



UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

PERSONNEL AND  
READINESS

FEB 12 2013

The Honorable Carl Levin  
Chairman  
Committee on Armed Services  
United States Senate  
Washington, DC 20510

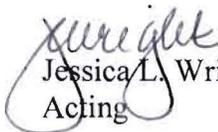
Dear Mr. Chairman:

The enclosed report responds to section 3307(a) of the U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law (P.L.) 110-28), and section 1648(f) of the National Defense Authorization Act for Fiscal Year 2008 (P.L. 110-181), which require the Department of Defense (DoD) to annually inspect and report on Military Medical Treatment Facilities (MTFs) and hold housing based on established standards. Medical treatment of our Service members falls under my purview, and I have been asked to respond.

The sixth annual Military Department inspections revealed 84 percent of medical treatment and 99 percent of housing facilities complied with established acceptable standards. The report identified a total cost of \$8,624,515 for correction of minor deficiencies that do not impact patient care in MTFs. The resources to correct these deficiencies will receive appropriate consideration in the Department's Planning and Programming process. Please be assured none of the identified deficiencies are critical. The quality of care provided to our members is unaffected.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter has been sent to the Chairs of the other congressional defense committees.

Sincerely,

  
Jessica L. Wright  
Acting

Enclosure:  
As stated

cc:  
The Honorable James M. Inhofe  
Ranking Member



UNDER SECRETARY OF DEFENSE  
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WASHINGTON, DC 20301-4000

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FEB 12 2013

Chairman  
Subcommittee on Personnel  
Committee on Armed Services  
United States Senate  
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The Honorable Howard P. "Buck" McKeon  
Chairman  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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cc:  
The Honorable Adam Smith  
Ranking Member



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WASHINGTON, DC 20301-4000

FEB 12 2013

The Honorable Joe Wilson  
Chairman  
Subcommittee on Military Personnel  
Committee on Armed Services  
U.S. House of Representatives  
Washington, DC 20515

Dear Mr. Chairman:

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Ranking Member



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UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
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FEB 12 2013

The Honorable Barbara A. Mikulski  
Chairwoman  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

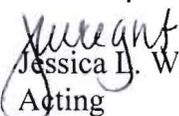
Dear Madam Chairwoman:

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cc:  
The Honorable Richard C. Shelby  
Vice Chairman



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FEB 12 2013

The Honorable Richard J. Durbin  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
United States Senate  
Washington, DC 20510

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cc:  
The Honorable Thad Cochran  
Vice Chairman



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FEB 12 2013

The Honorable Harold Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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The Honorable Nita M. Lowey  
Ranking Member



PERSONNEL AND  
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UNDER SECRETARY OF DEFENSE  
4000 DEFENSE PENTAGON  
WASHINGTON, DC 20301-4000

FEB 12 2013

The Honorable C.W. Bill Young  
Chairman  
Subcommittee on Defense  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

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Jessica L. Wright  
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Enclosure:  
As stated

cc:  
The Honorable Pete Visclosky  
Ranking Member

Office of the Secretary of Defense

ANNUAL REPORT TO CONGRESS

2013 Annual Report on Inspection of Military Medical  
Treatment Facilities and Medical Hold Housing



Office of the Under Secretary of Defense  
(Personnel and Readiness)

January 2013

The estimated cost of report or study for the Department of Defense is approximately \$1,792,000 in Fiscal Years 2012 - 2013. This includes \$760,000 in expenses and \$1,032,000 in DoD labor.

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**Important Note to this Document:** *The Marine Corps inspection report for MHH was attached to the end of the Navy’s MHH report. This is included in this manner because the Navy has assisted the Marine Corp with respect to Congressional reporting and inspection requirements in the past. Throughout this report, the Marine Corp will be discussed under and as part of the Navy.*

## ANNUAL REPORT TO CONGRESS

### 2013 Annual Report on Inspection of Military Medical Treatment Facilities and Medical Hold Housing

#### Executive Summary

The United States Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act of 2007 (P.L. 110-28, section 3307(a)) and the National Defense Authorization Act of Fiscal Year 2008 (P.L. 110-181, section 1648(f)) provided that adequate medical treatment and housing facilities be available to support wounded warriors and their families. Under these Acts, the military departments —Army, Navy, and Air Force—were to perform the following tasks:

- A. Develop and implement standards for medical treatment facilities (MTF) and medical hold housing (MHH).
- B. Annually assess conditions of these facilities against standards.
- C. Establish a wounded warrior resource center (WWRC), hot-line call numbers, and websites to assist military personnel in reporting facility deficiencies, addressing medical care concerns, and receiving benefits information.
- D. Report all results in accordance with regulations stipulated in these Acts.

The Department of Defense (DoD) historically maintained standards for the operation and maintenance of MTFs. The Deputy Secretary of Defense established and implemented similar standards for MHH under a memorandum signed on September 18, 2007.

This sixth annual facility inspection examined military MTFs, specialty medical care facilities, and military quarters or leased housing for patients. These inspections resulted in 84 percent compliance with the MTFs and 99 percent compliance with MHH standards and criteria.

During the period covered by this sixth inspection (fiscal year 2012), a total of \$8,624,515 in deficiencies was identified at MTFs with corrective action planned across a 5-year period. All MHH deficiencies noted during the inspections were promptly corrected or the affected members were relocated to housing that met DoD standards. No MTFs or MHH inspection deficiencies identified impacted the quality of medical care to wounded warriors.

In addition to facility inspections, statutes dictated the creation of a WWRC which provides referral service for wounded warriors and their families to record, track, and monitor questions and comments about their concerns. The WWRC addressed a large number of referral calls during this reporting period. The military Services did not receive any calls related to medical facilities or housing. Since Service members had several avenues to address any facility concern on a local level, it is clear that they used the military department hot lines and web sites as a final option.

## ANNUAL REPORT TO CONGRESS

### 2013 Annual Report on Inspections of Military Medical Treatment Facilities and Medical Hold Housing

#### Overview

##### A. Introduction

As in prior annual inspection reports, the goals and objectives of the medical treatment facilities (MTF) and medical hold housing (MHH) inspections were to:

1. Develop and establish a unified system of standards and criteria to assess the quality of medical treatment facilities and medical hold housing.
2. Execute annual facility inspections across the Military Health System.
3. Identify deficiencies requiring corrective action.
4. Create and execute a plan of action to correct noted deficiencies.
5. Establish hot line telephone numbers, web site access, and a wounded warrior resource center (WWRC) to simplify the referral, notification, reporting, and query process for military personnel and their families.

This sixth annual report covers inspections conducted during fiscal year (FY) 2012. The Department of Defense (DoD) submitted previous reports to the congressional defense committees on April 2, 2008, November 2, 2009, August 31, 2010, August 31, 2011, and March 23, 2012.

##### B. Senior Oversight Committee

In May 2007, a Senior Oversight Committee (SOC) for Wounded, Ill, and Injured (WII) was established to oversee improvements to the treatment, care, and transition of these Service members. The SOC is co-chaired by the Deputy Secretary of Defense and the Deputy Secretary of the Veterans Administration. Within the SOC, the Deputy Under Secretary of Defense for Installations and Environment has overall responsibility for wounded warrior facility issues under Line of Action (LOA) #5 and functional responsibility for MHH. The Assistant Secretary of Defense for Health Affairs has functional responsibility for MTFs.

##### C. Applicable Legislation

To assess how well DoD facilities were supporting wounded warriors and their families, Congress enacted the statutory provisions listed below:

1. Public Law (P.L.) 110-28, May 25, 2007—U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act, section (sec.) 3307(a) (see Attachment III).
2. P.L. 110-181, January 28, 2008—National Defense Authorization Act (NDAA) for Fiscal Year 2008, sec. 1648(f) (see Attachment III).

#### **D. MTFs and MHH Inspection Evaluation Standards and Criteria**

Under P.L. 110-181, sec. 1648(f), Congress provided that established standards were to be uniform and consistent related to appearance, maintenance, size, operations, and compliance with the Americans with Disabilities Act of 1990. To support consistency throughout inspections of all MTFs and MHH facilities, existing design standards were reviewed, reaffirmed, and/or newly developed. The MTF design standards already existed under prior code and criteria development and compliances. However, MHH design standards had to be developed and were established via a memorandum issued in September 2007 by the Deputy Secretary of Defense. Attachment I provide details on specific evaluation standards, criteria, memorandums, and guidance utilized during the MTF and MHH facility inspections.

#### **E. MTFs and MHH Inspection Processes and Procedures**

The military departments developed inspection procedures and protocols for MTFs and MHH to account for all facilities in the inventory. The teams who conducted inspections were slightly different for each of the military departments. Facility managers, health facility personnel, medical case managers, medical hold unit personnel, housing managers, engineers of various disciplines, tradesmen of diverse backgrounds, maintenance contractors, and other base civil engineering personnel participated on the inspection teams. In some cases, inspectors created up-to-date web-based lists of detailed deficiencies, while in others, inspectors developed more localized lists applicable to the direct installation. The inspection information served to produce the basis for development of maintenance and operation project requirements targeted at reducing the backlog of deficiencies and improving the condition of facilities.

#### **F. Cost Development and Impacts**

Costs reflected in each military department's report were derived using several different means and methods. The majority of cost estimates were based on the Means Cost Estimating Criteria. Other estimates were based on unit costs identified in existing maintenance contracts, experiences of the cost estimator, and/or actual costs noted from similar projects. Additional cost factors under the MTFs accounted for the need to maintain on-going healthcare operations. Some project actions were consolidated into larger projects in order to minimize the number of potential contractors and simplify the acquisition process. Reflected costs denoted a rough order of magnitude for projects that were not well developed. Hence, noted costs could be off as much as 10 percent from their true project costs. More detailed designs would be required to identify more accurate shortfalls in the maintenance and operation budgets for projects minimally defined.

#### **G. Organization of Annual Report**

This report is divided into three parts:

1. **Part I: Hot Lines and Web Sites Related to Medical Facility Conditions Supporting Wounded Warriors**—Discusses results related to established hot line call numbers, a WWRC, and web site programs;
2. **Part II: Inspection of Medical Treatment Facilities**—Covers MTFs and their inspection results; and
3. **Part III: Inspection of Medical Hold Housing**—Addresses MHH supporting outpatient care and their inspection results.

## **PART 1: HOT LINES AND WEB SITES RELATED TO MEDICAL FACILITY CONDITIONS SUPPORTING WOUNDED WARRIORS**

### **A. Introduction**

As required by Congress under of the NDAA for FY 2008 (P.L. 110-181, sec. 1648(f)), this part of the report provides consolidated information on “any deficiencies in the adequacy, quality, or state of repair of medical-related support facilities raised as a result of information received during the period covered by the report through the toll-free hot line required by section 1616.” The military departments established hot line numbers as of April 1, 2008, and web sites as of July 1, 2008. A WWRC also was established “to provide wounded warriors, their families, and their primary caregivers with a single point of contact for assistance with reporting deficiencies in covered military facilities, obtaining health care services, receiving benefits information, and any other difficulties encountered while supporting wounded warriors.”

### **B. General Information Regarding Hot Lines and Web Sites Results**

“TABLE 1: *Military Departments’ Hot Lines and Web Sites*” summarizes access numbers that were established by each of the military departments.

For the sixth inspection period, hot line calls and web site inquiries were recorded from October 1, 2011, through September 30, 2012, (FY2012) for all military departments and the WWRC to coincide with annual, fiscal year operation and maintenance planning, programming, and execution efforts. This permitted each military department to allocate funds, on an annual basis, to expedite necessary corrective action. The next reporting period will span from October 1, 2012, to September 30, 2013 (FY2013).

### **C. Specific Findings and Analysis of Hot Lines and Web Sites Results**

The WWRC received 2,939 calls from individuals associated with a military department during this reporting period. These calls resulted in 4,265 referrals for support. Some callers required multiple referrals due to multiple issues. One hundred percent of the caller issues were resolved on the first call by addressing and providing direct information, referral to a specific military service wounded warrior program, or transfer to other non-medical resources. One hundred percent of the callers (2,939 calls) resulted in 4,265 referrals of which 3,028 referrals were directed to TRICARE, the Department of Veterans Affairs (VA), or specific military department wounded warrior programs. Of these calls, none was directly related to the “adequacy, quality, or state of repair of medical-related support facilities.” In 29 percent of the calls (1,237 calls), callers were directed to other non-medical resources (for example, commerce, banking, community services, and school systems). Army represented the largest group of callers (55 percent), similar to previous reporting years. The primary focus of calls received by the WWRC was related to medical treatment issues; counseling was the second focus. “TABLE 2: *Hot Line Calls Received by the Wounded Warrior Resource Center (WWRC)*” provides a summary and breakdown of referral calls according to each military Service. The military departments did not receive any hot line calls associated with medical facilities.

**TABLE 1: MILITARY DEPARTMENTS' HOT LINES AND WEB SITES**

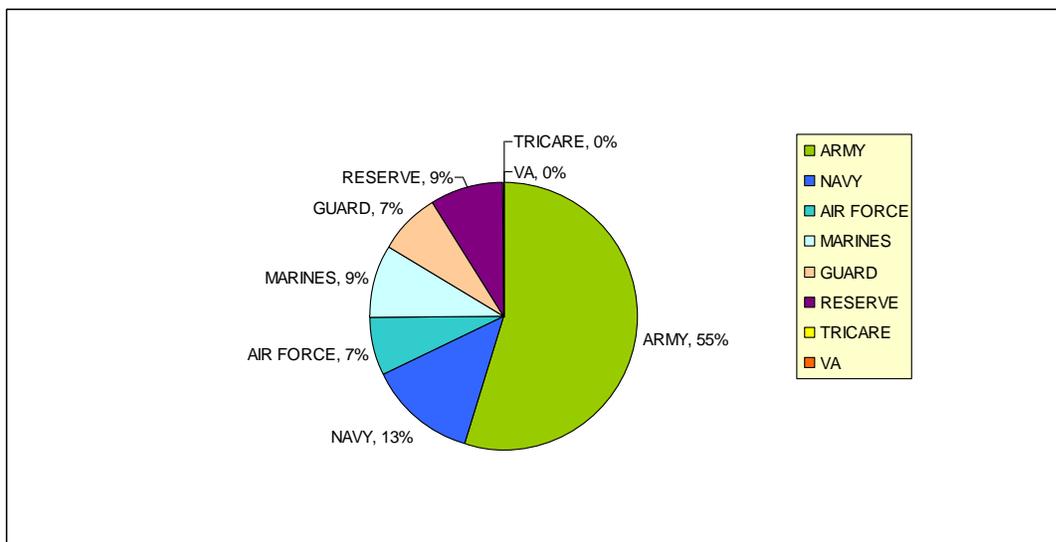
MILITARY DEPARTMENT	REF	HOT LINE NUMBERS		INTERNET WEB SITE ACCESS
		MAIN NUMBER	ALTERNATE NUMBER	
<b>ARMY</b>		1-800-984-8523		Reference Each Individual WTU Web Site
<b>NAVY</b>	NMIG	1-800-637-6175	DSN 295-9010	<a href="mailto:navymedighotline@med.navy.mil">navymedighotline@med.navy.mil</a>
	NMNCA	1-301-319-8990		LINK VIA NNMC
	NMW	1-877-479-3832	619-767-6068	<a href="mailto:Nmwestmedig@med.navy.mil">Nmwestmedig@med.navy.mil</a>
	NMSC			LINK VIA NNMC
	NME			<a href="mailto:Nmeastmedig@med.navy.mil">Nmeastmedig@med.navy.mil</a>
<b>AIR FORCE</b>		1-800-581-9437		<a href="http://www.woundedwarrior.af.mil">www.woundedwarrior.af.mil</a> <a href="mailto:afwounded.warrior@randolph.af.mil">afwounded.warrior@randolph.af.mil</a>
<b>WWRC</b>		1-800-342-9647		<a href="http://MilitaryOneSource.com">MilitaryOneSource.com</a>
<p><b>NOTES:</b></p> <p>NMIG                   NAVY MEDICINE INSPECTOR GENERAL (BUREAU OF MEDICINE AND SURGERY)</p> <p>NMNCA               NAVY MEDICINE NATIONAL CAPITAL AREA</p> <p>NMW                   NAVY MEDICINE WEST</p> <p>NMSC                 NAVY MEDICINE SUPPORT COMMAND</p> <p>NME                  NAVY MEDICINE EAST</p> <p>WWRC                WOUNDED WARRIOR RESOURCE CENTER (MILITARY ONE SOURCE)</p> <p>WTU                  WARRIOR IN TRANSITION UNIT</p>				

**TABLE 2: HOT LINE CALLS RECEIVED BY THE WOUNDED WARRIOR RESOURCE CENTER (WWRC)**

HOT LINE CALLS FROM THE WOUNDED WARRIOR (WW) RESOURCE CENTER (WWRC)					
MILITARY DEPARTMENT	CALLS RECEIVED PER MILITARY DEPARTMENTS		CALLS REFERRED TO WW/VA/TRICARE SERVICE		REMARKS
	NUMBER OF CALLS	PERCENT OF CALLS	NUMBER OF CALLS REFERRED	PERCENT OF CALLS REFERRED	
ARMY	1610	55%	988	61%	
NAVY	380	13%	248	65%	
AIR FORCE	198	7%	115	58%	
MARINES	286	9%	175	61%	
NATIONAL GUARD	202	7%	60	30%	
RESERVE	263	9%	0	0%	All Reserve Referred to Parent Service
TRICARE	NA	NA	100	NA	
VA	NA	NA	1342	NA	
<b>GRAND TOTALS</b>	<b>2939</b>	<b>100%</b>	<b>3028</b>	<b>71%</b>	<b>1237 Referrals To Other Resources (29%)</b>

**General Note:** 100% of caller issues resolved. Resolutions achieved through WWRC; referrals to individual military departments and their wounded warrior programs, TRICARE, or VA; or, transfer to non-medical entities. Medical treatment represented the number one issue.

**Percent of Total Calls per Military Departments**



## **PART II: INSPECTION OF MEDICAL TREATMENT FACILITIES (MTFs)**

### **A. Introduction**

As required by the U.S. Troop Readiness, Veteran's Care, Katrina Recovery and Iraq Accountability Appropriations Act (**P.L. 110-28, sec. 3307(a)**); and, the National Defense Authorization Act for 2008 (**P.L. 110-181, sec. 1648(f)**), this part of the report consolidates information on military department inspections of medical treatment and specialty treatment facilities caring for wounded warriors and their families. Utilizing specific criteria and checklists, an indication of the condition of each facility was identified during the annual inspections.

### **B. General Findings and Analysis of MTF Inspections**

The Departments of the Army, Navy, and Air Force inspected all hospitals and medical/dental clinics supporting wounded warriors. These inspections recorded whether each examined facility met or did not meet established standards. In addition, all military departments participated in the accreditation process of the Joint Commission on Accreditation of Hospitals (TJC). The accreditation process was continuous, data-driven, and focused on operational systems critical to the safety and quality of patient care. The military departments' reports, under Attachment II, provide the methodology of the inspections and changes from previous inspection reports.

All MTFs inspected followed established standards and criteria in accordance with Attachment I. Where MTFs were inspected and met standards, no actions were generated or cost estimates required. Where deficiencies were noted, a corrective plan of action was included. Many deficiencies were not easily mitigated through a single project or fiscal year. Constructability, new work limitations, and continuity of MTFs operations required a series of projects over a period of time. Costs identified to correct deficiencies did not reflect a project cost but rather the cost of the specific deficiency. Total project costs would generally be higher as work and scope of services were more specifically defined.

### **C. Specific Findings and Analysis of MTF Inspections**

The inspection teams determined that a total overall average of 84 percent of MTFs providing care to wounded warriors met standards for operations, maintenance, and the American Disabilities Act (ADA) compliance. Routine deficiencies that were corrected by a service call were not reported. No inspection deficiencies identified impacted quality of medical care to the wounded warrior, jeopardized the accreditation of the MTFs, or posed an immediate danger to the patients or practitioners at the facility. The detailed data tabulations in each military department's report (see Attachment II) noted categories of deficiencies and projected rough order of magnitude costs for each facility inspected.

Overall, the Army identified \$156 million in deficiencies for ADA and \$7.975 billion in deficiencies for operations and maintenance; this equates to a total overall cost of \$8.131 billion with all noted deficiencies to be programmed for correction through the next 5 years (FY 2013 to FY 2018). The Navy identified \$24.605 million in deficiencies for ADA and \$468.910 million in deficiencies for operations and maintenance; this equates to a total

overall cost of \$493.515 million with all noted deficiencies being programmed for correction through the next 5 years (FY 2013 to FY 2018). The Air Force identified no deficiencies in ADA, operations, or maintenance during the FY 2012 inspections. Hence, the total cost in deficiencies for ADA, operations, and maintenance across all the military departments equals \$8.624 billion.

The military department inspection reports listed installations alphabetically. The number of facilities inspected for each of these services was as follows: Army inspected 442, Navy inspected 199, and Air Force inspected 215. Based on noted deficiencies for ADA, Operations, and Maintenance, the Army had 48 percent deficiencies, the Navy had one percent deficiencies and the Air Force had no deficiencies under these categories. Additional evaluation standards and criteria (see Attachment I) noted facility deficiencies primarily in the building systems and envelope. This covered an array of deficiencies including elevators, cooling towers, roof systems, electrical service and equipment, generator systems, and exterior doors and windows. Life Safety and Fire Protection and Interior/Functional conditions indicated additional major deficiency categories. Concerns in these two areas covered sprinkler systems, egress conditions, fire alarm systems, emergency exit signs, interior doors, surface finishes, and space reconfigurations to improve operational efficiencies. Although Congress requires inspections to be conducted on an annual basis, ongoing facility management inspections occur daily in an effort to create and sustain world-class military medical facilities.

“TABLE 3: *Comparison of Total MTFs Inspected, Number of Compliant Versus Non-Compliant Facilities, and Costs to Correct Noted Deficiencies Per Each Military Department For FY 2012, 2011, 2010, 2009, 2008, and 2007*” notes the number of compliant facilities and associated costs to correct these deficiencies for ADA, Operations, and Maintenance for the current and all previous inspection years for comparison. In addition, this table indicates total costs per year per military department associated with deficiencies in MTFs. “TABLE 4: *Comparison of Compliant MTFs with Non-Compliant Facilities in Percentages Per Each Military Department for FY 2012, 2011, 2010, 2009, 2008, and 2007*” conveys percentages of compliant facilities for ADA, Operations, and Maintenance for the current and all previous inspection years for comparison. This table also summarizes percentages of noted deficiencies per each year inspections were performed.

**TABLE 3: COMPARISON OF TOTAL MTFs INSPECTED, NUMBER OF COMPLIANT VERSUS NON-COMPLIANT FACILITIES, AND COSTS TO CORRECT NOTED DEFICIENCIES PER EACH MILITARY DEPARTMENT FOR FY 2012, 2011, 2010, 2009, 2008, AND 2007**

MILITARY DEPARTMENT	FISCAL YEAR	ADA			OPERATION AND MAINTENANCE			TOTAL NUMBER OF FACILITIES INSPECTED PER FISCAL YEAR	TOTAL COSTS (ADA+OM) IDENTIFIED PER FISCAL YEAR (\$000)
		COMPLY	NON-COMPLY	COST TO CORRECT (\$000)	COMPLY	NON-COMPLY	COST TO CORRECT (\$000)		
ARMY	2012	309	133	\$156,000	154	288	\$7,975,000	442	\$8,131,000
	2011	331	47	\$31,699	186	192	\$803,697	378	\$835,396
	2010	128	0	\$0	126	2	\$1,570	128	\$1,570
	2009	129	1	\$52	111	19	\$8,203	130	\$8,255
	2008	152	2	\$330	144	10	\$26,109	154	\$26,435
	2007	152	9	\$1,103	134	37	\$38,136	161	\$39,239
NAVY	2012	192	7	\$24,605	197	2	\$468,910	199	\$493,515
	2011	189	13	\$22,160	200	2	\$422,613	202	\$444,773
	2010	186	7	\$18,501	188	5	\$215,817	193	\$234,318
	2009	189	9	\$12,204	197	1	\$257,857	198	\$270,061
	2008	183	13	\$9,787	189	7	\$341,691	196	\$345,478
	2007	164	22	\$4,800	173	13	\$87,193	186	\$91,993
AIR FORCE	2012	215	0	\$0	215	0	\$0	215	\$0
	2011	216	0	\$0	216	0	\$0	216	\$0
	2010	209	0	\$0	209	0	\$0	209	\$0
	2009	179	3	\$445	182	0	\$0	182	\$445
	2008	121	9	\$3,065	118	12	\$55,223	130	\$58,278
	2007	114	14	\$314,700	111	17	\$13,710	128	\$328,410
MILITARY DEPARTMENT					ARMY	NAVY	AIR FORCE	TOTAL COSTS IDENTIFIED PER FISCAL YEAR (\$000)	
	2012				\$8,131,000	\$493,515	\$0	\$8,624,515	
	2011				\$835,396	\$444,773	\$0	\$1,280,169	
	2010				\$1,570	\$234,318	\$0	\$235,888	
	2009				\$8,255	\$270,061	\$445	\$278,761	
	2008				\$26,435	\$345,478	\$58,278	\$430,191	
	2007				\$39,239	\$91,993	\$328,410	\$459,642	

NOTE: 1. UNDER "TOTAL COSTS IDENTIFIED PER FISCAL YEAR", COSTS NOTED ARE FUNDED ACROSS A FIVE YEAR PERIOD AND DO NOT REFLECT CUMULATIVE COSTS FROM ONE YEAR TO ANOTHER. THUS, SOME COSTS NOTED ARE CARRIED ACROSS SEVERAL FISCAL YEARS.  
2. COSTS TO CORRECT DEFICIENCIES ARE CALCULATED ACROSS A FISCAL YEAR TO CORRESPOND WITH ANNUAL FUNDING REQUESTS.

**TABLE 4: COMPARISON OF COMPLIANT MTFs WITH NON-COMPLIANT FACILITIES IN PERCENTAGES PER EACH MILITARY DEPARTMENT FOR FY 2012, 2011, 2010, 2009, 2008, AND 2007**

FISCAL YEARS 2012, 2011, 2010, 2009, 2008, AND 2007 PER EACH MILITARY DEPARTMENT FOR MTFs							
MILITARY DEPARTMENT	FISCAL YEAR	ADA		OPERATION AND MAINTENANCE		TOTAL AVERAGE PERCENT OF DEFICIENCIES NOTED	
		COMPLIANT	NOT COMPLIANT	COMPLIANT	NOT COMPLIANT	COMPLIANT	NOT COMPLIANT
ARMY	2012	70%	30%	35%	65%	52%	48%
	2011	88%	12%	49%	51%	69%	31%
	2010	100%	0%	98%	2%	99%	1%
	2009	99%	1%	85%	15%	92%	8%
	2008	99%	1%	91%	9%	95%	5%
	2007	94%	6%	77%	23%	86%	14%
NAVY	2012	99%	1%	99%	1%	99%	1%
	2011	94%	6%	99%	1%	98%	2%
	2010	96%	4%	97%	3%	97%	3%
	2009	95%	5%	99%	1%	97%	3%
	2008	93%	6%	96%	4%	95%	5%
	2007	88%	12%	93%	7%	91%	9%
AIR FORCE	2012	100%	0%	100%	0%	100%	0%
	2011	100%	0%	100%	0%	100%	0%
	2010	100%	0%	100%	0%	100%	0%
	2009	98%	2%	100%	0%	99%	1%
	2008	93%	7%	91%	9%	92%	8%
	2007	89%	11%	87%	13%	88%	12%
	2012					84%	16%
	2011					89%	11%
	2010					99%	1%
	2009					96%	4%
	2008					94%	6%
	2007					88%	12%

NOTE: COSTS TO CORRECT DEFICIENCIES ARE CALCULATED ACROSS A FISCAL YEAR TO CORRESPOND WITH ANNUAL FUNDING REQUESTS.

## **PART III: INSPECTION OF MEDICAL HOLD HOUSING (MHH)**

### **A. Introduction**

Pursuant to the U.S. Troop Readiness, Veteran's Care, Katrina Recovery and Iraq Accountability Appropriations Act (P.L. 110-28, sec. 3307(a)); and, the National Defense Authorization Act for 2008 (P.L. 110-181, sec. 1648(f)), this portion of the report consolidates information related to military department inspections of MHH for recovering service members and their families.

### **B. General Findings and Analysis of MHH Inspections**

Following specific criteria and checklists, a determination was made for each wounded warrior on medical hold in government owned, privatized, or leased housing whether he/she was being housed adequately in terms of : a) Assignment (appropriate unit for pay grade, length of stay, and medical attendants, if authorized); b) Baseline (generally the condition of the facility and adequacy of supporting services); and, c) Special Medical (unique features for the occupant's specific medical needs such as an accessible unit). Based on these and other established inspection standards (see Attachment I) , military departments met personnel housing needs using a variety of means, including the referral of individuals into housing on and off base that met or could easily be adapted to meet the individual medical requirements of the wounded warrior. Focused actions to comply with the criteria and standards included renovating and modernizing existing barracks, lodging, and family housing; and contracting or leasing private sector housing or lodging in the surrounding communities. When deficiencies were observed, efforts were focused and directed to execute the corrections promptly or, immediately relocate the wounded warriors to proper accommodations. The inspections did not focus on private housing in the community owned or being rented by the wounded warrior.

### **C. Specific Findings and Analysis of MHH Inspections**

The inspection teams found 99 percent of medical hold personnel were housed in facilities compliant with established standards related to "assignment," "baseline," and "special medical" categories (see Attachment I). Routine deficiencies that were corrected by a service call were not listed or included as a facility deficiency. Deficiencies noted reflected safety and physical security concerns such as adequate lighting on the exterior and proper entrance door locks. All noted MHH deficiencies were immediately corrected. No inspection deficiencies identified impacted quality of medical care to the wounded warrior.

At the time of the MHH inspections, the Army had 6,318 wounded warriors; the Navy had 408; and the Air Force had 12 wounded warriors. The following percentages represent the number of wounded warriors accommodated in different housing types at the time of the inspections per each military department:

	<u>ARMY</u>	<u>NAVY</u>	<u>AIR FORCE</u>
a. Unaccompanied Personnel Housing	50%	86%	25%
b. Family Housing	12%	07%	75%
c. Lodging (including Fisher Houses)	01%	07%	00%
d. Privately Owned or Rented Housing	<u>37%</u>	<u>00%</u>	<u>00%</u>
<b>Total Percentages</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Overall, the inspections have shown that the military departments provided adequate support to wounded warriors and their families by aggressively addressing and correcting noted facility issues. In each of their reports (see Attachment II), the military departments discussed, in more detail, the methodology and results of the inspections performed during this sixth reporting period. Their reports reflected how the wounded warriors are accommodated at a point in time.

“TABLE 5: *Total Personnel in Various MHH Compliant Housing Types, Percentages Per Type, and an Annual Summary for FY 2012, 2011, 2010, 2009, 2008, and 2007 per Each Military Department*” compared various housing types and their percentages to the total number of personnel occupying compliant MHH units across several inspection years per each military department. In addition, an annual summary of these totals are noted.

**TABLE 5: TOTAL PERSONNEL IN VARIOUS MHH COMPLIANT HOUSING TYPES, PERCENTAGES PER TYPE, AND AN ANNUAL SUMMARY FOR FY 2012, 2011, 2010, 2009, 2008, AND 2007 PER EACH MILITARY DEPARTMENT**

FISCAL YEARS 2012, 2011, 2010, 2009, 2008, AND 2007 PER EACH MILITARY DEPARTMENT FOR EACH MHH													
MILITARY DEPARTMENT	FISCAL YEAR	DOD OWNED FAMILY HOUSING		DOD OWNED UNACCOMPANIED HOUSING		LEASED, CONTRACTED, OR PRIVATIZED FAMILY HOUSING OR LODGING		DOD OWNED LODGING (INCLUDES FISHER HOUSES)		PRIVATELY OWNED OR RENTED HOUSING		TOTAL NUMBER OF PERSONEL IN NON-COMPLIANT FACILITIES	TOTAL NUMBER OF PERSONEL HOUSED
		COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL		
ARMY	2012	0	0%	3,131	50%	746	12%	79	1%	2,317	37%	45	6,318
	2011	0	0%	2,293	42%	637	12%	393	6%	2,194	40%	118	5,517
	2010	0	0%	2,852	38%	873	12%	761	10%	2,912	40%	47	7,445
	2009	0	0%	2,456	36%	958	14%	678	10%	2,697	40%	0	6,989
	2008	0	0%	3,054	33%	1,441	16%	884	10%	3,800	41%	3	9,189
	2007	345	7%	2,351	45%	140	30%	625	12%	1,754	33%	13	5,228
NAVY	2012	16	4%	350	86%	12	3%	30	7%	0	0%	0	408
	2011	0	0%	614	89%	25	4%	20	3%	31	4%	0	690
	2010	0	0%	540	85%	53	8%	0	0%	42	7%	0	635
	2009	0	0%	526	80%	42	6%	42	6%	48	8%	0	658
	2008	1	0%	620	79%	58	7%	60	8%	49	6%	0	788
	2007	0	0%	155	99%	0	0%	0	0%	2	10%	0	157
AIR FORCE	2012	5	42%	3	25%	4	33%	0	0%	0	0%	0	12
	2011	0	0%	0	0%	0	0%	0	0%	6	100%	0	6
	2010	0	0%	0	0%	0	0%	0	0%	0	0%	0	0
	2009	0	0%	0	0%	0	0%	0	0%	0	0%	0	0
	2008	1	50%	0	0%	0	0%	0	0%	1	50%	0	2
	2007	1	25%	0	0%	0	0%	0	0%	3	75%	0	4
ALL MILITARY DEPARTMENTS	FISCAL YEAR	DOD OWNED FAMILY HOUSING		DOD OWNED UNACCOMPANIED HOUSING		LEASED, CONTRACTED, OR PRIVATIZED FAMILY HOUSING OR LODGING		DOD OWNED LODGING (INCLUDES FISHER HOUSES)		PRIVATELY OWNED OR RENTED HOUSING		TOTAL NUMBER OF PERSONEL IN NON-COMPLIANT FACILITIES	TOTAL NUMBER OF PERSONEL HOUSED
		COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL	COMPLY	% OF TOTAL		
	2012	21	1%	3,484	52%	762	11%	109	2%	2,317	34%	45	6,738
	2011	0	0%	2,907	47%	662	10%	413	7%	2,231	36%	118	6,213
	2010	0	0%	3,392	42%	926	11%	806	10%	2,954	37%	47	8,080
	2009	0	0%	2,982	40%	1,000	13%	720	10%	2,745	37%	0	7,447
	2008	2	0%	3,674	37%	1,499	15%	944	10%	3,850	38%	3	10,016
	2007	346	6%	2,506	47%	140	2%	625	12%	1,759	33%	13	5,376

NOTES: 1. ESTABLISHED STANDARDS DO NOT APPLY TO PRIVATE HOMES OCCUPIED BY THE MILITARY  
 2. TOTAL NUMBER OF ARMY PERSONNEL IN 2009 DID NOT INCLUDE MTFs INPATIENT PERSONNEL OF 276. ADDING THIS POPULATION FIGURE TO 6,789 RESULTS IN A TOTAL NUMBER OF PERSONNEL HOUSED EQUAL TO 7,065

## CONCLUSION AND WAY FORWARD

The military departments demonstrated a commitment to provide high quality MTFs and MHH in support of wounded warriors and their families. These facility improvements could not have happened without a considerable investment in military department funds, including additional funding provided by the 2009 American Recovery and Reinvestment Act. This effort along with congressional support has significantly contributed toward DoD's goal to provide world-class MTFs and MHH facilities for wounded warriors and their families. The Army, Navy, and Marine Corps are nearing completion of over \$1 billion in new wounded warrior complexes adjacent to MTFs. These complexes provide a complete healing environment by including: 1) housing that meets the fullest extent of ADA standards; 2) administrative space for the command and control elements of the wounded warrior units, including case managers and their care givers who perform daily outpatient services; and, 3) support facilities such as the Army Soldier and Family Assistance Centers and the Marine Recovery and Resource Centers.

DoD will continue to oversee an aggressive inspection program of MTFs and MHH to identify and correct deficiencies. This effort, together with a continued commitment to provide adequate military construction and sustainment, restoration, and maintenance funding, will ensure that wounded warriors are treated and housed in facilities that aid in their transition to the next stage in their recovery.

## **ATTACHMENTS**

**ATTACHMENT I—DOD EVALUATION STANDARDS AND CRITERIA FOR  
INSPECTION OF MTFs AND MHH**

**A. Evaluation Standards and Criteria for Inspection of MTFs**

- 1. General Comments**
- 2. Basic Standards and Criteria**
- 3. Supplemental Standards and Criteria**

**B. Evaluation Standards and Criteria for Inspection of MHH**

- 1. General Comments**
- 2. Basic Standards and Criteria**
- 3. Supplemental Standards and Criteria**
- 4. Deputy Secretary of Defense Memorandum Dated 18 September 2007: “DoD Housing Inspection Standards for Medical Hold Housing Personnel”**

## A. Evaluation Standards and Criteria for Inspection of MTFs

1. **General Comments:** MTFs were described as facilities established for the purpose of furnishing medical and/or dental care to eligible individuals on an inpatient or out-patient basis. This did not include battalion aid stations, post/base in or out processing facilities, or soldier readiness processing facilities unless they were an integral part of a MTFs. **P.L. 110-181, sec. 1648** requested inspection standards to be established and assure they were uniform and consistent related to appearance, maintenance, size, operations, and compliance with the Americans with Disabilities Act of 1990.
2. **Basic Standards and Criteria:** DoD design standards for MTFs exist under the Unified Facilities Criteria (UFC) Document 4-510-01, “Design: Medical Facilities Criteria.” These standards are available for public use through the National Institute of Building Science’s Whole Building Design Guideline publications and web site. When supplemented with the standards established by the Joint Commission for Accreditation of Hospital Organizations (TJC), full, reliable and standardized inspection criteria for the operation and maintenance of MTFs were available and uniformly implemented. This Joint Commission certifies healthcare facilities for both the public and private sector.
3. **Supplemental Standards and Criteria:** Additional evaluation standards and criteria were created in 2007 under the SOC, Line of Action (LoA) #5 Working Group to support these annual inspections and their reporting requirements. Descriptions of these additional standards and criteria were as follows:
  - a. **Operation and Maintenance**—covered the following:
    - 1) **Building Systems and Envelope:** includes utility infrastructure; all engineering systems and requirements (i.e. mechanical, plumbing, electrical, telephone and communications); elevators, escalators, and other horizontal/vertical electronic transportation walkways; building exterior and façade (i.e. roof, walls, windows, porticos, coverings, and exterior doors); and, other special systems. A sampling of deficiency conditions under this sub-category includes: condensate lines, communication systems, medical gas systems, cooling towers, air handling units, absorption chillers, HVAC, roofs, and windows.
    - 2) **Life Safety and Fire Protection:** includes all fire protection equipment and systems, means of egress, emergency lighting and generators, exit signs, and automatic transfer switches. A sampling of deficiency conditions under this sub-category includes: emergency generators, enunciator panels, public address systems, and various fire alarm system parts.
    - 3) **Interior/Functional Conditions:** includes all types of functional areas and overall departments; interior finishes, equipment, and fixtures; whole building additions and renovations; modifications and expansions to existing spaces; interior signage and way finding; and, doors, walls, floors, and ceilings. A sampling of deficiency conditions under this sub-category includes: painting, floor finishes, interior doors, pharmacy, operating rooms, mental health

clinics, warehouses, appointment centers, and other medical and dental clinic departments.

- 4) Site/Medical Campus: includes exterior site amenities, sidewalks, roads, drainage, erosion control, storm water management, curbs and gutters, parking lots and garages, stairs and ramps, and other site conditions. This category also includes all issues related to exterior settings necessary to comply with antiterrorism force protection standards. A sampling of deficiency conditions under this sub-category included: sidewalks, antiterrorism force protection measures, way finding, signage, and site lighting.

**b. Americans with Disabilities Act and Accessibility Guidelines of 1990—**covered the following:

- 1) Americans with Disabilities Act of 1990 (ADA): includes all related conditions not addressed in other areas that assured compliance with ADA. Not included are grandfathered ADA deficiencies. A sampling of deficiency conditions occurring herein include: specific interior and exterior ADA conditions including sidewalks, way finding, signage, restroom facilities, stairwells, and exterior building access. Standards related to the Uniform Facilities Accessibility Standards (UFAS) also applied to inspections performed. When there were conflicts between ADA and UFAS, the most stringent conditions took precedence.
- 2) In accordance with the provisions of the Americans with Disabilities Act of 1990, existing deficiencies outside the scope of a renovation project were exempt from compliance. However, construction projects executed during the fiscal year were required to comply with the current ADA standards within the limits and bounds of the applicable construction project. Deficiencies noted in the military departments' reports under ADA were totally related to ADA. But, many other ADA related deficiencies were accounted for under other additional categories (i.e. Building Systems and Envelope, Life/Safety and Fire Protection, Site/Medical Campus, and Interior/Functional Conditions).

Each MTFs deficiency listed by the military departments was classified according to one of the evaluation criteria noted above.

**B. Evaluation Standards and Criteria for Inspection of MHH**

1. General Comments: MHH were for wounded, ill, or injured service members in a medical hold status receiving out-patient medical treatment. Medical hold referred to the assignment of personnel housed to a medical hold unit under the cognizance of MTFs whose members had conditions that precluded them from returning to full duty. MHH included the following types of housing:
  - a. DoD Owned Family Housing—Housing owned by the military department for occupancy by eligible members with dependents.
  - b. DoD Owned Unaccompanied Personnel Housing—Housing owned by the military department for occupancy by eligible military personnel without dependents.

- c. Leased, Contracted, or Privatized Family Housing or Lodging in the Community—Private sector housing privatized or leased by the military department for occupancy by families, unaccompanied personnel, or transient personnel.
- d. DoD/Military Department Owned Lodging (Includes Fisher Houses)—Lodging (transient housing) owned by the military department for occupancy by military personnel, families, unaccompanied personnel, or transient personnel.

MHH does not include inspection of private sector housing in the community (not privatized), rented, or owned by an individual service member.

2. **Basic Standards and Criteria:** Inspections of MHH used standards issued on 18 September 2007, under a DoD Memorandum signed by the Deputy Secretary of Defense, titled “DoD Housing Inspection Standards for Medical Hold and Holdover Personnel.” This standard stated that wounded warriors and their families would be assigned or referred to housing that must exceed or meet applicable standards and must be appropriate for the medical condition, expected duration of treatment, dependency status, and pay grade of the service member. These standards also stated that medical hold housing and associated amenities and specialty services shall be considered as an integral part of each wounded warrior’s medical treatment plan. In addition, the chain of command was responsible, in consultation with the patient, the patient’s medical support team, and case managers, to validate that each housing unit assigned or referred to a recovering service member was adequate in the following three additional evaluation criteria for the particular member occupying the unit:
  - a. Whether the *ASSIGNMENT* to a specific unit was adequate for the MHH in terms of configuration, size, and features.
  - b. Whether the building met *BASELINE* standards related to its physical condition and any support services that were needed.
  - c. Whether the housing unit met any *SPECIAL MEDICAL* requirements as determined by the primary care physician, patient, and chain of command.
  
3. **Supplemental Standards and Criteria:** For the MHH, each of the military departments developed their own checklists based on the 18 September 2007 DoD Memorandum to assist in their determination of whether wounded warriors were being housed properly. Uniform data tabulations related to inspection results were developed that identified the specific facility being inspected; compliance or non-compliance to identified standards; number of impacted personnel; housing types; and, rough order of magnitude costs to correct indicated deficiencies. Individual tables were provided for each facility inspected. In addition, housing inspections included interviews of personnel (i.e. wounded warriors and their families), physical inspections of the facility and its supporting infrastructure, and review of available documents. The documents reviewed included work orders executed within the past 6 months; asbestos, lead paint, pest control, and mold documentation; recurring service calls; regularly scheduled maintenance records; and, common complaints about living quarters. The inspection teams were composed of medical case managers, housing and facility managers, engineers of various disciplines, engineering technicians, and tradesman of various backgrounds.

4. Deputy Secretary of Defense Memorandum Dated 18 September 2007: “DoD Housing Inspection Standards for Medical Hold and Holdover Personnel”. The following pages provide a copy of this memorandum.



DEPUTY SECRETARY OF DEFENSE  
1010 DEFENSE PENTAGON  
WASHINGTON, DC 20301-1010

SEP 18 2007

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS  
UNDER SECRETARY OF DEFENSE FOR PERSONNEL  
AND READINESS  
UNDER SECRETARY OF DEFENSE FOR  
ACQUISITION, TECHNOLOGY AND LOGISTICS  
ASSISTANT SECRETARY OF DEFENSE FOR HEALTH  
AFFAIRS

SUBJECT: DoD Housing Inspection Standards for Medical Hold and Holdover  
Personnel

The Wounded, Ill and Injured Senior Oversight Committee (WII-SOC), a joint DoD/DVA committee, met and approved the following policy changes on August 28, 2007.

Effective immediately, the Military Services will provide housing for medical hold and holdover personnel in accordance with the attached standards. These standards address baseline accommodations and special features and services that may be required depending on a member's medical condition and treatment plan.

The Secretaries of the Military Departments are directed to use these standards for conducting the inspections required by section 3307 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (Public Law 110-28), and to report inspection findings to the Under Secretary of Defense for Personnel and Readiness not later than October 31, 2007.

Timely implementation of these standards is a top Department priority.

A handwritten signature in black ink, appearing to read "Andrew England".

Attachment:  
As stated



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## **HOUSING INSPECTION STANDARDS FOR MEDICAL HOLD AND HOLDOVER PERSONNEL**

### **1. PURPOSE**

These standards shall be used as a basis for evaluating the adequacy of facilities that house medical hold and holdover personnel.

### **2. GENERAL**

In general, medical hold and holdover personnel receiving outpatient medical treatment (hereafter referred to as MH personnel or MH members) shall be assigned or referred to housing that exceeds or meets the applicable quality standards and is appropriate for their medical condition, expected duration of treatment, dependency status (including authorization of a non-medical attendant), and pay grade. The particular housing and associated amenities/services provided shall be an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Note that some MH personnel with serious medical conditions are authorized non-medical attendants at the discretion of their primary care physician to assist in their recovery and rehabilitation. Non-medical attendants can include the member's parent, guardian, or another adult (18 or over).

### **3. APPLICABILITY**

These standards address baseline accommodations, and any special medically needed facility features and services. Standards and guidance are also provided for associated furnishings, amenities, operations/services, and maintenance that are critical to well being and morale.

These standards apply to the following types of housing when occupied by MH personnel:

- DoD-owned family housing (FH)
- DoD-owned unaccompanied personnel housing (UPH)
- Lodging owned by DoD, whether supported by appropriated funds or a non-appropriated funded instrumentality (NAFI). Lodging types include temporary duty (TDY) lodging, permanent change of station (PCS) lodging, recreational lodging, and military treatment facilities (MTF) lodging, e.g., Fisher Houses.
- Lease/contracted housing and lodging, to the maximum extent permitted by the associated agreement.
- Privatized housing and lodging, to the maximum extent permitted by the associated agreement.

Note these standards do not apply to a service member's privately-owned home, or a rented home in the community (not privatized) that a service member obtains on his or her own.

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#### **4. PRIORITY FOR SERIOUS MEDICAL CONDITIONS AS A DIRECT RESULT OF ARMED CONFLICT**

It is fitting that medical hold personnel who have "serious physical disabilities"<sup>1</sup> or that are the "direct result of armed conflict"<sup>2</sup> have *priority* for housing and certain services. While the minimum housing *standards* are the same for all medical hold personnel, DoD has a special obligation to provide the best for seriously Wounded Warriors. Examples where priority should be considered include: housing waiting lists, furnishings and electronic equipment, parking spaces, time to respond to maintenance requests, etc. Furthermore, the housing status of these seriously Wounded Warriors should be monitored at the Service HQ level.

#### **5. RESPONSIBILITIES**

The chain of command shall be responsible, in consultation with the patient and the patient's medical support team and case managers, to validate that every MH member is adequately housed in accordance with these standards. Before a MH member is assigned/referred to housing (e.g., before transitioning from inpatient to outpatient status), the case manager shall provide consultation to the chain of command to ensure that the intended patient housing meets any special medical needs. If an assigned/referred housing unit for a member does not meet all the applicable standards in this document, the installation or garrison commander shall document the reasons why the standards were not met (authority can be delegated), and the respective Military Service headquarters must be notified no later than one week after the MH member takes occupancy.

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<sup>1</sup> For purposes of this provision, "serious physical disability" means: (a) any physiological disorder or condition or anatomical loss affecting one or more body systems which has lasted, or with reasonable certainty is expected to last, for a minimum period of 12 contiguous months, and which precludes the person with the disorder, condition or anatomical loss from unaided performance of at least one of the following major life activities: breathing, cognition, hearing, seeing, and age appropriate ability essential to bathing, dressing, eating, grooming, speaking, stair use, toilet use, transferring, and walking; or (b) serious psychological disabilities, such as post-traumatic stress disorder. (This definition is based primarily on 32 C.F.R. 199.2, the regulations for the CHAMPUS/TRICARE program.)

<sup>2</sup> For purposes of this provision, "direct result of armed conflict" means there was a definite causal relationship between the armed conflict and the resulting unfitting disability. The fact that a member may have incurred a disability during a period of war or in an area of armed conflict, or while participating in combat operations is not sufficient to support this finding. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which Service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as incidents involving a member while interned as a prisoner of war or while detained against his or her will in custody of a hostile or belligerent force or while escaping or attempting to escape from such confinement, prisoner of war, or detained status. (This definition is based on DoDI 1332.38, Physical Disability Evaluation, paragraphs E3.P5.2.2.1 and E3.P5.1.2.)

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## **6. ASSIGNMENT**

As a general rule, unless dictated otherwise by special medical requirements, MH personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards and that: (a) is appropriate for their expected duration of their treatment, (b) supports a non-medical attendant, if authorized, (c) supports accompaniment by their dependents when desired and not incompatible with their treatment, and (d) is appropriate for their pay grade (e.g., configuration and size). Note that from a housing assignment/referral perspective, an authorized non-medical attendant shall be treated like a dependant, e.g., if no other acceptable accommodations are available, a single MH member with an authorized non-medical attendant shall be eligible for temporary assignment to family housing.

