

CHECKLIST FOR ON-SITE VISITS

1. Is the vendor's facility within the catchment area as stated in the RFP? Yes___ No___
Comments:

2. Does the vendor have current state and / or local operating licenses? Yes___ No___
List the licenses posted:

3. Is the vendor in compliance with all applicable fire, safety, and health code certificates? Yes___ No___
List the certificates posted:

4. Does the vendor's physical facility preserve confidentiality of client services? Yes___ No___
Explain facility:

5. Are emergency contact procedures identified and described for clients posted? Yes___ No___
Comments:

6. Does the vendor have a dedicated lavatory or a lavatory that can be secured for collecting urine samples (if applicable)? Yes___ No___
Explain area:

7. Does the vendor have a secure room, or a locked refrigerator, for the storage of urine specimens and collection supplies (if applicable)? Yes___ No___
Explain area:

8. If applicable, does the vendor provide each inpatient resident with a bed and storage space for personal articles? Yes___ No___
Comments:
9. Are written emergency and evacuation plans and diagrams posted? Yes___ No ___
Comments:
10. Are there smoke detectors on each floor? Yes___ No___
Comments:
11. Is there a first aid kit at the vendor's facility as set forth in the American Red Cross Manual? Yes___ No___
Comments:
12. Does the physical facility meet the requirements for any local service that is required in the RFP? Yes___ No___
Explain: