical or mental health support needs, risks, behavioral interventions. If staff start to open the books, tell them that right now you are interested in a conversation *without* them referring to the books.  **SUPPORT PLANS, GOALS, DATA COLLECTION**  **SP4. Are staff providing instruction and supporting individuals to achieve goals as described in the PCSP and IISP/Treatment Plan?** Rate staff responses for each client on a scale of **0**–**4**.  **SP5. Can the staff show you where they document information in the individual record (goals, refused activities with alternatives offered, INCIDENT LOG, TLOG etc.)?** Answer “No” if they cannot show you or there is no documentation in the home.  **SP6. Data collection and monitoring of IISP goals is consistent and occurring every 30 days?** Look for progress notes, data collection sheets, or other tracking forms.  **SP7. Current IISP is in the home, up-to-date reports have been submitted to DDA?** Ensure current plans necessary to support clients are available to staff. Ensure documents have been submitted to DDA, per applicable rule.  **SP8. Current signed DDA PCSP maintained in individual records?** All support plans should be based on the current PCSP. Best practice is to have the current PCSP in the home.  **SP9. Can staff show you where risks and interventions are documented in writing?** Staff should be able to direct you to the IISP, PCSP, and PBSP, as applicable. If there are restrictions in place, staff should be able to find them in the applicable plans.  **SP10. Is there a calendar with scheduled activities posted in the home?** Answer “yes” if any form of calendar is used for activities – including one for the home, calendars for each client, posted on the wall or in files, or electronic calendars (computer, smart phone).  **SP11. Is the individual supported to maintain own calendar for activities and personal appointments?** Answer “yes” if clients participate in developing their own calendar or have input into what goes on the calendar with help from staff. Mark “NA” if client’s has no interest in maintaining a calendar.  **SP12. Can the individual go to his/her preferred places and can he/she control own schedule?** Ask the question of each client or of staff if client is unable to answer. Answer “yes” if clients can typically go where they want within their community and if they have reasonable control over their schedules. Answer “no” if they identify significant or frequent barriers to going where they want (such as lack of transportation or adequate staffing), or if they do not have reasonable input or control over their schedule.  **SP13. Does the individual participate or have the option to participate in choosing meals and contributing to meal prep?** Ask the question of each client or of staff if client is unable to answer. Answer “yes” if clients have the opportunity to choose meals and contribute to meal preparation, even if they choose not to. Answer “no” if the client does not have the opportunity to participate or “NA” if client’s has no interest in meal planning or prep.  **POSITIVE BEHAVIOR SUPPORTS AND RESTRICTIVE PROCEDURES**  **SP14. Provider has a current FA/PBSP that are reflective of support needs?** Look for a plan that is current and reflects the most recent list of challenging behaviors.  **SP16. Do direct support staff have access to the plan that addresses challenging behavior and are staff aware of individual specific restrictions and behavior support protocols in place for the individual?** Ensure plans are available to staff, and contain all current behaviors, interventions, and restrictions. Look for documentation of plan review after significant incidents. Answer “no” if staff is unaware of the plans or is restricting items/ implementing strategies without a plan in place or without awareness of why they are implementing the strategy.  **SP17. Can staff tell you about restrictive procedures, level of supervision, challenging behaviors, interventions and risks?** Answer “no” if staff is unaware of the plans or is restricting items/implementing strategies without a plan in place or awareness of why they are implementing the strategy.  **SP18. Can staff show you in files and plans were the above information is located?** After staff have answered SP17, ask them where in the files the plans are. Answer “no” if they cannot show you or if the plans are not in the home.  **MEDICAL AND MEDICATION MANAGEMENT**  **SP23. Documentation that regular, necessary medical and dental appointments are maintained (including date, reason for visits, instructions, follow up, etc.)?** Answer “no” if you observe, read or have reported to you any unmet medical or dental needs. You may need to get assurance of prompt attention if there are missing appointments or if the need has not been addressed.  **SP24. Is the administration of medications being documented on the medication log/MAR consistently and in a timely manner?** Answer “no”, if you see a pattern of errors, more than one error on the current MAR, missing refusal documentation, or if there is no MAR available in the home. Ask staff what they do in case of medication refusal and where they would document. Ask if medication refusal is an issue, and if so and there is no documentation, note this at the end of the tool in the Corrections, Consultations, and Follow-Up box. Review for appropriate follow up by staff for errors or missed medications (e.g., contacting pharmacy or medical professional).  **SP25. Does the medication log/MAR and the medications onsite match?** Look to see that all medications match the meds listed on the MAR.  **SP26. Are all medications properly labeled and stored appropriately?** Answer “no” if you find medications that are unsecured, unlabeled, unrefrigerated and/or expired.  **SP27. Is there information for each psychotropic medication and a Psychotropic Med Treatment Plan available?** Look for current side effects/contraindications med information sheets in the home.  **SP28. Documentation for nurse delegation current and on file (i.e., consent, instructions, 90-day review)?** Ensure these documents are current, signed, and available to staff.  **SP29. Physician approved restricted or modified diet (signed annually by PCP)?** Answer “yes” if there is evidence staff are following doctor orders. This is best practice.  **SP30. Individual-specific supervision/monitoring needs (e.g.. seizure log, bowel, blood-glucose monitoring, bathing, etc.) are being met?** Answer “No” if staff are unable to explain or find the individualized protocols in the home. **If there is a need for a monitoring protocol to reduce risk and it is not in place, immediate action may be required.**   1. **SP31. If wheelchair seatbelts, bed rails, or similar medical equipment is used, is the required documentation (consent, instruction, physician’s order, etc.) in place?** Answer “no” if there are any “medical devices with known safety risks” or any device that the person cannot remove which restricts free movement that does not have all required documentation.   **CLIENT FUNDS MANAGEMENT**   1. **SP34. Does the IFP clearly delineate between client funds and income that will be managed by the provider and what will be managed by the individual or payee?** Is cash, EBT, or gift cards managed by the provider identified in IFP, kept separate from other parties’ funds, and accounted for with current, accurate ledgers? 2. **SP37. Is there a current property inventory (reviewed annually as a best practice)?** Review the records to ensure it reflects current property and disposition or disposal of property. 3. **SP38. Is the individual supported to contribute to the management/spending of their money to the greatest extent possible (e.g. encouraged to participate with paying bills, grocery lists, grocery shopping, big purchases, etc.)?** Rate from 0 to 4 for each of the clients in the household. Determine by asking questions of clients or staff about who shops, pays bills, etc.. Review any financial-related learning goals a person may have in applicable plans (IISP, IFP, PCSP). Answer “no” if the client does not have the opportunity to participate or “NA” if client’s has no interest in meal planning or prep.   **DIRECT SUPPORT STAFF INTERVIEW**  Ensure staff are available and not expected to be engaged with clients before interviewing them. When asking regarding mandated reporting, answer “Yes” if staff are knowledgeable of their mandated reporting requirements. Answer “No” if they do not identify their obligation on what to report, the investigatory entities to which they report: RCS/APS or both RCS/APS **and law enforcement** for incidents of suspected physical or sexual assault, if they do not know mandated reporting timelines (immediately for adults), and to whom to notify incidences.  **INDIVIDUAL INTERVIEW**  When possible, find a private space to interview clients. If clients choose or need to have a staff member present, encourage the client to answer for themselves when possible, but staff may offer support.  **LEGAL REPRESENTATIVE/FAMILY INTERVIEW**  If a client does not have a legal representative but has a close friend or advocate the client gives consent to speak to, you may interview them as a surrogate for the legal representative or family member.  **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP**  Identify all areas in the review that do not meet the metrics of this tool, as they relate to RCW, WAC, DDA and agency policy, contract terms, best practice, or expected outcomes. Include general comments which are helpful to know but aren’t adequately captured in the tool. This data will assist an agency in pinpointing the root cause of issues and how to resolve them. Corrections and follow up should list all issues or concerns, specific staff involved in the follow-up, and a timeframe for when completion or resolution should be achieved. |

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| **ATTACHMENT A**  HOME ENVIRONMENT QA TOOL | | | | | | | | |
| **HOME ENVIRONMENT AND SAFETY** | **Yes** | | **No** | | **N/A** | | **Comments**  **(provide specific information on “No” and “N/A” responses only)** | |
| **Exterior** | | | | | | | | |
| **A1.)** Is the unit being rented from a landlord that is not affiliated with the provider/agency? | |  | |  | |  | |  |
| **A2.)** Is the individual listed on the lease? | |  | |  | |  | |  |
| **H1.)** Is the exterior in good repair?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **H2.)** Yard/lawn maintained and free of debris? | |  | |  | |  | |  |
| **F5.)** Is the home free of hazards, harmful material/debris, dangerous animals, and located in a safe area in the community? | |  | |  | |  | |  |
| **F6.)** Does the home appear to be personalized by the individual (i.e. looks like their home)? | |  | |  | |  | |  |
| **A4.)** Do all porches, balconies, decks and similar structures more than 30 inches above the ground have a railing at least 36 inches high? | |  | |  | |  | |  |
| **A5.)** Do all outside stairs with four or more steps have handrails that are structurally sound? | |  | |  | |  | |  |
| **A6.)** Do the exterior doors have a deadbolt and/or locking handle that functions properly? | |  | |  | |  | |  |
| **A7.)** From ground level view, is the roof free of debris and in good repair? | |  | |  | |  | |  |
| **A8.)** From ground level view, are all gutters free of debris and in good repair? | |  | |  | |  | |  |
| **A9.)** From ground level view, is the chimney in good repair? | |  | |  | |  | |  |
| **A10.)** Is the exterior free of evidence of rodent or other pest infestation? | |  | |  | |  | |  |
| **A11.)** Is the exterior egress free from obstacles, barriers, or locked gate? | |  | |  | |  | |  |
| **A12.)** Does unit have a backup generator? | |  | |  | |  | |  |
| **Interior** | | | | | | | | |
| **H4.)** Interior clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **A13.)** Does the home include a living room, kitchen, bathroom and one living/sleeping room for every individual living in the unit? | |  | |  | |  | |  |
| **A14.)** Are all windows in good repair and functioning properly, secure, and have appropriate covering?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **H5.)** Are flooring and walls in good repair and condition (no major damage, stains, odors, etc.)? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **A15.)** Is the floor coverings free of tripping hazards e.g. curling, loose edges or holes? | |  | |  | |  | |  |
| **A16.)** Are the ceilings and walls in good condition, with no large cracks, holes, peeling or chipping paint, or loose plaster? [\*Units built before 1978 may have lead-based paint on the exterior and interior] | |  | |  | |  | |  |
| **H6.)** Are all utilities operating (i.e. water, sewer, heat, electricity)?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **H7.)** Are appliances in good working order? | |  | |  | |  | |  |
| **H8.)** Is furniture in good repair? | |  | |  | |  | |  |
| **H9.)** Laundry room is orderly and in good repair? | |  | |  | |  | |  |
| **H10.)** Are there handrails for steps, stairs, and ramps if required per support plans? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **A17.)** Do all inside stairs with four or more steps have handrails that are structurally sound? | |  | |  | |  | |  |
| **A18.)** Is there a heating system capable of heating the entire unit to a comfortable temperature? | |  | |  | |  | |  |
| **A19.)** Is there evidence the heating system is serviced every two years? | |  | |  | |  | |  |
| **A20.)** Do all rooms have either two working outlets or one working outlet and an overhead light or light fixture? | |  | |  | |  | |  |
| **A21.)** Do all outlets, switches and electrical boxes have covers with no exposed or fraying wires? | |  | |  | |  | |  |
| **A22.)** Are all electrical splices properly contained in junction boxes with covers? | |  | |  | |  | |  |
| **A23.)** For essential medical equipment that operates by A/C power from the unit, is the equipment plugged into an electrical outlet that is not being used to supply power to another major appliance, is the circuit breaker or fuse marked showing which one controls the medical equipment, and is there a fully charged external battery available as backup? | |  | |  | |  | |  |
| **H15.)** Is adaptive or medical equipment (oxygen, CPAP, hearing aids) present, working properly? Is there a back-up power source or emergency plan in place for those who utilize life-sustaining equipment? | |  | |  | |  | |  |
| **A24.)** Do all smoke detectors work properly and are they tested regularly? | |  | |  | |  | |  |
| **A25.)** Are smoke detectors located outside each sleeping area and on each floor of the unit, if applicable? | |  | |  | |  | |  |
| **A26.)** If any individual is hearing impaired, do the smoke detectors have lights that function properly? | |  | |  | |  | |  |
| **A27.)** Is there a functioning smoke detector or heat detection device near the laundry room? | |  | |  | |  | |  |
| **A28.)** Does the water heater have a properly installed pressure relief valve and hot water-tolerant discharge line (no PVC)? | |  | |  | |  | |  |
| **A29.)** Does the water heater have an adjustable temperature gauge? | |  | |  | |  | |  |
| **H25.)** Is the water temperature maintained at or below 120ºF?  ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **A30.)** Is the interior free of evidence of rodent or other pest infestation? | |  | |  | |  | |  |
| **Bedrooms/Shared Areas** | | | | | | | | |
| **H12.)** Are all bedrooms and shared areas clean and free of odors?  ([**WAC 388-101D-0130**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0130)) | |  | |  | |  | |  |
| **H16.)** If individual requires monitoring alarms on doors and/or windows, are the alarms in good working order and being used consistently as required per support plans? ([**WAC 388-101D-0500**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0500); [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf); [**15.04**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy15.04.pdf)) | |  | |  | |  | |  |
| **A31.)** Are the windows large enough to be used as an emergency exit? | |  | |  | |  | |  |
| **A32.)** Does each bedroom have a door that can be closed? | |  | |  | |  | |  |
| **Kitchen** | | | | | | | | |
| **A33.)** Do the stove burners work properly? | |  | |  | |  | |  |
| **A34.)** If the stove is equipped with a pilot light, does the pilot light ignite the burners properly? | |  | |  | |  | |  |
| **A35.)** Does the oven work properly and does the door close tightly? | |  | |  | |  | |  |
| **A36.)** All parts of oven functional, including the oven door seal gasket? | |  | |  | |  | |  |
| **A37.)** Is the refrigerator in good working repair and clean? | |  | |  | |  | |  |
| **A38.)** Is the refrigerator door gasket intact forming a proper seal? | |  | |  | |  | |  |
| **A39.)** Is the freezer in good working repair and clean? | |  | |  | |  | |  |
| **A40.)** Is the freezer door gasket intact forming a proper seal? | |  | |  | |  | |  |
| **A41.)** Is food kept at proper temperature when stored in the refrigerator and the freezer? | |  | |  | |  | |  |
| **A42.)** Is there adequate food preparation and storage areas in or near the kitchen? | |  | |  | |  | |  |
| **A43.)** Are all kitchen cabinets clean and in proper working condition? | |  | |  | |  | |  |
| **A44.)** Is the sink properly hooked to a sewer line? | |  | |  | |  | |  |
| **A45.)** Does the sink have hot and cold running water and a drain with a trap? | |  | |  | |  | |  |
| **A46.)** Does the sink drain properly? | |  | |  | |  | |  |
| **A47.)** Are the faucet and sink free of dripping or leaks? | |  | |  | |  | |  |
| **A48.)** Is there adequate means to dispose of food waste? | |  | |  | |  | |  |
| **Bathroom(s)** | | | | | | | | |
| **H23.)** Is the bathroom free of signs of water damage, leaking, and other disrepair? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **H22.)** Is the bathroom stocked with supplies (clean towels, toilet paper), free of mold/odors, clean and in good sanitary condition? ([**WAC 388-101D-0170**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0170)) | |  | |  | |  | |  |
| **A50.)** Does the bathroom have a private flush toilet that is fastened tightly to the floor and in good working condition? | |  | |  | |  | |  |
| **A51.)** Does the bathroom have a private shower or bathtub in good working condition? | |  | |  | |  | |  |
| **A52.)** Is the sink properly hooked to a sewer line? | |  | |  | |  | |  |
| **A53.)** Does the sink have hot and cold running water and a drain with a trap? | |  | |  | |  | |  |
| **A54.)** Does the sink drain properly? | |  | |  | |  | |  |
| **A55.)** Are the faucet, sink and shower/bathtub free of dripping or leaks? | |  | |  | |  | |  |
| **A56.)** Is there adequate ventilation either from an operable window or an exhaust fan in good working condition? | |  | |  | |  | |  |
| **Overall Impression** | | | | | | | | |
| **H33.)** Condition of home overview:  (Needs repairs/replacements/  cleaning)  Rate on a scale of **0**–**4**:   * **0** – RCS report required * **1** – Health and safety issues requiring immediate attention * **2** – Multiple issues require attention, but not major health/safety * **3** – Minor repairs/replacement/   cleaning needed   * **4** – Home is clean and in good repair | |  | | | | | |  |
| **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP:**  **Review the data and summarize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by staff, the reviewer, quality assurance staff and management, DDA resource manager, and/or DDA case manager. Recommendations and suggestions for “best practice” can also be included as they relate to service contract, policy, and WACs.** | | | | | | | | |

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| **ATTACHMENT B**  MEDICAL/MEDICATION MANAGEMENT QA TOOL | | | | |
| **CLIENT NAME** (may enter up to four) |  |  |  |  |
| **SP24.)** Is the administration of medications being documented on the medication log/MAR consistently and in a timely manner? ([**WAC 388-101D-0295**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0295)) |  |  |  |  |
| **SP26.)** Are all medications properly labeled and stored appropriately?  ([**WAC 388-101D-0330**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0330)) |  |  |  |  |
| **B1.)** Does the individual use prescribed or OTC medication? |  |  |  |  |
| **B2.)** Does the provider assist this individual with medication administration, per service plans? |  |  |  |  |
| **B3.)** Is there a MAR onsite and easily accessible? |  |  |  |  |
| **B4.)** Is the MAR filled out completely? |  |  |  |  |
| **B5.)** Are medication refusals marked on the MAR accurately and documented thoroughly and consistently? |  |  |  |  |
| **SP25.)** Does the medication log/MAR and the medications onsite match? |  |  |  |  |
| **B6.)** Is there documented evidence that staff check the MAR for accuracy before, during, and/or at the end of every shift? |  |  |  |  |
| **B7.)** Is there documented evidence staff review client profile and other important identifying information before administering medication to the individual? |  |  |  |  |
| **B8.)** Is there documented evidence staff review and verify each medication administered is labelled correctly including name, dosage and frequency? |  |  |  |  |
| **B9.)** Are there clear protocols in place for staff to follow? |  |  |  |  |
| **B10.)** Do staff know where to find protocols? |  |  |  |  |
| **B11.)** Is there documented evidence staff reviewed and follow all protocols in place? |  |  |  |  |
| **SP27.)** Is there a protocol information sheet for each psychotropic medication and a treatment plan available?  ([**WAC 388-101D-0355**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0355);[**DDA Policy 5.16**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.16.pdf)) |  |  |  |  |
| **SP21.)** Documentation that regular, necessary medical and dental appointments are maintained (including date, reason for visits, instructions, follow-up, etc.)? ([**WAC 388-101D-0150**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0150)) |  |  |  |  |
| **CLIENT NAME** (continue) |  |  |  |  |
| **B12.)** Is there health care provider information on site? |  |  |  |  |
| **B13.)** Is there a schedule being maintained that includes medical and dental appointments? |  |  |  |  |
| **SP28.)** Documentation for nurse delegation current and on file (i.e. consent, instruction, 90-day review)? ([**WAC 388-101D-0160**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0160);[**DDA Policy 6.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.15.pdf); [**6.19**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy6.19.pdf)) |  |  |  |  |
| **SP29.)** Physician approved restricted diet (signed annually by PCP)? |  |  |  |  |
| **SP30.)** Individual-specific supervision/monitoring needs being met (i.e. seizure log, health or safety issues, etc.)?([**WAC 388-101D-0025**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0025)) |  |  |  |  |
| **SP31.)** If wheelchair seatbelts, bed rails, or similar medical equipment is used, are the required components and documentation (consent, instruction, etc.) in place?  ([**WAC 388-101D-0155**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0155); [**DDA Policy 5.15**](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.15.pdf)) |  |  |  |  |
| **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP:**  **Review the data and summarize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by staff, the reviewer, quality assurance staff and management, DDA resource manager, and/or DDA case manager. Recommendations and suggestions for “best practice” can also be included as they relate to service contract, policy, and WACs.** | | | | |

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| **ATTACHMENT C**  CLIENT FUNDS/IFP QA TOOL | | | | |
| **CLIENT NAME** (may enter up to four) |  |  |  |  |
| **SP32.)** If the PCSP identifies that the individual needs support managing funds, is there a current individualized financial plan (IFP) in place? |  |  |  |  |
| **SP34.)** Does the IFP clearly delineate between client funds and income that will be managed by the provider and what will be managed by the individual or payee? ([**WAC 388-101D-0240**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0240); [**0245**](https://apps.leg.wa.gov/wac/default.aspx?cite=388-101D-0245)) |  |  |  |  |
| **C1.)** Is the IFP signed by the individual **and** legal representative, if applicable? |  |  |  |  |
| **SP38.)** Is the individual supported to contribute to the management/spending of his/her money to the greatest extent possible (e.g. encouraged to participate with paying bills, grocery lists, grocery shopping, big purchases, etc.)?  Rate on a scale of **0**–**4**:   * **0** – Individual has clear interest but **NEVER** involved * **1** – Individual has clear interest but is **SELDOM** involved * **2** – Individual has clear interest and is **SOMETIMES** involved * **3** – Individual has clear interest and is **OFTEN** involved * **4** – Individual has clear interest and is **ALWAYS** involved |  |  |  |  |
| **SP33.)** Does the IFP indicate that the provider manages any portion of the individual’s funds? |  |  |  |  |
| **C2.)** Is the IFP individualized (i.e. proper pronouns, specific names, interest)? |  |  |  |  |
| **C3.)** Are all required questions answered, boxes checked, and blanks filled in? |  |  |  |  |
| **C4.)** Does the IFP describe what the individual can do to participate in funds management (i.e. writing checks, signing, managing cash, budgeting, planning, etc.)? |  |  |  |  |
| **C5.)** Does the IFP describe where, when and how this individual uses money, makes purchases, handles cash, etc.? |  |  |  |  |
| **CLIENT NAME** (continue) |  |  |  |  |
| **C6.)** Does the IFP use language and phrases consistent with money management (i.e. cash, ledger, balance, checkbook, reconcile, verify, signing process, etc.)? |  |  |  |  |
| **C7.)** Is there evidence the IFP gets updated when significant changes occur? |  |  |  |  |
| **SP36.)** Does the IFP identify all persons involved with transactions, accounts reconciliation, and accounts verifications? |  |  |  |  |
| **C8.)** Does the IFP describe the splitting of shared household expenses (for multi-person households)? |  |  |  |  |
| **C9.)** Does the IFP identify steps necessary to protect the individual from exploitation? |  |  |  |  |
| **SP35.)** Does the IFP reflect the person’s habilitative goal of learning some or all aspects of managing own finances, if applicable? |  |  |  |  |
| **C10.)** Does the IFP list detailed figures for cash in the home, wages and other income, SSA/SSI benefits, EBT, trust, etc.? |  |  |  |  |
| **C11.)** Does the IFP list what the resource limitations are, per SSA/Medicaid and how to prevent the individual from going over the resource limits? |  |  |  |  |
| **C12.)** Does the IFP include information about this individual’s employment (i.e. job, location, employment support, etc.), if applicable? |  |  |  |  |
| **CORRECTIONS, CONSULTATIONS, AND FOLLOW-UP:**  **Review the data and summarize the areas marked “No” and areas needing improvement where noted. These areas require corrective action and follow-up by staff, the reviewer, quality assurance staff and management, DDA resource manager, and/or DDA case manager. Recommendations and suggestions for “best practice” can also be included as they relate to service contract, policy, and WACs.** | | | | |