For example, MH personnel (whether single or married) with an authorized non-medical attendant and facing a long rehabilitation period should not be housed in a one-room lodging unit, but instead be provided with a lodging unit with a minimum of two bedrooms with a kitchen and living room (e.g., PCS lodging), or family housing (DoD-owned or privatized). When eligible for DoD-owned housing, MH personnel shall be included as part of "Priority 1", as defined by DoDD 4165.63M, DoD Housing Management Manual. This referral priority should also apply to privatized or long-term leased (e.g., section 801) housing or lodging provided the referral is consistent with the privatized project's operating agreement

If appropriate housing is not available on the installation on which the member is receiving care, or at nearby military installations, and the service member does not reside in a privately-owned or rented home, MH personnel should be housed off the installation in private sector accommodations that are appropriate for their expected duration of treatment, dependency status (at their treatment location), and pay grade - unless dictated otherwise by special medical requirements.

## **7. BASELINE STANDARDS**

### **Condition**

All MH personnel housing must be in good overall condition with no major problems with any of the building systems, i.e., all are working properly and not at risk of imminent failure or malfunction. Building systems include but are not limited to roof, exterior walls, foundation, doors and windows, interior finishes, plumbing, lighting, electrical, life and fire safety, and heating-ventilating-and air-conditioning (HVAC). It is important that MH personnel be able to adequately control the temperature in their housing units. There shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, or any other environmental/safety/health hazard.

### **Kitchens**

Kitchens are an important quality of life feature for MH personnel who face long rehabilitation periods, especially those with authorized non-medical attendants. Accordingly, kitchens shall be provided that exceed or meet existing applicable standards for the type of accommodations provided (unaccompanied housing, lodging, or family housing).

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#### Laundry Facilities

Laundry facilities shall be provided as defined by the type of housing (unaccompanied personnel housing, lodging, or family housing), or as applicable based on medical condition. If an assigned/referred housing unit only has laundry equipment hook-ups, a residential-quality clothes washer and a dryer should be provided as loaned furnishings.

#### Furnishings

Provide loaned furnishings as appropriate.

#### Electronic Equipment

Generally, a television with cable/satellite service, internet service, and a telephone with local service shall be provided in each MH member's housing unit. If a MH member is unable to bring their personal electronic equipment to their assigned/referred housing, and they face a long rehabilitation period, efforts should be made to provide additional electronic devices such as a VCR/DVD player, stereo, computer with printer, and video game player. If the internet service is hard-wired, consideration should also be given to providing WIFI and a laptop computer.

#### Housekeeping and Pest Management

MH personnel housing shall be kept free of pests and litter, and trash containers shall be emptied on an appropriate cycle.

#### Landscaping, Grounds Maintenance, and Parking

Parking areas, turf, and grounds shall be well-maintained, attractive and litter-free. The number of parking spaces shall be adequate to support expected occupancy. Snow and ice shall be removed promptly from walkways and parking areas to ensure safety and prevent injuries.

#### Physical Security

MH member accommodations shall be provided with appropriate physical security measures, including required lighting levels inside and outside (parking and walkways).

#### Building Maintenance and Housekeeping Requests

An effective preventative maintenance program shall be in place for MH personnel housing. Also, installations shall have a mechanism where MH personnel can request building maintenance and housekeeping services.

### **8. SPECIAL MEDICAL REQUIREMENTS**

Many MH members will have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command. Some of these limitations will be permanent, but many others will change during recovery and rehabilitation, which may eliminate the need for certain special accommodations or services.

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### Accessibility

For members who have accessibility requirements, accommodations must, at a minimum, comply with the most current standards issued by the Department of Defense under the Architectural Barriers Act of 1968, as amended. Note that accessibility also applies to the route and distance (e.g., walkways, ramps, parking) that a MH member must travel from their housing accommodations to reach their medical treatment center, dining facility, or other support services. For all other MH member accommodations, consideration should be given to incorporating "universal design" principles (e.g., lever type door handles in lieu of knobs).

### Cognition

When required, MH member accommodations shall address the range of cognitive limitations that result from conditions such as Traumatic Brain Injury (TBI), Post Traumatic Stress Disorder (PTSD), and stroke. For example, sometimes complex geometric patterns on rugs, linens, or flooring can cause disorientation in these patients. Flooring and carpet with a subtle texture or pattern often helps with depth perception.

### Visual and Auditory

Necessary features for visually and auditorily impaired MH personnel shall be provided in accordance with the DoD standards.

### Burns

MH personnel recovering from serious burns or nerve/neurological injuries are very sensitive to hot water, so consideration shall be given to installing special devices to regulate the water temperature.

### Other Physical Limitations

Standard accessibility guidelines generally are adequate for ambulatory impaired MH personnel except in special cases such as when they are in a wheelchair with one or both legs in an extended position. In this case, normal wheelchair clearances and turning circles may be inadequate. Even with the loss of both legs, MH personnel can be fully ambulatory with their prostheses, but still need accessible accommodations when they are in a wheelchair (such as when they have to use the bathroom at night).

For physically impaired MH personnel, bathrooms are the major source of concern. Suggestions for improvement include doors that open to the outside, additional clearance for wheelchairs, and longer hoses on shower nozzles. For MH personnel with loss of or injury to arms and hands, accommodations shall be provided with either a bidet bowl or an electrically powered 'add-on bidet' that replaces a normal toilet seat to rinse the peritoneal area.

### Housekeeping

If a MH member without a non-medical attendant would have difficulty with basic housekeeping, it may be necessary to assign them to housing where these services are included with the accommodations, such as lodging, or to provide the required services for their housing unit such as by contract. Provide disposal of bio-hazard waste as required.

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#### Laundry Services and Equipment

Special laundry service may also have to be provided for MH personnel who have a medical condition that requires their linens, towels, and clothing to be disinfected. In accessible units with a laundry, the clothes washer and dryer should be accessible from a wheelchair.

#### Kitchens and Food service

For certain medical conditions, a kitchen or kitchenette may be prescribed, either in the unit or located within the same building. On the other hand, there could be special dietary requirements that would be most effectively handled by a hospital or installation dining facility. Note that ranges and cook tops in accessible units shall have control knobs on the front for easy wheelchair access.

#### Furnishings

Accessible rooms need to have accessible furnishings, such as computer desks and higher beds.

#### Parking

MH personnel with mobility impairments shall have first priority in assignment and use of all parking spaces under the control of the facility, beginning with those spaces closest to the entrances and exits used by MH personnel. The next level of priority shall be extended to individuals who transport MH personnel with these types of disabilities. If possible, spaces shall be provided for pickup and drop-off in addition to daily and overnight use. The number of spaces shall be adequate to support the expected occupancy, including the required number of accessible spaces. Additional spaces shall be provided on an expedited basis to meet unforeseen needs.

#### Proximity to Outpatient Treatment Center and Other Services

MH personnel may require housing in close proximity to a medical treatment facility for reasons related to their disabilities or medical conditions. For example, there may be a substantial risk of unanticipated urgent medical situations that require prompt attention by caregivers, or the frequency and duration of routine medical treatment may dictate the need for housing nearby. Transportation must be provided for MH personnel who do not have their own means of transport (e.g., transportation by a non-medical attendant with a POV) and who are not housed adjacent to their outpatient medical treatment facilities (whether on or off the installation). This transportation must be adequate to ensure timely access to treatment, dining facilities, and other important support facilities such as exchanges and commissaries.

### **9. INSPECTIONS**

The Military Services shall conduct periodic inspections of MH personnel housing in accordance with these standards, at least on an annual basis. Inspections of privatized housing and lodging containing MH personnel shall be accomplished only with prior coordination with the project partner or owner. In the event a deficiency is identified, the commander of such facility shall submit to the Secretary of the Military Department a detailed plan to correct the deficiency; and the commander shall reinspect such facility not less often than once every 180 days until the deficiency is corrected.

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## **10. FEEDBACK AND UPDATES**

The Military Services shall implement periodic and comprehensive follow-up programs using surveys, one-on-one interviews, focus groups, and town-hall meetings to learn how to improve MH personnel housing and related amenities/services. Such feed back should be solicited from the MH members, their families and friends, care-givers, chain of command, and housing owners/operators. Summaries of the feedback with resulting changes should be provided on a periodic basis to OSD, in conjunction with any other reporting requirements.

## **11. IMPLEMENTATION**

The Military Departments have the authority to issue supplemental instructions to provide for unique requirements within their respective organizations provided they conform to the basic policy guidance in this document.

**ATTACHMENT II—MILITARY DEPARTMENTS’ MTFs AND MHH INSPECTION  
REPORTS**

**A. Detailed Military Departments’ MTFs Inspection Reports**

- 1. TAB ARMY**
- 2. TAB NAVY**
- 3. TAB AIR FORCE**

**B. Detailed Military Departments’ MHH Inspection Reports**

- 1. TAB ARMY**
- 2. TAB NAVY**
- 3. TAB AIR FORCE**

**A. Detailed Military Departments' MTFs Inspection Reports--1. TAB ARMY**

**Medical Treatment Facilities Inspection Results**

**Executive Summary**

**U.S. Army Report on Inspections of Military Medical Treatment Facilities, Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel**

**Military Medical Treatment Facilities (MTFs)**

**Number of MTFs inspected: 442**

Component	Americans with Disabilities Act (ADA)		Facility Operations & Maintenance*	
	No Reported Deficiencies	Reported Deficiencies	No Reported Deficiencies	Reported Deficiencies
Army	309	133	154	288

**\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

**Cost to bring inspected facilities to standard (\$ Thousands): \$8,131K**

Component	Americans with Disabilities Act (ADA)	Facility Operations & Maintenance
Army	\$156K	\$7,975K

Per the Deputy Secretary of Defense Memo dated 18 September 2007, The US Army Medical Command (MEDCOM) medical activities were tasked to inspect MTFs and, in coordination with Installation Management Command (IMCOM), inspect quarters housing medical hold and holdover personnel using standards and checklists developed by the Senior Oversight Committee, Line of Action (LOA) 5 Working Group. Thirty nine MEDCOM activities inspected a total of 387 MTF's facilities at 39 sites including Germany. The results of the inspections are captured in this report.

**Inspection Reports:** Detail information found in Excel Worksheet file name 20121205 Army AMAP—2012 Form for MTF Inspection Results.xlsx.

**Part 1: Military Medical Treatment Facilities**

A comprehensive inspection contract was awarded to conduct a cycle of engineered assessments during FY2012 which was used to evaluate the FY2012 AMAP inspection.

The purpose of the inspection was to provide a detailed deficiencies list utilizing our tri-annual assessment. This list formed the basis for development of project requirements targeted at reducing the backlog of deficiencies and improving the condition of facilities. Progress was measured by a target of 16% reduction in critical system (HVAC, emergency

electrical support systems, etc.) deficiencies. Projects submitted in the MEDCOM Major Repair and Renewal (MRR) program are evaluated to determine their impact on reduction in critical infrastructure deficiencies. The MRR program's prescribed methodology gave priority to infrastructure deficiencies and regulatory violations. Progress on infrastructure improvement is reported in Balanced Score Card (BSC) metrics on a quarterly basis. Outstanding infrastructure deficiencies that are not addressed in the current year program are addressed in the out-years.

**Current Inspection Protocol/Process** – USAMEDCOM developed an inspection procedure and protocol for medical treatment facilities (MTF) to account for all required MTFs (hospital, medical, and dental buildings on installations supporting warriors in transition) and to align with the past inspection process. The past inspection process, utilizing Defense Medical Logistics Standard Support (DMLSS) Requirements Management Module data, standardized deficiencies by infrastructure component designation, category, and priority.

The deficiency population was refined to encompass Priority 1 through Priority 4 deficiencies pertinent to designated infrastructure components included in DoD Q-Rating criteria and to physical accessibility of warriors in transition.

Priority 1 deficiencies were defined as those deficiencies requiring immediate initiation of a plan of action. Priority 2 deficiencies were defined as those deficiencies requiring initiation of an action plan in the next year. Priority 3 deficiencies would drive a project in the 2-3 year timeframe while a Priority 4 would drive a project 5 years and beyond. Priorities 1-4 were further quantified in terms of the ratio of deficiency cost to the respective component replacement value. A threshold Q-Rating of less than 70 was established to designate an advanced state of deterioration that requires immediate action. This means that deficiency cost is over 30 percent of the replacement value. It should be noted that a ratio of 0.70 or greater does not suggest a plan of action and timetable is not required. A ratio of 0.70 or greater does however suggest that the priority of the deficiencies can be weighed in light of projected service life, financial constraints, and project integration capability and can be addressed within normal funding levels. The plan of action and timetable for correction of deficiencies is managed through the MRR program for large requirements above \$500k, and on a regional and local basis for requirements less than \$500k.

Prior to the FY2012 MTF AMAP facility assessment and after close out of the FY2011 investments, the DMLSS deficiency data was updated by MTF facility managers. The data update process included closing corrected deficiencies, evaluating the priority of remaining deficiencies and adding any new deficiencies identified through routine maintenance inspections. The FY2012 MTF medical and dental facilities were assessed with the refreshed data from the FY2012 assessment. Deficiencies that were reported in the FY2012 assessment and deferred for correction in FY2012 and beyond are maintained for inclusion on this report.

To facilitate this effort, OACSFAC centrally developed a series of reports designed to provide preliminary information to the building level on 1) the deficiency description, 2) estimated cost to correct deficiency (costs to execute a project), and 3) the expected correction completion or action date. Also, the ratio of deficiency cost to replacement value was used to derive the Quality (Q) rating. The preliminary deficiency listing and findings

were then transmitted to each respective MTF for validation and update during the 2012 assessment contract. Validated information was processed by OASCFAC into the required OSD format, included as an Excel worksheet with this report.

The cost was derived using Means Estimating Criteria with provision for markup in medical treatment facilities due to work-around in on-going healthcare operations. It is reasonable to assume that some actions may be consolidated into larger projects to minimize the number of contractors and simplify the acquisition process. Resultant project costs for this type of integrated activity can be larger than those expressed in the findings. Project costs are also contingent on local labor and material rates, and logistical requirements that are beyond the scope of this report.

The schedule for remediation of action items requires that a plan of implementation be developed in FY13 and executed as expeditiously as funds availability and acquisition capacity will allow. Not all deficiencies are reasonably mitigated with a single project. Current major repair projects and medical MILCON targeted for contract award in FY13 will mitigate some but not all deficiencies. Implementation will be tracked on a minimum six month basis and reported on an annual basis. Facilities being replaced by BRAC actions were included in the MTF facility analysis results.

#### **Future Plans:**

MEDCOM's plan to meet the future needs of Wounded Warriors is based on utilization and expansion of the processes and protocol established in this document. The plan integrates O&M infrastructure requirements into a capital investment strategy whose goal is to provide a reliable and accessible infrastructure when and where required. The plan is based on proven life cycle management principles that can be incorporated into the common goal of providing a world-class healthcare network to our Wounded Warriors.

Execution of the plan will require a joint integrated effort managed in concert with the Army Medical Action Plan (AMAP) that links USAMEDCOM, OSD-HA (TMA), Department of the Army (DA), Veterans Administration, and private-sector assets into a facility platform capable of meeting the mission to support the future needs of Wounded Warriors.

