



GRANT AND PER DIEM PROGRAM TRANSITIONAL HOUSING INSPECTION PACKET

MEDICAL CENTER DIRECTOR REVIEW AND APPROVAL SHEET

THIS INSPECTION IS A: INITIAL INSPECTION RE-INSPECTION

FAIN #:

TOTAL BEDS AWARDED:

PROVIDER'S NAME:

INSPECTION STARTED:

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 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 PLACEMENT OF VETERANS AT THIS GRANTEE'S FACILITY.

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	N/A
1	THE FOLLOWING POPULATIONS HAVE BEEN SERVED UNDER THIS FAIN IN THE LAST 12 MONTHS:			
	A: MEN	<input type="checkbox"/>	<input type="checkbox"/>	
	B: WOMEN	<input type="checkbox"/>	<input type="checkbox"/>	
	C: CHILDREN	<input type="checkbox"/>	<input type="checkbox"/>	
2	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"/>	
3	GRANTEE OPERATES IN ACCORDANCE WITH GPD PROGRAM REGULATIONS, 38 CFR 61.80	<input type="checkbox"/>	<input type="checkbox"/>	
4	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"/>	
5	GRANTEE HAS DEMONSTRATED ADEQUATE STAFFING AND AN APPROPRIATE SCOPE OF SERVICES TO CARRY OUT THIS PROJECT AS OUTLINED IN THE ORIGINAL GRANT APPLICATION OR SUBSEQUENT APPROVED CHANGE OF SCOPE	<input type="checkbox"/>	<input type="checkbox"/>	
6	GRANTEE SERVES THE POPULATION(S) AS DESCRIBED IN THEIR GRANT APPLICATION OR SUBSEQUENT APPROVED CHANGE OF SCOPE INCLUDING ANY MODEL SPECIFIC TARGET POPULATION CRITERIA LISTED IN THE NOFA UNDER WHICH THE PROJECT WAS AWARDED FUNDING	<input type="checkbox"/>	<input type="checkbox"/>	
7	GRANTEE MAINTAINS SYSTEMATIC PARTICIPANT ENROLLMENT AND TRACKING INFORMATION FOR SAFETY AND BILLING PURPOSES	<input type="checkbox"/>	<input type="checkbox"/>	
8	THE GRANTEE SUBMITS ACCURATE BILLING ON A MONTHLY BASIS AND MAINTAINS DOCUMENTATION TO SUPPORT MONTHLY BILLING	<input type="checkbox"/>	<input type="checkbox"/>	
9	NO VETERAN REMAINED IN TRANSITIONAL HOUSING LONGER THAN 24 MONTHS WITHOUT A WRITTEN WAIVER	<input type="checkbox"/>	<input type="checkbox"/>	
10	THE RESULTS OF THE GRANTS PERFORMANCE ON THE APPLICABLE VA METRICS HAVE BEEN DISCUSSED AT LEAST QUARTERLY WITH THE GRANTEE (RE-INSPECTIONS ONLY)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	A PERFORMANCE IMPROVEMENT PLAN (PIP) HAS BEEN IMPLEMENTED PER 38 CFR 61.80 FOR NEGATIVE DEVIATIONS OF FIVE PERCENT OR GREATER (RE-INSPECTIONS ONLY) (NOTE IF A PIP IS NOT INDICATED ANSWER N/A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	TRANSPORTATION IS FACILITATED TO ENSURE ACCESS TO SERVICES ACCORDING TO THE ORIGINAL GRANT APPLICATION OR SUBSEQUENTLY APPROVED CHANGES OF SCOPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	THIS INSPECTION INVOLVED INTERVIEWS BY THE INSPECTION TEAM MEMBERS WITH VETERANS PARTICIPATING IN THIS PROJECT. (NOTE: ANY COMPLAINTS OR ALLEGATIONS, MADE BY VETERANS REGARDING DEFICIENCIES IN THE PROJECT SHOULD EITHER, BE FULLY RESOLVED, INVESTIGATED AND DETERMINED TO BE UNFOUNDED, OR THE VAMC SHOULD BE ACTIVELY WORKING TOWARDS A RESOLUTION)	<input type="checkbox"/>	<input type="checkbox"/>	
14	LIST UP TO 10 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"/>	
	6	<input type="checkbox"/>	<input type="checkbox"/>	
	7	<input type="checkbox"/>	<input type="checkbox"/>	
	8	<input type="checkbox"/>	<input type="checkbox"/>	
	9	<input type="checkbox"/>	<input type="checkbox"/>	
	10	<input type="checkbox"/>	<input type="checkbox"/>	
15	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 PLACEMENT OF VETERANS		<input type="checkbox"/>	<input type="checkbox"/>	

VA LIAISON – OVERVIEW & RECOMMENDATION

FAIN:

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
16	ACQUIRED, RENOVATED, OR NEWLY CONSTRUCTED THE SITE AS OUTLINED IN THE GRANT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	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 PROVIDERS (ALL INSPECTIONS)				
THE GRANTEE FACILITY:		YES	NO	N/A
18	IS IN COMPLIANCE WITH THE NFPA LIFE SAFETY CODE (SEE ATTACHED REPORT)	<input type="checkbox"/>	<input type="checkbox"/>	
19	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"/>	
20	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"/>	
21	IS COMPLIANT WITH THE AMERICAN WITH DISABILITIES ACT, REFERRED TO AS ARCHITECTURAL BARRIERS ACT COMPLIANT	<input type="checkbox"/>	<input type="checkbox"/>	
22	PROVIDES EACH RESIDENT AN ACCEPTABLE PLACE TO SLEEP THAT IS IN COMPLIANCE WITH APPROPRIATE CODES AND REGULATIONS	<input type="checkbox"/>	<input type="checkbox"/>	
23	PROVIDES EVERY ROOM OR SPACE WITH NATURAL OR MECHANICAL VENTILATION	<input type="checkbox"/>	<input type="checkbox"/>	
24	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"/>	
25	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"/>	
26	PROVIDES ADEQUATE HEATING AND OR COOLING PLANTS THAT ARE IN PROPER OPERATING CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	
27	PROVIDES SUFFICIENT ELECTRICAL SOURCES TO PERMIT USE OF ESSENTIAL ELECTRICAL APPLIANCES WHILE ASSURING SAFETY FROM FIRE	<input type="checkbox"/>	<input type="checkbox"/>	
28	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"/>	
29	PROVIDES THAT HOUSING AND EQUIPMENT ARE MAINTAINED IN A SANITARY MANNER	<input type="checkbox"/>	<input type="checkbox"/>	

FACILITIES MANAGEMENT CHECKLIST

FAIN:

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 PLACEMENT OF VETERANS:	<input type="checkbox"/>	<input type="checkbox"/>

FACILITIES MANAGEMENT INSPECTION TEAM MEMBER'S SIGNATURE:	FACILITIES MANAGEMENT INSPECTION TEAM MEMBER'S 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 PROVIDERS (ALL INSPECTIONS)

How does the agency provide for the nutritional needs of veterans in the program, at least one option must be checked, all questions in the applicable section must be answered. N/A may only be selected if the entire section does not apply to the grantee.

CENTRALLY PREPARED NUTRITION AND FOOD SERVICES
 INDIVIDUAL FOOD PREPARATION FACILITIES

FOR CENTRALLY PREPARED NUTRITION AND FOOD SERVICES THE GRANTEE:

		YES	NO	N/A
30	PROVIDES ONE WEEK OF MENUS FOR REVIEW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	ENSURES THE MENUS REPRESENT A NUTRITIONALLY ADEQUATE DIET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	DEMONSTRATES THE ABILITY TO MEET SPECIAL DIETARY NEEDS (E.G. DIABETIC, ALLERGIES, MEDICALLY INDICATED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	PROVIDES THREE MEALS PER DAY, INCLUDING WEEKENDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	ENSURES ALL FOOD SERVICE PERSONNEL OBSERVE SAFE SANITATION PRACTICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	ENSURES REFRIGERATION AND DRY FOOD STORAGE AREAS ARE APPROPRIATELY MAINTAINED AND MONITORED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	ENSURES ALL FOOD AREAS ARE CLEAN AND FREE OF LITTER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	ENSURES CURRENT LICENSURES ARE MAINTAINED, IF REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	ENSURES FACILITY FOOD PREPARATION AREAS ARE MAINTAINED IN A SANITARY CONDITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOR INDIVIDUAL FOOD PREPARATION FACILITIES:

		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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	THE ABILITY TO MEET SPECIAL DIETARY NEEDS (E.G. DIABETIC, ALLERGIES, MEDICALLY INDICATED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	SUFFICIENT RESOURCES ARE AVAILABLE TO ENSURE VETERANS RECEIVE THREE NUTRITIONALLY ADEQUATE MEALS PER DAY. THIS INCLUDES ENSURING VETERANS HAVE ADEQUATE TRANSPORTATION TO A FOOD BANK, OR ARE PROVIDED GROCERIES TO THEIR HOME, OR ARE RECEIVING SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM (SNAP) AND HAVE TRANSPORTATION TO A GROCERY STORE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	VETERANS WITH SPECIAL DIETARY NEEDS ARE OFFERED NUTRITIONAL EDUCATION, EITHER PROVIDED DIRECTLY BY THE AGENCY OR A REFERRAL RESOURCE WITHIN THE COMMUNITY OR VHA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION AND FOOD SERVICES CHECKLIST

FAIN:

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 PLACEMENT OF VETERANS:	<input type="checkbox"/>	<input type="checkbox"/>

NUTRITION INSPECTION TEAM MEMBER'S SIGNATURE:	NUTRITION INSPECTION TEAM MEMBER'S NAME (PRINT):	DATE:
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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 PROVIDERS (ALL INSPECTIONS)			
THE GRANTEE:		YES	NO
44	HAS POLICIES AND PROCEDURES TO ADDRESS HOW INTOXICATED OR IMPAIRED PARTICIPANTS WILL BE IDENTIFIED AND MANAGED IN THIS PROJECT	<input type="checkbox"/>	<input type="checkbox"/>
45	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"/>
46	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"/>
47	ENSURES 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"/>
48	ATTEMPTS TO INVOLVE HOMELESS VETERANS AND FAMILIES THROUGH EMPLOYMENT, VOLUNTEER SERVICES, OR OTHERWISE, IN CONSTRUCTION, REHABILITATION, MAINTAINING, AND OPERATION OF THE PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
49	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"/>
50	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	<input type="checkbox"/>	<input type="checkbox"/>
51	ENSURES THAT PARTICIPANT RECORDS ARE MAINTAINED INCLUDING, AT A MINIMUM THE FOLLOWING:		
	A. VERIFICATION OF VETERAN STATUS	<input type="checkbox"/>	<input type="checkbox"/>
	B. FAMILY STATUS	<input type="checkbox"/>	<input type="checkbox"/>
	C. EMPLOYMENT HISTORY	<input type="checkbox"/>	<input type="checkbox"/>
	D. EDUCATION AND MARKETABLE SKILLS/LICENSES/CREDENTIALS	<input type="checkbox"/>	<input type="checkbox"/>
52	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	<input type="checkbox"/>	<input type="checkbox"/>
	B. SERVICE NEEDS	<input type="checkbox"/>	<input type="checkbox"/>
	C. STRENGTHS	<input type="checkbox"/>	<input type="checkbox"/>
	D. SPECIFIC SERVICES PROVIDED INCLUDING DURATION & OUTCOME	<input type="checkbox"/>	<input type="checkbox"/>
	E. DOCUMENTATION OF REFERRALS	<input type="checkbox"/>	<input type="checkbox"/>
	F. BENEFITS TO BE ACHIEVED AS A RESULT OF PROGRAM PARTICIPATION INCLUDING INDIVIDUALIZED GOALS FOR EACH PARTICIPANT	<input type="checkbox"/>	<input type="checkbox"/>
53	QUARTERLY THE GRANTEE 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	<input type="checkbox"/>	<input type="checkbox"/>

