



MEDICAL CENTER DIRECTOR REVIEW AND APPROVAL SHEET

THIS INSPECTION IS FOR: INITIAL INSPECTION RE-INSPECTION PROJECT #

PROVIDER'S NAME:	DATE INSPECTION STARTED:	DATE INSPECTION COMPLETED:
------------------	--------------------------	----------------------------

AGENCY'S ADMINISTRATIVE OFFICE ADDRESS:

LIST ALL PHYSICAL ADDRESSES WHERE VETERANS ARE HOUSED UNDER THIS PROJECT NUMBER:

VA MEDICAL CENTER AND STATION NUMBER:	NAME OF VA LIAISON COMPLETING REPORT:
---------------------------------------	---------------------------------------

INSPECTION TEAM MEMBERS

	NAME	TITLE
FACILITIES MANAGEMENT		
NUTRITION		
CLINICAL REVIEW		
SECURITY/ LAW ENFORCEMENT		
MEDICATION REVIEW		
NHC OR DESIGNEE		
OTHER:		

MEDICAL CENTER DIRECTOR - REVIEW & RECOMMENDATION

I HAVE REVIEWED THE INSPECTION PACKAGE REGARDING THE ABOVE NAMED PROVIDER AND IT IS COMPLETE BASED ON THE INFORMATION CONTAINED IN THIS INSPECTION PACKAGE AND MEETS THE STANDARDS PRESCRIBED IN VHA HANDBOOK 1162.01. ANY INSPECTION DEFICIENCIES NOTED HAVE BEEN CORRECTED.

I APPROVE I DISAPPROVE PLACEMENT OF VETERANS AT THIS PROVIDER'S FACILITY.

I APPOINT THE FOLLOWING INDIVIDUAL AS LIAISON FOR THIS PROJECT	LIAISON PHONE:
--	----------------

VAMC DIRECTOR (PRINT NAME)	SIGNATURE	DATE
----------------------------	-----------	------

INSPECTION PACKAGE ASSEMBLY CHECKLIST

ALL ITEMS MUST BE INCLUDED BEFORE SENDING TO THE HCHV PROGRAM OFFICE FOR REVIEW

ITEM	RESPONSIBLE
— HCHV INSPECTION CHECKLIST SIGNED WITH APPROPRIATE REPORTS ATTACHED	VAMC DIRECTOR, LIAISON & TEAM MEMBERS
— CERTIFICATE OF OCCUPANCY OR A LETTER STATING WHY THE GOVERNING ENTITY (CITY, COUNTY, STATE) DOES NOT REQUIRE ONE. (INITIAL INSPECTIONS ONLY).	PROVIDER

HCHV LIAISON - OVERVIEW & RECOMMENDATION	PROJECT #
GPD LIAISON SHOULD COMPLETE THIS SECTION ATTACHING ANY OTHER DOCUMENTATION, AS NECESSARY	SITE ADDRESS:

1	THE FOLLOWING POPULATIONS ARE CLINICALLY APPROPRIATE TO HOUSE WITHIN THE SITES COVERED:	NUMBER OF HCHV BEDS
	A. MEN	
	B. WOMEN	
	C. TOTAL NUMBER OF BEDS UNDER THIS PROJECT NUMBER	