COMPONENT: ARMY					DATE: December 2012				
MEDICAL TREATMENT FACILITIES (MTF)									
A									
ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (eg. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES	REMARKS
						CATEGORIES 14	ADA		
1	AK	FT. RICHARDSON	00786	HEALTH CLINIC	100	\$0	\$0	\$0	New Building in 2011
2	AK	FT. RICHARDSON	00634	TROOP DENTAL CLINIC	100	\$78	\$0	\$78	
3	AK	FT. WAINWRIGHT	04066	BEHAVIORAL HEALTH CLINIC	99	\$1,256	\$105	\$1,256	
4	AK	FT. WAINWRIGHT	04077	HEALTH CLINIC	98	\$28	\$0	\$28	
5	AK	FT. WAINWRIGHT	03406	KAMISH HEALTH CLINIC AND DENTAC	98	\$0	\$96	\$96	
6	AK	FT. WAINWRIGHT	04076	BASSETT ARMY COMMUNITY HOSPITAL	100	\$5,103	\$0	\$5,103	
7	AL	REDSTONE ARSENAL	03325	BEHAVIORAL HEALTH CLINIC	96	\$0	\$0	\$0	
8	AL	REDSTONE ARSENAL	04100	FOX AHC	95	\$0	\$0	\$0	
9	AL	FORT RUCKER AL	00301	LYSTER AHC	70	\$94,985	\$928	\$94,985	
10	AL	FORT RUCKER AL	04405	BROWN DENTAL CLINIC	100	\$0	\$0	\$0	
11	AL	FORT RUCKER AL	05700	SOLDIER CARE CENTER	100	\$0	\$0	\$0	
12	AZ	FORT HUACHUCA	45001	R.W. BLISS ARMY HEALTH CENTER	85	\$13,765	\$1,918	\$13,765	
13	AZ	FORT HUACHUCA	51105	HEALTH CLINIC	100	\$179	\$0	\$179	
14	AZ	FORT HUACHUCA	84551	TRAP CLINIC	98	\$0	\$0	\$0	
15	AZ	FORT HUACHUCA	45005	UNION DENTAL CLINIC	84	\$5,165	\$743	\$5,165	Project awarded 2012 YE
16	AZ	FORT HUACHUCA	45006	AMBULATORY CLINIC	96	\$842	\$0	\$842	
17	AZ	FORT HUACHUCA	51101	MILITARY MEDICINE CLINIC/MMC/DMM	99	\$0	\$0	\$0	
18	CA	NTC AND FORT IRWIN, CA	00166	WEED ACH	99	\$274,778	\$0	\$274,778	
19	CA	NTC AND FORT IRWIN, CA	00170	MARY WALKER HEALTH CLINIC	99	\$600	\$0	\$600	
20	CA	NTC AND FORT IRWIN, CA	00171	SHUTTLEWORTH DENTAL CLINIC	99	\$251	\$0	\$251	
21	CA	NTC AND FORT IRWIN, CA	00174	HEALTH CLINIC	99	\$156	\$0	\$156	
22	CA	NTC AND FORT IRWIN, CA	00172	HEALTH CLINIC	97	\$143	\$0	\$143	
23	CA	NTC AND FORT IRWIN, CA	00478	DENTAL CLINIC #1	96	\$1	\$0	\$1	New inventory
24	CO	FORT CARSON	01041	DIRAMONDO FAMILY MEDICINE CLINIC	99	\$13	\$0	\$13	
25	CO	FORT CARSON	01150	HEALTH CLINIC	99	\$0	\$0	\$0	
26	CO	FORT CARSON	02059	HEALTH CLINIC	99	\$5,937	\$0	\$5,937	
27	CO	FORT CARSON	01058	WTU CLINIC	99	\$0	\$0	\$0	
28	CO	FORT CARSON	07488	TBICLINIC	98	\$0	\$0	\$0	
29	CO	FORT CARSON	07489	TBICLINIC	100	\$0	\$0	\$0	
30	CO	FORT CARSON	07503	SOLDIER FAMILY CARE CLINIC	100	\$0	\$0	\$0	
31	CO	FORT CARSON	07505	SOLDIER FAMILY CARE CLINIC	100	\$0	\$0	\$0	
32	CO	FORT CARSON	02650	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	
33	CO	FORT CARSON	01830	BEHAVIORAL HEALTH CLINIC	100	\$0	\$0	\$0	
34	CO	FORT CARSON	01657	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	
35	CO	FORT CARSON	09481	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	
36	CO	FORT CARSON	02361	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	
37	CO	FORT CARSON	01226	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	
38	CO	FORT CARSON	01227	LARSON DENTAL CLINIC	100	\$44	\$0	\$44	Total Renewal 2009
39	CO	FORT CARSON	01855	SMITH DENTAL CLINIC	100	\$0	\$0	\$0	
40	CO	FORT CARSON	02356	DENTAL CLINIC #1	97	\$0	\$0	\$0	
41	CO	FORT CARSON	07490	ROBINSON FAMILY MEDICINE CLINIC	97	\$135	\$0	\$135	
42	CO	FORT CARSON	07500	EVANS ARMY COMMUNITY HOSPITAL	88	\$187,703	\$1,181	\$187,703	
43	GA	FORT BENNING	02822	TMC#1	100	\$0	\$0	\$0	
44	GA	FORT BENNING	02828	BERNHEIM DC	100	\$517	\$0	\$517	
45	GA	FORT BENNING	03216	TMC#5	100	\$2,100	\$0	\$2,100	
PAGE SUBTOTALS						\$403,280.00	\$3,790.00	\$403,376.00	

COMPONENT: ARMY					DATE: December 2012					
MEDICAL TREATMENT FACILITIES (MTF)										
A	ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES	REMARKS
							CATEGORIES	ADA		
	46	GA	FORT BENNING	03255	SALOMON DC	100	\$0	\$0	\$0	
	47	GA	FORT BENNING	03306	WINDER HEALTH CLINIC	83	\$7,067	\$0	\$7,067	
	48	GA	FORT BENNING	03415	TMC #7	100	\$0	\$0	\$0	
	49	GA	FORT BENNING	09200	MARTIN ARMY COMMUNITY HOSPITAL	100	\$39,430	\$1,357	\$39,430	MILCON replacement
	50	GA	FORT BENNING	02836	HEALTH SCREENING	80	\$129	\$129	\$129	
	51	GA	FORT BENNING	09214	HEALTH CLINIC	100	\$0	\$0	\$0	
	52	GA	FORT BENNING	09215	TBI HEALTH CLINIC	100	\$0	\$0	\$0	
	53	GA	FORT BENNING	09216	TBI HEALTH CLINIC	100	\$0	\$0	\$0	
	54	GA	FORT BENNING	04202	HARMONY CHURCH TMC/DC	100	\$0	\$0	\$0	
	55	GA	FORT BENNING	02515	CTMC HEALTH CLINIC	100	\$0	\$0	\$0	
	56	GA	FORT BENNING	02615	CMHS CLINIC	96	\$135	\$126	\$135	
	57	GA	FORT BENNING	09240	LOVE DENTAL CLINIC	0	\$14,881	\$0	\$14,881	Funded Renewal 2012
	58	GA	FORT GORDON	00299	MRI	0	\$8,876	\$0	\$8,876	
	59	GA	FORT GORDON	00298	HYPERBARIC CHAMBER	100	\$0	\$0	\$0	
	60	GA	FORT GORDON	00322	DENTAL CLINIC	45	\$4,940	\$729	\$4,940	Grandfathered
	61	GA	FORT GORDON	29605	HEALTH & WELLNESS CENTER	100	\$0	\$0	\$0	
	62	GA	FORT GORDON	38718	HEARING CONSERVATION CLINIC	100	\$0	\$0	\$0	
	63	GA	FORT GORDON	38720	HEALTH CLINIC	100	\$0	\$0	\$0	
	64	GA	FORT GORDON	00300	EAMC	82	\$175,000	\$6,174	\$175,000	MILCON Programmed
	65	GA	FORT GORDON	00301	HOSPITAL CLINIC	92	\$194,217	\$793	\$194,217	
	66	GA	FORT GORDON	00320	TINGAY DENTAL CLINIC	99	\$33,845	\$34	\$33,845	
	67	GA	FORT GORDON	21712	TMC 4 CLINIC	93	\$8,279	\$0	\$8,279	
	68	GA	FORT GORDON	25501	SNYDER DENTAL CLINIC	92	\$2,361	\$165	\$2,361	
	69	GA	FORT GORDON	29709	CONNELLY HEALTH CLINIC	89	\$7,879	\$49	\$7,879	
	70	GA	FORT STEWART	00202	TMC#4 LEASED RELOCATABLE	100	\$2,385	\$0	\$2,385	
	71	GA	FORT STEWART	00206	BEHAVIOR HEALTH	100	\$0	\$0	\$0	NEW INVENTORY
	72	GA	FORT STEWART	08435	HEALTH CLINIC	100	\$0	\$0	\$0	NEW INVENTORY
	73	GA	FORT STEWART	00302	WINN ARMY COMMUNITY HOSPITAL	88	\$68,363	\$412	\$68,363	
	74	GA	FORT STEWART	00816	BEHAVIORAL HEALTH CLINIC	100	\$311	\$0	\$311	
	75	GA	FORT STEWART	00359	PTSD CLINIC	100	\$0	\$0	\$0	
	76	GA	FORT STEWART	09242	BEHAVIORAL HEALTH CLINIC	100	\$31	\$0	\$31	
	77	GA	FORT STEWART	00357	TBI CLINIC	100	\$0	\$0	\$0	
	78	GA	FORT STEWART	00351	ANAM TESTING FACILITY	100	\$0	\$0	\$0	
	79	GA	FORT STEWART	00412	TROOP FAMILY CARE MEDICAL CLINIC	99	\$2,875	\$0	\$2,875	
	80	GA	FORT STEWART	00440	DENTAL CLINIC #1	98	\$10,066	\$71	\$10,066	
	81	GA	FORT STEWART	02115	DENTAL CLINIC #4	100	\$411	\$0	\$411	
	82	GER	HEIDELBERG HOSPITAL	03607	MEDICAL CENTER/HOSPITAL	85	\$2,619	\$1,250	\$2,619	
	83	GER	HEIDELBERG HOSPITAL	03609	MEDICAL CENTER/HOSPITAL	82	\$1,850	\$846	\$1,850	
	84	GER	HEIDELBERG HOSPITAL	03611	HEALTH CLINIC	85	\$403	\$60	\$403	
	85	GER	HEIDELBERG HOSPITAL	03612	MEDICAL CENTER/HOSPITAL	87	\$549	\$60	\$549	
	86	GER	HEIDELBERG HOSPITAL	03613	MEDICAL CENTER/HOSPITAL	86	\$10,746	\$738	\$10,746	
	87	GER	HEIDELBERG HOSPITAL	03617	HEALTH CLINIC	99	\$507	\$0	\$507	
	88	GER	HEIDELBERG HOSPITAL	03629	MEDICAL CENTER/HOSPITAL	84	\$497	\$0	\$497	
	89	GER	WIESBADEN ARMY AIRFIELD	01040	DENTAL CLINIC	96	\$392	\$0	\$392	
	90	GER	WIESBADEN ARMY AIRFIELD	01526	HEALTH CLINIC	100	\$0	\$0	\$0	
	PAGE SUBTOTALS						\$599,044.00	\$12,993.00	\$599,044.00	

COMPONENT: ARMY					DATE: December 2012				
MEDICAL TREATMENT FACILITIES (MTF)									
A	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
						CATEGORIES 1-4	ADA		
91	GER	WIESBADEN ARMY AIRFIELD	01540	HEALTH CLINIC	98	\$249	\$0	\$249	
92	GER	LANDSTUHL HOSPITAL	03700	MEDICAL CENTER/HOSPITAL	95	\$2,508	\$1,013	\$2,508	
93	GER	LANDSTUHL HOSPITAL	03703	MEDICAL CENTER/HOSPITAL	90	\$5,488	\$0	\$5,488	
94	GER	LANDSTUHL HOSPITAL	03705	MEDICAL CENTER/HOSPITAL	92	\$1,963	\$773	\$1,963	
95	GER	LANDSTUHL HOSPITAL	03711	MEDICAL CENTER/HOSPITAL	93	\$13,917	\$900	\$13,917	
96	GER	LANDSTUHL HOSPITAL	03718	MEDICAL CENTER/HOSPITAL	91	\$482	\$0	\$482	
97	GER	LANDSTUHL HOSPITAL	03719	MEDICAL CENTER/HOSPITAL	83	\$1,674	\$0	\$1,674	
98	GER	LANDSTUHL HOSPITAL	03725	MEDICAL CENTER/HOSPITAL	84	\$81	\$67	\$81	
99	GER	LANDSTUHL HOSPITAL	03726	MEDICAL CENTER/HOSPITAL	100	\$0	\$0	\$0	
100	GER	LANDSTUHL HOSPITAL	03744	MEDICAL CENTER/HOSPITAL	63	\$546	\$0	\$546	
101	GER	LANDSTUHL HOSPITAL	03747	MEDICAL CENTER/HOSPITAL	77	\$0	\$337	\$337	
102	GER	LANDSTUHL HOSPITAL	03757	MEDICAL CENTER/HOSPITAL	88	\$500	\$26	\$500	
103	GER	LANDSTUHL HOSPITAL	03758	MEDICAL CENTER/HOSPITAL	84	\$1,350	\$0	\$1,350	
104	GER	LANDSTUHL HOSPITAL	03759	MEDICAL CENTER/HOSPITAL	95	\$1,172	\$0	\$1,172	
105	GER	LANDSTUHL HOSPITAL	03760	MEDICAL CENTER/HOSPITAL	67	\$4,692	\$58	\$4,692	
106	GER	LANDSTUHL HOSPITAL	03761	MEDICAL CENTER/HOSPITAL	87	\$1,952	\$0	\$1,952	
107	GER	LANDSTUHL HOSPITAL	03762	MEDICAL CENTER/HOSPITAL	68	\$2,000	\$145	\$2,000	
108	GER	LANDSTUHL HOSPITAL	03763	MEDICAL CENTER/HOSPITAL	53	\$31,107	\$2,200	\$31,107	
109	GER	LANDSTUHL HOSPITAL	03764	MEDICAL CENTER/HOSPITAL	64	\$2,830	\$3,798	\$2,830	
110	GER	LANDSTUHL HOSPITAL	03765	MEDICAL CENTER/HOSPITAL	95	\$2,522	\$0	\$2,522	
111	GER	LANDSTUHL HOSPITAL	03766	MEDICAL CENTER/HOSPITAL	86	\$4,554	\$532	\$4,554	
112	GER	LANDSTUHL HOSPITAL	03767	MEDICAL CENTER/HOSPITAL	55	\$15,797	\$0	\$15,797	
113	GER	LANDSTUHL HOSPITAL	03768	MEDICAL CENTER/HOSPITAL	89	\$1,772	\$83	\$1,772	
114	GER	LANDSTUHL HOSPITAL	03769	MEDICAL CENTER/HOSPITAL	93	\$1,876	\$0	\$1,876	
115	GER	LANDSTUHL HOSPITAL	03770	MEDICAL CENTER/HOSPITAL	81	\$3,008	\$0	\$3,008	
116	GER	LANDSTUHL HOSPITAL	03771	MEDICAL CENTER/HOSPITAL	87	\$137	\$0	\$137	
117	GER	LANDSTUHL HOSPITAL	03772	MEDICAL CENTER/HOSPITAL	48	\$10,844	\$0	\$10,844	
118	GER	LANDSTUHL HOSPITAL	03774	MEDICAL CENTER/HOSPITAL	82	\$4,082	\$0	\$4,082	
119	GER	LANDSTUHL HOSPITAL	03775	MEDICAL CENTER/HOSPITAL	94	\$2,220	\$0	\$2,220	
120	GER	LANDSTUHL HOSPITAL	03776	MEDICAL CENTER/HOSPITAL	77	\$1,003	\$0	\$1,003	
121	GER	LANDSTUHL HOSPITAL	03789	MEDICAL CENTER/HOSPITAL	62	\$673	\$0	\$673	
122	GER	LANDSTUHL HOSPITAL	03790	MEDICAL CENTER/HOSPITAL	70	\$510	\$0	\$510	
123	GER	LANDSTUHL HOSPITAL	03792	MEDICAL CENTER/HOSPITAL	97	\$158	\$0	\$158	
124	GER	LANDSTUHL HOSPITAL	03794	MEDICAL CENTER/HOSPITAL	56	\$348	\$0	\$348	
125	GER	LANDSTUHL HOSPITAL	03802	MEDICAL CENTER/HOSPITAL	72	\$369	\$0	\$369	
126	GER	LANDSTUHL HOSPITAL	03810	MEDICAL CENTER/HOSPITAL	89	\$17,215	\$561	\$17,215	
127	GER	LANDSTUHL HOSPITAL	03898	MEDICAL CENTER/HOSPITAL	58	\$1,669	\$0	\$1,669	
128	GER	LANDSTUHL HOSPITAL	93733	MEDICAL CENTER/HOSPITAL	100	\$0	\$0	\$0	
129	GER	LANDSTUHL HOSPITAL	93760	MEDICAL CENTER/HOSPITAL	100	\$0	\$0	\$0	
130	GER	LANDSTUHL HOSPITAL	93761	MEDICAL CENTER/HOSPITAL	84	\$100	\$0	\$100	
131	GER	LANDSTUHL HOSPITAL	93766	MEDICAL CENTER/HOSPITAL	96	\$0	\$0	\$0	
132	GER	LANDSTUHL HOSPITAL	93767	MEDICAL CENTER/HOSPITAL	100	\$0	\$0	\$0	
133	GER	LANDSTUHL HOSPITAL	93772	MEDICAL CENTER/HOSPITAL	100	\$0	\$0	\$0	
134	GER	LANDSTUHL HOSPITAL	03737	MEDICAL CENTER/HOSPITAL	89	\$1,075	\$0	\$1,075	
135	GER	LANDSTUHL HOSPITAL	03724	MEDICAL CENTER/HOSPITAL	96	\$1,490	\$1,490	\$1,490	
PAGE SUBTOTAL \$						\$143,933.00	\$11,983.00	\$144,270.00	

