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Appendix B: Health Care for Homeless Veterans Contracted Provider Inspection Form

Department of Veterans Affairs		Health Care for Homeless Veterans (HCHV)	
INSPECTION IS FOR: <input type="checkbox"/> INITIAL INSPECTION <input type="checkbox"/> 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:	
	NAME	TITLE	
FACILITIES MANAGEMENT			
NUTRITION			
CLINICAL REVIEW			
SECURITY / LAW ENFORCEMENT			
MEDICATION REVIEW			
NHC OR DESIGNEE			
OTHER			
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 XXXX.XX. ANY INSPECTION DEFICIENCIES NOTED HAVE BEEN CORRECTED.			
<input type="checkbox"/> I APPROVE <input type="checkbox"/> I DISAPPROVE PLACEMENT OF VETERANS AT THIS PROVIDER'S FACILITY.			
I APPOINT THE FOLLOWING INDIVIDUAL AS LIAISON FOR THIS PROJECT			
LIAISON PHONE:			

(Date)

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 CHECKLISTS - SIGNED WITH APPROPRIATE REPORTS ATTACHED LIAISON DESIGNATION / RE-DESIGNATION SIGNED AND DATED MEMORANDUM OF AGREEMENT PROVIDERS REPORT OF MEETING GOALS AND OBJECTIVES CERTIFICATE OF OCCUPANCY OR LETTER STATING WHY THE GOVERNING ENTITY (CITY, COUNTY, STATE) DOES NOT REQUIRE ONE (INITIAL INSPECTIONS ONLY)	VAMC DIRECTOR, LIAISON, & TEAM MEMBERS VAMC DIRECTOR VAMC DIRECTOR & PROVIDER PROVIDER

	PROJECT NUMBER:		
HCHV Staff SHOULD COMPLETE THIS SECTION ATTACHING ANY OTHER DOCUMENTATION, AS NECESSARY	SITE ADDRESS:		
<b>1</b>	THE FOLLOWING POPULATIONS ARE CLINICALLY APPROPRIATE TO HOUSE WITHIN THE SITES COVERED UNDER THIS PROJECT NUMBER:	NUMBER OF HCHV BEDS	
	A. MEN		
	B. WOMEN		
	D. TOTAL NUMBER OF BEDS UNDER THIS PROJECT NUMBER		
TO THE BEST OF YOUR KNOWLEDGE DOES THE Contractor & PROGRAM MEET THE FOLLOWING CRITERIA?		YES	NO
<b>1</b>	PROJECT OPERATES IN ACCORDANCE WITH PROGRAM REGULATIONS		
<b>2</b>	MEETS ALL APPLICABLE STATE AND LOCAL LICENSING AND OTHER REQUIREMENTS FOR THE OPERATION OF THE PROJECT IN THE JURISDICTION WHERE THE PROJECT IS LOCATED		

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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			
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	BASED ON THE RESULTS OF THE ATTACHED INSPECTION DOCUMENTS THIS PROJECT IS RECOMMENDED FOR THE PLACEMENT OF VETERANS			
8	THE RESULTS OF THE TECHNICAL REPORT HAVE BEEN DISCUSSED AT LEAST QUARTERLY WITH THE CONTRACTOR (RE-INSPECTIONS ONLY)			
9	CORRECTIVE ACTION PLANS (CAP) HAVE BEEN IMPLEMENTED PER 38 CFR 61.80, IF APPLICABLE (RE-INSPECTIONS ONLY)			
10	THE ANNUAL TECHNICAL REPORT DOES NOT INDICATE A CAP FOR MORE THAN THREE OBJECTIVES (RE-INSPECTIONS ONLY)			
11	THE ANNUAL TECHNICAL REPORT DOES NOT INDICATE A CAP FOR ANY SINGLE OBJECTIVE FOR MORE THAN 2 QUARTERS OF THE YEAR (RE-INSPECTIONS ONLY)			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				
HCHV STAFF SIGNATURE		DATE		

	PROJECT NUMBER:
	<b>INSPECTION DEFICIENCIES &amp; CORRECTIVE ACTIONS</b>
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 CONTRACTOR TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT

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APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		PROJECT NUMBER:		
		SITE ADDRESS:		
THE CONTRACTED FACILITY		YES	NO	N/A
12	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)			
13	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			
14	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			
15	IS COMPLIANT WITH THE AMERICAN WITH DISABILITIES ACT, REFERRED TO AS ARCHITECTURAL BARRIERS ACT COMPLIANT			
16	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS			
17	PROVIDES EACH RESIDENT AN ACCEPTABLE PLACE TO SLEEP THAT IS IN COMPLIANCE WITH APPROPRIATE CODES AND REGULATIONS			
18	PROVIDES EVERY ROOM OR SPACE WITH NATURAL OR MECHANICAL VENTILATION			
19	IS FREE OF POLLUTANTS IN THE AIR AT LEVELS THAT THREATEN THE HEALTH OF RESIDENTS			
20	PROVIDES A WATER SUPPLY THAT IS FREE FROM CONTAMINATION			
21	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			
22	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION			
23	PROVIDES ADEQUATE NATURAL OR ARTIFICIAL ILLUMINATION TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS			
24	PROVIDES SUFFICIENT ELECTRICAL SOURCES TO PERMIT USE OF ESSENTIAL ELECTRICAL APPLIANCE WHILE ASSURING SAFETY FROM FIRE			
25	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 (REFER TO VHA HANDBOOK XXXX.XX)			

26	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:				
FACILITIES MANAGEMENT INSPECTION TEAM MEMBERS SIGNATURE		DATE		

	PROJECT NUMBER:
	<b>INSPECTION DEFICIENCIES &amp; CORRECTIVE ACTIONS</b>
<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>	
DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED:	

**BEST PRACTICE RECOMMENDATIONS:**  
 THESE ARE ITEMS THAT WOULD NOT CAUSE THE CONTRACTOR TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

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APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		PROJECT NUMBER:		
		SITE ADDRESS:		
HOW DOES THE AGENCY PROVIDE FOR THE NUTRITIONAL NEEDS OF VETERANS IN THE PROGRAM (CHECK ONE):				
<input type="checkbox"/> CENTRALLY PREPARED NUTRITION AND FOOD SERVICES				
<input type="checkbox"/> INDIVIDUAL FOOD PREPARATION FACILITIES				
<b>FOR CENTRALLY PREPARED NUTRITION AND FOOD SERVICES THE CONTRACTOR</b>				
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
27	ONE WEEK OF MENUS AVAILABLE FOR REVIEW			
28	MENUS REPRESENT NUTRITIONALLY ADEQUATE DIET			
29	AGENCY DEMONSTRATES THE ABILITY TO MEET SPECIAL DIETARY NEEDS (I.E. KOSHER, DIABETIC, ALLERGIES, MEDICALLY INDICATED)			
30	THREE MEALS PROVIDED PER DAY, INCLUDING WEEKENDS			
31	ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES			
32	REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED			
33	ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER			
34	CURRENT LICENSURES ARE MAINTAINED, IF REQUIRED			
35	FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION			
<b>FOR INDIVIDUAL FOOD PREPARATION THE CONTRACTOR</b>				
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
36	APPLIANCES ARE ADEQUATE TO SAFELY STORE AND PREPARE FOOD AND ARE IN GOOD WORKING CONDITION (I.E. STOVE, REFRIGERATOR, DISHWASHER)			
37	ENSURES THAT ALL FOOD PREPARATION AREAS CONTAIN SUITABLE SPACE AND EQUIPMENT TO STORE, PREPARE, AND SERVE FOOD IN A SANITARY MANNER			

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38	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)			
39	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:				
NUTRITION INSPECTION TEAM MEMBERS SIGNATURE		DATE		

	PROJECT NUMBER:
	<b>INSPECTION DEFICIENCIES &amp; CORRECTIVE ACTIONS</b>
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 CONTRACTOR TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

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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)		PROJECT NUMBER:		
		SITE ADDRESS:		
THE CONTRACTED FACILITY		YES	NO	N/A
40	ENSURES THAT PARTICIPANTS IN NEED OF MEDICAL OR SOCIAL DETOX CONDUCTED AT THE SAME SITE ARE CLEARLY SEPARATED FROM THE GENERAL RESIDENT POPULATION			
41	ENSURES A QUARTERLY TECHNICAL PERFORMANCE REPORT ADDRESSING THEIR ABILITY TO MEET THE GOALS, OBJECTIVES, MEASURES, AND SPECIAL NEEDS AS SET FORTH IN THEIR CONTRACT SOW IS COMPLETED BY THE PROVIDER; SUBMITTED TO THE HCHV LIAISON; AND REVIEWED QUARTERLY			
42	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.			
43	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			
44	ATTEMPTS TO INVOLVE HOMELESS VETERANS THROUGH EMPLOYMENT, VOLUNTEER SERVICES, OR OTHERWISE, IN CONSTRUCTION, REHABILITATION, MAINTAINING, AND OPERATION THE PROGRAM			
45	ENSURES THE RECORDS KEPT ON HOMELESS VETERANS ARE KEPT CONFIDENTIAL, (IF FAMILY VIOLENCE PREVENTION OR TREATMENT SERVICES ARE PROVIDED SEE REGULATIONS PERTAINING TO CONFIDENTIALITY OF RECORDS)			
46	ENSURES THAT ALL HOUSING AND SERVICES PROVIDED TO PARTICIPANTS ARE OF AN ACCEPTABLE QUALITY			
47	ENSURES SUSTAINED EFFORTS ARE MADE THAT ELIGIBLE HARD-TO-REACH PERSONS ARE SERVED IN THE FACILITY. THIS OUTREACH SHOULD BE PRIMARILY TOWARD PERSONS WHO MEET THE DEFINITION OF HOMELESSNESS IN THE REGULATION			
48	PARTICIPANT RECORD INCLUDES, AT A MINIMUM THE FOLLOWING: FAMILY STATUS, VERIFICATION OF VETERAN STATUS, EDUCATION, EMPLOYMENT HISTORY, AND MARKETABLE SKILLS/LICENSES/CREDENTIALS			

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49	ENSURES THAT AN INDIVIDUAL SERVICE PLAN (ISP) IS MAINTAINED IN THE CASE MANAGEMENT RECORD FOR EACH INDIVIDUAL PARTICIPANT			
50	THE ISP 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			
51	CONTRACTOR MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT INFORMATION AND TRACKING			
	A. THE CONTRACTOR UTILIZES HMIS FOR PROGRAM PARTICIPANTS			
	B. THE CONTRACTOR UTILIZES AGENCY INTERNAL TRACKING SYSTEM			
	C. OTHER. EXPLAIN:			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				
LIAISON OR CLINICAL INSPECTION TEAM MEMBERS SIGNATURE		DATE		

	PROJECT NUMBER:
<b>INSPECTION DEFICIENCIES &amp; CORRECTIVE ACTIONS</b>	
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:	

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BEST PRACTICE RECOMMENDATIONS:

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

CHIEF OF VA POLICE OR DESIGNEE SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		PROJECT NUMBER:		
		SITE ADDRESS:		
THE CONTRACTOR		YES	NO	N/A
52	PROJECT IS LOCATED ON VA PROPERTY AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS CONDUCTED A COMPREHENSIVE RISK ASSESSMENT OF THE PROJECT			
53	PROJECT IS LOCATED ON VA PROPERTY AND A PROCEDURE FOR ON-GOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED BETWEEN THE PROVIDER AND VA			
54	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			
55	IS THERE SUFFICIENT LIGHTING AROUND THE PERIMETER OF THE FACILITY BASED ON THE HOUSING SETTING (I.E. RURAL, INDUSTRIAL, OR RESIDENTIAL SETTINGS)			
56	IS THERE SUFFICIENT LIGHTING AROUND THE INTERIOR OF THE FACILITY			
57	ARE LIGHTS CHECKED REGULARLY TO MAKE SURE THEY ARE OPERATING EFFECTIVELY			
58	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			
59	ARE COMMON AREAS (I.E. LAUNDRY, COMPUTER LABS, BREAK ROOMS) APPROPRIATELY SECURED, MONITORED, AND LIT			

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60	AGENCY HAS APPROPRIATE PROCEDURES REGARDING FACILITY OR UNIT ACCESS WHICH ARE ADEQUATELY CONTROLLED TO ENSURE THE SAFETY OF ALL RESIDENTS			
61	ADEQUATELY ADDRESSES SAFETY AND SECURITY CONCERNS WITH THE FACILITY BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE			
62	AGENCY HAS WRITTEN POLICIES AND PROCEDURES REGARDING SAFETY, SECURITY, AND PRIVACY WHICH ARE REGULARLY COMMUNICATED TO PARTICIPANTS AND STAFF AND ROUTINELY ENFORCED			
63	FACILITY ACCESS IS APPROPRIATELY SEPARATED FOR PRIVACY AND SECURITY GIVEN THE POPULATION(S) SERVED			
64	STAFF OFFICES, TREATMENT, GROUP, PARTICIPANT ROOMS, DORMS, SHOWER, AND RESTROOMS HAVE LOCKS APPROPRIATE FOR THE SETTING AND GENDER MIX			
65	PARTICIPANTS HAVE AN APPROPRIATE PLACE TO SECURE PERSONAL VALUABLES AND BELONGINGS			
66	A PROCEDURE FOR ON-GOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED			
67	EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT AND AGENCY ARE PROMINENTLY POSTED IN THE FACILITY			
68	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			
69	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			
70	DOCUMENTATION OF RESIDENTIAL SUPERVISION TRAINING IS PRESENT			
71	AS PART OF THE RISK ASSESSMENT FOR THIS PROJECT, LOCAL CRIME STATISTICS FOR THE AREA HAVE BEEN REVIEWED AND DISCUSSED WITH THE PROVIDER			
72	SEPARATE MALE AND FEMALE BATHROOMS (CONGREGATE LIVING)			
73	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:				
POLICE INSPECTION TEAM MEMBERS SIGNATURE		DATE		

