

Nursing Home Legal Business Name: _____

DUNS: _____

Section 1: Technical Capability:

Regulatory and Compliance. Nursing home facility will meet all Federal and State regulatory requirements and industry practices, as applicable, and be in compliance with such regulations and standards.

(*Please respond to the criteria below by checking “yes” or “no”; provide brief, detailed explanation for any “no” answer.)

a) Facility is in compliance with most recent standards of Life Safety Standards – National Fire Protection Association Standard and applicable Federal, State and local regulations.	Yes	No
b) Facility must be 100% sprinkled and can demonstrate evidence of this fact upon request.	Yes	No
c) Facility has current and unrestricted Center for Medicare and Medicaid Services (CMS) certification (Medicare and/or Medicaid) and State license.	Yes	No
d) Facility has Medical Liability Insurance/Professional Liability Insurance at the minimum level as required by the State and VAAR 852.237-7, Indemnification and Medical Liability.	Yes	No

Section 2: Quality Control. Nursing home facility demonstrates, if applicable, that its remedial actions meet standards and are accepted by State licensing and certification officials to promote acceptable quality of care for veterans.

(*Please respond to the criteria below by checking “yes” or “no”; provide brief, detailed explanation for any “no” answer.)

a) Facility can show upon request evidence that its latest plan of correction, if applicable, is approved by the State for any pending deficiencies.	Yes	No

--	--

Section 3: Management Approach. Nursing home will demonstrate timely access to care and resources.		
(*Please respond to the criteria below by checking “yes” or “no”; provide brief, detailed explanation for any “no” answer.)		
a) Facility has bed capacity to ensure their ability to take referrals when requested (i.e. Long Term Care beds)	Yes	No
b) Facility is able to accept VA referrals in a timely fashion (VA standard is within 24 hours of request).	Yes	No

Prepared by:

Signature: _____

Date: _____

Printed Name: _____

Printed Title: _____

Nursing Home: _____