COMPONENT: ARMY				DATE: December 2012					
A	MEDICAL TREATMENT FACILITIES (MTF)								
ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
						CATEGORIES 1-4	ADA		
136	GER	BAUMHOLDER HOSPITAL	08741	HEALTH CLINIC	95	\$1,086	\$0	\$1,086	
137	GER	BAUMHOLDER HOSPITAL	08742	HEALTH CLINIC	99	\$1,087	\$0	\$1,087	
138	GER	EAST CAMP GRAFENWOEHR	00475	HEALTH CLINIC	99	\$6,769	\$0	\$6,769	
139	GER	EAST CAMP GRAFENWOEHR	00507	HEALTH CLINIC	87	\$2,420	\$0	\$2,420	
140	HI	SCHOFIELD BARRACKS	00660	DENTAL CLINIC	53	\$99,732	\$153	\$99,732	
141	HI	SCHOFIELD BARRACKS	00664	HEALTH CLINIC	100	\$340	\$0	\$340	
142	HI	SCHOFIELD BARRACKS	00688	HEALTH CLINIC	91	\$1,276	\$0	\$1,276	
143	HI	SCHOFIELD BARRACKS	00672	HEALTH CLINIC	95	\$1,255	\$0	\$1,255	
144	HI	SCHOFIELD BARRACKS	00673	HEALTH CLINIC	95	\$4,610	\$4,000	\$4,610	1928
145	HI	SCHOFIELD BARRACKS	00676	HEALTH CLINIC	98	\$4,327	\$70	\$4,327	1929
146	HI	SCHOFIELD BARRACKS	00678	DENTAL CLINIC	100	\$40	\$40	\$40	
147	HI	SCHOFIELD BARRACKS	00678	HEALTH CLINIC	100	\$403	\$0	\$403	
148	HI	SCHOFIELD BARRACKS	00679	HEALTH CLINIC	85	\$2,650	\$2,500	\$2,650	1919
149	HI	SCHOFIELD BARRACKS	00681	HEALTH CLINIC	100	\$35	\$0	\$35	
150	HI	SCHOFIELD BARRACKS	00683	HEALTH CLINIC	95	\$5,475	\$4,930	\$5,475	1929
151	HI	SCHOFIELD BARRACKS	00684	HEALTH CLINIC	97	\$560	\$0	\$560	
152	HI	SCHOFIELD BARRACKS	00685	HEALTH CLINIC	91	\$2,547	\$0	\$2,547	
153	HI	SCHOFIELD BARRACKS	00686	HEALTH CLINIC	99	\$888	\$0	\$888	
154	HI	SCHOFIELD BARRACKS	00687	HEALTH CLINIC	96	\$2,651	\$2,005	\$2,651	1928
155	HI	SCHOFIELD BARRACKS	00691	HEALTH CLINIC	99	\$0	\$0	\$0	
156	HI	SCHOFIELD BARRACKS	00677	TROPICAL LIGHTING TMC, AVIATION MEDICINE	100	\$484	\$0	\$484	
157	HI	SCHOFIELD BARRACKS	00680	OB/GYN, PEDIATRIC CLINICS	97	\$393	\$0	\$393	
158	HI	SCHOFIELD BARRACKS	00682	FAMILY PRACTICE/IMMUNIZATION	92	\$725	\$0	\$725	
159	HI	TAMC	00001	WINGS A, B, & C	59	\$3,198,667	\$13,066	\$3,198,667	Planned MILCON
160	HI	TAMC	00003	WING D	81	\$50,802	\$915	\$50,802	Planned MILCON
161	HI	TAMC	00009	HEALTH CLINIC	92	\$143	\$104	\$143	Planned MILCON
162	HI	TAMC	00004	WINGS F, G, & H	81	\$1,100,000	\$6,511	\$1,100,000	Planned MILCON
163	GER	SOUTH CAMP VILSECK	00225	HEALTH CLINIC	99	\$4,998	\$0	\$4,998	
164	GER	SOUTH CAMP VILSECK	00250	HEALTH CLINIC	84	\$39,578	\$8,112	\$39,578	
165	GER	SOUTH CAMP VILSECK	00316	HEALTH CLINIC	95	\$812	\$0	\$812	
166	GER	SOUTH CAMP VILSECK	00158	HEALTH CLINIC	93	\$125	\$0	\$125	
167	GER	SOUTH CAMP VILSECK	00159	HEALTH CLINIC	100	\$0	\$0	\$0	
168	KS	FORT LEAVENWORTH	00057	DENTAL	98	\$0	\$0	\$0	
169	KS	FORT LEAVENWORTH	00343	MUNSON ARMY COMMUNITY HOSPITAL	94	\$5,419	\$536	\$5,419	
170	KS	FORT LEAVENWORTH	01054	GEN TRY HEALTH CLINIC	93	\$125	\$0	\$125	
171	KS	FORT RILEY-MEDDAC	00602	DENTAL CLINIC #2	96	\$910	\$0	\$910	
172	KS	FORT RILEY-MEDDAC	07606	TBI CLINIC	75	\$345	\$0	\$345	
173	KS	FORT RILEY-MEDDAC	07671	ANAM CLINIC	100	\$0	\$0	\$0	
174	KS	FORT RILEY-MEDDAC	08072	FARRELLY HEALTH CLINIC	100	\$0	\$0	\$0	
175	KS	FORT RILEY-MEDDAC	00600	IRWIN ARMY COMMUNITY HOSPITAL	67	\$56,720	\$2,765	\$56,720	Hospital Replacement
176	KS	FORT RILEY-MEDDAC	04010	DENTAL CLINIC #4	0	\$18,040	\$85	\$18,040	
177	KS	FORT RILEY-MEDDAC	07665	CONSOLIDATED TROOP MEDICAL CLINIC	54	\$2,074	\$33	\$2,074	
178	KS	FORT RILEY-MEDDAC	07670	DENTAL CLINIC #3	0	\$8,716	\$7,108	\$8,716	
179	KS	FORT RILEY-MEDDAC	07672	CONSOLIDATED TROOP MEDICAL CLINIC	96	\$1,413	\$572	\$1,413	
180	KY	FORT CAMPBELL	03603	EPPELY DENTAL CLINIC	94	\$1,473	\$0	\$1,473	
<b>PAGE SUBTOTALS</b>						<b>\$4,630,113.00</b>	<b>\$53,505.00</b>	<b>\$4,630,113.00</b>	

COMPONENT: ARMY				DATE: December 2012					
MEDICAL TREATMENT FACILITIES (MTF)									
A	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)	TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS	
						CATEGORIES 1-4	ADA		
181	KY	FORT CAMPBELL	02524	WARRIOR RESILIENCY & RECOVERY CENTER	100	\$0	\$0	\$0	
182	TN	FORT CAMPBELL	02543	WARRIOR RESILIENCY & RECOVERY CENTER	100	\$0	\$0	\$0	
183	TN	FORT CAMPBELL	02540	ANAM CLINIC	100	\$0	\$0	\$0	
184	TN	FORT CAMPBELL	02516	ADULT BEHAVIOR HEALTH CLINIC	100	\$0	\$0	\$0	
185	TN	FORT CAMPBELL	02544	SWS	100	\$0	\$0	\$0	
186	TN	FORT CAMPBELL	02523	FAMILY ADVOCACY SWS	100	\$0	\$0	\$0	
187	KY	FORT CAMPBELL	07973	CLARKSVILLE BASE TMC	100	\$0	\$0	\$0	
188	TN	FORT CAMPBELL	05977	CARENTAN CLINIC	100	\$0	\$0	\$0	
189	KY	FORT CAMPBELL	05979	LAPONTE HEALTH /DENTAL CLINIC	100	\$518	\$0	\$518	
190	KY	FORT CAMPBELL	05980	IDES	100	\$3,399	\$0	\$3,399	
191	KY	FORT CAMPBELL	07149	AVIATION HEALTH CLINIC	93	\$305	\$0	\$305	
192	KY	FORT KNOX	00851	IRELAND ARMY COMMUNITY HOSPITAL	83	\$74,074	\$20,199	\$74,074	Planned MILCON
193	KY	FORT KNOX	00853	IDES	100	\$27	\$0	\$27	
194	KY	FORT KNOX	01480	HEALTH CLINIC	100	\$0	\$0	\$0	
195	KY	FORT KNOX	05930	TROOP MEDICAL CLINIC	100	\$0	\$0	\$0	
196	KY	FORT KNOX	02724	JORDAN DENTAL CLINIC	100	\$44	\$0	\$44	
197	KY	FORT KNOX	05949	NELSON MEDICAL CLINIC	88	\$802	\$0	\$802	
198	KY	FORT KNOX	06289	MARGETIS DENTAL CLINIC	100	\$25	\$0	\$25	
199	KY	FORT KNOX	06588	THOMAS DENTAL CLINIC	100	\$0	\$0	\$0	
200	LA	FORT POLK	00285	BAYNE JONES ARMY COMMUNITY HOSPITAL	94	\$34,929	\$250	\$34,929	
201			1170	BEHAVIORAL HEALTH CLINIC	100	\$0	\$0	\$0	NEW INVENTORY
202	LA	FORT POLK	03504	HEALTH CLINIC	100	\$4,353	\$0	\$4,353	
203	LA	FORT POLK	03507	TBI CLINIC #1	100	\$0	\$0	\$0	
204	LA	FORT POLK	03508	TBI CLINIC #2	100	\$0	\$0	\$0	
205	LA	FORT POLK	01561	SHIRA DENTAL CLINIC	98	\$8,516	\$0	\$8,516	
206	LA	FORT POLK	02157	CHESSER DENTAL CENTER	98	\$1,268	\$0	\$1,268	
207	LA	FORT POLK	08452	HEALTH CLINIC	100	\$0	\$0	\$0	NEW INVENTORY
208	LA	FORT POLK	08454	HEALTH CLINIC	100	\$0	\$0	\$0	NEW INVENTORY
209	MD	FORT GEORGE G MEADE	02480	KIMBROUGH ACH	88	\$75,130	\$2,075	\$75,130	
210	MO	FORT LEONARD WOOD	00310	GENERAL LEONARD WOOD ACH	96	\$39,690	\$1,384	\$39,690	Planned MILCON
211	MO	FORT LEONARD WOOD	0885B	PRIMARY CARE CLINIC	100	\$0	\$0	\$0	
212	MO	FORT LEONARD WOOD	00500	HARPER DENTAL CLINIC	88	\$830	\$38	\$830	
213	MO	FORT LEONARD WOOD	00885	CONSOLIDATED TROOP MEDICAL CLINIC	99	\$110	\$0	\$110	
214	MO	FORT LEONARD WOOD	01608	ROLL DENTAL CLINIC	87	\$873	\$0	\$873	
215	NC	FORT BRAGG	41838	DAVIS DENTAL CLINIC	100	\$0	\$0	\$0	
216	NC	FORT BRAGG	42817	WOMACK ARMY MEDICAL CENTER	93	\$596,871	\$211	\$596,871	MILCON ADD/ALT Planned
217	NC	FORT BRAGG	54257	CLARK HEALTH CLINIC	96	\$2,387	\$0	\$2,387	
218	NC	FORT BRAGG	42101	MED BOARD/TBI	100	\$0	\$0	\$0	
219	NC	FORT BRAGG	C1722	ROSCOE G. ROBINSON CLINIC	94	\$1,471	\$67	\$1,471	
220	NC	FORT BRAGG	C6238	LA FLAMME D C	98	\$295	\$31	\$295	
221	NC	FORT BRAGG	D3836	ROHDE DENTAL CLINIC	98	\$228	\$0	\$228	
222	NC	FORT BRAGG	H3718	DENTAL CLINIC #5	100	\$0	\$0	\$0	
223	NC	FORT BRAGG	M4861	JOEL HEALTH & DENTAL CLINIC	98	\$6,166	\$0	\$6,166	
224	NY	FORT DRUM	00027	PEBLO	84	\$265	\$155	\$265	
225	NY	FORT DRUM	10518	HEALTH CLINIC	100	\$0	\$0	\$0	
PAGE SUBTOTALS						\$852,576.00	\$24,410.00	\$852,576.00	

COMPONENT: ARMY					DATE: December 2012					
MEDICAL TREATMENT FACILITIES (MTF)										
A	ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
							CATEGORIES 1-4	ADA		
226	NY	FORTDRUM	10519	HEALTH CLINIC	100	\$0	\$0	\$0		
227	NY	FORTDRUM	00028	HEALTH CLINIC	84	\$265	\$134	\$265		
228	NY	FORTDRUM	00029	HEALTH CLINIC	85	\$303	\$113	\$303		
229	NY	FORTDRUM	00036	WILCOX HEALTH CLINIC	100	\$0	\$0	\$0		
230	NY	FORTDRUM	00037	HEALTH CLINIC	100	\$32	\$0	\$32		
231	NY	FORTDRUM	10501	HEALTH CLINIC	100	\$0	\$0	\$0		
232	NY	FORTDRUM	10720	HEALTH/DENTAL CLINIC	100	\$350	\$0	\$350		
233	NY	FORTDRUM	11056	HEALTH CLINIC	100	\$0	\$0	\$0		
234	NY	FORTDRUM	11058	HEALTH CLINIC	100	\$0	\$0	\$0		
235	NY	FORTDRUM	11057	HEALTH CLINIC	100	\$0	\$0	\$0		
236	NY	FORTDRUM	10590	STONE DENTAL CLINIC	100	\$0	\$0	\$0		
237	NY	FORTDRUM	00017	SOLDIER SPECIALTY CLINIC	100	\$0	\$0	\$0		
238	NY	FORTDRUM	00016	SOLDIER SPECIALTY CLINIC	100	\$0	\$0	\$0		
239	NY	FORTDRUM	11059	HEALTH CLINIC	100	\$0	\$0	\$0		
240	NY	FORTDRUM	10205	CPT JOHN SAYRE MARSHAL DENTAL CLINIC	89	\$1,203	\$222	\$1,203		
241	NY	FORTDRUM	10504	CTMC MODULAR	100	\$0	\$0	\$0		
242	NY	FORTDRUM	10506	CONNER TROOP MEDICAL CLINIC	93	\$1,885	\$0	\$1,885		
243	NY	FORTDRUM	11050	GUTHRIE AMBULATORY HEALTH CARE CLINIC	94	\$38,548	\$689	\$38,548		
244	NY	WEST POINT	00606	CADET HEALTH CLINIC	89	\$8,444	\$599	\$8,444		
245	NY	WEST POINT	00727	HEALTH CLINIC	100	\$0	\$0	\$0		
246	NY	WEST POINT	00900	KELLER ARMY COMMUNITY HOSPITAL	85	\$38,957	\$1,707	\$38,957		
247	OK	FORTSILL	00605	COWAN DENTAL CLINIC	100	\$7,577	\$0	\$7,577		
248	OK	FORTSILL	02442	BEHAVIORAL HEALTH CLINIC	100	\$135	\$0	\$135		
249	OK	FORTSILL	02772	MENTAL HEALTH	100	\$0	\$0	\$0		
250	OK	FORTSILL	02777	FAMILY MENTAL HEALTH	100	\$0	\$0	\$0		
251	OK	FORTSILL	03161	HEALTH CLINIC	100	\$150	\$0	\$150		
252	OK	FORTSILL	04709	NCATANAM FACILITY	100	\$0	\$0	\$0		
253	OK	FORTSILL	02640	DENTAL CLINIC	100	\$0	\$0	\$0		
254	OK	FORTSILL	04301	RACH - HOSPITAL	98	\$43,785	\$0	\$43,785		
255	OK	FORTSILL	06037	ALLEN DENTAL CLINIC	100	\$0	\$0	\$0		
256	OK	FORTSILL	06039	TROOP MEDICAL CLINIC #2	100	\$139	\$95	\$139		
257	SC	FORTJACKSON	04500	MONCRIEF ARMY COMMUNITY HOSPITAL	91	\$36,113	\$2,221	\$36,113		
258	SC	FORTJACKSON	04505	MONCRIEF MRI CLINIC	100	\$0	\$0	\$0		
259	SC	FORTJACKSON	04555	HEALTH CLINIC	100	\$555	\$0	\$555		
260	SC	FORTJACKSON	04575	MCWETHY TROOP MEDICAL CLINIC	100	\$0	\$0	\$0		
261	SC	FORTJACKSON	04590	CALDWELL DENTAL CLINIC	99	\$134	\$0	\$134		
262	SC	FORTJACKSON	05330	HAGEN DENTAL CLINIC	85	\$13,093	\$0	\$13,093		
263	TN	FORTCAMPBELL	00650	BLANCHFELD ARMY COMMUNITY HOSPITAL	90	\$55,211	\$1,483	\$55,211		
264	TN	FORTCAMPBELL	05580	TAYLOR DENTAL CLINIC	90	\$629	\$0	\$629		
265	TX	FORTBLISS	02496	CONSOLIDATED TROOP MEDICAL CLINIC	44	\$28,557	\$423	\$28,557	FUNDED 2012	
266	TX	FORTBLISS	02487	HEALTH CLINIC	93	\$3,404	\$356	\$3,404		
267	TX	FORTBLISS	02489	HEALTH CLINIC	75	\$1,383	\$973	\$1,383		
268	TX	FORTBLISS	11281	HEALTH CLINIC	100	\$0	\$0	\$0		
269	TX	FORTBLISS	00048	R&R CLINIC	100	\$0	\$0	\$0	REMOVED FROM 2012??	
270	TX	FORTBLISS	00805	TBI CLINIC	100	\$0	\$0	\$0		
PAGE SUBTOTALS							\$1,133,428.00	\$33,425.00	\$1,133,428.00	

