| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER | | | RCS CONTRACTED EVALUATOR / STAFF NAME | | | | CERTIFICATION EVALUATION DATES | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Text  Description automatically generated | ATTACHMENT K  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Staff Background Check and Record Review** | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Staff Identifier | | **WACs** | **STAFF** | | **STAFF** | **STAFF** | | **STAFF** | **STAFF** | **STAFF** | | **STAFF** | **STAFF** |
| Name | | 388-101D |  | |  |  | |  |  |  | |  |  |
| Hire Date | |  | |  |  | |  |  |  | |  |  |
| Date WA State Name and Date of Birth (WNDOB) background check completed | | 0075 |  | |  |  | |  |  |  | |  |  |
| WNDOB Result Type | |  | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A | NR  RR  D  A | | NR  RR  D  A | NR  RR  D  A |
| Date of Character, Competence and Suitability Review (CCSR) following WNDOB.  N/A if no record | |  |  | |  |  | |  |  |  | |  |  |
| N/A | | N/A | N/A | | N/A | N/A | N/A | | N/A | N/A |
| Lives out of state? | |  | Yes  No | | Yes  No | Yes  No | | Yes  No | Yes  No | Yes  No | | Yes  No | Yes  No |
| Date Final Fingerprint (FP) Check completed | | 0070 |  | |  |  | |  |  |  | |  |  |
| Fingerprint Result Type | | 0070 | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A | NR  RR  D  A  N/A | | NR  RR  D  A  N/A | NR  RR  D  A  N/A |
| FBI Record of Arrests and Prosecutions (RAP), in file? | |  | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A | Yes  NO  N/A | | Yes  NO  N/A | Yes  NO  N/A |
| Date of CCSR following FP check.  N/A if no record | |  |  | |  |  | |  |  |  | |  |  |
| N/A | | N/A | N/A | | N/A | N/A | N/A | | N/A | N/A |
| Each box for a sampled staff should be completed or have further explanation.  Result Type Meanings: NR – No Record; RR – Review Required; D – Disqualify; A – Additional Information needed. | | | | | | | | | | | | | |
| Training before working alone (IISP, emergency procedures, reporting regulation, client confidentiality) | | 0095 |  | |  |  | |  |  |  | |  |  |
| Training within four weeks | | 0055, 0100 |  | |  |  | |  |  |  | |  |  |
| 75 hours basic training within 120 days – indirect supervision or exemption letter required until then | | 0055, 0100 | Letter | | Letter | Letter | | Letter | Letter | Letter | | Letter | Letter |
| Staff Training within six months | | 0105 |  | |  |  | |  |  |  | |  |  |
| Bloodborne Pathogens | | 0090 |  | |  |  | |  |  |  | |  |  |
| First Aid and CPR (within first six months and current) | | 0105, 0110 |  | |  |  | |  |  |  | |  |  |
| Nurse Delegation Training | | 0160 |  | |  |  | |  |  |  | |  |  |
| NAR / NAC Training | | 0150, 0315 |  | |  |  | |  |  |  | |  |  |
| CP Training | | 0480 |  | |  |  | |  |  |  | |  |  |
| Continuing Education (12 hours per calendar year) | | 0100 |  | |  |  | |  |  |  | |  |  |
| Annual review of DSHS 10-403 (Abuse / Neglect) | | 0500 |  | |  |  | |  |  |  | |  |  |
| The following question is setting specific, if N/A is marked, if the certification is not for a GTH, the entire row will be considered N/A. | | | | | | | | | | | | | |
| TB Test (GTH only) | | 0655 |  | |  |  | |  |  |  | |  |  |
| **Notes** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |

| CCRSS PROVIDER NAME | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | |
|  | | | |
| Text  Description automatically generated | ATTACHMENT L  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Group Training Home  Food Service Review** | | |
| Food Service must meet the requirements of WAC Food Code Chapter 246-215 and WAC 388-101D-0575. | | | |
| Check if this GTH serves six or less clients, or was certified before 01/01/2019, the rest of the form is not required. | | | |
| 1. **Food Services: General observation of kitchen and staff (wear a hair restraint per regulation and facility policy).** | | | |
