



DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
**Emergency Transitional Support Services
 Certification Evaluation**

PROVIDER'S NAME		DATE
Contact Evaluation		
PROVIDER'S NAME		
PROVIDER'S MAILING ADDRESS		
PROVIDER'S EMAIL ADDRESS	PROVIDER'S PHONE NUMBER (WITH AREA CODE)	
CERTIFICATION LENGTH RECOMMENDATION (12 MONTH MAXIMUM)	CERTIFICATION MONITORING LENGTH APPROVED BY QUALITY ASSURANCE UNIT MANAGER	
CERTIFICATION EVALUATION PERIOD	NEXT REVIEW DATE (COMPLETED BY QA UNIT MANAGER)	
EVALUATION VISIT DATES		
The Evaluator confirms, by signing below, that they do not have any interest and/or obligation in the above stated emergency transitional support services program.		
Required Signatures		
EVALUATOR'S SIGNATURE	DATE	PRINTED NAME
Participants		
PROGRAM ADMINISTRATOR		
RHC PROGRAM MANAGER		
RESIDENTIAL QA PROGRAM MANAGER		
PROVIDER'S NAME		
OTHER		
OTHER		
OTHER		

Section A. Provider Qualifications and Responsibilities					
Standards		Program Compliance			
<p>1. Provider staff meet minimum qualifications:</p> <p>a. Have a high school diploma or GED equivalent, unless hired before September 1, 1991;</p> <p>b. Are 18 or older; and</p> <p>c. Have a current background check.</p> <p style="text-align: center;">WAC 388-829Z-020</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. All direct support professionals, volunteers, and any other employee who may have unsupervised access to a DDA client have a non-disqualifying background check.</p> <p style="text-align: center;">DDA Policy 5.01, WAC 388-829Z-0925 WAC 388-829Z-030</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. The provider and their employees meet these training requirements:</p> <p>a. Mandatory reporter training annually;</p> <p>b. Therapeutic options training annually;</p> <p>c. CPR and First Aid training completed prior to working with clients and kept current;</p> <p>d. Blood-borne pathogens training annually; and</p> <p>e. New employees completed new employee orientation.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Staff providing transportation have:</p> <p>a. Automobile insurance coverage under Chapter 46.30 RCW; and</p> <p>b. A valid driver's license under Chapter 46.20 RCW.</p> <p style="text-align: center;">WAC 388-829Z-045</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. The provider has the following policies and procedures in place:</p> <p>a. Client rights, including a client's right to file a complaint or suggestion without interference;</p> <p>b. Reporting requirements for suspected abuse, neglect, financial exploitation, and abandonment;</p> <p>c. Client protections when there have been allegations of abuse, neglect, financial exploitation, or abandonment;</p> <p>d. Emergent situations that may pose an anger or risk to the client or others;</p> <p>e. Response to a missing person and other client emergencies;</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<ul style="list-style-type: none"> f. Emergency response plans for natural and other disasters; g. Client access to medical, mental health, and law enforcement resources; h. Notifications to client’s primary caregiver, legal representative, or relatives in case of emergency; i. Client grievances, including timelines, possible remedies, and information about how to submit unresolved grievances to the department; and j. Aspects of medication management, including: <ul style="list-style-type: none"> i. Supervision of medication; and ii. Client refusal. <p style="text-align: center;">WAC 388-829Z-040</p> <p>Evaluator comments:</p> <div style="background-color: #ffffcc; height: 20px; margin-top: 5px;"></div> <p>Corrective actions:</p> <div style="background-color: #ffffcc; height: 20px; margin-top: 5px;"></div>	<table border="0"> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<p>6. The provider:</p> <ul style="list-style-type: none"> a. Has trained employees on its policies and procedures; b. Maintains current written policies and procedures; and c. Makes them available upon request to all employees, clients, client legal representatives, and DDA. <p style="text-align: center;">WAC 388-829Z-040</p> <p>Evaluator comments:</p> <div style="background-color: #ffffcc; height: 20px; margin-top: 5px;"></div> <p>Corrective actions:</p> <div style="background-color: #ffffcc; height: 20px; margin-top: 5px;"></div>	<table border="0"> <thead> <tr> <th>YES</th> <th>NO</th> <th>P</th> <th>N/A</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
YES	NO	P	N/A																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																						

Section B. Physical and Safety Requirements					
Standards		Program Compliance			
		YES	NO	P	N/A
1. The provider provides the following services and activities at no cost to the client: <ul style="list-style-type: none"> a. A furnished home environment including a private bedroom; b. Access to a safe outdoor area for recreation and leisure; c. Three nutritious meals and two snacks per day; d. Bedding and towels; e. Access to laundry facilities; and f. Access to a telephone and a place to make private calls. <p style="text-align: center;">WAC 388-829Z-035</p> Evaluator comments: Corrective actions:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The provider completes a monthly Safety Checklist which includes: <ul style="list-style-type: none"> a. Exit doors are easily accessible; b. Windows are operational; c. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients' needs; d. Flammable and combustible materials are stored safely; e. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home; f. Smoke detectors meets needs of clients' specialized needs, including any vision or hearing loss; g. There is a fire extinguisher on each level of the home that is serviced and accessible; h. A stocked first aid kit is available; i. A stocked disaster kit is available for all clients and staff; j. Clients have access to a working telephone; and k. Clients have access to a working flashlight or alternative light source. Evaluator comments: Corrective actions:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The provider regulates the water temperature at the residence: <ul style="list-style-type: none"> a. The water temperature must be maintained between 105° and 120° Fahrenheit; b. The provider checks the water temperature at least once every six months; and c. The provider documents compliance with this requirement. <p style="text-align: center;">WAC 388-829Z-050</p> Evaluator comments: Corrective actions:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The provider completes fire drills monthly and keeps documentation of the drills. <p style="text-align: center;">RS SOP 2.08</p> Evaluator comments: Corrective actions:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

--	--

Section C. Client Services					
Standards		Program Compliance			
<p>1. The provider provides the following services and activities at no cost to the client:</p> <p>a. Support accessing social and recreational opportunities in the community according to DDA Policy 14.02 and SOP 3.17 Off-campus leisure trips; and</p> <p>b. Access to physical and behavioral health services prescribed by the client's treating professional.</p> <p style="text-align: center;">WAC 388-829Z-035</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The provider provides adequate staff to administer the program and meet the needs of clients.</p> <p style="text-align: center;">RS SOP 6.01 Client Safety and Protections and RS SOP 3.06 Positive Behavior Support Plans</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Provider ensures clients have access to employees or the means to contact employees at all times.</p> <p style="text-align: center;">RS SOP 6.01 Client Safety and Protections</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. When managing the client's funds, the provider:</p> <p>a. Maintains a detailed ledger with a running balance for each account managed by the provider, including:</p> <p>b. Records deposits into the client's account;</p> <p>c. Reconciles the client's accounts, including cash, and gift cards on a monthly basis; and</p> <p>d. Retains receipts, bills, and invoices for purchases.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Provider assists with medical needs:</p> <p>a. Provider assists clients to obtain dental and physical exams if needed, and documents the dates and outcomes of those visits;</p> <p>b. Provider assists clients with any follow-up medical and dental services, follow-up appointments, including emergency needs, without delay, and documents the dates and outcomes of those visits;</p> <p>c. Provider staff assist client to obtain immediate medical attention during medical emergencies by calling 911 and/or seeking medical assistance on-campus and initiating first aid as needed;</p> <p>d. Seeks same-day medical evaluation for changes from baseline health presentation; and</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>e. Follows any specialized plans / protocols (i.e., seizure, swallow, bowel).</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																				
<p>6. Provider assists with medication needs:</p> <p>a. Medications are stored in an area not readily available to others;</p> <p>b. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given);</p> <p>c. Available MARS match client medications; and</p> <p>d. Medication refusals are documented on MAR.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO	P	N/A																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>7. Staff can identify the client's challenging behaviors and intervention strategies based upon the staff guidelines for each client.</p> <p>Policy 5.24</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
YES	NO	P	N/A																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
<p>8. Provider participates in transitional planning of clients following DDA Policy 17.06.05.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>P</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	YES	NO	P	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
YES	NO	P	N/A																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		

Section D. Incident and Mandatory Reporting	
Standards	Program Compliance
<p>1. The provider has reported all instances of suspected client abandonment, abuse, neglect, or financial exploitation immediately to DSHS Adult Protective Services. DDA Policy 12.01, Incident Reporting, RCW 74.34, WAC 388-829Z-060</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per RCW 74.34.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. The provider reported all incidents to DDA and the client's legal representative, in accordance with DDA Policy 12.01. This includes submitting an incident report to DDA.. DDA Policy 12.01, Incident Reporting</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Section E. Records and Reports					
Standards		Program Compliance			
<p>1. All record entries are:</p> <p>a. Made at the time of or immediately following the event and maintain both the original and corrected entries when an error in the record is made; and</p> <p>b. Electronic record entries must include the date of the entry and identify the person who made the entry by including the person's unique user ID.</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. The Provider maintains the following record for each client:</p> <p>a. Client's name and address;</p> <p>b. Name, address, and telephone number of the client's primary guardian or legal representative;</p> <p>c. A copy of the client's most recent person-centered service plan;</p> <p>d. Progress notes;</p> <p>e. Incident reports, if applicable;</p> <p>f. Medication documentations, including a medication intake form and medication administration records, if applicable;</p> <p>g. A list of the client's personal property upon arrival, acquisition of new property (other than consumables) and property at departure; and</p> <p>h. A record of money or gift cards managed by the provider on behalf of the client, if applicable.</p> <p>WAC 388-829Z-055</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Provider maintains the following:</p> <p>a. Water temperature monitoring records;</p> <p>b. Direct support professional training records, and;</p> <p>c. Direct support professional time sheets specific to locations worked.</p> <p>WAC 388-829Z-055</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Provider has applicable consent form signed by the client or their legal representative before information is shared with others including:</p> <p>a. Informed consent;</p> <p>b. Dental consent;</p> <p>c. Consent DSHS 14-012; and</p> <p>d. Consent and Service Agreement.</p> <p>Evaluator comments:</p>		YES	NO	P	N/A
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Corrective actions:

--	--

Section E. Restrictive Procedures	
Standards	Program Compliance
<p>1. Only the least restrictive procedures needed to adequately protect the client, others, or property are used. A restrictive procedure is terminated as soon as the need for protection is over.</p> <p style="text-align: center;">DDA Policy 5.22</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>2. The provider:</p> <p>a. Maintains staff guidelines for clients that direct staff in recognizing and responding to challenging behaviors; and</p> <p>b. Maintains behavior tracking data.</p> <p style="text-align: center;">DDA Policy 5.14, DDA Policy 5.21</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>3. Incident reports are filed for the use of restrictive procedures if they are implemented as an emergency or crisis response to a behavioral incident; and when a single-use medication order prescribing psychotropic medication is used in response to a behavioral crisis.</p> <p style="text-align: center;">DDA Policy 5.22</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>4. Staff receiving physical intervention techniques training complete the course and demonstrate competency before being authorized to use the techniques with clients.</p> <p style="text-align: center;">DDA Policy 5.17</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>5. As part of maintaining staff proficiency, staff annually attend a training or staff meeting that reviews: de-escalation techniques; physical intervention techniques; or incidents and their outcomes.</p> <p style="text-align: center;">DDA Policy 5.17</p> <p>Evaluator comments:</p> <p>Corrective actions:</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>6. If a restrictive physical intervention is implemented in an emergency, or when the frequency of interventions is increasing, the facility or provider performs post-analysis to discuss events. The post-analysis may include client, staff, staff, supervisor, and other team members as appropriate, and must be documented in the client's file.</p> <p style="text-align: center;">DDA Policy 5.17</p>	<p>YES NO P N/A</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>

Evaluator comments:

Corrective actions:

Section E. Restrictive Procedures	
Standards	Program Compliance
1. The provider is knowledgeable about the clients' preferences regarding the care provided. Evaluator comments: Corrective actions:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. The provider assists the client to keep in touch with their family / friends as preferred by the client. Evaluator comments: Corrective actions:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. The provider shows respect for clients. Evaluator comments: Corrective actions:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. The variety, type, and amount of food is sufficient for the client and to their liking. Evaluator comments: Corrective actions:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5. There is a posting for Adult Protective Services contact information to report suspected abuse / neglect / exploitation. Evaluator comments: Corrective actions:	YES NO P N/A <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Additional comments regarding evaluation:	