Department of Veterans Affairs	Health Care for Homeless Veterans Contracted Residential Services Programs Inspection Packet

MEDICAL CENTER DIRECTOR REVIEW AND APPROVAL SHEET

INSPECTION IS FOR: ___ INITIAL INSPECTION ___ RE-INSPECTION

PROJECT #:		TOTAL BEDS AWARDED	

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:

INSPECTION TEAM MEMBERS

	NAME	TITLE
FACILITIES MANAGEMENT		
NUTRITION		
CLINICAL REVIEW		
SECURITY / LAW ENFORCEMENT		
MEDICATION REVIEW		
NHC OR DESIGNEE		
OTHER		

MEDICAL CENTER DIRECTOR - REVIEW & RECOMMENDATION

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 DIRECTIVE 1162.01. ANY INSPECTION DEFICIENCIES NOTED HAVE BEEN CORRECTED.

___ I APPROVE ___ I DISAPPROVE PLACEMENT OF VETERANS AT THIS PROVIDER'S FACILITY.

I APPOINT THE FOLLOWING INDIVIDUAL AS LIAISON FOR THIS PROJECT:

VAMC DIRECTOR (PRINT NAME)	SIGNATURE	DATE

VA LIAISON – OVERVIEW & RECOMMENDATION	HOMES PROJECT CODE:
HCHV LIAISON SHOULD COMPLETE THIS SECTION ATTACHING ANY OTHER DOCUMENTATION, AS NECESSARY	SITE ADDRESS:

		YES	NO	N/A
1	THE FOLLOWING POPULATIONS ARE CLINICALLY APPROPRIATE TO HOUSE WITHIN THE SITES COVERED UNDER THIS PROGRAM NUMBER:			
	A. MEN			
	B. WOMEN			
	C. CHILDREN			
2	PROGRAM OPERATES IN ACCORDANCE WITH HCHV PROGRAM REGULATIONS, 38 CFR 63			
3	PROGRAM MEETS ALL APPLICABLE STATE AND LOCAL LICENSING AND OTHER REQUIREMENTS FOR THE OPERATION OF THE PROGRAM IN THE JURISDICTION WHERE THE PROGRAM IS LOCATED			
4	CONTRACT PROVIDER HAS DEMONSTRATED ADEQUATE STAFFING AND AN APPROPRIATE SCOPE OF SERVICES TO CARRY OUT THIS PROGRAM AS OUTLINED IN THE ORIGINAL SOW/PWS OR SUBSEQUENT APPROVED CHANGE / CONTRACT MODIFICATION			
5	CONTRACT PROVIDER SERVES THE POPULATION(S) AS DESCRIBED IN THEIR CONTRACT / SOW/PWS.			
6	THE CONTRACT PROVIDER SUBMITS ACCURATE BILLING ON A MONTHLY BASIS AND MAINTAINS DOCUMENTATION TO SUPPORT MONTHLY BILLING.			
7	CONTRACT PROVIDER MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT AND TRACKING INFORMATION FOR SAFETY AND BILLING PURPOSES			
8	THE RESULTS OF THE CONTRACT PROVIDER'S PERFORMANCE ON THE APPLICABLE VA METRICS HAVE BEEN DISCUSSED AT LEAST QUARTERLY WITH THE CONTRACT PROVIDER (RE-INSPECTIONS ONLY)			
9	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			
10	CONTRACT PROVIDER UTILIZES HMIS FOR PROGRAM PARTICIPANTS			