| Overall cleanliness of kitchen area (06505)  Proper hand hygiene and glove use (02305 and 02310) during food preparation and service  Staff cleanliness, use of hair restraints and hygienic practices (02325, 02335, 02410)  Food stored with proper temperature controls (for example, no potentially hazardous foods, such as beef, chicken, pork thawing at room temperature) (03510)  Food from approved sources (03200) (for example food from known providers, no home prepared items)  No ill food workers present (02220)  Chemicals labeled and properly stored (07200)  Person in charge to provide a copy of the food handlers’ cards for meal preparation staff observed during the meal observed in this inspection. (02120)  Person in Charge or designee describes process for staff to report illnesses and procedures used when an ill food worker reports an illness (02205, 02220, 02225)  Person in Charge or designee describes proper dishwashing procedure that follow manufacture guidelines for temperature or chemical controls (04555, 04560)  Person in Charge or designee describes steps taken to prevent cross-contamination of food items (03306)  Notes: | | | |
| 1. **Food Preparation and Service: Observe for proper food preparation, thawing of frozen items, areas used for food preparation, and proper temperature controls, for example.** | | | |
| Person in Charge or designee describes how food contact surfaces are thoroughly cleaned/rinsed/sanitized (4640 washing, 04645 rinsing, 04700 sanitization)  Person in Charge or designee describes process to check food temperatures  Person in Charge or designee identifies proper cooking time and temperatures for potentially hazardous foods (for example, poultry 165°F, ground meat at least 155°F, fish, and other meats 145°F) (02115, 03400)  Person in Charge or designee describes how food items are properly reheated (03400)  No bare hand contact with ready to eat foods, except during the washing of fruits and vegetables (03300)  Proper hand hygiene and glove use (see above)  Fruits and vegetables are thoroughly rinsed (washed) (03318)  Hot foods held at ≥135°F prior to serving (03525) **(facility can check food temperature in your presence or you can check temperature of food with your sanitized thermometer)**  Cold foods held at ≤41°F prior to serving (03525) **(facility can check food temperature in your presence or you can check temperature of food with your sanitized thermometer)**  Notes: | | | |
| 1. **Food Storage: Observe for food storage to prevent contamination and to promote proper temperature controls.** | | | |
| Storerooms free from rodents and pests (06550)  Refrigerator temperature is maintained at ≤41°F (internal temperature of potentially hazardous food must be at ≤41°F) (03525)  Foods are frozen in freezer (no specific temperature requirement) (03500)  Raw meats stored below or away from ready to eat food (03306)  Potentially hazardous foods are properly cooled (within two hours going from 135°F to 70°F and then to ≤41°F within a total of six hours **or** following the rapid cooling procedure of continuous cooling in a shallow layer of 2 inches or less, uncovered, protected from cross contamination, in cooling equipment maintaining an ambient air temperature of ≤41°F or other methods as described in regulation) (03515)  Notes: | | | |
| 1. **Menus: General observation of meal planning.** | | | |
| Does the menu support client needs / choices / rights?  Yes  No  Consider the following:   * Alternate choices for entrees are available * Menus are posted * Variety * Nutritious   Notes: | | | |
| 1. **Dining Services: General observation of dining.** | | | |
| Do the dining services support client needs / choices / rights?  Yes  No  Consider the following:   * Meets clients’ dietary needs * Matches the menus * Adaptive equipment available per need * Accommodation for wheelchairs (if applicable) * Clients prepared for meals (dentures, glasses, hearing aids) * Attractively served, palatable, and served at proper temperature (in dining area and client rooms) * Client who need assistance receive it timely, appropriately, and in a dignified manner * Meals distributed timely (clients seated together are served and assisted concurrently) * Sufficient staff are available to serve and assist * Dining atmosphere is pleasant and there is enough space * Clients are allowed sufficient time to eat * Accompanying family members are accommodated   Notes: | | | |

| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER | |
| --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | | | |
|  | | | | | |
| Text  Description automatically generated | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ATTACHMENT N RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS** **Certification Evaluation  Administrator Record Review and Interview** | | | | |
| **Record Request (this checklist is a tool as to what records may be requested, boxes are not required to be checked)** | | | | | |
| Staff list and location of staff records  Updated Client Characteristic Roster ([DSHS 10-691](https://www.dshs.wa.gov/office-of-the-secretary/forms?field_number_value=10-691&title=) optional resource for provider – they may choose to provide the same information in their format of choice)  Provider insurance  Organizational chart  Client records in sample and location (IISP, MARs, ETR / ETPs, PBSP and FA, if applicable)  Cost report | | | Community Protection Program (CPP) site approvals (if applicable)  Incident reports (previous 24 months) and location  Policies and procedures  Emergency and disaster plan  Infection Prevention and Control procedures  Other (specify): | | |
| **Administrator (or Designee) Interview Questions** | | | | | |
| STAFF NAME | | | DATE | | TIME  AM  PM |
| Are there currently any communicable disease outbreaks?  Are there any safety concerns (neighborhood safety, bed bugs, lice)?  Do any clients work for your agency?  Does the agency loan money to clients?  How do you make sure shared expenses are completed equitably/timely?  Are any agency funds combined with client funds?  How do you handle cash accounts and client credit / debit / gift cards?  Are there any stolen, lost, or damaged records?  How do you maintain property records?  Do persons who are not clients live with clients? If so, do you provide support to non-clients?  How do you notify DDA of accounts over $1700 and when clients pay for health services?  Do you support any non-CPP clients with CP Clients? If yes, is there Non-CPP client approvals?  What is your policy on staff following Mandatory Reporting?  Any irregularities (issues / theft / staff, etc.) that would be helpful for us to know about?  Who is your Resource Manager?  Verify client sample, addresses, and verify when they will be home with staff:  Will any clients be upset by our visit? | | | | | |
| **Notes** | | | | | |
|  | | | | | |
| **Provider Insurance** | | | | | |
| Total Number of vehicle(s) owned by provider:  Are agency vehicles insured?  Yes  No (notify FM if no insurance)  Name of insurance agency:  Expiration: | | | | | |
| Agency Insurance – two million coverage or 3 million coverage for CPP providers?  Yes  No (notify FM if no insurance)  Name of insurance agency:  Expiration: | | | | | |
| **Infection Prevention and Control (IPC) Provider Information; explain in Notes any answer marked “No.”** | | | | | |
| **Are there written Infection Control Policies and Procedures** to prevent the spread of infection:  YES NO   * Standard precautions * Transmission based precautions * Reference to national, state, and/or local standards * Outbreak management   **Respiratory Protection Program** (only required for GH or GTH, or if in Provider Policy)  N/A   * Written program * Medical evaluation to wear an N95 respirator * Training (annual and on hire) * Fit testing (initial, annual, after physical change) * Record keeping (medical clearance, training, fit test results)   **Sick Leave Policies** – non-punitive, flexible, requires ill staff to stay home  **Contingency Staffing Plans** – how homes are staffed during a crisis  **Staff and Client Education** to prevent the spread of infection  **IPC Supplies** – provider ensures:   * Personal Protective Equipment (PPE) supplies in each home for clients, staff, and visitors (gowns, masks, gloves) * Alcohol Based Hand Rub (ABHR) and hand hygiene products available for clients, staff, and visitors * Environmental Protection Agency (EPA) registered products and cleaning of high touch areas | | | | | |
| **Notes** | | | | | |
|  | | | | | |
| **IPC Resource Links** | | | | | |
| * [Standard Precautions](https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html) * [Centers for Disease Control (CDC) Return to Work Guidance for Healthcare Workers](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html) * [Outbreak definition](https://preparedness.cste.org/wp-content/uploads/2020/11/HC-Outbreak-Definition.pdf) * [Respiratory Protection Program](https://app.leg.wa.gov/WAC/default.aspx?cite=296-842) * [Washington State Local Health Departments and Districts](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.doh.wa.gov%2FAboutUs%2FPublicHealthSystem%2FLocalHealthJurisdictions&data=05%7C01%7Cmillie.brombacher%40dshs.wa.gov%7Cc1bf499e0bb1419144d908daf36d8208%7C11d0e217264e400a8ba057dcc127d72d%7C0%7C0%7C638089949418399924%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=AJ0lvJ8a0e4quRtA09NeDflQ5RQIL4kVGTxeU%2F6q5M0%3D&reserved=0) * [ALTSA Provider / Administrator Letters](https://www.dshs.wa.gov/altsa/residential-care-services/altsa-provider-letters?type=CRS&field_date_value%5Bvalue%5D%5Byear%5D=&subject=) | | | | | |

| CCRSS PROVIDER NAME | | | | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | | | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | | | | |
| Text  Description automatically generated | | | ATTACHMENT O  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS Group Training Home (GTH)  General Environment and Safety Worksheet** | | | | |
| Observations of the environment occur throughout the certification evaluation process. | | | | | | | |
| DATE OF OBSERVATIONS | | | | | | TIME OF OBSERVATIONS | |
| 1. **Quality of Life / Client Rights** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Was there accessible telephone equipment and list of emergency contact numbers? (101D-0170) | | | |
|  |  |  | | Was the environment homelike? (101-3020, 823-1095) | | | |
|  |  |  | | Were audio monitors used appropriately? | | | |
|  |  |  | | Door / window alarms? | | | |
| 1. **Environment WAC 388-101D-0170, 0585, 0590, 0595, 0600, 0610** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Construction changes or significant structural changes to the home since most recent certification evaluation? | | | |
|  |  |  | | Fixtures, furnishings, and exterior are safe, sanitary, and well-maintained? | | | |
|  |  |  | | Hot surfaces, such as fireplace, wood-burning or pellet stove have a stable barrier? | | | |
|  |  |  | | Stairs / handrails / ramps / walkways in good repair? | | | |
|  |  |  | | Clear of clutter that could be hazardous to clients? | | | |
|  |  |  | | Door / windows unblocked? | | | |
|  |  |  | | Free of pests? | | | |
|  |  |  | | Flammable / combustible materials safety stored? | | | |
|  |  |  | | Yard free of garbage / refuse? | | | |
|  |  |  | | Free of unsanitary conditions (mold, mildew, etc.) | | | |
| 1. **Bathrooms WAC 388-101D-0570** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Handwashing sinks with hot and cold running water? | | | |
|  |  |  | | Direct access to toilet and shower? | | | |
|  |  |  | | Toilets (1:5 ratio)? | | | |
|  |  |  | | Adequate lighting? | | | |
|  |  |  | | Grab bars? | | | |
|  |  |  | | Safe and clean? | | | |
| 1. **Safety WAC 388-101D-0605, 0615, 0620, 0625** | | | | | | | |
| Yes | No | N/A | |  | | | |
|  |  |  | | Annual inspection by the state fire marshal (optional if the GTH was an ALF 01/01/2019)? | | | |
|  |  |  | | Smoke detectors in every client’s bedroom; on every floor of home, and interconnects so when one alarm is triggered, the whole system reacts? N/A if annually inspected by state fire marshal. | | | |
|  |  |  | | Smoke detectors in working condition and meet the needs of the specific clients? N/A if annually inspected by state fire marshal. | | | |
|  |  |  | | Fire extinguishers (5 lb. 2A; 10B-C) on each floor of the home, installed to manufacturer’s recommendations, annually replaced or inspected and serviced, in working order? N/A if annually inspected by 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? | | | |
|  |  |  | | Pets: proof of current rabies vaccinations? | | | |
|  |  |  | | Medications secured? | | | |
| 1. **Water Temp: Check two locations (if either check is >120oF, re-check locations over 120oF or indicate allowed by PCSP)** | | | | | | | |
| Kitchen Temperature: oF  Time:  A.M.  P.M. | | | | | | Kitchen Temperature: oF  Time:  A.M.  P.M. | |
| Bathroom Temperature: oF  Time:  A.M.  P.M.  Additional location descriptor if needed: | | | | | | Bathroom Temperature: oF  Time:  A.M.  P.M.  Additional location descriptor if needed: | |
| Is water temperature allowed >120oF in PCSP?  Yes  No | | | | | | | |
| 1. **Infection Prevention and Control (IPC)** | | | | | | | |
| Yes | No | N/A | | **Observe staff are following and encouraging clients to follow standard precautions (select N/A for anything not observed.** | | | |
|  |  |  | | Hand hygiene (technique, before and after care, availability of alcohol-based hand rub or sink with soap and water) | | | |
|  |  |  | | Appropriate staff use of PPE (gloves for bodily fluids and contact precautions, gowns, correct donning and doffing) | | | |
|  |  |  | | Respiratory hygiene / cough etiquette (availability of tissues, trash, cover cough and sneezes) | | | |
|  |  |  | | Client placement (isolation) | | | |
|  |  |  | | Cleaning and disinfecting care equipment and environment (correct technique, timing, appropriate produce use) | | | |
|  |  |  | | Safe laundry and textile handling | | | |
|  |  |  | | Safe injection practice (clean and disinfect designated area before piercing, new needle, syringe for containers) | | | |
|  |  |  | | Sharps safety (dedicated clearly labeled sharps container, container replaced before overfilling) | | | |
| **For any observation marked “No” on the IPC section, interview staff and, if possible, client.**  Interview date / time/ name:  What is your training?  What is the reason standard Precautions were not followed?  What do you do to prevent the spread of infection? | | | | | | | |
| 1. **Notes** | | | | | | | |
|  | | | | | | | |

| CCRSS PROVIDER NAME | | | | CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- |
| RCS CONTRACTED EVALUATOR / STAFF NAME | | CERTIFICATION EVALUATION DATE(S) | | |
|  | | | | |
| Text  Description automatically generated | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ATTACHMENT Q RESIDENTIAL CARE SERVICES  CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)  **CCRSS** **Certification Evaluation  Exit Preparation / Exit Conference** | | | |
| Date: Time:   AM  PM | | | Location:  Teams  In provider office | |
| Administrator / Designee present (Designee’s name: ) | | | | |
| **Introductions** | | | | |
| Thank the provider and staff for everyone’s cooperation during the evaluation.  The purpose of the exit conference is to provide information about any preliminary deficiencies. We may still need to gather further information following the on-site visit. If additional information is discovered after this meeting that impacts what is discussed today, we will call you prior to receiving the written report. Any issues that arise during the exit that cannot be answered by the evaluators during the exit conference will be forwarded to the RCS FM for follow up. | | | | |
| Notes: | | | | |
| **Sampled Clients** | | | | |
| During the evaluation, we take a representative sample of clients with varying levels of needs and supports. This helps us to obtain an accurate picture of your overall performance and compliance. Identify the sampled clients | | | | |
| Notes: | | | | |
| **Preliminary Deficiencies (include client / staff names or identifier, summary of the issue and WAC / RCW)** | | | | |
|  | | | | |
| **Next Steps** | | | | |
| * Please send any requested information to evaluator(s) (provide time frame – ideal within 24 hours, no later than seven calendar days after exit) * Explain:   + Process and timeframes for RCS management review / approval of SOD     - A SOD report will be sent within 10 working days of the last date of data collection (not the exit date)   + Submission process and timelines to submit plan of correction (POC)     - A POC is not required for consultations.   + Provider responsibility to initiate POC, even if planning to request IDR.   + IDR process, which will also be included on the final report. * A follow-up **may** occur. | | | | |
| **Notes** | | | | |
|  | | | | |