

INSPECTION SHEETS

<u>HCHV PROGRAM LIAISON CHECKLIST</u>		YES	NO
1	PROJECT OPERATES IN ACCORDANCE WITH PROGRAM REGULATIONS		
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		
3	HAS DEMONSTRATED ADEQUATE STAFFING AND AN APPROPRIATE SCOPE OF SERVICES TO CARRY OUT THIS PROJECT AS OUTLINED IN THE ORIGINAL STATEMENT OF WORK OR SUBSEQUENT APPROVED CHANGE OF SCOPE		
4	AGENCY SERVES THE POPULATION(S) AS DESCRIBED IN THEIR APPLICATION OR SUBSEQUENT APPROVED CHANGE OF SCOPE		
5	AGENCY OCCUPANCY RATE ROUTINELY MEETS OR EXCEEDS 80 PERCENT OF THE HCHV FUNDED BEDS; OR AGENCY HAS IMPLEMENTED ADEQUATE MEASURES TO EXPAND OUTREACH AND COORDINATION TO IMPROVE PROGRAM UTILIZATION		
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		
7	CORRECTIVE ACTION PLANS (CAP) HAVE BEEN IMPLEMENTED IF APPLICABLE (RE-INSPECTIONS ONLY)		
8	BASED ON THE RESULTS OF THE ATTACHED INSPECTION DOCUMENTS THIS PROJECT IS RECOMMENDED FOR THE PLACEMENT OF VETERANS		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:			

MEDICATION MANAGEMENT CHECKLIST		YES	NO
	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED		
	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE		
	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		
	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT TRAINING AND EDUCATION REGARDING MEDICATION		
	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		
	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		
	ORGANIZATION HAS WRITTEN PROCEDURES REGARDING MEDICATIONS THAT PROVIDE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS PERTAINING TO MEDICATIONS AND CONTROLLED SUBSTANCES		
	ORGANIZATION HAS DOCUMENTATION OR CONFIRMATION OF INFORMED CONSENT FOR EACH MEDICATION ADMINISTERED, WHEN POSSIBLE		
	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		
	ORGANIZATION PROCEDURES ENSURE THE IDENTIFICATION, DOCUMENTATION, AND REQUIRED REPORTING, INCLUDING TO THE PRESCRIBING PROFESSIONAL, ANY MEDICATION REACTIONS OR MEDICATION ERRORS, AS APPROPRIATE		
	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		
	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED		
	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE		
	ALL MEDICATIONS ARE STORED IN A SECURE LOCKED AREA, EXCEPT WHEN UNDER THE DIRECT SUPERVISION OF APPROPRIATE STAFF		
	KEYS OR COMBINATIONS TO LOCKS FOR THE MEDICATION AREA ARE UNDER THE CONTROL OF AUTHORIZED STAFF		
	ALL MEDICATIONS ARE PERIODICALLY CHECKED FOR EXPIRATION DATES OR DETERIORATION		
	ALL MEDICATIONS ARE STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS		
	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE FAMILIAR WITH ALL MEDICATIONS STOCKED INCLUDING INDICATIONS, SIDE EFFECTS, TOXIC EFFECTS, INTERACTIONS, AND POTENTIAL ALLERGIC REACTIONS		
	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE PROVIDED ORIENTATION, CONTINUING EDUCATION AND TRAINING, AS APPROPRIATE		
FOR INDIVIDUAL STORAGE		YES	NO
	SELF-ADMINISTERED MEDICATIONS ARE STORED IN A SAFE AND SECURE MANNER IN THE RESIDENT'S ROOM ACCORDING TO THE FACILITY'S POLICIES AND PROCEDURES		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:			