11	THE CRS PROVIDER MEETS OR EXCEEDS THE MOST CURRENT (YEARLY OR QUARTERLY) PERFORMANCE DATA BELOW AND IF NOT, THE HCHV LIASION WORKS WITH THE PROVIDER TO PUT A PLAN IN PLACE FOR IMPROVEMENT:	**MEETS TARGET**	**DOES NOT MEET TARGET**	**PIP IN PLACE / REQUIRED**
	A. EXITS TO PERMANENT HOUSING			
	B. NEGATIVE EXITS			
		YES	**NO**	**N/A**
12	THIS INSPECTION INVOLVED INVERVIEWS BY THE INSPECTION TEAM MEMBERS WITH VETERANS PARTICIPATING IN THIS PROGRAM; ANY COMPLAINTS OR ALLEGATIONS MADE BY VETERANS REGARDING DEFICENCIES IN THE PROGRAM HAVE BEEN EITHER FULLY RESOLVED OR INVESTIGATED AND DETERMINED TO BE UNFOUNDED.			
13	ANNUAL REVIEW OF SERVICES: LIST THE CORE SERVICES INDEPENDENTLY PERFORMED BY THE CONTRACT PROVIDER AS STATED IN THE SOW/PWS. PLEASE INDICATE IF THE SERVICE IS CURRENTLY PROVIDED.			
	A.			
	B.			
	C.			
	D.			
	E.			
	F.			
14	**THE CONTRACT PROVIDER IS CURRENTLY PROVIDING ALL SERVICES AS STATED IN THE CONTRACT / SOW/PWS**			
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR PLACEMENT OF VETERANS:				

HCHV LIAISON SIGNATURE	
HCHV LIAISON NAME (PRINT)	DATE

I, AS THE HCHV LIAISONS SUPERVISOR HAVE REVIEWED THIS INSPECTION PACKET AND DISCUSSED THE FINDINGS WITH THE HCHV LIAISON. I CONCUR WITH THE LIAISONS FINDINGS AND AFFIRM THAT TO THE BEST OF MY KNOWLEDGE THAT THIS HCHV PROGRAM OPERATES IN ACCORDANCE WITH HCHV PROGRAM REGULATIONS AND IS CURRENTLY PROVIDING ALL SERVICES AS STATED IN THE ORIGINAL SOW/PWSOR SUBSEQUENTLY APPROVED CHANGE OF SCOPE.

HCHV LIAISON SUPERVISOR'S SIGNATURE	
HCHV LIAISON SUPERVISOR'S NAME (PRINT)	DATE

FACILITIES MANAGEMENT	HOMES PROJECT CODE:
APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)	SITE ADDRESS:

OPERATING STANDARDS ALL HCHV CRS PROVIDERS (ALL INSPECTIONS)

	THE CONTRACT PROVIDER FACILITY	YES	NO	N/A
15	IS COMPLIANT WITH THE AMERICAN WITH DISABILITIES ACT, REFERRED TO AS ARCHITECTURAL BARRIERS ACT * If NO or N/A is chosen you must provide an explanation and note any provisions made or resources available for Veterans with disabilities on the following page.			
16	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)			
17	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			
18	HAS ENTRIES AND EXIT LOCATIONS THAT ARE CAPABLE OF BEING UTILIZED WITHOUT UNAUTHORIZED USE AND PROVIDE ALTERNATE MEANS OF EGRESS IN CASE OF FIRE			
19	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS			
20	PROVIDES EACH RESIDENT AN ACCEPTABLE PLACE TO SLEEP THAT IS IN COMPLIANCE WITH APPROPRIATE CODES AND REGULATIONS			
21	PROVIDES EVERY ROOM OR SPACE WITH NATURAL OR MECHANICAL VENTILATION			
22	IS FREE OF POLLUTANTS IN THE AIR AT LEVELS THAT THREATEN THE HEALTH OF RESIDENTS			
23	PROVIDES A WATER SUPPLY THAT IS FREE FROM CONTAMINATION			
24	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			
25	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION			
26	PROVIDES ADEQUATE NATURAL OR ARTIFICIAL ILLUMINATION TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS			
27	PROVIDES SUFFICIENT ELECTRICAL SOURCES TO PERMIT USE OF ESSENTIAL ELECTRICAL APPLIANCES WHILE ASSURING SAFETY FROM FIRE			
28	CONTRACT PROVIDER HAS A WRITTEN DISASTER PLAN THAT IS CONSISTENT WITH THE GUIDANCE OFFERED BY THE EMERGENCY MANAGEMENT ENTITY RESPONSIBLE FOR THE LOCALITY IN WHICH THE PROJECT RESIDES. THE DISASTER PLAN ENCOMPASSES NATURAL AND MANMADE DISASTERS (REFER TO VHA DIRECTIVE 1162.01)			
29	PROVIDES THAT HOUSING AND EQUIPMENT ARE MAINTAINED IN A SANITARY MANNER			

FACILITIES MANAGEMENT	HOMES PROJECT CODE:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

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.

	YES	NO
Deficiencies were present for items on this checklist during inspection (If Yes list deficiencies and confirm resolution below)		

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

	YES	**NO**
ALL APPROPRIATE CHECK LIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS		

Facilities Management Inspection Team Members Signature	Facility Management Inspection Team Members Name (Print)	Date

NUTRITION AND FOOD SERVICES	HOMES PROJECT CODE:
APPROPRIATE DISCIPLINE(S) SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)	SITE ADDRESS:

OPERATING STANDARDS ALL HCHV CRS PROVIDERS (ALL INSPECTIONS)

HOW DOES THE AGENCY PROVIDE FOR THE NUTRITIONAL NEEDS OF VETERANS IN THE PROGRAM, AT LEAST ONE ITEM MUST BE CHECKED, IF AN ITEM IS CHECKED THEN N/A MAY NOT BE SELECTED FOR ANY ITEMS IN THAT SECTION

____ CENTRALLY PREPARED NUTRITION AND FOOD SERVICES

____ INDIVIDUAL FOOD PREPARATION FACILITIES

	FOR CENTRALLY PREPARED NUTRITION AND FOOD SERVICES THE CONTRACT PROVIDER :	**YES**	**NO**	**N/A**
30	PROVIDES ONE WEEK OF MENUS FOR REVIEW			
31	THE MENUS REPRESENT A NUTRITIONALLY ADEQUATE DIET			
32	DEMONSTRATES THE ABILITY TO MEET SPECIAL DIETARY NEEDS (I.E. KOSHER, DIABETIC, ALLERGIES, MEDICALLY INDICATED)			
33	PROVIDES THREE MEALS AND AN EVENING SNACK PER DAY, INCLUDING WEEKENDS			
34	ENSURES ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES			
35	ENSURES REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED			
36	ENSURES ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER			
37	ENSURES CURRENT LICENSURES AND PERMITS ARE MAINTAINED IF REQUIRED BY LOCAL OR OTHER AUTHORITIES			
38	ENSURES FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION			
	FOR INDIVIDUAL FOOD PREPARATION THE CONTRACT PROVIDER ENSURES:	**YES**	**NO**	**N/A**
39	APPLIANCES ARE ADEQUATE TO SAFELY STORE AND PREPARE FOOD AND ARE IN GOOD WORKING CONDITION (I.E. STOVE, REFRIGERATOR, DISHWASHER)			
40	THAT ALL FOOD PREPARATION AREAS CONTAIN SUITABLE SPACE AND EQUIPMENT TO STORE, PREPARE, AND SERVE FOOD IN A SANITARY MANNER INCLUDING PROVIDING APPROPRIATE CLEANING SUPPLIES AS NEEDED			
41	THE ABILITY TO MEET SPECIAL DIETARY NEEDS (e.g. KOSHER, DIABETIC, ALLERGIES, MEDICALLY INDICATED)			
42	SUFFICIENT FOOD STORES ARE AVAILABLE TO ENSURE VETERANS RECEIVE THREE NUTRITIONALLY ADEQUATE MEALS PER DAY.			
43	RESOURCE INFORMATION IS AVAILABLE TO EDUCATE VETERANS WITH SPECIAL DIETARY NEEDS (e.g. DIABETIC, ALLERGIES, MEDICALLY INDICATED). MAY BE ACCOMPLISHED THROUGH NUTRITIONAL EDUCATION PROVIDED DIRECTLY BY THE AGENCY OR A REFERRAL RESOURCE WITHIN THE COMMUNITY			

NUTRITION AND FOOD SERVICES	HOMES PROJECT CODE:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

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.

	YES	NO
Deficiencies were present for items on this checklist during inspection (If Yes list deficiencies and confirm resolution below)		

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

	YES	**NO**
ALL APPROPRIATE CHECK LIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS		

Nutrition/Food Mangement Inspection Team Members Signature	Facility Food Management Inspection Team Members Name (Print)	Date

CLINICAL REVIEW	HOMES PROJECT CODE:
THE APPROPRIATE DISCIPLINE(S) (SOCIAL WORK AND/OR MENTAL HEALTH) SHOULD COMPLETE THIS SECTION. **WHENEVER POSSIBLE, THIS SECTION SHOULD NOT BE COMPLETED BY THE HCHV LIAISON ASSIGNED TO THIS PROGRAM.**	SITE ADDRESS:

OPERATING STANDARDS ALL HCHV CRS PROVIDERS (ALL INSPECTIONS)			
THE CONTRACT PROVIDER:		**YES**	**NO**
44	HAS POLICIES AND PROCEDURES TO ADDRESS HOW INTOXICATED OR IMPAIRED PRATICIPANTS WILL BE INDENTIFIED AND MANAGED IN THIS PROGRAM.		
45	ENSURES THAT PROGRAM STAFF ARE EDUCATED ON AND FOLLOWING CONTRACT PROVIDERS POLICIES AND PROCEDURES REGARDING HOW INTOXICATED OR IMPAIRED PRATICIPANTS WILL BE INDENTIFIED AND MANAGED.		
46	ENSURES RESIDENTS ARE PROVIDED A CLEAN AND SAFE ENVIRONMENT, AS EVIDENCED BY POLICIES AND PROCEDURES THAT ARE COMMUNICATED TO PARTICIPANTS AND THAT ARE CONSISTENTLY FOLLOWED BY STAFF.		
47	ENSURES THE RECORDS KEPT ON HOMELESS VETERANS ARE KEPT CONFIDENTIAL AND SECURE, (IF FAMILY VIOLENCE PREVENTION OR TREATMENT SERVICES ARE PROVIDED SEE REGULATIONS PERTAINING TO CONFIDENTIALLY OF RECORDS).		
48	ENSURES THAT ALL HOUSING AND SERVICES PROVIDED TO PARTICIPANTS ARE OF AN ACCEPTABLE QUALITY AND ARE CLINICALLY APPROPRIATE TO MEET THE UNIQUE NEEDS OF THE HOMELESS VETERAN POPULATION SERVED.		
49	ENSURES SUSTAINED EFFORTS ARE MADE THAT ELIGIBLE HARD-TO-REACH CHRONICALLY HOMELESS VETERANS ARE SERVED IN THE FACILITY		
50	ENSURES THAT PARTICIPANT RECORDS ARE MAINTAINED INCLUDING, AT A MINIMUM THE FOLLOWING:		
	A. VERIFICATION OF VETERAN STATUS		
	B. FAMILY STATUS		
	C. EMPLOYMENT HISTORY		
	D. EDUCATION AND MARKETABLE SKILLS/LICENSES/CREDENTIALS		
51	ENSURES THAT AN INDIVIDUAL SERVICE PLAN (ISP) IS MAINTAINED IN THE CASE MANAGEMENT RECORD FOR EACH INDIVIDUAL PARTICIPANT. THE ISP CONTAINS AN ASSESSMENT OF:		
	A. BARRIERS		
	B. SERVICE NEEDS		
	C. STRENGTHS		
	D. SPECIFIC SERVICES PROVIDED INCLUDING DURATION AND OUTCOMES		
	E. DOCUMENTATION OF REFERRALS		
	F. BENEFITS TO BE ACHIEVED AS A RESULT OF PROGRAM PARTICIPATION		
52	QUARTERLY THE CONTRACT PROVIDER VERIFIES SERVICE OUTCOMES WITH THE PARTICIPANT AND INCLUDES DOCUMENTATION OF SUCH IN THE PARTICIPANTS CASE MANAGEMENT FILE IN THE FORM OF AN ISP REVIEW OR UPDATE		

CLINICAL REVIEW CHECKLIST	HOMES PROJECT CODE:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

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.

	YES	NO
Deficiencies were present for items on this checklist during inspection (If Yes list deficiencies and confirm resolution below)		

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

	YES	**NO**
ALL APPROPRIATE CHECK LIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS		

Clinical Inspection Team Members Signature	Clinical Inspection Team Members Name (Print)	Date

LAW ENFORCEMENT AND PHYSICAL SECURITY	HOMES PROJECT CODE:
CHIEF OF VA POLICE OR DESIGNEE SHOULD COMPLETE THIS SECTION ATTACHING THEIR RESPECTIVE REPORT FORMAT(S)	SITE ADDRESS:

OPERATING STANDARDS ALL HCHV CONTRACT PROVIDERS (ALL INSPECTIONS)				
	THE CONTRACT PROVIDER:	YES	NO	N/A
53	**IS LOCATED ON VA PROPERTY** AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS CONDUCTED A COMPREHENSIVE RISK ASSESSMENT OF THE PROGRAM. (IF NOT ON VA PROPERTY "N/A")			
54	**IS LOCATED ON VA PROPERTY** AND A PROCEDURE FOR ON-GOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED BETWEEN THE PROVIDER AND VA			
55	**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 PROGRAM			
56	ENSURES THERE IS SUFFICIENT LIGHTING AROUND THE PERIMETER OF THE FACILITY BASED ON THE HOUSING SETTING			
57	PROVIDES ADEQUATE LIGHTING TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS			
58	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS, INCLUDING VALUABLES			
59	ENSURES COMMON AREAS (I.E. LAUNDRY, COMPUTER LABS, BREAK ROOMS) ARE APPROPRIATELY SECURED, MONITORED, AND LIT			
60	ENSURES 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, (FOR HCHV LDSH PROGRAMS PAID 24/7 STAFF MUST BE USED TO MEET THIS REQUIREMENT)			
61	ENSURES DOCUMENTATION OF RESIDENTIAL SUPERVISION TRAINING IS PRESENT			
62	ENSURES EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT AND AGENCY ARE PROMINENTLY POSTED IN THE FACILITY			
63	HAS ADEQUATE POLICIES AND PROCEDURES WHICH ARE ENFORCED TO ENSURE THAT ILLICIT DRUGS, WEAPONS, AND OTHER SIMILAR ITEMS ARE NOT PERMITTED ON THE PREMISES			
64	HAS A SYSTEM TO IDENTIFY PARTICIPANTS WHO ARE SUBJECT TO RESIDENCY RESTRICTIONS (E.G., THOSE REQUIRED TO REGISTER FOLLOWING CONVICTION FOR A SEXUAL OFFENSE), AND, WHEN APPROPRIATE, TO COMMUNICATE WITH PAROLE OR PROBATION AUTHORITIES TO CONFIRM THAT THE PLACEMENT MEETS ANY COURT-IMPOSED REQUIREMENTS			
65	ENSURES THE FACILITY IS SAFE AND SECURE BASED ON LOCATION, POPULATIONS(S) SERVED, AND FACILITY STRUCTURE (THIS INCLUDES ENSURING LOCKS ARE IN WORKING ORDER WHERE APPROPRIATE). NOTE: ADEQUATE CONSDERATIONS SHOULD BE GIVEN TO SEPARATION AND SAFETY IN FACILITIES WHERE MULTIPLE GENDERS AND/OR CHILDREN ARE SERVED.			
66	HAS ADEQUATE POLICIES AND PROCEDURES WHICH ARE COMMUNCATED AND ENFORCED TO ENSURE SAFETY, SECURITY, AND PRIVACY BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE.			

LAW ENFORCEMENT AND PHYSCIAL SECURITY CHECKLIST	HOMES PROJECT CODE:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

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.