COMPONENT: ARMY					DATE: December 2012				
MEDICAL TREATMENT FACILITIES (MTF)									
A	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (eg. 100, 85)	COST TO CORRECT DEFICIENCIES (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (\$000)	REMARKS
						CATEGORIES 1-4	ADA		
271	TX	FORT BLISS	11334	DENTAL CLINIC	100	\$0	\$0	\$0	
272	TX	FORT BLISS	2485A	MEDICAL CLINIC	100	\$0	\$0	\$0	
273	TX	FORT BLISS	2485B	WTU CLINIC	100	\$0	\$0	\$0	
274	TX	FORT BLISS	2485D	PHYSICAL MEDICINE CLINIC	100	\$0	\$0	\$0	
275	TX	FORT BLISS	11335	SOLDIER FAMILY CARE CLINIC	100	\$0	\$0	\$0	
276	TX	FORT BLISS	07305	HEALTH CLINIC	100	\$0	\$0	\$0	New Inventory
277	TX	FORT BLISS	02954	DENTAL CLINIC	94	\$15,522	\$327	\$15,522	
278	TX	FORT BLISS	07777	WILLIAM BEAUMONT ARMY MEDICAL CENTER	97	\$168,229	\$7,760	\$168,229	Planned MILCON
279	TX	FORT HOOD	00420	BENNETT HEALTH CLINIC	99	\$0	\$0	\$0	
280	TX	FORT HOOD	02255	KENNEDY SOCIAL WORK CLINIC	97	\$124	\$0	\$124	
281	TX	FORT HOOD	40022	TBI CLINIC - RELOCATABLE	100	\$0	\$0	\$0	
282	TX	FORT HOOD	40023	TBI CLINIC - RELOCATABLE	100	\$0	\$0	\$0	
283	TX	FORT HOOD	40025	TBI CLINIC - RELOCATABLE	100	\$0	\$0	\$0	
284	TX	FORT HOOD	36003	BEHAVIORAL HEALTH CLINIC	98	\$138	\$138	\$138	
285	TX	FORT HOOD	36009	HEALTH CLINIC	92	\$3,355	\$102	\$3,355	
286	TX	FORT HOOD	76022	HEALTH CLINIC	72	\$1,892	\$1,589	\$1,892	
287	TX	FORT HOOD	36043	HEALTH CLINIC	100	\$0	\$0	\$0	
288	TX	FORT HOOD	94043	WEST FORT HOOD CLINIC	100	\$0	\$0	\$0	
289	TX	FORT HOOD	36001	HEALTH CLINIC	100	\$159	\$0	\$159	
290	TX	FORT HOOD	36053	INTENSIVE OUTPATIENT SUBSTANCE ABUSE CLINIC	100	\$0	\$0	\$0	
291	TX	FORT HOOD	00412	CHIROPRACTIC CLINIC	100	\$0	\$0	\$0	
292	TX	FORT HOOD	00413	PAIN CLINIC	100	\$0	\$0	\$0	
293	TX	FORT HOOD	00415	FAMILY ADVOCACY SVCS	100	\$0	\$0	\$0	
294	TX	FORT HOOD	00424	MARRIAGE COUNSELING CLINIC	100	\$0	\$0	\$0	
295	TX	FORT HOOD	02245	MOORE HEALTH CLINIC	99	\$874	\$0	\$874	
296	TX	FORT HOOD	07015	TROOP MEDICAL CLINIC 12	100	\$0	\$0	\$0	
297	TX	FORT HOOD	09440	FAIRBANK DC	97	\$750	\$0	\$750	
298	TX	FORT HOOD	33001	PERKINS DENTAL CLINIC	100	\$0	\$0	\$0	
299	TX	FORT HOOD	33003	CONSOLIDATED TROOP MEDICAL CLINIC	98	\$1,550	\$119	\$1,550	
300	TX	FORT HOOD	36000	CARL R. DARNALL ARMY MEDICAL CENTER	97	\$21,129	\$228	\$21,129	
301	TX	FORT HOOD	36014	BILLY JOHNSON DENTAL CLINIC	91	\$1,654	\$0	\$1,654	
302	TX	FORT HOOD	39033	DENTAL CLINIC THREE	100	\$120	\$117	\$120	
303	TX	FORT SAM HOUSTON	01278	BUDGE DENTAL CLINIC	100	\$0	\$0	\$0	
304	TX	FORT SAM HOUSTON	03634	Center for the INTREPID	100	\$103	\$0	\$103	
305	TX	FORT SAM HOUSTON	03646	WTU CLINIC	100	\$0	\$0	\$0	
306	TX	FORT SAM HOUSTON	01179	FAMILY MEDICINE CLINIC	100	\$0	\$0	\$0	
307	TX	FORT SAM HOUSTON	01279	TROOP MEDICAL CLINIC	100	\$0	\$0	\$0	
308	TX	FORT SAM HOUSTON	02375	RHODES DENTAL CLINIC	100	\$0	\$0	\$0	
309	TX	FORT SAM HOUSTON	03600	MEDICAL CENTER	98	\$36,658	\$5,476	\$36,658	
310	VA	FORT BELVOIR	00808	DEWITT ARMY COMMUNITY HOSPITAL	90	\$22,400	\$1,256	\$22,400	Replaced with Ft Belvoir CH
311	VA	FORT BELVOIR	00815	MENTAL HEALTH	72	\$4,318	\$813	\$4,318	
312	VA	FORT BELVOIR	01099	DENTAL CLINIC	85	\$2,387	\$2,387	\$2,387	BRAC DC replacement
313	VA	FORT BELVOIR	01471	HEALTH CLINIC	89	\$146	\$146	\$146	
314	VA	FORT BELVOIR	01230	FORT BELVOIR COMMUNITY HOSPITAL	100	\$0	\$0	\$0	
315	VA	FORTE USTIS	00515	SOCIAL WORK SERVICES/MID BUILDING	100	\$475	\$0	\$475	
PAGE SUBTOTALS						\$281,983.00	\$20,458.00	\$281,983.00	

COMPONENT: ARMY				DATE: December 2012					
MEDICAL TREATMENT FACILITIES (MTF)									
A									
ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (eg. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
						CATEGORIES 1-4	ADA		
316	VA	FORTE USTIS	00664	TMC 1 HEALTH CLINIC	100	\$0	\$0	\$0	
317	VA	FORTE USTIS	02788	VICTORY HEALTH CLINIC	100	\$0	\$0	\$0	REIIO 2012
318	VA	FORTE USTIS	02792	HEALTH CLINIC	92	\$628	\$85	\$628	
319	VA	FORTE USTIS	00815	MEDICAL READINESS CLINIC #2	100	\$180	\$0	\$180	
320	VA	FORTE USTIS	00574	ORTHOPEDIC CLINIC	100	\$0	\$0	\$0	
321	VA	FORTE USTIS	00575	WOMEN'S HEALTH CLINIC	95	\$3,960	\$47	\$3,960	
322	VA	FORTE USTIS	00576	MCDONALD ARMY HEALTH CENTER	85	\$51,919	\$0	\$51,919	
323	VA	FORTE USTIS	00669	TIGNOR DENTAL CLINIC	84	\$11,312	\$0	\$11,312	
324	VA	FORT LEE	03219	HEALTH CLINIC	100	\$40	\$0	\$40	
325	VA	FORT LEE	08130	KENNER ACH	100	\$5,367	\$10	\$5,367	
326	VA	FORT LEE	08151	HEALTH CLINIC	100	\$0	\$0	\$0	
327	VA	FORT LEE	08200	HEALTH CLINIC	100	\$0	\$0	\$0	
328	VA	FORT LEE	08204	BULL DENTAL CLINIC	100	\$287	\$0	\$287	
329	VA	FORT LEE	18036	HEALTH/DENTAL CLINIC	100	\$0	\$0	\$0	
330	WA	FORT LEWIS	02103	DENTAL CLINIC	100	\$363	\$0	\$363	
331	WA	FORT LEWIS	09932	HEALTH CLINIC	50	\$6,129	\$390	\$6,129	
332	WA	FORT LEWIS	09908	HEALTH CLINIC	100	\$20,701	\$0	\$20,701	
333	WA	FORT LEWIS	09910	HEALTH CLINIC	100	\$0	\$0	\$0	
334	WA	FORT LEWIS	09911	HEALTH CLINIC	96	\$73	\$0	\$73	
335	WA	FORT LEWIS	09912	HEALTH CLINIC	97	\$413	\$0	\$413	
336	WA	FORT LEWIS	09918	HEALTH CLINIC	70	\$127	\$0	\$127	
337	WA	FORT LEWIS	09919	HEALTH CLINIC	71	\$66	\$66	\$66	
338	WA	FORT LEWIS	09920	HEALTH CLINIC	100	\$0	\$0	\$0	
339	WA	FORT LEWIS	09921	HEALTH CLINIC	100	\$0	\$0	\$0	
340	WA	FORT LEWIS	09922	HEALTH CLINIC	77	\$5,686	\$305	\$5,686	
341	WA	FORT LEWIS	09923	HEALTH CLINIC	100	\$2,463	\$0	\$2,463	
342	WA	FORT LEWIS	09924	HEALTH CLINIC	80	\$8,212	\$287	\$8,212	
343	WA	FORT LEWIS	09925	HEALTH CLINIC	83	\$1,221	\$111	\$1,221	
344	WA	FORT LEWIS	09927	HEALTH CLINIC	57	\$7,650	\$483	\$7,650	
345	WA	FORT LEWIS	09931	HEALTH CLINIC	57	\$5,942	\$506	\$5,942	
346	WA	FORT LEWIS	09119	HEALTH/DENTAL CLINIC	100	\$0	\$0	\$0	
347	WA	FORT LEWIS	9040M	HEALTH CLINIC	100	\$0	\$0	\$0	
348	WA	FORT LEWIS	03740	DENTAL CLINIC	100	\$30	\$0	\$30	
349	WA	FORT LEWIS	09040	MADIGAN ARMY MED CENTER	93	\$211,322	\$10,043	\$211,322	MILCON ADD/ALT Planned
350	WA	FORT LEWIS	09926	OMAMC	88	\$5,937	\$367	\$5,937	
351	WA	FORT LEWIS	11572	OKUBO DENTAL CLINIC	100	\$726	\$0	\$726	
352	WA	FORT LEWIS	11582	OKUBO MEDICAL CLINIC	89	\$1,742	\$0	\$1,742	
353	DC	FORT MCNAIR	00056	HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012
354	GA	CAMP FRANK D MERRILL DA	00027	TMC 11 HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012
355	GA	HUNTER ARMY AIR FIELD	01440	TUTTLE ARMY CLINIC	97	\$8,805	\$126	\$8,805	NEW 2012
356	MD	ABERDEEN PROVING GROUND	02501	KIRK HEALTH CLINIC	81	\$32,193	\$1,068	\$32,193	NEW 2012
357	MD	ABERDEEN PROVING GROUND	E4110	HEALTH CLINIC	71	\$6,827	\$61	\$6,827	NEW 2012
358	MD	FORT DETRICK	01434	DENTAL CLINIC	100	\$2,331	\$0	\$2,331	NEW 2012
359	MD	FORT GEORGE G MEADE	02481	DENTAL CLINIC	100	\$2,123	\$757	\$2,123	NEW 2012
360	MD	FORT GEORGE G MEADE	08472	EPES DENTAL CLINIC	97	\$1,694	\$614	\$1,694	NEW 2012
PAGE SUBTOTALS						\$406,469.00	\$15,326.00	\$406,469.00	

COMPONENT: ARMY					DATE: December 2012				
MEDICAL TREATMENT FACILITIES (MTF)									
A									
ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (e.g. 100, 85)	COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
						CATEGORIES 1-4	ADA		
361	MA	NATICK	00030	SOLDIER SYSTEM CENTER HEALTH CLINIC	100	\$92	\$0	\$92	NEW 2012
362	TX	FORT BLISS AAA RANGE	09503	HEALTH CLINIC	100	\$181	\$0	\$181	NEW 2012
363	NM	WHITE SANDS MISSILE RANGE	00825	DENTAL CLINIC	100	\$602	\$0	\$602	NEW 2012
364	NM	WHITE SANDS MISSILE RANGE	00530	HEALTH CLINIC	98	\$1,600	\$0	\$1,600	NEW 2012
365	NM	WHITE SANDS MISSILE RANGE	01663	HEALTH CLINIC	NR	\$0	\$0	\$0	NEW MILCON
366	NM	WHITE SANDS MISSILE RANGE	8261	BEHAVIORAL HEALTH CLINIC	100	\$0	\$0	\$0	NEW INVENTORY
367	NY	FORT HAMILTON	00114	HEALTH CLINIC	100	\$1,060	\$198	\$1,060	NEW 2012
368	NC	FORT BRAGG	D3145	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	NEW 2012
369	NC	FORT BRAGG	M4234	EMBEDDED BH CLINIC	100	\$0	\$0	\$0	NEW 2012
370	NC	FORT BRAGG	21959	TROOP AND FAMILY MEDICINE CLINIC	100	\$0	\$0	\$0	NEW 2012
371	NC	FORT BRAGG	43219	WOMACK HEALTH & SUPPORT CLINIC	100	\$0	\$0	\$0	NEW 2012
372	NC	FORT BRAGG	R0260	POPE DENTAL CLINIC	100	\$0	\$0	\$0	NEW 2012
373	NC	FORT BRAGG	R0307	POPE MEDICAL CLINIC	100	\$0	\$0	\$0	NEW 2012
374	BEL	STERREBECK DEP SCHOOL	80011	HEALTH CLINIC	97	\$550	\$110	\$550	NEW 2012
375	GER	BAUMHOLDER HOSPITAL	08740	HEALTH CLINIC	90	\$13,199	\$0	\$13,199	NEW 2012
376	GER	BLEIDORN FAM HOUSING	05083	HEALTH CLINIC	98	\$890	\$0	\$890	NEW 2012
377	GER	COLEMAN BARRACKS	00042	HEALTH CLINIC	87	\$1,130	\$0	\$1,130	NEW 2012
378	GER	COLEMAN BARRACKS	00043	HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012
379	GER	HOHENFELS TNG AREA	00050	DENTAL CLINIC	93	\$186	\$0	\$186	NEW 2012
380	GER	HOHENFELS TNG AREA	00051	HEALTH CLINIC	97	\$1,584	\$0	\$1,584	NEW 2012
381	GER	KATTERBACH KASERNE	05810	HEALTH CLINIC	97	\$41,146	\$0	\$41,146	NEW 2012
382	GER	KLEBER KASERNE	03287	HEALTH CLINIC	100	\$549	\$0	\$549	NEW 2012
383	GER	LEDWARD BARRACKS	00201	HEALTH CLINIC	91	\$5,694	\$105	\$5,694	NEW 2012
384	GER	LEDWARD BARRACKS	00267	HEALTH CLINIC	93	\$521	\$0	\$521	NEW 2012
385	GER	PANZER KASERNE	02996	HEALTH CLINIC	0	\$8,466	\$0	\$8,466	NEW 2012
386	GER	PATCH BARRACKS	02211	HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012
387	GER	PATCH BARRACKS	02300	HEALTH CLINIC	51	\$11,750	\$0	\$11,750	NEW 2012
388	GER	PATRICK HENRY VILLAGE	04539	DENTAL CLINIC	85	\$648	\$35	\$648	NEW 2012
389	GER	PULASKI BARRACKS	02887	HEALTH CLINIC	59	\$650	\$91	\$650	NEW 2012
390	GER	PULASKI BARRACKS	02921	DENTAL CLINIC	77	\$1,764	\$0	\$1,764	NEW 2012
391	GER	PULASKI BARRACKS	02922	DENTAL CLINIC	75	\$1,841	\$0	\$1,841	NEW 2012
392	GER	SMITH BARRACKS	08647	DENTAL CLINIC	98	\$1,749	\$0	\$1,749	NEW 2012
393	GER	STORCK BARRACKS	06546	MEDICAL CLINIC	11	\$8,093	\$0	\$8,093	NEW 2012
394	GER	STORCK BARRACKS	06620	DENTAL CLINIC	94	\$315	\$250	\$315	NEW 2012
395	GER	STORCK BARRACKS	06652	MEDICAL CLINIC	95	\$115	\$251	\$115	NEW 2012
396	GER	WARNER BARRACKS	07080	TBI CLINIC	97	\$185	\$0	\$185	NEW 2012
397	GER	WARNER BARRACKS	07253	HEALTH CLINIC	97	\$487	\$0	\$487	NEW 2012
398	GER	WARNER BARRACKS	07334	HEALTH CLINIC	82	\$5,049	\$186	\$5,049	NEW 2012
399	ITA	CAMP DARBY	00113	HEALTH CLINIC	88	\$8,320	\$0	\$8,320	NEW 2012
400	ITA	CAMP EDERLE	00112	WARRIOR SPORT & MED CLINIC	100	\$0	\$0	\$0	NEW 2012
401	JAP	CAMP ZAMA	00502	HEALTH CLINIC	96	\$81	\$42	\$81	NEW 2012
402	JAP	CAMP ZAMA	00534	BEHAVIOR HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012
403	JAP	CAMP ZAMA	00680	HEALTH CLINIC	90	\$234	\$48	\$234	NEW 2012
404	JAP	CAMP ZAMA	00681	ZAMA HEALTH CLINIC	76	\$662	\$0	\$662	NEW 2012
405	JAP	CAMP ZAMA	00704	DENTAL CLINIC	0	\$31,658	\$350	\$31,658	NEW 2012
PAGE SUBTOTAL \$						\$151,051.00	\$1,666.00	\$151,051.00	

