| CCRSS PROVIDER NAME | | | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | | | | |
|  | | | ATTACHMENT P  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Group Training Home (GTH)  Client 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 | |
| 1. **Quality of Life / Client Rights WAC 388-101D-0695** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | 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? | | | |
|  |  |  | | Does the client have a written agreement with the GTH regarding client’s notice of rights for termination? | | | |
|  |  |  | | Was adaptive / life sustaining equipment available, clean, and in good repair? | | | |
| 1. **Bedroom WAC 388-101D-0565, 0580, 0695** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | 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? | | | |
|  |  |  | | 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? | | | |
|  |  |  | | Home has been adapted to meet the client’s needs? | | | |
| 1. **Notes** | | | | | | | |
| NOTES | | | | | | | |