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SOURCES SOUGHT NOTICE

NORTHERN CALIFORNIA VA HEALTH CARE SYSTEM
HEALTH CARE FOR HOMELESS VETERANS (HCHV)
CONTRACTED EMERGENCY RESIDENTIAL SERVICES (CERS)
MEDICAL RESPITE

Description of Services: Contractor is to provide the Department of Veteran Affairs with community based transitional housing Medical RESPITE Care for Homeless Veterans of Contra Costa County Community. The Government will place orders for individual requirements in accordance with Performance Work Statement

Estimated QTY: 4 Veterans per night

Location: Contra Costa County

Estimated Period of Performance: October 1, 2018 – September 30, 2023

NAICS Code: 623220

Response Date: March 26, 2018

Contracting Office Address:

Department of Veteran Affairs
VA Sierra Pacific Network (VISN 21)
VA Northern California HealthCare System
5342 Dudley Blvd, Bldg. 209
McClellan, CA 95652-2609
Contract Specialist

Only firms interested and capable should send their information and capability statement and any questions by email to Brian Trahan at brian.trahan@va.gov no later than 4:30pm Pacific Standard Time, March 26, 2018. Information should include all the following:

Name of Company
Company Website
Address of Company
Facility size (in square feet)

Facility Address
Number of Beds Available

Capability Statement and copy of business license and insurance
Previous contracts
Licenses

POC Name
Phone
Email Address

References

DUNS number
VIP (if applicable)
Small Business Size
NAICS code
Socioeconomic Status

NORTHERN CALIFORNIA VA HEALTH CARE SYSTEM
HEALTH CARE FOR HOMELESS VETERANS (HCHV)
CONTRACTED EMERGENCY RESIDENTIAL SERVICES (CERS)
MEDICAL RESPITE

A. BACKGROUND

Ending homelessness among Veterans by 2015 was established as a national priority by the Department of Veterans Affairs Secretary, Eric Shinseki, in November 2009 at the National Summit on Ending Veterans Homelessness. In June 2010, the U.S. Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness,* which is fully aligned with this goal. Eliminating Veteran Homelessness remains one of three Agency Priority Goals for 2014-2015 in VA's 2014-2020 Strategic Plan.

The Health Care for Homeless Veterans (HCHV) program is an essential and critical part of VHA, providing a gateway to VA and community-based supportive services for eligible Veterans who are homeless. HCHV programs provide outreach services; care, treatment, and rehabilitative services, including case management services; and therapeutic transitional housing assistance under 38 U.S.C. 2032 in conjunction with Work Therapy under 38 U.S.C. 1718. The program uses Contracted Residential Services in community locations to engage homeless Veterans who have been underserved.

B. PROGRAM DESCRIPTION

The HCHV CERS Program exists to provide a means of removing homeless Veterans from the street or habitation unfit for humans and placing them in community-based, residential environments with sufficient supportive services to meet their basic needs and ultimately, facilitate the improvement of their overall health status and housing situation. Specifically, this contract seeks to arrange for the provision of Medical Respite services to Veterans with typically short term (i.e. not chronic) health conditions who require more support than is typically available in an emergency housing setting, and whose health would otherwise be endangered by remaining in a state of homelessness.

B.1. HCHV CERS Program characteristics:

B.1.1. Targets and prioritizes homeless Veterans who are eligible for VA health care, and are transitioning from chronic literal street homelessness, Veterans being discharged from institutions (including those in need of medical respite), and Veterans who recently became homeless and require safe and stable living arrangements while they seek permanent housing

B.1.2. Seeks to reduce barriers to immediate placement

B.1.3. Does not require any length of sobriety or abstinence from alcohol or other drugs as a condition of admission

B.1.4. Provides safe, secure housing as well as supportive services

B.1.5. Lengths of Stay typically range from 30 to 90 days with the option to extend based on clinical need.

B.1.6. Veterans are expected to meaningfully engage their case managers and available Programming

B.1.7. Emphasis is placed on achieving placement in permanent housing or longer term residential programs that offer path to increased housing stabilization at the time of program exit, and reducing negative exits due to rule violations or other avoidable circumstances.