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	PROJECT NUMBER:
	<b>INSPECTION DEFICIENCIES &amp; CORRECTIVE ACTIONS</b>
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 CONTRACTOR TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT.

		PROJECT NUMBER:		
APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		SITE ADDRESS:		
TYPE OF MEDICATION CONTROL SYSTEM USED BY AGENCY (CHECK ALL THAT APPLY):				
<b>MEDICATION MANAGEMENT:</b> PRACTICE OF PRESCRIBING, ADMINISTERING, AND/OR DISPENSING MEDICATION BY QUALIFIED PERSONNEL, INCLUDING TAKING PILLS OUT OF BOTTLES, MEASURING LIQUIDS, OR GIVING INJECTIONS <b>MEDICATION MONITORING:</b> 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 <b>INDIVIDUAL STORAGE:</b> PRACTICE OF ALLOWING INDIVIDUALS TO STORE (I.E. LOCK BOX, INDIVIDUAL APARTMENT UNIT) AND SELF-ADMINISTER THEIR MEDICATIONS				
<b>FOR MEDICATION MANAGEMENT THE PROVIDER</b>				
		<b>YES</b>	<b>NO</b>	<b>N/A</b>
74	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED			
75	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE			
76	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			
77	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT TRAINING AND EDUCATION REGARDING MEDICATION			
78	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			
79	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			
80	ORGANIZATION HAS WRITTEN PROCEDURES REGARDING MEDICATIONS THAT PROVIDE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS PERTAINING TO MEDICATIONS AND CONTROLLED SUBSTANCES			

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81	ORGANIZATION HAS DOCUMENTATION OR CONFIRMATION OF INFORMED CONSENT FOR EACH MEDICATION ADMINISTERED, WHEN POSSIBLE			
82	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			
83	ORGANIZATION PROCEDURES ENSURE THE IDENTIFICATION, DOCUMENTATION, AND REQUIRED REPORTING, INCLUDING TO THE PRESCRIBING PROFESSIONAL, ANY MEDICATION REACTIONS OR MEDICATION ERRORS, AS APPROPRIATE			
84	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			
<b>FOR MEDICATION MONITORING THE PROVIDER</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
85	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED			
86	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE			
87	ALL MEDICATIONS ARE STORED IN A SECURE LOCKED AREA, EXCEPT WHEN UNDER THE DIRECT SUPERVISION OF APPROPRIATE STAFF			
88	KEYS OR COMBINATIONS TO LOCKS FOR THE MEDICATION AREA ARE UNDER THE CONTROL OF AUTHORIZED STAFF			
89	ALL MEDICATIONS ARE PERIODICALLY CHECKED FOR EXPIRATION DATES OR DETERIORATION			
90	ALL MEDICATIONS ARE STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS			
91	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE FAMILIAR WITH ALL MEDICATIONS STOCKED INCLUDING INDICATIONS, SIDE EFFECTS, TOXIC EFFECTS, INTERACTIONS, AND POTENTIAL ALLERGIC REACTIONS			
92	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE PROVIDED ORIENTATION, CONTINUING EDUCATION AND TRAINING, AS APPROPRIATE			
<b>FOR INDIVIDUAL STORAGE THE AWARDEE</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>
93	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:				



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<b>111</b>	THE CONTRACTOR IS CURRENTLY PROVIDING ALL SERVICES AS STATED IN THE ORIGINAL STATEMENT OF WORK OR SUBSEQUENTLY APPROVED CHANGE OF SCOPE		
IF NO, DESCRIBE WHICH SERVICES ARE NOT PRESENTLY BEING PROVIDED AND OUTLINE THE AGENCY'S IMPLEMENTATION PLAN AND CORRESPONDING TIMELINE			