TO THE BEST OF YOUR KNOWLEDGE DOES THE AWARDEE & PROGRAM MEET THE FOLLOWING CRITERIA?		YES	NO	N/A
1	PROJECT OPERATES IN ACCORDANCE WITH PROGRAM REGULATIONS	<input type="radio"/>	<input type="radio"/>	
2	MEETS ALL APPLICABLE STATE AND LOCAL LICENSING AND OTHER REQUIREMENTS FOR THE OPERATION OF THE PROJECT IN THE JURISDICTION WHERE THE PROJECT IS LOCATED	<input type="radio"/>	<input type="radio"/>	
3	HAS DEMONSTRATED ADEQUATE STAFFING AND AN APPROPRIATE SCOPE OF SERVICES TO CARRY OUT THIS PROJECT AS OUTLINED IN THE ORIGINAL STATEMENT OF WORK (SOW) OR SUBSEQUENT APPROVED CHANGE OF SCOPE	<input type="radio"/>	<input type="radio"/>	
4	AGENCY SERVES THE POPULATION(S) AS DESCRIBED IN THEIR GRANT APPLICATION OR SUBSEQUENT APPROVED CHANGE OF SCOPE	<input type="radio"/>	<input type="radio"/>	
5	AGENCY OCCUPANCY RATE ROUTINELY MEETS OR EXCEEDS 75 PERCENT OF THE GPD FUNDED BEDS; OR AGENCY HAS IMPLEMENTED ADEQUATE MEASURES TO EXPAND OUTREACH AND COORDINATION TO IMPROVE PROGRAM UTILIZATION	<input type="radio"/>	<input type="radio"/>	
6	THE PHYSICAL STRUCTURE OF THE FACILITY, PROGRAM POLICIES AND PROCEDURES ARE APPROPRIATE TO ENSURE THE SAFETY, SECURITY, AND PRIVACY OF ALL INDIVIDUALS IN THE FACILITY	<input type="radio"/>	<input type="radio"/>	
7	CORRECTIVE ACTION PLANS (CAP) HAVE BEEN IMPLEMENTED PER 38 CFR 61.80, IF APPLICABLE (RE-INSPECTIONS ONLY)	<input type="radio"/>	<input type="radio"/>	

HCHV LIAISON - OVERVIEW & RECOMMENDATION		PROJECT #		
TO THE BEST OF YOUR KNOWLEDGE DOES THE AWARDEE & PROGRAM MEET THE FOLLOWING CRITERIA?		YES	NO	N/A
8	BASED ON THE RESULTS OF THE ATTACHED INSPECTION DOCUMENTS THIS PROJECT IS RECOMMENDED FOR THE PLACEMENT OF VETERANS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALL APPROPRIATE CHECKLIST SECTIONS HAVE BEEN COMPLETED AND ARE ATTACHED. THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS.		<input type="radio"/>	<input type="radio"/>	
HCHV STAFF SIGNATURE		DATE		

HCHV LIAISON - OVERVIEW & RECOMMENDATION	PROJECT NUMBER #:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

ANY CHECKLIST ITEMS WHERE “NO” WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.

DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED

BEST PRACTICE RECOMMENDATIONS:

THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

FACILITIES MANAGEMENT	PROJECT NUMBER	
	SITE ADDRESS	
<i>APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)</i>		

OPERATING STANDARDS ALL HCHV CONTRACTED PROVIDERS (ALL INSPECTIONS)

THE CONTRACTED FACILITY		YES	NO	N/A
9	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)	<input type="radio"/>	<input type="radio"/>	
10	IS STRUCTURALLY SOUND SO AS NOT TO POSE ANY THREAT TO THE HEALTH AND SAFETY OF THE OCCUPANTS AND SO AS TO PROTECT THEM FROM THE ELEMENTS	<input type="radio"/>	<input type="radio"/>	
11	HAS ENTRIES AND EXIT LOCATIONS THAT ARE CAPABLE OF BEING UTILIZED WITHOUT UNAUTHORIZED USE OF OTHER PRIVATE PROPERTIES AND PROVIDE ALTERNATE MEANS OF EGRESS IN CASE OF FIRE	<input type="radio"/>	<input type="radio"/>	
12	IS COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT AND THE ARCHITECTURAL BARRIERS ACT	<input type="radio"/>	<input type="radio"/>	
13	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS	<input type="radio"/>	<input type="radio"/>	
14	PROVIDES EACH RESIDENT AN ACCEPTABLE PLACE TO SLEEP THAT IS IN COMPLIANCE WITH APPLICABLE CODES AND REGULATIONS	<input type="radio"/>	<input type="radio"/>	
15	PROVIDES EVERY ROOM OR SPACE WITH NATURAL OR MECHANICAL VENTILATION	<input type="radio"/>	<input type="radio"/>	
16	IS FREE OF POLLUTANTS IN THE AIR AT LEVELS THAT THREATEN THE HEALTH OF RESIDENTS	<input type="radio"/>	<input type="radio"/>	
17	PROVIDES A WATER SUPPLY THAT IS FREE FROM CONTAMINATION	<input type="radio"/>	<input type="radio"/>	
18	PROVIDES SUFFICIENT SANITARY FACILITIES TO RESIDENTS THAT ARE IN PROPER OPERATIONAL CONDITION, MAY BE USED IN PRIVACY, AND ARE ADEQUATE FOR PERSONAL CLEANLINESS AND THE DISPOSAL OF HUMAN WASTE	<input type="radio"/>	<input type="radio"/>	
19	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION	<input type="radio"/>	<input type="radio"/>	
20	PROVIDES ADEQUATE NATURAL OR ARTIFICIAL ILLUMINATION TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS	<input type="radio"/>	<input type="radio"/>	
21	PROVIDES SUFFICIENT ELECTRICAL SOURCES TO PERMIT USE OF ESSENTIAL ELECTRICAL APPLIANCE WHILE ENSURING SAFETY FROM FIRE	<input type="radio"/>	<input type="radio"/>	
22	CONTRACTOR HAS A WRITTEN DISASTER PLAN THAT HAS BEEN COORDINATED WITH THE EMERGENCY MANAGEMENT ENTITY RESPONSIBLE FOR THE LOCALITY IN WHICH THE PROJECT RESIDES. THE DISASTER PLAN ENCOMPASSES NATURAL AND MANMADE DISASTERS	<input type="radio"/>	<input type="radio"/>	

FACILITIES MANAGEMENT		PROJECT NUMBER		
THE CONTRACTED FACILITY		YES	NO	N/A
28	PROVIDES THAT HOUSING AND EQUIPMENT ARE MAINTAINED IN A SANITARY MANNER	<input type="radio"/>	<input type="radio"/>	
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:		<input type="radio"/>	<input type="radio"/>	
FACILITIES MANAGEMENT INSPECTION TEAM MEMBER SIGNATURE		DATE		

FACILITIES MANAGMENT	PROJECT NUMBER #:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS
<p>ANY CHECKLIST ITEMS WHERE "NO" WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.</p>	
<p>DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED</p>	

BEST PRACTICE RECOMMENDATIONS:

<p>THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.</p>
--

NUTRITION AND FOOD SERVICES		PROJECT NUMBER				
		SITE ADDRESS				
APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)						
OPERATING STANDARDS ALL GRANT & PER DIEM PROVIDERS (ALL INSPECTIONS)						
HOW DOES THE AGENCY PROVIDE FOR THE NUTRITIONAL NEEDS OF VETERANS IN THE PROGRAM (CHECK ONE):						
___ CENTRALLY PREPARED NUTRITION AND FOOD SERVICES						
___ INDIVIDUAL FOOD PREPARATION FACILITIES						
FOR CENTRALLY PREPARED NUTRITION AND FOOD SERVICES				YES	NO	N/A
24	ONE WEEK OF MENUS AVAILABLE FOR REVIEW	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
25	MENUS REPRESENT NUTRITIONALLY ADEQUATE DIET	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
26	AGENCY DEMONSTRATES THE ABILITY TO MEET SPECIAL DIETARY NEEDS (I.E. KOSHER, DIABETIC, ALLERGIES, MEDICALLY INDICATED)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
27	THREE MEALS PROVIDED PER DAY, INCLUDING WEEKENDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
28	ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
29	REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
30	ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
31	CURRENT LICENSURES ARE MAINTAINED, IF REQUIRED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
32	FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
FOR INDIVIDUAL FOOD PREPARATION				YES	NO	N/A
33	APPLIANCES ARE ADEQUATE TO SAFELY STORE AND PREPARE FOOD AND ARE IN GOOD WORKING CONDITION (I.E. STOVE, REFRIGERATOR, DISHWASHER)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
34	ENSURES THAT ALL FOOD PREPARATION AREAS CONTAIN SUITABLE SPACE AND EQUIPMENT TO STORE, PREPARE, AND SERVE FOOD IN A SANITARY MANNER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
35	SUFFICIENT FOOD STORES ARE AVAILABLE TO ENSURE VETERANS RECEIVE THREE NUTRITIONALLY ADEQUATE MEALS PER DAY (I.E. VETERANS HAVE ACCESS TO A FOOD PANTRY, LOCAL FOOD BANK, ARE RECEIVING SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), ETC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
36	RESOURCE INFORMATION IS AVAILABLE TO EDUCATE VETERANS WITH SPECIAL DIETARY NEEDS (I.E. DIABETIC, ALLERGIES, MEDICALLY INDICATED). MAY BE ACCOMPLISHED THROUGH NUTRITIONAL EDUCATION PROVIDED DIRECTLY BY THE AGENCY OR A REFERRAL RESOURCE WITHIN THE COMMUNITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				<input type="radio"/>	<input type="radio"/>	
NUTRITION AND FOOD SERVICES INSPECTION TEAM MEMBER SIGNATURE				DATE		

NUTRITION AND FOOD SERVICES	PROJECT NUMBER #
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

ANY CHECKLIST ITEMS WHERE "NO" WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.

DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED

BEST PRACTICE RECOMMENDATIONS:

THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

CLINICAL REVIEW		PROJECT NUMBER #		
THE CLINICAL REVIEW MAY INVOLVE SOCIAL WORK OR MENTAL HEALTH ALONE OR IN ANY COMBINATION AS THE AWARDEES APPLICATION DICTATES. APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		SITE ADDRESS		
OPERATING STANDARDS ALL GRANT & PER DIEM PROVIDERS (ALL INSPECTIONS)				
THE CONTRACTED FACILITY		YES	NO	N/A
37	ENSURES THAT PARTICIPANTS IN NEED OF MEDICAL OR SOCIAL DETOX CONDUCTED AT THE SAME SITE ARE CLEARLY SEPARATED FROM THE GENERAL RESIDENT POPULATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38	ENSURES A QUARTERLY TECHNICAL PERFORMANCE REPORT ADDRESSING THEIR ABILITY TO MEET THE GOALS, OBJECTIVES, MEASURES, AND SPECIAL NEEDS AS SET FORTH IN THEIR APPLICATION IS COMPLETED BY THE PROVIDER; SUBMITTED TO THE GPD LIAISON; AND REVIEWED QUARTERLY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39	WHEN NECESSARY, THE CONTRACTOR INITIATES A CORRECTIVE ACTION PLAN (CAP) WHEN ACCOMPLISHMENTS VARY FOR ANY OF THE GOALS AND OBJECTIVES AS STATED IN THE CONTRACT SOW OR CONTRACT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40	ENSURES THAT THE CONSULTATION AND PARTICIPATION OF NOT LESS THAN ONE HOMELESS VETERAN OR FORMERLY HOMELESS VETERAN ON THE BOARD OF DIRECTORS OR THE EQUIVALENT POLICY MAKING ENTITY	<input type="radio"/>	<input type="radio"/>	
41	ATTEMPTS TO INVOLVE HOMELESS VETERANS THROUGH EMPLOYMENT, VOLUNTEER SERVICES, OR OTHERWISE, IN CONSTRUCTION, REHABILITATION, MAINTENANCE, AND OPERATION OF THE PROGRAM	<input type="radio"/>	<input type="radio"/>	
42	ENSURES THE RECORDS KEPT ON HOMELESS VETERANS ARE KEPT CONFIDENTIAL, INCLUDING ANY RECORDS OF THE PROVISION OF FAMILY VIOLENCE PREVENTION OR TREATMENT SERVICES	<input type="radio"/>	<input type="radio"/>	
43	ENSURES THAT ALL HOUSING AND SERVICES PROVIDED TO PARTICIPANTS MEET THE QUALITY STANDARDS OUTLINED IN THE HCHV HANDBOOK.	<input type="radio"/>	<input type="radio"/>	
44	ENSURES SUSTAINED EFFORTS ARE MADE THAT ELIGIBLE HARD-TO- REACH PERSONS ARE SERVED IN THE FACILITY. THIS OUTREACH SHOULD BE TARGETED TOWARD PERSONS WHO MEET THE DEFINITION OF HOMELESSNESS IN 38 U.S.C. 2002(1)	<input type="radio"/>	<input type="radio"/>	
45	PARTICIPANT RECORD INCLUDES, AT A MINIMUM, THE FOLLOWING: FAMILY STATUS, VERIFICATION OF VETERAN STATUS, EDUCATION, EMPLOYMENT HISTORY, AND MARKETABLE SKILLS/LICENSES/CREDENTIALS	<input type="radio"/>	<input type="radio"/>	
46	ENSURES THAT AN INDIVIDUAL TREATMENT PLAN IS MAINTAINED IN THE CASE MANAGEMENT RECORD FOR EACH INDIVIDUAL PARTICIPANT	<input type="radio"/>	<input type="radio"/>	
47	THE INDIVIDUAL TREATMENT PLAN CONTAINS AN ASSESSMENT OF BARRIERS, SERVICE NEEDS, STRENGTHS, SPECIFIC SERVICES PROVIDED INCLUDING DURATION AND OUTCOMES, DOCUMENTATION OF REFERRALS, AND BENEFITS TO BE ACHIEVED AS A RESULT OF PROGRAM PARTICIPATION	<input type="radio"/>	<input type="radio"/>	

CLINICAL REVIEW		PROJECT NUMBER #		
THE CONTRACTED FACILITY		YES	NO	N/A
56	CONTRACTOR MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT INFORMATION AND TRACKING	<input type="radio"/>	<input type="radio"/>	
	A. THE CONTRACTOR UTILIZES HMIS FOR PROGRAM	<input type="radio"/>	<input type="radio"/>	
	B. THE CONTRACTOR UTILIZES AGENCY INTERNAL TRACKING SYSTEM	<input type="radio"/>	<input type="radio"/>	
	C. OTHER. EXPLAIN:	<input type="radio"/>	<input type="radio"/>	
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:		<input type="radio"/>	<input type="radio"/>	
LIAISON OR CLINICAL INSPECTION TEAM MEMBER SIGNATURE		DATE		

CLINICAL REVIEW	PROJECT NUMBER
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS
<p>ANY CHECKLIST ITEMS WHERE "NO" WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.</p>	
<p>DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED</p>	

BEST PRACTICE RECOMMENDATIONS:

<p>THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.</p>
--

LAW ENFORCEMENT AND PHYSICAL SECURITY	PROJECT NUMBER
	SITE ADDRESS
CHIEF OF VA POLICE OR DESIGNEE SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT (S)	

OPERATING STANDARDS ALL GRANT & PER DIEM PROVIDERS (ALL INSPECTIONS)

THE CONTRACTOR		YES	NO	N/A
49	IS OPERATING A PROJECT LOCATED ON VA PROPERTY, AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS CONDUCTED A COMPREHENSIVE RISK ASSESSMENT OF THE PROJECT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
50	IS OPERATING A PROJECT LOCATED ON VA PROPERTY AND A PROCEDURE FOR ONGOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED BETWEEN THE PROVIDER AND VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
51	IS OPERATING A PROJECT LOCATED IN THE COMMUNITY AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS AS A MEMBER OF THE HEALTH CARE TEAM COORDINATED WITH THE PROVIDER FOR THE PURPOSE OF CONDUCTING A COMPREHENSIVE RISK ASSESSMENT OF THE PROJECT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
52	HAS ENSURED THERE IS SUFFICIENT LIGHTING AROUND THE PERIMETER OF THE FACILITY BASED ON THE HOUSING SETTING (E.G., RURAL, INDUSTRIAL, OR RESIDENTIAL SETTINGS)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
53	HAS DETERMINED THERE IS SUFFICIENT LIGHTING AROUND THE INTERIOR OF THE FACILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
54	REGULARLY CHECKS LIGHTS TO MAKE SURE THEY ARE OPERATING EFFECTIVELY	<input type="radio"/>	<input type="radio"/>	
55	HAS ENSURED INTERIOR AND EXTERIOR LOCKS ARE IN GOOD WORKING ORDER; APPROPRIATELY LOCATED; ADEQUATE FOR THE AREA THAT IS BEING SECURED AND POPULATIONS SERVED WITHIN THE FACILITY	<input type="radio"/>	<input type="radio"/>	
56	HAS ENSURED COMMON AREAS (E.G., LAUNDRY, COMPUTER LABS, BREAK ROOMS) ARE APPROPRIATELY SECURED, MONITORED, AND LIT	<input type="radio"/>	<input type="radio"/>	
57	HAS APPROPRIATE PROCEDURES REGARDING FACILITY OR UNIT ACCESS WHICH ARE ADEQUATELY CONTROLLED TO ENSURE THE SAFETY OF ALL RESIDENTS	<input type="radio"/>	<input type="radio"/>	
58	ADEQUATELY ADDRESSES SAFETY AND SECURITY CONCERNS WITH THE FACILITY BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE	<input type="radio"/>	<input type="radio"/>	
59	HAS WRITTEN POLICIES AND PROCEDURES REGARDING SAFETY, SECURITY, AND PRIVACY WHICH ARE REGULARLY COMMUNICATED TO PARTICIPANTS AND STAFF AND ROUTINELY ENFORCED	<input type="radio"/>	<input type="radio"/>	
60	APPROPRIATELY SEPARATED FACILITY ACCESS FOR PRIVACY AND SECURITY GIVEN THE POPULATION(S) SERVED	<input type="radio"/>	<input type="radio"/>	
61	HAS INSTALLED STAFF OFFICES, TREATMENT, GROUP, PARTICIPANT ROOMS, DORMS, SHOWER, AND RESTROOMS HAVE LOCKS APPROPRIATE FOR THE SETTING AND GENDER MIX	<input type="radio"/>	<input type="radio"/>	

LAW ENFORCEMENT AND PHYSICAL SECURITY

PROJECT NUMBER

62	HAS ENSURED PARTICIPANTS HAVE AN APPROPRIATE PLACE TO SECURE PERSONAL VALUABLES AND BELONGINGS	<input type="radio"/>	<input type="radio"/>	
63	HAS ESTABLISHED A PROCEDURE FOR ONGOING LAW ENFORCEMENT MONITORING	<input type="radio"/>	<input type="radio"/>	
64	HAS POSTED EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT, AND AGENCY	<input type="radio"/>	<input type="radio"/>	
65	ENSURES RESIDENTIAL SUPERVISION WITH SUFFICIENT KNOWLEDGE FOR THE POSITION IS ON DUTY 24 HRS PER DAY, 7 DAYS PER WEEK; IF THIS SUPERVISION IS PROVIDED BY A VOLUNTEER OR SENIOR RESIDENT, A PAID STAFF MEMBER IS ON CALL FOR EMERGENCIES 24 HRS PER DAY, 7 DAYS PER WEEK	<input type="radio"/>	<input type="radio"/>	
66	PROGRAM HAS ADEQUATE POLICIES AND PROCEDURES WHICH ARE ENFORCED TO ENSURE THAT ILLICIT DRUGS, WEAPONS, AND OTHER SIMILAR ITEMS ARE NOT PERMITTED ON THE PREMISES	<input type="radio"/>	<input type="radio"/>	
67	MAINTAINS DOCUMENTATION OF RESIDENTIAL SUPERVISION TRAINING IS PRESENT	<input type="radio"/>	<input type="radio"/>	
68	SEPARATE MALE AND FEMALE BATHROOMS (CONGREGATE LIVING)	<input type="radio"/>	<input type="radio"/>	
69	HAS MADE SEPARATE MALE AND FEMALE BATHROOMS (CONGREGATE LIVING) AVAILABLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
70	USES A SCREENING SYSTEM FOR SEX OFFENDERS (MIXED GENDER AND/OR CHILDREN IN FACILITY)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS.		<input type="radio"/>	<input type="radio"/>	
POLICE INSPECTION TEAM MEMBER SIGNATURE		DATE		

**SECURITY & LAW
ENFORCEMENT**

PROJECT NUMBER #

INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

ANY CHECKLIST ITEMS WHERE "NO" WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.

DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED

BEST PRACTICE RECOMMENDATIONS:

THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

MEDICATION REVIEW	PROJECT NUMBER
	SITE ADDRESS
APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)	

TYPE OF MEDICATION CONTROL SYSTEM USED BY AGENCY (CHECK ALL THAT APPLY):

—	MEDICATION MANAGEMENT: PRACTICE OF PRESCRIBING, ADMINISTERING, AND/OR DISPENSING MEDICATION BY QUALIFIED PERSONNEL, INCLUDING TAKING PILLS OUT OF BOTTLES, MEASURING LIQUIDS, OR GIVING INJECTIONS
—	MEDICATION MONITORING: PRACTICE OF PROVIDING A SECURE STORAGE AREA AND CONTROLLED ACCESS FOR MEDICATIONS THAT ARE BROUGHT INTO A PROGRAM AND USED BY THE VETERAN. THE PERSON TAKES THE MEDICATION WITHOUT ANY ASSISTANCE FROM STAFF
—	INDIVIDUAL STORAGE: PRACTICE OF ALLOWING INDIVIDUALS TO STORE (I.E. LOCK BOX, INDIVIDUAL APARTMENT UNIT) AND SELF-ADMINISTER THEIR MEDICATIONS

FOR MEDICATION MANAGEMENT THE AWARDEE		YES	NO	N/A
71	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT RESOURCES FOR ADVOCACY TO ASSIST THEM IN BEING ACTIVELY INVOLVED IN MAKING DECISIONS RELATED TO THE USE OF MEDICATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT TRAINING AND EDUCATION REGARDING MEDICATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75	ORGANIZATION DOCUMENTS THAT THE USE OF ALL MEDICATIONS BY PERSONS SERVED IS REVIEWED ON AT LEAST AN ANNUAL BASIS BY A PHYSICIAN OR QUALIFIED PROFESSIONAL LICENSED TO PRESCRIBE MEDICATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS ADMINISTRATION OF MEDICATIONS BY PERSONNEL, INCLUDING STAFF CREDENTIALS AND COMPETENCIES, DOCUMENTATION OF MEDICATION ADMINISTRATION, AND DOCUMENTATION OF THE USE AND BENEFITS, OR LACK THEREOF, OF AS NEEDED DOSES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77	ORGANIZATION HAS WRITTEN PROCEDURES REGARDING MEDICATIONS THAT PROVIDE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS PERTAINING TO MEDICATIONS AND CONTROLLED SUBSTANCES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78	ORGANIZATION HAS DOCUMENTATION OR CONFIRMATION OF INFORMED CONSENT FOR EACH MEDICATION ADMINISTERED, WHEN POSSIBLE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79	ORGANIZATION HAS WRITTEN PROCEDURES WHICH INTEGRATE ANY PRESCRIBED MEDICATIONS INTO A PERSON'S OVERALL PLAN, INCLUDING, IF APPLICABLE, SPECIAL DIETARY NEEDS AND RESTRICTIONS ASSOCIATED WITH MEDICATION USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MEDICATION REVIEW		PROJECT NUMBER		
80	ORGANIZATION PROCEDURES ENSURE THE IDENTIFICATION, DOCUMENTATION, AND REQUIRED REPORTING, INCLUDING TO THE PRESCRIBING PROFESSIONAL, ANY MEDICATION REACTIONS OR MEDICATION ERRORS, AS APPROPRIATE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
81	ORGANIZATION HAS WRITTEN PROCEDURES WHICH INCLUDE ACTIONS TO FOLLOW IN CASE OF EMERGENCIES RELATED TO THE USE OF MEDICATIONS, INCLUDING READY ACCESS TO THE TELEPHONE NUMBER OF A POISON CONTROL CENTER BY BOTH PROGRAM PERSONNEL AND PARTICIPANTS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR MEDICATION MONITORING THE AWARDEE		YES	NO	N/A
82	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
83	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84	ALL MEDICATIONS ARE STORED IN A SECURE LOCKED AREA, EXCEPT WHEN UNDER THE DIRECT SUPERVISION OF APPROPRIATE STAFF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85	KEYS OR COMBINATIONS TO LOCKS FOR THE MEDICATION AREA ARE UNDER THE CONTROL OF AUTHORIZED STAFF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86	ALL MEDICATIONS ARE PERIODICALLY CHECKED FOR EXPIRATION DATES OR DETERIORATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87	ALL MEDICATIONS ARE STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE FAMILIAR WITH ALL MEDICATIONS STOCKED INCLUDING INDICATIONS, SIDE EFFECTS, TOXIC EFFECTS, INTERACTIONS, AND POTENTIAL ALLERGIC REACTIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE PROVIDED ORIENTATION, CONTINUING EDUCATION AND TRAINING, AS APPROPRIATE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FOR INDIVIDUAL STORAGE THE AWARDEE		YES	NO	N/A
90	SELF-ADMINISTERED MEDICATIONS ARE STORED IN A SAFE AND SECURE MANNER IN THE RESIDENT'S ROOM ACCORDING TO THE FACILITY'S POLICIES AND PROCEDURES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS.		<input type="radio"/>	<input type="radio"/>	
MEDICATION REVIEW INSPECTION TEAM MEMBER SIGNATURE		DATE		

NURSING SERVICES

PROJECT NUMBER #

ANY CHECKLIST ITEMS WHERE "NO" WAS INDICATED MUST HAVE DOCUMENTATION PROVIDED BELOW DETAILING THE SPECIFICS OF THE DEFICIENCY; CORRECTIVE ACTIONS TAKEN; AND THE DATE THE PROVIDER WAS IN COMPLIANCE. ANY DEFICIENCIES NOT CORRECTED AND APPROPRIATELY DOCUMENTED WILL RESULT IN AN INCOMPLETE INSPECTION PACKAGE.

DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED

BEST PRACTICE RECOMMENDATIONS:

THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

REVIEW OF HOMES DATA		PROJECT NUMBER		
		DATE OF DISCUSSION:		
NOT APPLICABLE FOR INITIAL INSPECTIONS AND SERVICE CENTERS		YES	NO	N/A
91	HOMES DATA , RELATIVE TO THIS PROJECT NUMBER, HAS BEEN DISCUSSED WITH THE CONTRACTOR	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
92	PROVIDE THE MOST CURRENT (YEARLY OR QUARTERLY) HOMES DATA (PERCENTAGES FOR THIS PROJECT NUMBER):			
	A. INDEPENDENTLY HOUSED AT DISCHARGE			
	B. EMPLOYED FULL-TIME AT DISCHARGE			
	C. EMPLOYED PART-TIME AT DISCHARGE			
	D. RECEIVING VA BENEFITS AT DISCHARGE			
	E. RECEIVING NON-VA BENEFITS AT DISCHARGE			
		DATE		
HCHV LIAISON SIGNATURE				

ANNUAL REVIEW OF SERVICES		PROJECT NUMBER #	
LIST BETWEEN 6-15 CORE SERVICES AS STATED IN THE ORIGINAL GRANT APPLICATION OR SUBSEQUENTLY APPROVED CHANGE OF SCOPE		SERVICE IS CURRENTLY PROVIDED (Y/N)	
EXAMPLES: SERVICES RELATED TO CASE MANAGEMENT, ADL'S, MEALS, EMPLOYMENT, BENEFITS, SUBSTANCE USE DISORDER SERVICES, ETC			
THE CONTRACTOR		YES	NO
93	THE CONTRACTOR IS CURRENTLY PROVIDING ALL SERVICES AS STATED IN THE ORIGINAL STATEMENT OF WORK OR SUBSEQUENTLY APPROVED CHANGE OF SCOPE	<input type="radio"/>	<input type="radio"/>
IF NO, DESCRIBE WHICH SERVICES ARE NOT PRESENTLY BEING PROVIDED AND OUTLINE THE AGENCY'S IMPLEMENTATION PLAN AND CORRESPONDING TIMELINE			