B.2. House Rules and Expectations

B.2.1. Rules focus on staff and resident safety:

- No buying or selling of alcohol or drugs in the facility
- No dealing or use of illicit drugs in the facility
- No sexual activity between residents
- No violence or threats of violence
- Honor nightly curfew

B.2.2. When possible, infractions are to be used to engage residents, not simply as grounds for service termination. Negative discharges will be monitored as a measure of program quality.

B.2.3. Veterans are expected to engage programming and maintain communication with case managers at all times around matters relating to admission, stay, and treatment

B.3. Admission Practices

B.3.1. Staff will assist residents with admission forms and eligibility determination with VA

B.3.2. Facility works to reduce barriers to admission:
B.3.2.1 Accepts referrals throughout day if possible
B.3.2.2 Flexibility with admission processes

B.4. Admission Criteria

B.4.1. Homeless Veteran

B.4.2. Eligible for VA Health Care

B.4.3 A Health Condition requiring additional supportive services and oversight above and beyond that typically available in an emergency housing setting, but NOT requiring a higher level of care such as nursing home or assisted living.

B.5. Overview of Types of Services Available to Residents

B.5.1. Safe, Secure housing (includes laundry and restroom facilities)

B.5.2. Three daily nutritious meals

B.5.3. Case Management and Care Coordination Services

B.5.4. Vocational Services

B.5.5. Benefits Services

B.5.6. Enhancement of Independent Living Skills

B.5.7. Permanent/ Transitional housing search support

B.5.8. Support for mental/medical health stabilization

B.5.9. Medication Monitoring

B.5.10 General Health Oversight, to include communication and collaboration with primary/specialty care providers as necessary.

C. PERFORMANCE WORK STATEMENT

C.1. OBJECTIVE

The Contractor shall provide residential treatment services for homeless Veterans in accordance with the HCHV CERS model requirements. Services are expected to involve a 24-hour-a-day/7-days-a-week therapeutic community and evidence-based recovery program offering supportive, secure housing to homeless Veterans with substance use disorders, many of whom may also be dealing with with significant mental illness. The program places an expectation on the Veteran to engage in treatment participation and also on the contractor to provide not only quality substance use disorder treatment, but also a focus on improving housing stability to ensure a transition from homelessness to permanent, stable housing and ongoing engagement with after-care and relapse prevention services upon discharge. Contractors must comply with all HCHV CERS requirements as identified below.

C.2. HCHV CERS PROVIDER QUALIFICATIONS & CAPABILITY REQUIREMENTS

C.2.1. Must possess a valid occupancy permit.

C.2.2. Capable of performing outreach or otherwise identifying and referring homeless Veterans with substance abuse disorders with a desire to pursue recovery by entering a residential treatment program to the contract program;

C.2.3. Capable of providing secure, separate housing and bathroom accommodations for males and females; common use of kitchen facilities and dining rooms is acceptable;

C.2.4. Capable of providing services twenty-four (24) hours a day for Veteran placements lasting up to ninety (90) days per Veteran. Extensions beyond initial ninety (90) days should be authorized in writing by VA Liaison; extensions beyond six (6) months must be prior-approved by the Social Work Service Contract Coordinator/ COR;

C.2.5. Capable of providing three daily nutritious meals and reasonable accommodation for special dietary needs;

C.2.6. Capable of offering a means for clients to wash their own clothes or otherwise tend to laundry;

C.2.7. Capable of providing secure, appropriate storage for both Veteran belongings and medication;

C.2.8. Capable of providing quality case management and medical respite services that utilize a Recovery Model approach;

C.2.9. Capable of maintaining a minimum of one staff member on site at all times to ensure appropriate response to matters involving Veteran safety;

C.2.10. Capable of providing a working phone line and ensuring reasonably prompt communication with the VA is possible at all times;

C.3 DIRECT VETERAN CLINICAL SERVICES: 60% of time involves direct service to Veterans

C.3.1. Occupancy: The contractor will be responsible for ensuring that a minimally acceptable level of 80% occupancy of HCHV CERS funded beds is maintained at all times through independent outreach efforts as well as by collaboration with VA.