CLINICAL REVIEW CHECKLIST		FAIN:		
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 PLACEMENT OF VETERANS:			<input type="checkbox"/>	<input type="checkbox"/>
CLINICAL INSPECTION TEAM MEMBER'S SIGNATURE:	CLINICAL INSPECTION TEAM MEMBER'S 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 PROVIDERS (ALL INSPECTIONS)

THE GRANTEE:		YES	NO	N/A
54	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"/>
55	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"/>
56	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"/>
57	ENSURES THERE IS SUFFICIENT LIGHTING AROUND THE PERIMETER OF THE FACILITY BASED ON THE HOUSING SETTING	<input type="checkbox"/>	<input type="checkbox"/>	
58	PROVIDES ADEQUATE LIGHTING TO PERMIT NORMAL INDOOR ACTIVITIES AND TO SUPPORT THE HEALTH AND SAFETY OF RESIDENTS	<input type="checkbox"/>	<input type="checkbox"/>	
59	PROVIDES EACH RESIDENT APPROPRIATE SPACE AND SECURITY FOR THEMSELVES AND THEIR BELONGINGS, INCLUDING VALUABLES	<input type="checkbox"/>	<input type="checkbox"/>	
60	ENSURES COMMON AREAS (I.E. LAUNDRY, COMPUTER LABS, BREAK ROOMS) ARE APPROPRIATELY SECURED, MONITORED, AND LIT	<input type="checkbox"/>	<input type="checkbox"/>	
61	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 LOW DEMAND GRANTS PAID 24/7 STAFF MUST BE USED)	<input type="checkbox"/>	<input type="checkbox"/>	
62	ENSURES DOCUMENTATION OF RESIDENTIAL SUPERVISION TRAINING	<input type="checkbox"/>	<input type="checkbox"/>	
63	ENSURES EMERGENCY CONTACTS FOR MEDICAL, LAW ENFORCEMENT, FIRE DEPARTMENT AND AGENCY ARE PROMINENTLY POSTED IN THE FACILITY	<input type="checkbox"/>	<input type="checkbox"/>	
64	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"/>	
65	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	<input type="checkbox"/>	<input type="checkbox"/>	
66	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 SEPARATION AND SAFETY IN FACILITIES WHERE MULTIPLE GENDERS AND/OR CHILDREN ARE SERVED)	<input type="checkbox"/>	<input type="checkbox"/>	
67	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"/>	

LAW ENFORCEMENT AND PHYSICAL SECURITY CHECKLIST

FAIN:

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
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DEFICIENCIES WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):

<input type="checkbox"/>	<input type="checkbox"/>
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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
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ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PLACEMENT OF VETERANS:

<input type="checkbox"/>	<input type="checkbox"/>
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LAW ENFORCEMENT INSPECTION TEAM MEMBER'S SIGNATURE:

LAW ENFORCEMENT INSPECTION TEAM MEMBER'S NAME (PRINT):

DATE:

