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| **Checklist for Preservation of Abandoned or Vacant Healthcare Facility**Section 232 | **U.S. Department of Housing and** **Urban Development**Office of Residential Care Facilities |

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

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| **Project Name:**       |
| **Project Number:**       |
| **Borrower Name:**       |

The **Healthcare Regulatory Agreements** provide language requiring the Borrower/Operator to maintain the HUD-insured healthcare facility in decent, safe, and sanitary condition and good repair. Suspension of operations or abandonment of the healthcare facility does not in any way alleviate or reduce this obligation. Additionally, violations of the provisions of the Healthcare Regulatory Agreements are taken very seriously and may result in referral to HUD’s Departmental Enforcement Center (DEC), civil and monetary penalties, or other enforcement actions.

**SUBMISSION REQUIREMENTS:**

* Please complete the checklist in its entirety to acknowledge the actions that have been taken to preserve and safeguard the HUD-insured healthcare facility.
* Return the completed checklist to your Lender/Servicer contact and assigned ORCF Account Executive by electronic mail.

**LENDERS/SERVICERS:**

* Have Borrower and/or Operator complete the Form HUD-93335-ORCF.
* Complete the Form HUD-93334-ORCF (including the “Threat to Abandon Project” Section).
* Submit the completed checklist, HUD-93334-ORCF, HUD-93335-ORCF and Action Plan, as application through the 232 Healthcare Portal.

| **No.** | **Item** | **Yes** | **No** |
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|  | Have operations at the facility been suspended? Date operations suspended: <<MM/DD/YYYY>> | [ ]  | [ ]  |
|  | Has the healthcare facility been abandoned or is the facility vacant? If yes, provide the date the facility was abandoned/vacated: <<MM/DD/YYYY>>  | [ ]  | [ ]  |
|  | Have all residents been relocated to safe and adequate housing? If yes, provide detailed information about where residents were relocated to: <<Describe here>> | [ ]  | [ ]  |
|  | Is the license still valid? Provide the expiration date: <<MM/DD/YYYY>> | [ ]  | [ ]  |
|  | Have all access points to the healthcare facility been locked?  | [ ]  | [ ]  |
|  | Has a set of keys been provided to responsible local personnel to provide access to contractors and emergency personnel? Provide the name, mailing address, phone number, and email address of this person: <<Name>><<Company/Affiliation>><<Address 1>><<Address 2>><<Phone Number>><<Email Address>> | [ ]  | [ ]  |
|  | If no one is remaining onsite at the healthcare facility, have local police and fire departments been provided with owner contact information? [ ]  N/A*Where appropriate, keys to the healthcare facility should be provided to local police and fire departments.*Comments:       | [ ]  | [ ]  |
|  | Have all keys to the locked healthcare facility been retained by the owner for future access?  | [ ]  | [ ]  |
|  | Is the fire suppression/fire alarm system fully operational? If no, on what date was the Fire Marshall notified? <<MM/DD/YYYY>>Comments:       | [ ]  | [ ]  |
|  | Is exterior lighting provided for security?  | [ ]  | [ ]  |
|  | Has the healthcare facility been boarded up?  | [ ]  | [ ]  |
|  | Has a security company been engaged to patrol the healthcare facility? Security company contact information:<<Business Name of Company>><<Contact Name>><<Mailing Address Line 1>><<Mailing Address Line 2>><<Contact's Phone Number>><<Contact's Email Address>> | [ ]  | [ ]  |
|  | Has a snow removal service been engaged to ensure that the healthcare facility is accessible to fire, policy, and other emergency vehicles? [ ]  N/ASnow removal company contact information:<<Business Name of Company>><<Contact Name>><<Mailing Address Line 1>><<Mailing Address Line 2>><<Contact's Phone Number>><<Contact's Email Address>> | [ ]  | [ ]  |
|  | Has the healthcare facility been professionally winterized? [ ]  N/A | [ ]  | [ ]  |
|  | Have all paper business records and digital information regarding the healthcare facility and its operations been removed from the facility and stored in a safe location?  | [ ]  | [ ]  |
|  | Has the retention of patient medical records complied with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other pertinent federal laws and regulations?  | [ ]  | [ ]  |
|  | Have medications, medical supplies, and medical equipment been secured and safeguarded to ensure they are protected and/or disposed of appropriately in accordance with the law?  | [ ]  | [ ]  |
|  | Have you prepared and provided a detailed inventory of all major and minor movable equipment remaining onsite to facilitate insurance claims in the event of the theft or destruction of this equipment?  | [ ]  | [ ]  |
|  | Have monthly physical inspections of the healthcare facility been arranged to check for broken windows, plumbing leaks, damaged lights, leaking roof, and other building integrity issues? *Inspections should be done more frequently during severe weather conditions.* | [ ]  | [ ]  |

**Comments:** <<Provide Additional Comments Here>>

**Date Prepared:** <<MM/DD/YYYY>>

**Prepared by:** <<Full Name Here>>

 <<Title>>

**Signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_