C.3.2 Care Planning: Contractor will engage the veteran in a collaborative assessment of needs, including barriers to stable housing, and create an initial plan of care to address those concerns within 14 days of admission. This plan is to be updated as needed throughout the Veterans episode of care.

C.3.3. Case Management: Contractor will provide individual case management meetings at least three (3) times per month (preferably once per week) that focus, at a minimum, on: housing search and stabilization, increasing income, any necessary coordination of ongoing participation in care provided by VA/community medical and/or mental health care providers, and ongoing discharge planning.

C.3.4. Medication Monitoring: Contractor is expected to provide an appropriate, secure storage area and controlled access for medications that are brought into the program and used by the Veteran. Veterans may take medications without any assistance from program staff, however, all medications taken should be observed, logged, and accounted for. Any suspicion or concern of misuse is to be reported to VA Liaison immediately following incident reporting protocol.

C.3.5. Exits to Independent Housing: The contractor is expected to promote a focus on achieving stable, independent housing for all Veterans referred for care; exits to permanent, independent housing will be monitored as an indicator of overall program quality utilizing data provided by the VHA Support Service Center's Homeless Service Scorecard – the target rate for exits to this type of housing will be 35% or higher.

C.3.6. Negative Exits: The contractor is expected to facilitate Veteran completion of the HCHV CERS Program to the maximum extent possible, while still maintaining program integrity and safety; "Negative Exits," which shall be defined as discharges involving Veterans being asked to leave the program due to rule violation or otherwise leaving the program without consulting program staff in any way, shall be monitored on a continuous basis utilizing data provided by the VHA Support Service Center's Homeless Service Scorecard – the target rate for these types of exits will be 30% or less.

C3.7. Medical Respite Services: Contractor will be expected to provide clinical medical and/or nursing staff capable by training and verifiable by certification/licensure of providing oversight of complex health conditions and collaborating effectively with primary and specialty care providers to ensure Veteran safety and well-being at all times.

C.4. ADMINISTRATIVE SERVICES: 40% of time does not involve direct service to Veterans

C.4.1. Determination of Eligibility: The contractor is responsible for determining Veteran eligibility for placement into HCHV CERS Bed. A Veteran must be homeless and eligible for VA health care in order to be considered for admission to any CERS Program. Failure to establish eligibility prior to admission may result in denial of payment for services provided to ineligible Veterans.

C.4.2. Release of Information: The contractor shall ensure that a signed VA Release of Information (ROI) is obtained for any Veteran being admitted to an HCHV CERS Bed and placed into individual case record.

C.4.3. Individual Case Records: The contractor will maintain an individual case record for each referred Veteran. Case records must be maintained in security and confidence as required by the Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR part II) and the Confidentiality of Certain Medical Records (38 USC 7332), and in accordance with the Health Insurance Portability and Accountability Act (HIPAA: Pub. Law. 104–191). Records should contain at a minimum: Reason for referral; pertinent demographic information; copies of any medical prescriptions/orders issued by physicians; case management/treatment notes; any critical incident reports; and a final summary that include reason(s) for leaving, the Veteran's known future plans, and follow-up locator information, if available.

C.4.4. Homeless Management Information System (HMIS) Data Reporting: Veterans served through VA's HCHV CERS program must have client level data entered into the local Community Continuum of Care's (CoC) HMIS. Data entered must include, at a minimum, the Universal Data Elements from the 2010 HMIS Data Standards.

C.4.5. Daily Census Sign-In Sheet: The contractor is responsible for collecting Veteran participant signatures on a daily census sign-in sheet to verify attendance in the program. This information is to be provided to the VA Liaison on a daily basis in order to ensure effective monitoring of bed utilization.

C.4.6. Incident Reporting: The contractor shall notify the VA immediately when *any* adverse critical incident involving a Veteran admitted to the program occurs. Critical Incidents shall include:

Falls

Elderly/Dependent Adult Abuse or Neglect

Sexual Assault

Fire (Veteran Involved)

Medical or Mental Health Emergency (911 Calls)

Hospitalization

Suicidal ideation or attempt

Homicidal ideation

Assault (of other residents or Staff)

Death

Infectious Control Concerns (Bed Bugs, TB, etc.)

