

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

ATTACHMENT H



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)
RESIDENTIAL CARE SERVICES
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

CCRSS Group Training Home (GTH) Home Environment and Safety Worksheet

Observations of the environment occur throughout the certification evaluation process.

CLIENT NAME	CLIENT SAMPLE ID NUMBER
DATE OF OBSERVATIONS	TIME OF OBSERVATIONS

Quality of Life / Client Rights

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Did the client have a shared bedroom (only if they consent)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was the client's bedroom furnished and decorated within the term of their written agreement with the GTH?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can client retain and use personal possessions, including furniture and clothing, as space permits?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have control of their own schedule as indicated in their PCSP?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the client able to meet privately at any time with visitors of their choosing?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the client access and review the GTH's certification results and correction action plans?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the client access and review the GTH's policies and procedures?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the client view written notice from GTH of enforcement actions that places a hold on referrals for new clients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the client have a written agreement with the GTH regarding client's notice of rights for termination?

Physical Environment and Outdoors

Yes	No	N/A	Bedroom:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the bedroom have adequate square footage (80 sq. ft. single, 140 sq. ft. double, 120 sq. ft. double if licensed before 01/01/2019)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the bedroom private unless client requests to share?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window / door provides natural light. Covered with a screen, and allows for emergency exit?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the room have a closet or wardrobe (not included in usable square footage)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the room have a locking bedroom door (unless unsafe for client per PCSP)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean, comfortable bed with waterproof mattress if needed or requested by client?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate space for mobility aids (i.e., wheelchair, walker, lifting devices)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct, unrestricted access to common areas?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Construction changes or significant structural change to the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Home has been adapted to meet the client's needs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pets: proof of current vaccinations?

Bathrooms

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing sinks with hot and cold running water?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direct access to toilet and shower?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilets (1:5 ratio)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Safety

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors in every client's bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke detectors in working condition and meets the needs of the specific clients?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguishers installed to manufacturer's recommendations, annually replaced / inspected or serviced and in working order?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facility located in area with public fire protection?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annual inspection by the state fire marshal?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation plan posted in a common area on every floor that displays clearly marked exits, evacuation routes and location for clients to meet outside the home?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary needs of each client?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does a fence at least 48 inches high enclose bodies of water over 24 inches deep? Is there a door or gate that leads to the bodies of water with an audible alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infection control practices followed?

Water Temperature in °F; check two locations (if first check >120°F, re-check water temperature)

Temperature: °F	Date / time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Other:
Temperature: °F	Date / time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Other:
Temperature: °F	Date / time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Other:
Temperature: °F	Date / time:	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Other:

NOTES