	YES	NO
Deficiencies were present for items on this checklist during inspection (If Yes list deficiencies and confirm resolution below)		

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

	YES	**NO**
ALL APPROPRIATE CHECK LIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS		

Law Enforcement Inspection Team Members Signature	Law Enforcement Inspection Team Members Name (Print)	Date

MEDICATION REVIEW	HOMES PROJECT CODE:
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, AT LEAST ONE ITEM MUST BE CHECKED, IF AN ITEM IS CHECKED THEN N/A MAYNOT BE SELECTED FOR ANY ITEMS IN THAT SECTION):

___ **MEDICATION MANAGEMENT:** PRACTICE OF PRESCRIBING, ADMINISTERING, AND/OR DISPENSING MEDICATION BY QUALIFIED PERSONNEL, INCLUDING TAKING PILLS OUT OF BOTTLES, MEASURING LIQUIDS, OR GIVING INJECTIONS

___ **MEDICATION MONITORING:** PRACTICE OF PROVIDING A COMBINED 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

___ **INDIVIDUAL STORAGE:** PRACTICE OF ALLOWING INDIVIDUALS TO STORE (I.E. LOCK BOX, INDIVIDUAL APARTMENT UNIT) AND SELF-ADMINISTER THEIR MEDICATIONS

	FOR MEDICATION MANAGEMENT:	**YES**	**NO**	**N/A**
67	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED			
68	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE			
69	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			
70	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT TRAINING AND EDUCATION REGARDING MEDICATION			
71	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			
72	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			
73	ORGANIZATION HAS WRITTEN PROCEDURES REGARDING MEDICATIONS THAT PROVIDE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS PERTAINING TO MEDICATIONS AND CONTROLLED SUBSTANCES			
74	ORGANIZATION HAS DOCUMENTATION OR CONFIRMATION OF INFORMED CONSENT FOR EACH MEDICATION ADMINISTERED, WHEN POSSIBLE			

75	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			
76	ORGANIZATION PROCEDURES ENSURE THE IDENTIFICATION, DOCUMENTATION, AND REQUIRED REPORTING, INCLUDING TO THE PRESCRIBING PROFESSIONAL, ANY MEDICATION REACTIONS OR MEDICATION ERRORS, AS APPROPRIATE			
77	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			
FOR MEDICATION MONITORING:		**YES**	**NO**	**N/A**
78	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED			
79	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE			
80	ALL MEDICATIONS ARE STORED IN A SECURE LOCKED AREA, EXCEPT WHEN UNDER THE DIRECT SUPERVISION OF APPROPRIATE STAFF			
81	KEYS OR COMBINATIONS TO LOCKS FOR THE MEDICATION AREA ARE UNDER THE CONTROL OF AUTHORIZED STAFF			
82	ALL MEDICATIONS ARE PERIODICALLY CHECKED FOR EXPIRATION DATES OR DETERIORATION			
83	ALL MEDICATIONS ARE STORED ACCORDING TO MANUFACTURER’S RECOMMENDATIONS			
84	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE FAMILIAR WITH ALL MEDICATIONS STOCKED. THEY HAVE KNOWLEDGE OF/OR ACCESS TO INFORMATION (e.g. CURRENT PHYSICIANS DESK REFERENCE OR OTHER RESOURCE) THAT INCLUDES INDICATIONS, SIDE EFFECTS, TOXIC EFFECTS, INTERACTIONS, AND POTENTIAL ALLERGIC REACTIONS.			
85	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE PROVIDED ORIENTATION, CONTINUING EDUCATION AND TRAINING, AS APPROPRIATE			
FOR INDIVIDUAL STORAGE:		**YES**	**NO**	**N/A**
86	SELF-ADMINISTERED MEDICATIONS ARE STORED IN A SAFE AND SECURE MANNER IN THE RESIDENT'S ROOM ACCORDING TO THE FACILITY'S POLICIES AND PROCEDURES			
87	METHOD OF STORAGE CAN NOT BE EASILY REMOVED FROM THE FACILITY (I.E. LOCK BOX IS SECURED TO A LARGE DRESSER OR THE STRUCTURE OF THE BUILDING)			

MEDICATION REVIEW CHECKLIST	HOMES PROJECT CODE:
	INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS

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.

	YES	NO
Deficiencies were present for items on this checklist during inspection (If Yes list deficiencies and confirm resolution below)		

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

	YES	**NO**
ALL APPROPRIATE CHECK LIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR PLACEMENT OF VETERANS		

Medication Inspection Team Members Signature	Medication Management Inspection Team Members Name (Print)	Date