Active Substance Abuse

Observation/ Possession of Weapons

During normal business hours, the identified VA Liaison, HCHV Coordinator or COR should be contacted immediately by phone to report such an incident; if the incident occurs after hours, the local VA Facility Administrator on Duty (AOD) should be notified, also by telephone. A written report to the VA Liaison and/or COR should follow within 24 business hours. Contractor shall maintain a copy of all critical incident reports in the involved Veteran's individual case record.

C.4.7. Extension Requests: The contractor is responsible for ensuring that all requests for extension of services beyond the initially authorized service period of 90 days are reviewed and approved in writing by the VA Liaison (or Social Work Service Contract Coordinator/ COR for requests exceeding six (6) months).

C.4.8. Satisfaction Surveys: The contractor will be responsible for administering, collecting, and delivering monthly to VA Liaison the Universal Stakeholder Participation and Experience Questionnaires (uSPEQ) Survey: This survey will be the primary tool for reporting Veteran satisfaction data in VA specialized homeless programs; it is to be administered to and collected from any Veterans who have resided in the program for at least of thirty (30) days.

C.4.9. Discharge Reporting: The contractor is responsible for notifying the identified VA Liaison (or designee) within 24 business hrs. that a discharge has occurred, and for providing a written report of discharge that contains the specific data required by the Northeast Program Evaluation Center (NEPEC) for documentation of discharge in the Homeless Operations and Management Evaluation System (HOMES) within 48 business hrs.

D. DELIVERABLES

D.1. QUALITY CONTROL BUSINESS PLAN: The contractor shall submit a Quality Control Business Plan that supports the program objectives and associated tasks. The CO shall review and comment as necessary to ensure that contract goals are met.

D.2. STAFFING AND SERVICE PLAN: The contractor shall provide a detailed staffing and service plan. Plan should demonstrate that sufficient professional personnel are employed to carry out the policies, responsibilities, and services required under this contract. The Contractor must identify each person functioning as "Key Personnel" under this contract, and provide the VA with a description of the services to be provided by each person. The Contractor shall assign to this contract personnel that by education and/or training (and, when required, certification or licensure) are qualified to provide the services required by this PWS. Contractor may be required to supply a resume(s) summarizing relevant skills and experience of any/all key personnel upon request. Minimum Key Personnel requirements are as follows:

D.2.1. One administrative staff member, or designee of equivalent professional capability (with the authority to make decisions regarding the facility and residents, or with contact information for an offsite administrator in case of emergency), on duty on the premises or providing awake supervision of residents and staff 24 hours a day, 7 days a week.

D.2.2. One professionally credentialed clinical supervisor full-time onsite to provide/monitor clinical services.

D.2.3. Sufficient case management staff to provide direct services to Veterans residents. Case managers must have sufficient training and experience working with homeless individuals with chronic medical, mental health and substance abuse problems to be able to assess, anticipate, and effectively refer for additional support, Veterans experiencing crises.

D.2.4. At least one staff or security member with CPR certification on site and available in an emergency during each shift, 24 hours per day.

The contractor shall provide resumes for any proposed substitutions of key personnel, at least 15 days proposed date of substitution. substitution is to occur. The Contracting Officer shall notify the contractor within fifteen (15) calendar days after receipt of all required information if the VA is able to accept the proposed substitute key personnel. Temporary substitutions of key personnel shall be permitted in accordance with the contractor's contingency plan. The contractor's contingency plan to be utilized if personnel leave contractor's employment or are unable to continue performance in accordance with the terms and conditions of the resulting contract should be submitted to CO as a part of proposal package. The CO is the ultimate authority on acceptable length for temporary substitution of key personnel.

The VA reserves the right to refuse or revoke acceptance of any key personnel if personal or professional conduct, or lack of required skills or experience jeopardizes patient care or interferes with the regular and ordinary operation of the facility and the HCHV CERS Program.

D.3. DOCUMENTATION OF SUPPORTIVE SERVICES: The Contractor shall provide written documentation constituted by the individual Veteran case record that verifies the provision of all supportive services required under this contract for each Veteran participant.

D.4. CARE PLAN: The written plan of care shall be completed and entered into the individual Veteran case record no later than day 14 days after being admitted to the program.

D.5. CRITICAL INCIDENT REPORTS: Written critical incident reports must be submitted to the VA Liaison within 24 business hours (VA Liaison/AOD to be notified immediately or as soon as possible when incidents occur).

D.6. EXTENSION REQUESTS: Written requests for extension are due prior to the 90th day when it is anticipated the Veteran will require additional time beyond the initially authorized service period, and *prior* to the expiration of the initial and any and all subsequent future extension authorizations.

D.7. DISCHARGE REPORTS: The HOMES Exit form shall be completed and submitted to the VA Liaison within 48 business hours (VA Liaison to be notified within 24 hours of discharge).

D.8. SATISFACTION SURVEYS: All Universal Stakeholder Participation and Experience Questionnaires (uSPEQ are to be provided to the VA Liaison at the end of each month.

D.9. DAILY CENSUS SIGN-IN SHEET: The daily census sign-in sheet should be provided to the VA Liaison daily; weekend or holiday sign-in sheets are to be provided to the VA Liaison the on the next business day.

D.10. INVOICES: The monthly invoice is computed at the daily rate multiplied by the total number

of beds occupied by Veterans at midnight each night of the given month. Invoices should first be submitted to the VA Liaison for approval and signature by the 5th of the month immediately following the billing period in question. Once approved, invoices are to be submitted through the Tungsten Network (Electronic Invoicing System) by the 10th of the month immediately following the billing period in question.; all electronic invoices submitted should be accompanied by invoice bearing VA Liaison signature for reference of certifying official. (For additional information, Reference: VAAR 852.273-72 Electronic Submission of Payments pg. 23. and FAR 52.232-33 Payments by Electronic Funds Transfer—System for Award Management pg.27.) .

D.11. QUARTERLY PERFORMANCE REPORT: The contractor shall provide the COR with a written report detailing program data and activities on a quarterly basis. The report should contain, at minimum, the following information:

- Total Number of Veterans Served
- Occupancy rate
- Percent of Veterans discharged to independent housing
- Percent of negative discharges (i.e. discharges due to rule violation, failure to comply with program requirements, or unexpected discharges without prior consultation with staff).
- Other information the contractor feels pertinent, such as: quality improvement projects, changes in staffing or business practices, systems or resource concerns, etc.

DELIVERABLE TIME TABLE

Deliverables	Due Dates
D.1. QUALITY CONTROL BUSINESS PLAN	Due upon solicitation close date
D.2. STAFFING AND SERVICE PLAN	Due upon solicitation close date
D.3. DOCUMENTATION OF SUPPORTIVE SERVICES:	Completed Veteran case record due upon case close out; due to VA upon request only.
D.4. CARE PLAN	Due in Veteran case record by day 14; due to VA upon request
D.5. CRITICAL INCIDENT REPORTS	Due within 24 business hours of a critical adverse event involving a Veteran
D.6. EXTENSION REQUESTS	Due prior to the expiration of any authorized period of service
D.7. DISCHARGE REPORTS	Due within 48 business hours of Veteran discharge
D.8. SATISFACTION SURVEYS	Due at the end of each monthly service period

D.9. DAILY CENSUS SIGN-IN SHEET	Due daily
D.10. INVOICES	Due to VA Liaison by the 5th of the month immediately following the billing period in question; due in Tungsten Network (electronic billing system) by the 10th of the month immediately following the billing period in question.

E. REFERRALS

E.1. The VA is responsible for determining eligibility of Veterans prior to admission to contractor bed for services. The contractor is expected to work with identified VA Liaison or other designees to confirm eligibility; it is understood that payment for Veterans admitted without an initial determination of eligibility may not be authorized if the Veteran is found to be ineligible.

E.1.2. A list of authorized VA ordering personnel, including primary identified VA Liaison, shall be made available to the contractor upon award of the contract. VA employees may be added or deleted from this list during the term of the contract at the discretion of VA. The contractor shall not deviate from the list of individuals authorized to approve admissions without an updated list.

E.1.3. Referral constitutes authorization of an initial service period of up to 90 days (unless otherwise specified).