MEDICATION CHECKLIST		FAIN:		
		SITE ADDRESS:		
Appropriate discipline(s) should complete this section attaching their respective report format(s).				
Select all types of medication control systems used by the grantee. At least one option must be checked, all questions in the applicable section must be answered. N/A may only be selected if the entire section does not apply to the grantee.				
<input type="checkbox"/> MEDICATION MANAGEMENT: PRACTICE OF PRESCRIBING, ADMINISTERING, AND/OR DISPENSING MEDICATION BY QUALIFIED PERSONNEL, INCLUDING TAKING PILLS OUT OF BOTTLES, MEASURING LIQUIDS, OR GIVING INJECTIONS				
<input type="checkbox"/> 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				
<input type="checkbox"/> 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
68	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	AS REQUESTED, PERSONS SERVED ARE PROVIDED INFORMATION ABOUT TRAINING AND EDUCATION REGARDING MEDICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	ORGANIZATION HAS WRITTEN PROCEDURES REGARDING MEDICATIONS THAT PROVIDE FOR COMPLIANCE WITH ALL APPLICABLE LAWS AND REGULATIONS PERTAINING TO MEDICATIONS AND CONTROLLED SUBSTANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	ORGANIZATION HAS DOCUMENTATION OR CONFIRMATION OF INFORMED CONSENT FOR EACH MEDICATION ADMINISTERED, WHEN POSSIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	ORGANIZATION PROCEDURES ENSURE THE IDENTIFICATION, DOCUMENTATION, AND REQUIRED REPORTING, INCLUDING TO THE PRESCRIBING PROFESSIONAL, ANY MEDICATION REACTIONS OR MEDICATION ERRORS, AS APPROPRIATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR MEDICATION MONITORING:		YES	NO	N/A
79	AN UP-TO-DATE INDIVIDUAL RECORD OF ALL MEDICATIONS, INCLUDING PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, USED BY PERSONS SERVED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80	ORGANIZATION HAS WRITTEN PROCEDURES THAT ADDRESS STORAGE AND HANDLING OF MEDICATIONS, SAFE DISPOSAL, AND DOCUMENTATION OF MEDICATION USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	ALL MEDICATIONS ARE STORED IN A SECURE LOCKED AREA, EXCEPT WHEN UNDER THE DIRECT SUPERVISION OF APPROPRIATE STAFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82	KEYS OR COMBINATIONS TO LOCKS FOR THE MEDICATION AREA ARE UNDER THE CONTROL OF AUTHORIZED STAFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	ALL MEDICATIONS ARE PERIODICALLY CHECKED FOR EXPIRATION DATES OR DETERIORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	ALL MEDICATIONS ARE STORED ACCORDING TO MANUFACTURER'S RECOMMENDATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE FAMILIAR WITH ALL MEDICATIONS STOCKED INCLUDING INDICATIONS, SIDE EFFECTS, TOXIC EFFECTS, INTERACTIONS, AND POTENTIAL ALLERGIC REACTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	PROGRAM STAFF RESPONSIBLE FOR MONITORING ARE PROVIDED ORIENTATION, CONTINUING EDUCATION AND TRAINING, AS APPROPRIATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR INDIVIDUAL STORAGE:		YES	NO	N/A
87	SELF-ADMINISTERED MEDICATIONS ARE STORED IN A SAFE AND SECURE MANNER IN THE RESIDENT'S ROOM ACCORDING TO THE FACILITY'S POLICIES AND PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	METHOD OF STORAGE CAN NOT BE EASILY REMOVED FROM THE FACILITY (E.G. LOCK BOX IS SECURED TO A LARGE DRESSER OR THE STRUCTURE OF THE BUILDING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEDICATION CHECKLIST	FAIN:	
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 WERE PRESENT FOR ITEMS ON THIS CHECKLIST DURING INSPECTION (IF YES LIST DEFICIENCIES AND CONFIRM RESOLUTION BELOW):	YES <input type="checkbox"/>	NO <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:		
ALL APPROPRIATE CHECKLIST ITEMS HAVE BEEN ADDRESSED AND THE FACILITY IS APPROVED FOR THE PLACEMENT OF VETERANS:		YES <input type="checkbox"/>
MEDICATION INSPECTION TEAM MEMBER'S SIGNATURE:	MEDICATION INSPECTION TEAM MEMBER'S NAME (PRINT):	DATE: