



GRANT AND PER DIEM PROGRAM SERVICE CENTER INSPECTION PACKET

MEDICAL CENTER DIRECTOR REVIEW AND APPROVAL SHEET

THIS INSPECTION IS A: INITIAL INSPECTION RE-INSPECTION

FAIN #:

TOTAL VISITS AWARDED:

PROVIDER'S NAME:

INSPECTION STARTED:

INSPECTION COMPLETED:

AGENCY'S ADMINISTRATIVE OFFICE ADDRESS:

LIST ALL PHYSICAL ADDRESSES WHERE VETERANS ARE SERVED UNDER THIS FAIN 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 grantee 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 appoint the following individual as liaison for this fain:

I APPROVE I DISAPPROVE, THE PROVISION OF SERVICES TO VETERANS AT THIS SITE

VAMC DIRECTOR (PRINT NAME):

SIGNATURE:

DATE:

VA LIAISON – OVERVIEW & RECOMMENDATION

FAIN:

SITE ADDRESS(ES) THIS GPD INSPECTION PACKET APPLIES TO:

GPD liaison should complete this section attaching any other documentation, as necessary.

		YES	NO
1	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	<input type="checkbox"/>	<input type="checkbox"/>
2	GRANTEE OPERATES IN ACCORDANCE WITH GPD PROGRAM REGULATIONS, 38 CFR 61.80	<input type="checkbox"/>	<input type="checkbox"/>
3	GRANTEE MEETS ALL APPLICABLE STATE AND LOCAL LICENSING AND OTHER REQUIREMENTS FOR THE OPERATION OF THE PROJECT IN THE JURISDICTION WHERE THE PROJECT IS LOCATED	<input type="checkbox"/>	<input type="checkbox"/>
4	GRANTEE MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT AND TRACKING INFORMATION FOR SAFETY AND BILLING PURPOSES	<input type="checkbox"/>	<input type="checkbox"/>
5	THE GRANTEE SUBMITS ACCURATE BILLING ON A MONTHLY BASIS AND MAINTAINS DOCUMENTATION TO SUPPORT MONTHLY BILLING	<input type="checkbox"/>	<input type="checkbox"/>
6	LIST UP TO 5 CORE SERVICES AS STATED IN THE ORIGINAL GRANT APPLICATION OR SUBSEQUENTLY APPROVED CHANGE OF SCOPE, PLEASE INDICATE IF THE SERVICE IS CURRENTLY PROVIDED		
	1	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>
	5	<input type="checkbox"/>	<input type="checkbox"/>
7	THE GRANTEE IS CURRENTLY PROVIDING ALL SERVICES AS STATED IN THE ORIGINAL GRANT APPLICATION OR SUBSEQUENTLY APPROVED CHANGE OF SCOPE	<input type="checkbox"/>	<input type="checkbox"/>
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS		<input type="checkbox"/>	<input type="checkbox"/>

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 packet.

DEFICIENCIES AND CORRECTIVE ACTIONS REQUIRED:

GPD LIAISON SIGNATURE:

GPD LIAISON NAME (PRINT):

DATE:

GPD LIAISON SUPERVISOR'S SIGNATURE:

GPD LIAISON SUPERVISOR'S NAME (PRINT):

DATE:

FACILITIES MANAGEMENT CHECKLIST		FAIN:		
		SITE ADDRESS:		
Appropriate discipline(s) should complete this section attaching their respective report format(s).				
GRANT COMPLIANCE CAPITAL GRANT PROJECTS (INITIAL INSPECTION ONLY)				
THE GRANTEE HAS:		YES	NO	N/A
8	ACQUIRED, RENOVATED, OR NEWLY CONSTRUCTED THE SITE AS OUTLINED IN THE GRANT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	PURCHASED AND INSTALLED EQUIPMENT AS OUTLINED IN THE ORIGINAL GRANT APPLICATION, (E.G., STOVES, REFRIGERATORS, WASHING MACHINES, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OPERATING STANDARDS ALL GRANT & PER DIEM SERVICE CENTERS (ALL INSPECTIONS)				
THE GRANTEE FACILITY:		YES	NO	N/A
10	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)	<input type="checkbox"/>	<input type="checkbox"/>	
11	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	<input type="checkbox"/>	<input type="checkbox"/>	
12	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	<input type="checkbox"/>	<input type="checkbox"/>	
13	IS COMPLIANT WITH THE AMERICAN WITH DISABILITIES ACT, REFERRED TO AS ARCHITECTURAL BARRIERS ACT COMPLIANT	<input type="checkbox"/>	<input type="checkbox"/>	
14	ON THE DAY OF INSPECTION THE FACILITY APPEARS, UPON VISUAL INSPECTION, TO:			
	A. BE FREE OF POLLUTANTS IN THE AIR AT LEVELS THAT THREATEN THE HEALTH OF RESIDENTS	<input type="checkbox"/>	<input type="checkbox"/>	
	B. PROVIDE A WATER SUPPLY THAT IS FREE FROM CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	
15	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	<input type="checkbox"/>	<input type="checkbox"/>	
16	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
17	PROVIDES SUFFICIENT ELECTRICAL SOURCES TO PERMIT USE OF ESSENTIAL ELECTRICAL APPLIANCES WHILE ASSURING SAFETY FROM FIRE	<input type="checkbox"/>	<input type="checkbox"/>	
18	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)	<input type="checkbox"/>	<input type="checkbox"/>	
19	PROVIDES THAT THE FACILITY AND EQUIPMENT ARE MAINTAINED IN A SANITARY MANNER	<input type="checkbox"/>	<input type="checkbox"/>	
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 packet.				
			YES	NO
DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):			<input type="checkbox"/>	<input type="checkbox"/>
THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT:				
			YES	NO
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS:			<input type="checkbox"/>	<input type="checkbox"/>
FACILITIES MANAGEMENT INSPECTION TEAM MEMBERS SIGNATURE:		FACILITIES MANAGEMENT INSPECTION TEAM MEMBERS NAME (PRINT):	DATE:	

NUTRITION AND FOOD SERVICES CHECKLIST

FAIN:

SITE ADDRESS:

Appropriate discipline(s) should complete this section attaching their respective report format(s).

OPERATING STANDARDS ALL GRANT & PER DIEM SERVICE CENTERS (ALL INSPECTIONS)

THE GRANTEE:		YES	NO	N/A
20	SERVES CONSUMABLE GOODS AS A PART OF THIS SERVICE CENTER GRANT (N/A MAY ONLY BE SELECTED FOR THE FOLLOWING QUESTIONS IF THE ANSWER TO THIS QUESTION IS NO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	ENSURES ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	ENSURES REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	ENSURES ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	ENSURES CURRENT LICENSURES ARE MAINTAINED, IF REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	ENSURES FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 packet.

	YES	NO
DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS:	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION INSPECTION TEAM MEMBERS SIGNATURE:	NUTRITION INSPECTION TEAM MEMBERS NAME (PRINT):	DATE:

CLINICAL REVIEW CHECKLIST		FAIN:	
		SITE ADDRESS:	
The appropriate discipline(s) (social work and/or mental health) should complete this section.			
OPERATING STANDARDS ALL GRANT & PER DIEM SERVICE CENTERS (ALL INSPECTIONS)			
THE GRANTEE:		YES	NO
26	ENSURES THAT PROJECT STAFF ARE EDUCATED ON AND FOLLOWING GRANTEE'S POLICIES AND PROCEDURES REGARDING HOW INTOXICATED OR IMPAIRED PARTICIPANTS WILL BE IDENTIFIED AND MANAGED	<input type="checkbox"/>	<input type="checkbox"/>
27	ENSURES RESIDENTS ARE PROVIDED A CLEAN AND SOBER ENVIRONMENT, AS EVIDENCED BY EFFECTIVE POLICIES AND PROCEDURES THAT ARE COMMUNICATED TO PARTICIPANTS AND THAT ARE CONSISTENTLY FOLLOWED BY STAFF	<input type="checkbox"/>	<input type="checkbox"/>
28	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	<input type="checkbox"/>	<input type="checkbox"/>
29	ATTEMPTS TO INVOLVE HOMELESS VETERANS AND FAMILIES THROUGH EMPLOYMENT, VOLUNTEER SERVICES, OR OTHERWISE, IN CONSTRUCTION, REHABILITATION, MAINTAINING, AND OPERATION THE PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
30	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 CONFIDENTIALITY OF RECORDS)	<input type="checkbox"/>	<input type="checkbox"/>
31	ENSURES THAT ALL SERVICES PROVIDED TO PARTICIPANTS ARE OF AN ACCEPTABLE QUALITY AND ARE CLINICALLY APPROPRIATE TO MEET THE UNIQUE NEEDS OF THE HOMELESS VETERAN POPULATION SERVED	<input type="checkbox"/>	<input type="checkbox"/>
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 packet.			
		YES	NO
DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):		<input type="checkbox"/>	<input type="checkbox"/>
THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM:			
		YES	NO
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS:		<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL INSPECTION TEAM MEMBERS SIGNATURE:	CLINICAL INSPECTION TEAM MEMBERS NAME (PRINT):	DATE:	

LAW ENFORCEMENT AND PHYSICAL SECURITY CHECKLIST		FAIN:		
		SITE ADDRESS:		
Chief of VA police or designee should complete this section attaching their respective report format(s).				
OPERATING STANDARDS ALL GRANT & PER DIEM SERVICE CENTERS (ALL INSPECTIONS)				
THE GRANTEE:		YES	NO	N/A
32	IS LOCATED ON VA PROPERTY AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS CONDUCTED A COMPREHENSIVE RISK ASSESSMENT OF THE PROJECT (IF NOT ON VA PROPERTY "N/A")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	IS LOCATED ON VA PROPERTY AND A PROCEDURE FOR ON-GOING LAW ENFORCEMENT MONITORING HAS BEEN ESTABLISHED BETWEEN THE PROVIDER AND VA (IF NOT ON VA PROPERTY "N/A")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	IS LOCATED IN THE COMMUNITY AND THE CHIEF, POLICE SERVICE OR DESIGNEE HAS COORDINATED WITH THE GRANTEE AND LOCAL LAW ENFORCEMENT FOR THE PURPOSE OF CONDUCTING A COMPREHENSIVE RISK ASSESSMENT OF THE PROJECT INCLUDING A REVIEW AND DISCUSSION OF LOCAL CRIME STATISTICS FOR THE AREA. WHERE POSSIBLE THE VA CHIEF, POLICE SERVICE MAY ELECT TO ESTABLISH AN MOU WITH THE LAW ENFORCEMENT AGENCY OF JURISDICTION TO ENSURE CONTINUED COMMUNICATION AND AGENCY AWARENESS. (IF ON VA PROPERTY "N/A").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	ENSURES THERE IS SUFFICIENT LIGHTING AROUND THE PERIMETER AND INTERIA OF THE FACILITY BASED ON THE SERVICE CENTER LOCATION	<input type="checkbox"/>	<input type="checkbox"/>	
36	ENSURES EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT AND AGENCY ARE PROMINENTLY POSTED IN THE FACILITY	<input type="checkbox"/>	<input type="checkbox"/>	
37	HAS ADEQUATE POLICIES AND PROCEDURES WHICH ARE COMMUNICATED AND ENFORCED TO ENSURE THAT ILLICIT DRUGS AND WEAPONS ARE NOT PERMITTED ON THE PREMISES	<input type="checkbox"/>	<input type="checkbox"/>	
38	ENSURES THE FACILITY IS SAFE AND SECURE BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE (THIS INCLUDES ENSURING LOCKS ARE IN WORKING ORDER WHERE APPROPRIATE) (NOTE ADEQUATE CONSIDERATION SHOULD BE GIVEN TO SEPERATION AND SAFETY IN FACILITIES WHERE MULTIPLE GENDERS AND/OR CHILDREN ARE SERVED)	<input type="checkbox"/>	<input type="checkbox"/>	
39	HAS ADEQUATE POLICIES AND PROCEDURES WHICH ARE COMMUNICATED AND ENFORCED TO ENSURE SAFETY, SECURITY, AND PRIVACY BASED ON LOCATION, POPULATION(S) SERVED, AND FACILITY STRUCTURE	<input type="checkbox"/>	<input type="checkbox"/>	
40	HAS EFFECTIVE POLICES AND PROCEDURES THAT ARE COMMUNICATED AND FOLLOWED TO ENSURE THAT ANY MEDICATIONS BROUGHT INTO THE SERVICE CENTER ARE STORED IN A SAFE AND SECURE MANNER AND ARE NOT SUSCEPTIBLE TO THEFT.	<input type="checkbox"/>	<input type="checkbox"/>	
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 packet.				
			YES	NO
DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):			<input type="checkbox"/>	<input type="checkbox"/>
THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT:				
			YES	NO
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS:			<input type="checkbox"/>	<input type="checkbox"/>
LAW ENFORCEMENT INSPECTION TEAM MEMBERS SIGNATURE:		LAW ENFORCEMENT INSPECTION TEAM MEMBERS NAME (PRINT):		DATE:

SERVICE CENTER REQUIREMENTS		FAIN:	
Appropriate discipline(s) should complete this section attaching their respective report format(s).		SITE ADDRESS:	
		THE GRANTEE:	
41	PROVIDES SERVICES TO HOMELESS VETERANS FOR A MINIMUM OF 40 HOURS OVER A MINIMUM OF FIVE DAYS PER WEEK, AS WELL AS IN AN AS NEEDED, UNSCHEDULED BASIS. MOBILE SERVICE CENTERS MAY COUNT TRAVEL TIME IN THE 40-HOUR REQUIREMENT	<input type="checkbox"/>	<input type="checkbox"/>
42	HOURS OF OPERATION AND EMERGENCY CONTACTS ARE CLEARLY POSTED. MOBILE SERVICE CENTERS HAVE PROVIDED A REASONABLE TENTATIVE SCHEDULE OF SITE VISITS AND ACTIVITIES, (SEE REGULATIONS FOR SCHEDULE SPECIFICS)	<input type="checkbox"/>	<input type="checkbox"/>
43	SPACE IS MADE AVAILABLE FOR USE BY VA STAFF AND OTHER APPROPRIATE AGENCIES AND ORGANIZATIONS THAT ASSIST HOMELESS VETERANS	<input type="checkbox"/>	<input type="checkbox"/>
44	SERVICE CENTER IS EQUIPPED TO PROVIDE, OR ASSIST IN PROVIDING, HEALTH CARE, MENTAL HEALTH SERVICE, HYGIENE FACILITIES, BENEFITS AND EMPLOYMENT COUNSELING, MEALS AND TRANSPORTATION ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>
45	PROVIDES OTHER SERVICES AS VA DETERMINES NECESSARY BASE ON THE NEED FOR SERVICES OTHERWISE NOT AVAILABLE IN THE GEOGRAPHIC AREA	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTION DEFICIENCIES & CORRECTIVE ACTIONS			
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		YES	NO
DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):		<input type="checkbox"/>	<input type="checkbox"/>
THESE ARE ITEMS THAT WOULD NOT CAUSE THE GRANTEE TO BE DEFICIENT IN ANY PROGRAM REQUIREMENTS BUT, MAY OFFER AN OPPORTUNITY FOR PROGRAM IMPROVEMENT:			
		YES	NO
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PROVISION OF SERVICES TO VETERANS:		<input type="checkbox"/>	<input type="checkbox"/>
LIAISON OR CLINICAL INSPECTION TEAM MEMBERS SIGNATURE:	LIAISON OR CLINICAL INSPECTION TEAM MEMBERS NAME (PRINT):	DATE:	