FACILITY MANAGEMENT CHECKLIST		YES	NO
	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)		
	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		
	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		
	IS COMPLIANT WITH THE AMERICAN WITH DISABILITIES ACT AND THE ARCHITECTURAL BARRIERS ACT.		
	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS		
	PROVIDES EACH RESIDENT AN ACCEPTABLE PLACE TO SLEEP THAT IS IN COMPLIANCE WITH APPROPRIATE CODES AND REGULATIONS		
	PROVIDES EVERY ROOM OR SPACE WITH NATURAL OR MECHANICAL VENTILATION		
	IS FREE OF POLLUTANTS IN THE AIR AT LEVELS THAT THREATEN THE HEALTH OF RESIDENTS		
	PROVIDES A WATER SUPPLY THAT IS FREE FROM CONTAMINATION		
	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		
	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION		
	PROVIDES ADEQUATE NATURAL OR ARTIFICIAL ILLUMINATION TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS		
	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		
	PROVIDES THAT HOUSING AND EQUIPMENT ARE MAINTAINED IN A SANITARY MANNER		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:			

NUTRITION SERVICES CHECKLIST

HOW DOES THE AGENCY PROVIDE FOR THE NUTRITIONAL NEEDS OF VETERANS IN THE PROGRAM (CHECK ONE):

CENTRALLY PREPARED NUTRITION AND FOOD SERVICES

FOR CENTRALLY PREPARED NUTRITION AND FOOD SERVICES THE CONTRACTOR

	ONE WEEK OF MENUS AVAILABLE FOR REVIEW		
	MENUS REPRESENT NUTRITIONALLY ADEQUATE DIET		
	AGENCY DEMONSTRATES THE ABILITY TO MEET SPECIAL DIETARY NEEDS (I.E. KOSHER, DIABETIC, ALLERGIES, MEDICALLY INDICATED)		
	ADEQUATE MEALS ARE PROVIDED THREE TIMES PER DAY AS WELL AS NUTRITIOUS SNACKS BETWEEN MEALS AND BEFORE BEDTIME, INCLUDING WEEKENDS		
	ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES		
	REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED		
	ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER		
	CURRENT LICENSURES ARE MAINTAINED, IF REQUIRED		
	FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION		

FOR INDIVIDUAL FOOD PREPARATION THE CONTRACTOR

YES **NO**

	APPLIANCES ARE ADEQUATE TO SAFELY STORE AND PREPARE FOOD AND ARE IN GOOD WORKING CONDITION (I.E. STOVE, REFRIGERATOR, DISHWASHER)		
	ENSURES THAT ALL FOOD PREPARATION AREAS CONTAIN SUITABLE SPACE AND EQUIPMENT TO STORE, PREPARE, AND SERVE FOOD IN A SANITARY MANNER		
	SUFFICIENT FOOD STORES ARE AVAILABLE TO ENSURE VETERANS RECEIVE THREE NUTRITIONALLY ADEQUATE MEALS PER DAY AND SNACKS (E.G., VETERANS HAVE ACCESS TO A FOOD PANTRY, LOCAL FOOD BANK, ARE RECEIVING SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP), ETC.)		
	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		

ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:

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<u>SOCIAL WORK SERVICES CHECKLIST</u>			
THE CONTRACTED FACILITY		YES	NO
	ENSURES THAT PARTICIPANTS IN NEED OF MEDICAL OR SOCIAL DETOX CONDUCTED AT THE SAME SITE ARE CLEARLY SEPARATED FROM THE GENERAL RESIDENT POPULATION		
	ENSURES THAT THE CONTRACT PROVIDER MEETING THE GOALS, OBJECTIVES, MEASURES, AND SPECIAL NEEDS AS SET FORTH IN THEIR CONTRACT SOW.		
	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.		
	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		
	ATTEMPTS TO INVOLVE HOMELESS VETERANS THROUGH EMPLOYMENT, VOLUNTEER SERVICES, OR OTHERWISE, IN CONSTRUCTION, REHABILITATION, MAINTAINING, AND OPERATION THE PROGRAM		
	ENSURES THE RECORDS KEPT ON HOMELESS VETERANS ARE KEPT CONFIDENTIAL, INCLUDING ANY RECORDS OF THE PROVISION OF FAMILY VIOLENCE PREVENTION OR TREATMENT SERVICES		
	ENSURES THAT ALL HOUSING AND SERVICES PROVIDED TO PARTICIPANTS ARE OF AN ACCEPTABLE QUALITY		
	PARTICIPANT RECORD INCLUDES, AT A MINIMUM THE FOLLOWING: FAMILY STATUS, VERIFICATION OF VETERAN STATUS, EDUCATION, EMPLOYMENT HISTORY, AND MARKETABLE SKILLS/LICENSES/CREDENTIALS		
	ENSURES THAT AN INDIVIDUAL TREATMENT PLAN IS MAINTAINED IN THE CASE MANAGEMENT RECORD FOR EACH INDIVIDUAL PARTICIPANT		
	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		
	CONTRACTOR MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT INFORMATION AND TRACKING		
	A. THE CONTRACTOR UTILIZES HMIS FOR PROGRAM PARTICIPANTS		
	B. THE CONTRACTOR UTILIZES AGENCY INTERNAL TRACKING SYSTEM		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:			

LAW ENFORCEMENT CHECKLIST

	YES	NO
PROJECT IS 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		
IS THERE SUFFICIENT LIGHTING AROUND THE PERIMETER OF THE FACILITY BASED ON THE HOUSING SETTING (I.E. RURAL, INDUSTRIAL, OR RESIDENTIAL SETTINGS)		
IS THERE SUFFICIENT LIGHTING AROUND THE INTERIOR OF THE FACILITY		
ARE LIGHTS CHECKED REGULARLY TO MAKE SURE THEY ARE OPERATING EFFECTIVELY		
ARE INTERIOR AND EXTERIOR LOCKS IN GOOD WORKING ORDER; APPROPRIATELY LOCATED; ADEQUATE FOR THE AREA THAT IS BEING SECURED AND POPULATIONS SERVED WITHIN THE FACILITY		
ARE COMMON AREAS (E.G., LAUNDRY, COMPUTER LABS, BREAK ROOMS) APPROPRIATELY SECURED, MONITORED, AND LIT		
AGENCY HAS APPROPRIATE PROCEDURES REGARDING FACILITY OR UNIT ACCESS WHICH ARE ADEQUATELY CONTROLLED TO ENSURE THE SAFETY OF ALL RESIDENTS		
ADEQUATELY ADDRESSES SAFETY AND SECURITY CONCERNS WITH THE FACILITY BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE		
AGENCY HAS WRITTEN POLICIES AND PROCEDURES REGARDING SAFETY, SECURITY, AND PRIVACY WHICH ARE REGULARLY COMMUNICATED TO		
FACILITY ACCESS IS APPROPRIATELY SEPARATED FOR PRIVACY AND SECURITY GIVEN THE POPULATION(S) SERVED		
STAFF OFFICES, TREATMENT, GROUP, PARTICIPANT ROOMS, DORMS, SHOWER, AND RESTROOMS HAVE LOCKS APPROPRIATE FOR THE SETTING AND GENDER MIX		
PARTICIPANTS HAVE AN APPROPRIATE PLACE TO SECURE PERSONAL VALUABLES AND BELONGINGS		
A PROCEDURE FOR ON-GOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED		
EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT AND AGENCY ARE PROMINENTLY POSTED IN THE FACILITY		
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		
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		
DOCUMENTATION OF RESIDENTIAL SUPERVISION TRAINING IS PRESENT		
AS PART OF THE RISK ASSESSMENT FOR THIS PROJECT, LOCAL CRIME STATISTICS FOR THE AREA HAVE BEEN REVIEWED AND DISCUSSED WITH THE PROVIDER		
SEPARATE MALE AND FEMALE BATHROOMS (CONGREGATE LIVING) ARE AVAILABLE		
SCREENING SYSTEM FOR SEX OFFENDERS (MIXED GENDER AND/OR CHILDREN IN FACILITY)		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:		