| CCRSS PROVIDER NAME | | | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | | | | |
|  | | | ATTACHMENT H  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  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 | |  | | | |
|  |  |  | | Did the client have a shared bedroom (only if they consent)? | | | |
|  |  |  | | Was the client’s bedroom furnished and decorated within the term of their written agreement with the GTH? | | | |
|  |  |  | | Can client retain and use personal possessions, including furniture and clothing, as space permits? | | | |
|  |  |  | | Does the client have control of their own schedule as indicated in their PCSP? | | | |
|  |  |  | | Is the client able to meet privately at any time with visitors of their choosing? | | | |
|  |  |  | | Can the client access and review the GTH’s certification results and correction action plans? | | | |
|  |  |  | | Can the client access and review the GTH’s policies and procedures? | | | |
|  |  |  | | Can the client view written notice from GTH of enforcement actions that places a hold on referrals for new clients? | | | |
|  |  |  | | 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:** | | | |
|  |  |  | | 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)? | | | |
|  |  |  | | Is the bedroom private unless client requests to share? | | | |
|  |  |  | | Window / door provides natural light. Covered with a screen, and allows for emergency exit? | | | |
|  |  |  | | Does the room have a closet or wardrobe (not included in usable square footage)? | | | |
|  |  |  | | Does the room have a locking bedroom door (unless unsafe for client per PCSP)? | | | |
|  |  |  | | Clean, comfortable bed with waterproof mattress if needed or requested by client? | | | |
|  |  |  | | Adequate space for mobility aids (i.e., wheelchair, walker, lifting devices)? | | | |
|  |  |  | | Direct, unrestricted access to common areas? | | | |
|  |  |  | | Construction changes or significant structural change to the home? | | | |
|  |  |  | | Home has been adapted to meet the client’s needs? | | | |
|  |  |  | | Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained? | | | |
|  |  |  | | Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier? | | | |
|  |  |  | | Pets: proof of current vaccinations? | | | |
| **Bathrooms** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Handwashing sinks with hot and cold running water? | | | |
|  |  |  | | Direct access to toilet and shower? | | | |
|  |  |  | | Toilets (1:5 ratio)? | | | |
|  |  |  | |  | | | |
| **Safety** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Smoke detectors in every client’s bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? | | | |
|  |  |  | | Smoke detectors in working condition and meets the needs of the specific clients? | | | |
|  |  |  | | Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home? | | | |
|  |  |  | | Fire extinguishers installed to manufacturer’s recommendations, annually replaced / inspected or serviced and in working order? | | | |
|  |  |  | | Facility located in are with public fire protection? | | | |
|  |  |  | | Annual inspection by the state fire marshal? | | | |
|  |  |  | | 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? | | | |
|  |  |  | | Emergency food and drinking water supply to meet needs of clients and staff for 72 hours and meets the dietary needs of each client? | | | |
|  |  |  | | 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? | | | |
|  |  |  | | Infection control practices followed? | | | |
| **Water Temperature in oF; check two locations (if first check >120oF, re-check water temperature)** | | | | | | | |
| Temperature: oF Date / time:  A.M.  P.M.  Kitchen  Other: | | | | | | | |
| Temperature: oF Date / time:  A.M.  P.M.  Bathroom  Other: | | | | | | | |
| Temperature: oF Date / time:  A.M.  P.M.  Kitchen  Other: | | | | | | | |
| Temperature: oF Date / time:  A.M.  P.M.  Bathroom  Other: | | | | | | | |
| NOTES | | | | | | | |