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| Text  Description automatically generated | 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** |
| 1. Provider staff meet minimum qualifications: 2. Have a high school diploma or GED equivalent, unless hired before September 1, 1991; | | | YES NO P N/A |
| 1. Are 18 or older; and | | |  |
| 1. Have a current background check.   [WAC 388-829Z-020](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-020) | | |  |
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| 1. All direct support professionals, volunteers, and any other employee who may have unsupervised access to a DDA client have a non-disqualifying background check.   [DDA Policy 5.01](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.01.pdf), WAC 388-829Z-0925 WAC 388-829Z-030 | YES NO P N/A |
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| 1. The provider and their employees meet these training requirements: 2. Mandatory reporter training annually; | YES NO P N/A |
| 1. Therapeutic options training annually; |  |
| 1. CPR and First Aid training completed prior to working with clients and kept current; |  |
| 1. Blood-borne pathogens training annually; and |  |
| 1. New employees completed new employee orientation. |  |
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| 1. Staff providing transportation have: 2. Automobile insurance coverage under Chapter 46.30 RCW; and | YES NO P N/A |
| 1. A valid driver’s license under Chapter 46.20 RCW.   [WAC 388-829Z-045](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-045) |  |
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| 1. The provider has the following policies and procedures in place: 2. Client rights, including a client’s right to file a complaint or suggestion without interference; | YES NO P N/A |
| 1. Reporting requirements for suspected abuse, neglect, financial exploitation, and abandonment; |  |
| 1. Client protections when there have been allegations of abuse, neglect, financial exploitation, or abandonment; |  |
| 1. Emergent situations that may pose an anger or risk to the client or others; |  |
| 1. Response to a missing person and other client emergencies; |  |
| 1. Emergency response plans for natural and other disasters; |  |
| 1. Client access to medical, mental health, and law enforcement resources; |  |
| 1. Notifications to client’s primary caregiver, legal representative, or relatives in case of emergency; |  |
| 1. Client grievances, including timelines, possible remedies, and information about how to submit unresolved grievances to the department; and |  |
| 1. Aspects of medication management, including:    * 1. Supervision of medication; and      2. Client refusal.   [WAC 388-829Z-040](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-040) |  |
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| Corrective actions: |  |

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| 1. The provider: 2. Has trained employees on its policies and procedures; | YES NO P N/A |
| 1. Maintains current written policies and procedures; and |  |
| 1. Makes them available upon request to all employees, clients, client legal representatives, and DDA.   [WAC 388-829Z-040](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-040) |  |
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| **Section B. Physical and Safety Requirements** | |
| **Standards** | **Program Compliance** |
| 1. The provider provides the following services and activities at no cost to the client: 2. A furnished home environment including a private bedroom; | YES NO P N/A |
| 1. Access to a safe outdoor area for recreation and leisure; |  |
| 1. Three nutritious meals and two snacks per day; |  |
| 1. Bedding and towels; |  |
| 1. Access to laundry facilities; and |  |
| 1. Access to a telephone and a place to make private calls.   [WAC 388-829Z-035](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-035) |  |
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| 1. The provider completes a monthly Safety Checklist which includes: 2. Exit doors are easily accessible; | YES NO P N/A |
| 1. Windows are operational; |  |
| 1. Cleaning supplies, toxic substances, aerosols, and items with warning labels are inaccessible and properly stored as needed to meet the clients’ needs; |  |
| 1. Flammable and combustible materials are stored safely; |  |
| 1. Smoke and carbon monoxide alarms are located in or near bedrooms and on each level of the home; |  |
| 1. Smoke detectors meets needs of clients’ specialized needs, including any vision or hearing loss; |  |
| 1. There is a fire extinguisher on each level of the home that is serviced and accessible; |  |
| 1. A stocked first aid kit is available; |  |
| 1. A stocked disaster kit is available for all clients and staff; |  |
| 1. Clients have access to a working telephone; and |  |
| 1. Clients have access to a working flashlight or alternative light source. |  |
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| 1. The provider regulates the water temperature at the residence: 2. The water temperature must be maintained between 105o and 120o Fahrenheit; | YES NO P N/A |
| 1. The provider checks the water temperature at least once every six months; and |  |
| 1. The provider documents compliance with this requirement.   [WAC 388-829Z-050](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-050) |  |
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| 1. The provider completes fire drills monthly and keeps documentation of the drills.   RS SOP 2.08 | YES NO P N/A |
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| **Section C. Client Services** | |
| **Standards** | **Program Compliance** |
| 1. The provider provides the following services and activities at no cost to the client: 2. Support accessing social and recreational opportunities in the community according to DDA Policy 14.02 and SOP 3.17 Off-campus leisure trips; and | YES NO P N/A |
| 1. Access to physical and behavioral health services prescribed by the client’s treating professional.   [WAC 388-829Z-035](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-035) |  |
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| Corrective actions: |  |

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| 1. The provider provides adequate staff to administer the program and meet the needs of clients.   RS SOP 6.01 Client Safety and Protections and RS SOP 3.06 Positive Behavior Support Plans | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. Provider ensures clients have access to employees or the means to contact employees at all times.   RS SOP 6.01 Client Safety and Protections | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. When managing the client’s funds, the provider: 2. Maintains a detailed ledger with a running balance for each account managed by the provider, including: | YES NO P N/A |
| 1. Records deposits into the client’s account; |  |
| 1. Reconciles the client’s accounts, including cash, and gift cards on a monthly basis; and |  |
| 1. Retains receipts, bills, and invoices for purchases. |  |
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| Corrective actions: |  |

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| 1. Provider assists with medical needs: 2. Provider assists clients to obtain dental and physical exams if needed, and documents the dates and outcomes of those visits; | YES NO P N/A |
| 1. 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; |  |
| 1. 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; |  |
| 1. Seeks same-day medical evaluation for changes from baseline health presentation; and |  |
| 1. Follows any specialized plans / protocols (i.e., seizure, swallow, bowel). |  |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. Provider assists with medication needs: 2. Medications are stored in an area not readily available to others; | YES NO P N/A |
| 1. Medication log / Medication Administration Record (MAR) available (includes client name, time and dosage of medication, and staff initials indicating medication given); |  |
| 1. Available MARS match client medications; and |  |
| 1. Medication refusals are documented on MAR. |  |
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| 1. Staff can identify the client’s challenging behaviors and intervention strategies based upon the staff guidelines for each client.   [Policy 5.24](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.24.pdf) | YES NO P N/A |
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| 1. Provider participates in transitional planning of clients following [DDA Policy 17.06.05](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy17.06.05.pdf). | YES NO P N/A |
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| **Section D. Incident and Mandatory Reporting** | |
| **Standards** | **Program Compliance** |
| 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](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy12.01.pdf), Incident Reporting, [RCW 74.34](https://apps.leg.wa.gov/rcw/default.aspx?cite=74.34), [WAC 388-829Z-060](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-060) | YES NO P N/A |
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| 1. The provider additionally reports any allegations of sexual or physical assault to law enforcement immediately, as required per [RCW 74.34](https://apps.leg.wa.gov/rcw/default.aspx?cite=74.34). | YES NO P N/A |
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| Corrective actions: |  |

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| 1. 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](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy12.01.pdf), Incident Reporting | YES NO P N/A |
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| Corrective actions: |  |

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| **Section E. Records and Reports** | |
| **Standards** | **Program Compliance** |
| 1. All record entries are: 2. Made at the time of or immediately following the even and maintain both the original and corrected entries when an error in the record is made; and | YES NO P N/A |
| 1. 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. |  |
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| Corrective actions: |  |

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| 1. The Provider maintains the following record for each client: 2. Client’s name and address; | YES NO P N/A |
| 1. Name, address, and telephone number of the client’s primary guardian or legal representative; |  |
| 1. A copy of the client’s most recent person-centered service plan; |  |
| 1. Progress notes; |  |
| 1. Incident reports, if applicable; |  |
| 1. Medication documentations, including a mediation intake form and medication administration records, if applicable; |  |
| 1. A list of the client’s personal property upon arrival, acquisition of new property (other than consumables) and property at departure; and |  |
| 1. A record of money or gift cards managed by the provider on behalf of the client, if applicable.   [WAC 388-829Z-055](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-055) |  |
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| 1. Provider maintains the following: 2. Water temperature monitoring records; | YES NO P N/A |
| 1. Direct support professional training records, and; |  |
| 1. Direct support professional time sheets specific to locations worked.   [WAC 388-829Z-055](https://app.leg.wa.gov/WAC/default.aspx?cite=388-829Z-055) |  |
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| 1. Provider has applicable consent form signed by the client or their legal representative before information is shared with others including: 2. Informed consent; | YES NO P N/A |
| 1. Dental consent; |  |
| 1. Consent DSHS 14-012; and |  |
| 1. Consent and Service Agreement. |  |
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| **Section F. Restrictive Procedures** | |
| **Standards** | **Program Compliance** |
| 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.  [DDA Policy 5.22](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.22.pdf) | YES NO P N/A |
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| Corrective actions: |  |

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| 1. The provider: 2. Maintains staff guidelines for clients that direct staff in recognizing and responding to challenging behaviors; and | YES NO P N/A |
| 1. Maintains behavior tracking data.   [DDA Policy 5.14](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.14.pdf), [DDA Policy 5.21](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.21.pdf) |  |
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| 1. 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.  [DDA Policy 5.22](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.22.pdf) | YES NO P N/A |
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| 1. Staff receiving physical intervention techniques training complete the course and demonstrate competency before being authorized to use the techniques with clients.  [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf) | YES NO P N/A |
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| 1. 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.  [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf) | YES NO P N/A |
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| 1. 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.  [DDA Policy 5.17](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy5.17.pdf) | YES NO P N/A |
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| **Section G. Quality Review** | |
| **Standards** | **Program Compliance** |
| 1. The provider is knowledgeable about the clients’ preferences regarding the care provided. | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The provider assists the client to keep in touch with their family / friends as preferred by the client. | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The provider shows respect for clients. | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. The variety, type, and amount of food is sufficient for the client and to their liking. | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| 1. There is a posting for Adult Protective Services contact information to report suspected abuse / neglect / exploitation. | YES NO P N/A |
| Evaluator comments: |  |

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| Corrective actions: |  |

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| Additional comments regarding evaluation: |

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