

HCHV Contract Residential Inspection Checklist

Provider Name:			
HCHV Contract Number:			VA Facility/Code:
Residential Program Type:			
Project Site Address:			
Date Inspection Completed:			
Next Inspection Due: <i>(1 year from date of last inspection)</i>			

FACILITIES MANAGEMENT AND SAFETY OFFICER		APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		
	Contractor facility site...	YES	NO	N/A
1	... is in compliance with the NFPA life safety code (<i>see attached report</i>)			
2	... 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			
3	... 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			
4	... is compliant with the American with Disabilities Act, referred to as architectural barriers act compliant			
5	... provides each resident appropriate space and security for themselves and their belongings			
6	... provides each resident an acceptable place to sleep that is in compliance with appropriate codes and regulations			
7	... provides every room or space with natural or mechanical ventilation			
8	... is free of pollutants in the air at levels that threaten the health of residents			
9	... provides a water supply that is free from contamination			
10	... 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			
11	... provides adequate heating and or cooling plants that are in proper operating condition			
12	... provides adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of Resident			
13	... provides sufficient electrical sources to permit use of essential electrical appliance while assuring safety from fire			
14	... 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 MEMBER SIGNATURE AND DATE ABOVE				
SAFETY OFFICER SIGNATURE AND DATE ABOVE				

NOTE:

Attach corrective action plan(s) for any documented deficiencies to this report.

NUTRITION AND FOOD SERVICES		APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		
	Contractor ...	YES	NO	N/A
15	... provides that meals or meal preparation facilities are provided for residents			
16	... ensures that all food preparation areas contain suitable space and equipment to store, prepare, and serve food in a sanitary manner			
17	... ensures that residents with disabilities are provided meals or meal preparation facilities are available to meet their needs			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				
NUTRITION AND FOOD SERVICES INSPECTION TEAM MEMBER SIGNATURE AND DATE ABOVE				

NOTE:

Attach corrective action plan(s) for any documented deficiencies to this report.

CLINICAL REVIEW <i>(The clinical review may involve nursing, social work, mental health & behavioral sciences alone or in any combination as terms of contract dictate.)</i>		APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S).		
	Contractor ...	YES	NO	N/A
18	... ensures residential supervision with sufficient knowledge for the position 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			
19	... ensures residents are provided a clean and sober environment (free from illicit drugs)			
20	... ensures that participants in need of medical or social detoxification conducted at the same site are clearly separated from the general resident population			
21	... ensures an ongoing assessment of the supportive services needed by the residents and the availability of such services			
22	... ensures an assessment report addressing their ability to meet the goals, objectives, measures, and special needs as terms of contract dictate is completed by the provider and submitted with subsequent inspections			
23	... ensures no veteran remains in transitional housing longer than 6 months without a documented clinical waiver			
24	... attempts to involve homeless veterans and families through employment, volunteer services, or otherwise, in construction, rehabilitation, maintaining, and operation the program			
25	... 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)			
26	... ensures that all housing and services provided participants are of an acceptable quality			
27	... 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			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				
CLINICAL REVIEW INSPECTION TEAM MEMBER SIGNATURE AND DATE ABOVE:				

NOTE:

Attach corrective action plan(s) for any documented deficiencies to this report.

SECURITY INSPECTION		APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)		
	Contractor ...	YES	NO	N/A
28	... if program site is located on VA property and the Chief, Police Service or designee has conducted a comprehensive risk assessment of the site			
29	... if program site is located on VA property and a procedure for on-going law enforcement monitoring has been established between the contractor and VA			
30	... if program site is located in the community and the Chief, Police Service or designee has coordinated with the contractor for the purpose of conducting a comprehensive risk assessment of the site			
31	... if program site is located in the community and the contractor has established procedures for law enforcement monitoring and intervention if necessary.			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				
SECURITY OFFICER/VA POLICE SERVICE INSPECTION TEAM MEMBER SIGNATURE AND DATE ABOVE:				

NOTE:

Attach corrective action plan(s) for any documented deficiencies to this report.

MEDICAL CENTER DIRECTOR APPROVAL FOR PLACEMENT OF VETERANS AT THIS PROVIDER'S FACILITY
MEDICAL CENTER DIRECTOR SIGNATURE AND DATE ABOVE

NOTE:

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