F. ABSENCES AND CANCELLATION

F.1. The Contractor shall notify VAMC of any absences from the facility. Absences of the patient from the facility in excess of forty-eight (48) hours will not be reimbursable except those with the prior approval of the VAMC coordinator. Should a patient referred to a residential treatment facility absent himself/herself in an unauthorized manner, payment for services for that Veteran to the contract facility would be continued for a maximum period of two days provided there is an active outreach attempt on the part of the contractor facility staff to return the Veteran to the residential treatment program and a strong likelihood that the patient will return. Management of Negative Exits will be an element of quality assurance review of this program.

F.2. The contractor may consider providing an authorized absence (or "pass") for purposes that are expected to further the recovery goals of a Veteran (e.g., job-related absences, family visits, housing searches, medical, etc.). All requests for passes must be documented in writing in the Veterans individual case record. Authorized absences shall not exceed 48 hours in any given month for any single Veteran, unless otherwise approved by contractor *and* VA Liaison.

F.3. VA reserves the right to remove any or all Veterans from the facility at any time without additional cost, when it is determined to be in the best interest of the Veteran or VA.

G. CONDUCT

G.1. The contractor shall comply with the principles listed in 38 CFR 17.707(b) to provide housing and supportive services in a manner that is free from religious discrimination.

G.2. Local law enforcement and/or fire departments should be contacted for assistance and intervention as appropriate and indicated by any given circumstances.

G.3. The contractor shall also notify the VA Liaison, AOD, or COR immediately of any high risk situations involving veterans with suicidal and/or homicidal threats or ideation, episodes of physical or sexual violence, sexual activities, safety concerns, or activities involving illegal substances so that appropriate response may be coordinated.

G.4. In the event of a medical or psychiatric emergency, it is agreed that every effort will be made to facilitate Veteran access to local VA Medical Center for care. If a VA Medical Center is not available in the vicinity or is otherwise inconveniently located, the Contractor will advise the VA Liaison or AOD of the facility to which the Veteran has been admitted. The Contractor will also be expected to assist Veteran's requiring non-urgent services with accessing appropriate care from a VA or community facility, as appropriate.

H. COMPLAINTS

The identified VA Liaison and the Contracting Officer's Representative (COR) will monitor the services being provided in all HCHV CERS Facilities. The contractor is expected to cooperate with VA Staff and COR by providing information and answering questions in a timely manner when requested. Contractor shall refer complaints received directly from Veterans to the identified VA Liaison or COR within 48 hours of complaint. All complaints received by the VA Liaison or COR will be immediately forwarded to the contractor and shall be investigated promptly. After investigation and clarification of disposition, the contractor shall respond to the VA Liaison or COR within five (5) working days or less with proposed resolution or plan for corrective action. The CO shall be notified in instances where the proposed course of action or response does not appear sufficient to resolve any given complaint.

I. TRAVEL

The contractor is expected to assist Veterans with arranging local transportation to scheduled meetings and appointments. The contractor is expected to help Veterans understand and learn how to utilize public transportation; this includes providing access to information and clarifying instructions necessary to effectively utilize public transit systems. If contractor and VA staff both determine that public transportation is not available, adequate, or appropriate for any Veteran, the contractor will be expected to assist the Veteran with identifying potential alternative modes of transport, however, under no circumstances is the contractor expected to provide transportation to a Veteran directly.

J. FACILITIES

J.1. General requirements: It is the responsibility of the Contractor to properly maintain its facilities and the VA shall have no responsibility for paying or reimbursing the Contractor for such expenses. The contract facility must:

J.1.1 Have a current occupancy permit issued by the local and state governments in the

jurisdiction where the facility is located.

J.1.2. Be in compliance with existing standards of State safety codes and local, and/or State health and sanitation codes.

J.1.3. Meet the requirements of the Americans with Disabilities Act (ADA) (Public Law 100-336, 42 USC 12101-12213) pertaining to handicapped accessibility in effect on the date of contract award.

J.1.4. Where applicable, be licensed under State or local authority.

J.1.5. Where applicable, be accredited by the State.

J.1.6. Be equipped with operational air conditioning /heating systems

J.1.7. Be kept clean free of dirt, grime, mold, or other hazardous substances and damaged noticeably detract from the overall appearance.

J.1.8. Be equipped with first aid equipment and an evacuation plan in case of emergency.

J.1.9. Have windows and doors that can be opened and closed in accordance with manufacturer standards.

J.1.10. Have an aggressive on-going plan to address bed bug infestation. This policy must be a part of your written response to this solicitation. On-going bed bug infestation will be grounds for immediate discharge of Veterans from the facility

J.2. Fire Safety Requirements:

J.2.1. The building must meet the requirements of the applicable residential occupancy chapters of the current version of NFPA 101, National Fire Protection Association's Life Safety Code. Any equivalencies or variances must be approved by VANCHCS Director

J.2.2. Fire exit drills must be held at least quarterly. Residents must be instructed in evacuation procedures when the primary and/or secondary exits are blocked. A written fire plan for evacuation in the event of fire shall be developed and reviewed annually. The plan shall outline the duties, responsibilities and actions to be taken by the staff and residents in the event of a fire emergency. This plan shall be implemented during fire exit drills.
A written policy regarding tobacco smoking in the facility shall be established and enforced.

J.2.4. Portable fire extinguishers shall be installed at the facility. Use NFPA 10, Portable Fire Extinguishers, as guidance in selection and location requirements of extinguishers. Requirements for fire protection equipment and systems shall be in accordance with NFPA 101. All fire protection systems and equipment, such as the fire alarm system, smoke detectors, and portable extinguishers, shall be inspected, tested and maintained in accordance with the applicable NFPA fire codes and the results documented.

J.3 Inspection: Prior to the award of any contract and annually thereafter during any subsequent contracted performance periods, a multidisciplinary VA team consisting of a social worker, dietitian or nutrition and food service professional, nursing staff, VA Police, and a Safety and Occupational Health Specialist, as well as any other subject matter experts determined necessary by the medical center director, COR, HCHV Coordinator, or VA Liaison, shall conduct a survey of the contractor's facilities to be used to provide Veterans food, shelter, and clinical services to assure the facility provides acceptable level quality care in a safe environment. Additional inspections may also be carried out, announced or unannounced at any other time as deemed necessary by VA.

The contractor will be advised of the findings of the inspection team. If deficiencies are noted during any inspection, the contractor will be given a reasonable amount of time (typically 30 days) to take corrective action and to notify the Contracting Officer that the corrections have been made. A contract will not be awarded until noted deficiencies have been eliminated. Failure by the Contractor to take corrective action within the reasonable time provided will be reported to the VA Contracting Officer. If corrections are not made to the satisfaction of the VA, the Contracting Officer will be notified, and shall be the final arbiter on the necessary resulting consequences and action.

The inspection of the Contractor facilities will include inspection for conformity to the current Life Safety Code as described in paragraph 5, and will also include the following:

J.3.1. General observation of residents to determine if they maintain an acceptable level of personal hygiene and grooming.

J.3.2. Assessment of whether the facility meets applicable fire, safety and sanitation standards.

J.3.3. Determining whether the facility is in attractive surroundings conducive to social interaction and the fullest development of the resident's rehabilitative potential.

J.3.4. Observation of facility operations to see if appropriate organized activity programs are available during waking hours (including evenings) and degree to which a high level of activity is observed in the facility, such as individual professional counseling, physical activities, assistance with health and personal hygiene.

J.3.5. Seeking evidence of facility-community interaction, demonstrated by the nature of scheduled activities or by information about resident flow out of the facility, e.g., community activities, volunteers, local consumer services, etc.

J.3.6. Observation of staff behavior and interaction with residents to determine if they convey an attitude of genuine concern and caring.

J.3.7. Inspecting the types of meals and other nutrition provided to residents to see if appetizing, nutritionally adequate meals are provided in a setting, which encourages social interaction and if nutritious snacks between meals and bedtime are available for those requiring or desiring additional food, when it is not medically contraindicated.

J.3.8. Making a spot check of Veterans' records to ensure accuracy with respect to Veterans' length of stay and services provided to the Veterans.

All Department of Veterans Affairs inspection findings for residential facilities furnishing treatment and rehabilitative services to eligible Veterans shall, to the extent necessary, be made available to all government agencies charged with the responsibility of licensing or otherwise regulating or inspecting such institutions.