MEDICAL TREATMENT FACILITIES (MTF)										
A	ID	STATE	FACILITY	BLDG #	BLDG NAME	FACILITY Q-RATING (eg. 100, 85)	COST TO CORRECT DEFICIENCIES (\$000)		TOTAL COST TO CORRECT ALL DEFICIENCIES (000)	REMARKS
							CATEGORIES 1-4	ADA		
406	JAP	TORII STATION	00226	HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012	
407	KOR	CAMP CARROLL	00137	DENTAL CLINIC	78	\$385	\$71	\$385	NEW 2012	
408	KOR	CAMP CARROLL	00263	HEALTH CLINIC	89	\$542	\$0	\$542	NEW 2012	
409	KOR	CAMP CASEY	00807	HEALTH CLINIC	85	\$1,096	\$168	\$1,096	NEW 2012	
410	KOR	CAMP CASEY	00808	DENTAL CLINIC	91	\$1,454	\$152	\$1,454	NEW 2012	
411	KOR	CAMP HUMPHREYS	00555	HEALTH CLINIC	51	\$9,250	\$528	\$9,250	NEW 2012	
412	KOR	CAMP HUMPHREYS	0576	DENTAL CLINIC	67	\$561	\$34	\$561	NEW 2012	
413	KOR	CAMP RED CLOUD	00306	HEALTH CLINIC	96	\$1,401	\$0	\$1,401	NEW 2012	
414	KOR	CAMP STANLEY	02251	HEALTH CLINIC	74	\$1,383	\$0	\$1,383	NEW 2012	
415	KOR	CAMP STANLEY	02376	DENTAL CLINIC	47	\$235	\$72	\$235	NEW 2012	
416	KOR	CAMP WALKER	00220	BODINE DENTAL CLINIC	99	\$201	\$149	\$201	NEW 2012	
417	KOR	CAMP WALKER	00221	TROOP MEDICAL CLINIC	66	\$1,309	\$0	\$1,309	NEW 2012	
418	KOR	CAMP WALKER	00226	WOOD MEDICAL CLINIC	94	\$83	\$0	\$83	NEW 2012	
419	KOR	K-16 AIR BASE	00250	HEALTH CLINIC	100	\$0	\$0	\$0	RENO 2011-12	
420	KOR	YONGSAN GARRISON	01625	OPTOMETRY CLINIC	91	\$177	\$50	\$177	NEW 2012	
421	KOR	YONGSAN GARRISON	01663	HEALTH CLINIC	98	\$201	\$39	\$201	NEW 2012	
422	KOR	YONGSAN GARRISON	01665	DENTAL CLINIC	90	\$1,012	\$0	\$1,012	NEW 2012	
423	KOR	YONGSAN GARRISON	03576	DENTAL CLINIC	99	\$636	\$0	\$636	NEW 2012	
424	KOR	YONGSAN GARRISON	05107	DENTAL CLINIC #2	84	\$861	\$0	\$861	NEW 2012	
425	KOR	YONGSAN GARRISON	05110	HEALTH CLINIC	99	\$84	\$0	\$84	NEW 2012	
426	KOR	YONGSAN GARRISON	05447	HEALTH CLINIC	84	\$915	\$54	\$915	NEW 2012	
427	KOR	YONGSAN GARRISON	07005	BRIAN ALLGOOD ACH	99	\$6,619	\$189	\$6,619	NEW 2012	
428	KOR	YONGSAN GARRISON	07163	CLINICAL SUBSTANCE ABUSE CLINIC	98	\$99	\$26	\$99	NEW 2012	
429	OK	FORT SILL	03445	OPTICAL FAB/TBI CLINIC	100	\$0	\$0	\$0	NEW 2012	
430	PA	CARLISE BARRACKS	00450	HEALTH CLINIC	100	\$2,112	\$0	\$2,112	NEW 2012	
431	SC	FORT JACKSON	01890	PHYSICAL EXAMINATION STATION	100	\$225	\$116	\$225	NEW 2012	
432	SC	FORT JACKSON	04323	DENTAL CLINIC	100	\$0	\$0	\$0	NEW 2012	
433	TX	FORT BLISS	00049	HEALTH CLINIC	97	\$2,850	\$38	\$2,850	NEW 2012	
434	TX	FORT BLISS	11148	HEALTH CLINIC	100	\$0	\$0	\$0	NEW	
435	TX	FORT BLISS	21227	HEALTH CLINIC	100	\$0	\$0	\$0	NEW	
436	VA	FORT A P HILL	01650	HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012	
437	VA	FORT MYER	00525	HEALTH CLINIC	57	\$750	\$0	\$750	NEW 2012	
438	TX	FORT SAM HOUSTON	03528	BEHAVIOR HEALTH CLINIC	100	\$0	\$0	\$0	NEW 2012	
439	VA	FORT STORY	00649	HEALTH CLINIC	97	\$198	\$36	\$198	NEW 2012	
440	CO	FORT CARSON	02353	WARRIOR FAMILY MEDICINE	100	\$0	\$0	\$0	New Inventory	
441	GA	FORT BENNING	09224	READINESS PROCESSING CENTER (SRP)	91	\$450	\$0	\$450	NEW 2012	
442	GA	FORT GORDON	00329	MEB	100	\$0	\$0	\$0	NEW INVENTORY	
PAGE SUBTOTALS							\$35,089.00	\$1,722.00	\$35,089.00	
TOTALS							\$7,974,889	\$156,049	\$7,975,322	
NOTE: ADA requirements are included in the 1-4 Categories of Requirements.										
HOT LINE CALLS: No reported MTF "Hot Calls".										

**A. Detailed Military Departments' MTFs Inspection Reports--1. TAB NAVY**

**Executive Summary**

**U.S. Navy Report on Inspections of Military Medical Treatment Facilities**

**Military Medical Treatment Facilities (MTFs)**

**Number of MTFs inspected: 199**

<b>Component</b>	<b>Americans with Disabilities Act (ADA)</b>		<b>Facility Operations &amp; Maintenance*</b>	
	<b>Met Standard</b>	<b>Not Met Standard</b>	<b>Met Standard</b>	<b>Not Met Standard</b>
Navy	192	7	197	2

**\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

**Cost to bring inspected facilities to standard (\$ Thousands):\$493,515**

<b>Component</b>	<b>Americans with Disabilities Act (ADA) (\$K)</b>	<b>Facility Operations &amp; Maintenance (\$K)</b>
Navy	\$24,605	\$468,910

Per the National Defense Authorization Act (NDAA) for FY 2008 (Sec. 1648), Bureau of Medicine and Surgery (BUMED) activities and Commander Naval Installation Command (CNIC) were tasked to inspect military MTFs, specialty medical care facilities, and military quarters or leased housing for patients. This report will address only the MTF inspections as the Military Hold and Holdover (MHH) portion will be addressed separately by the MED IG.

The MTFs and specialty medical care facilities inspections were conducted by BUMED using standards and checklists developed by the Senior Oversight Committee, Line of Action (LOA) 5 Working Group in 2007. All MTF and specialty medical care facilities deficiencies noted during the inspections were new or existing requirements identified by facilities management personnel and do not affect the medical activities' ability to adequately provide patient care. BUMED identified over \$444M in building deficiencies that have been programmed for correction through FY 2017. BUMED had no deficiencies reported for FY 2011 through the established Wounded Warrior "Hot Lines". See Appendix 1 for the BUMED MTF Inspection summary.

**Inspection Report**

**Report Organization:**

Military Medical Treatment Facilities  
 Summary of Past Inspections  
 Current Inspection Protocol/Process

## Regional Findings

### **Appendix 1:** Bureau of Medicine and Surgery MTF Inspection Summary

### **Appendix 2:** MTF Inspection Checklist

## **Military Medical Treatment Facilities**

### **Summary of Past Inspections:**

The material condition of BUMED's facilities is currently monitored and reported using a centrally managed continuous inspection process as described in NAVFAC MO-322, Inspection of Shore Facilities. Sustainment Restoration and Modernization (SRM) requirements identified during the inspection process are documented in a single web accessible database using the "commercial off the shelf" (COTS) product VFA.facility. Centrally funded inspections by professional engineering teams have been historically completed for all Class II Type 2 real property assets once every three years using a single inspection service provider and a common set of evaluation criteria that are consistent with all applicable codes and standards. Asset condition is evaluated using the industry standard metric Facility Condition Index (FCI) which is calculated as total unfunded SRM requirement divided by asset Plant Replacement Value (PRV). The calculated FCI is consistent with the Quality Factor Q as defined by the Office of the Secretary of Defense (OSD) and is the reporting metric common to all service branches.

In addition, all of BUMED's hospitals participate in the accreditation process for the Joint Commission. The accreditation process is continuous, data-driven and focuses on operational systems critical to the safety and quality of patient care. Hospitals must maintain a Statement of Condition (SOC) addressing life safety code deficiencies. The SOC requires development of a plan of action and milestones to correct the noted deficiencies.

At the activity level, facility management personnel conduct zone inspections as required with non-facilities management personnel assigned to the activity (typically E-7 and above corpsman), participate in fire inspections, and review deficiencies identified by maintenance personnel (government or contractor) while performing preventative maintenance inspections (PMIs).

Centrally funded inspections, Joint Commission, and activity level inspections are meant to continuously identify requirements.

Activities have the authority at the local level to execute projects below the \$200K threshold, and submit projects to BUMED for funding for any Special Project over this amount. In FY 2011, BUMED funded \$74M in Special Projects correcting identified deficiencies. BUMED has budgeted \$64M in Special Projects for the correction of noted deficiencies in FY2012.

### **Current Inspection Protocol/Process:**

The MTF checklist for this inspection was developed in 2007 by an LOA 5 sub working group staffed with representatives from Tricare Management Activity, Air Force, Army, and

Navy. The checklist contains questions separated into five categories that include: Building Systems/Envelope, Life/Fire Safety, and Interior Conditions, Site/Medical Campus, and ADA requirements. The MTF Checklist is included in Appendix 2.

Each activity was requested to establish teams from their respective facility management departments. Teams typically included facility managers, engineers of various disciplines, engineering technicians and tradesmen of various backgrounds. The teams were advised to perform a visual inspection of each MTF after reviewing requirements generated as a result of: recent Joint Commission inspections, VFA input, recurring service calls identified in various computer aided facilities management tools, and regularly scheduled preventative maintenance inspections. In FY 2009, BUMED initiated and utilized a computer software program called “VFA.auditor.” FY 2011 marks BUMED’s third year using VFA.auditor. The program facilitates the orderly sorting/collating/reporting of data by activity and by region of survey results.

Activity responses were varied. Most activities indicated that their MTF met the standard and as a result no actions or estimates were required. Other activities indicated that their MTF met the standard, but recognized that deficiencies exist at the MTF and provided estimates or developed projects accordingly. In all cases when an MTF did not meet the standard, the activity provided an estimate to correct the deficiency or indicated that corrections were underway. Note: an MTF is considered “Not Met” when more than 50% of the survey questions are “Not Met” (i.e. not meeting the standard). There are 55 survey questions (5 – ADA and 50 – Operation & Maintenance). The results are reported in two categories, ADA and Facility Operations and Maintenance. The results of these inspections are as follows:

**Findings (See Appendix 1 for detailed findings):**

**Navy Medicine Support Command (NMSC)**

**Number of MTFs inspected: 2**

Component	Americans with Disabilities Act (ADA)		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NMSC	2	0	2	0

**\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions**

**Cost to bring inspected facilities to standard (\$ Thousands):\$3**

Component	Americans with Disabilities Act (ADA) (\$K)	Facility Operations & Maintenance (\$K)
NMSC	\$3	\$0

**Navy Medicine National Capital Area (NCA)**

**Number of MTFs inspected: 31**

Component	Americans with Disabilities Act (ADA)		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NCA	30	1	31	0

\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions

Cost to bring inspected facilities to standard (\$ Thousands):\$76,205

Component	Americans with Disabilities Act (ADA) (\$K)	Facility Operations & Maintenance (\$K)
NCA	\$1,363	\$74,842

**Navy Medicine East (NME)**

Number of MTFs inspected: 79

Component	Americans with Disabilities Act (ADA)		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NME	77	2	79	0

\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions

Cost to bring inspected facilities to standard (\$ Thousands):\$51,459

Component	Americans with Disabilities Act (ADA) (\$K)	Facility Operations & Maintenance (\$K)
NME	\$4,483	\$46,976

**Navy Medicine West (NMW)**

Number of MTFs inspected: 90

Component	Americans with Disabilities Act (ADA)		Facility Operations & Maintenance*	
	Met Standard	Not Met Standard	Met Standard	Not Met Standard
NMW	80	10	88	2

\* Includes deficiencies found in the following categories: Building System/Envelope, Life/Fire Safety, Interior Conditions, and Site Conditions

**A. Detailed Military Departments' MTFs Inspection Reports--1. TAB NAVY (continued)**

Cost to bring inspected facilities to standard (\$ Thousands):\$317,106

Component	Americans with Disabilities Act (ADA) (\$K)	Facility Operations & Maintenance (\$K)
NMW	\$16,311	\$300,795

## Appendix 1: Bureau of Medicine and Surgery MTFs Inspection Summary

### 2012 BUMED MTF Inspection Summary

COMPONENT: NAVY							DATE: 12/26/2012			
A MEDICAL TREATMENT FACILITIES (MTF)										
ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA10000082750	NC	NHC Cherry Point (N66094)	3907	Occupational Health Clinic	E	100	\$0.000	\$0.000	\$0.000	
NFA10000093105	CA	NMC San Diego (N00259)	595	Dental Clinic (MCRD Branch Dental Clinic)	D	94	\$178.822	\$898.129	\$1076.951	
NFA10000093114	CA	NMC San Diego (N00259)	596	Medical Clinic (MCRD)	E	90	\$443.875	\$2168.744	\$2612.619	
NFA100000101597	SC	NH Beaufort (N61337)	674	Dental Clinic - Parris Island	D	80	\$83.489	\$3134.410	\$3217.899	
NFA100000118133	VA	NHC Quantico (N00231)	24008	Branch Medical Clinic (TBS)	E	98	\$166.845	\$88.608	\$255.453	
NFA100000124634	VA	NHC Quantico (N00231)	5003	Branch Medical Clinic (OCS)	E	98	\$4.235	\$24.052	\$28.287	
NFA100000172163	CA	NH Camp Pendleton (N68094)	210735	Health Clinic 210735	E	97	\$47.707	\$94.132	\$141.839	
NFA100000175455	CA	NH Camp Pendleton (N68094)	13128	Dental Clinic 13128	D	99	\$0.000	\$13.042	\$13.042	
NFA100000175491	CA	NH Camp Pendleton (N68094)	520450	Medical Clinic 520450	E	95	\$47.749	\$287.327	\$335.076	
NFA100000178318	CA	NH Camp Pendleton (N68094)	22190	Health Clinic 22190	E	92	\$0.000	\$149.374	\$149.374	
NFA100000185596	CA	NH Camp Pendleton (N68094)	13129	Medical Clinic 13129	E	98	\$28.655	\$0.000	\$28.655	
NFA100000186773	CA	NH Camp Pendleton (N68094)	520448	Dental Clinic 520448	D	97	\$0.000	\$49.614	\$49.614	
NFA100000197066	CA	NH Twentynine Palms (N35949)	P-3005	Branch Health Clinic Bridgeport	E	86	\$6.056	\$611.233	\$617.289	
NFA100000205618	CA	NH Camp Pendleton (N68094)	310514	Medical Clinic 310514	E	84	\$0.000	\$526.115	\$526.115	
NFA100000233712	SC	NH Beaufort (N61337)	598	Dispensary and Dental Clinic - MCAS	E	68	\$2.880	\$322.525	\$325.405	
NFA100000251773	CA	NH Camp Pendleton (N68094)	149	OccHealth/Industrial Hygienist	E	96	\$0.000	\$31.343	\$31.343	
NFA100000271243	NON-US	NH Yokosuka (N68292)	111	MEDICAL/DENTALCLINIC	E	94	\$240.643	\$1486.326	\$1726.969	
NFA100000274357	AZ	NH Camp Pendleton (N68094)	1175	Health Clinic Yuma	E	93	\$0.000	\$345.341	\$345.341	
NFA100000295352	NC	NH Camp Lejeune (N68093)	TC805	Camp Geiger Smart Clinic	E	98	\$73.339	\$113.818	\$187.157	
NFA100000296592	NC	NH Camp Lejeune (N68093)	36	Naval Chiropractic and Podiatry Clinic	E	67	\$26.095	\$274.882	\$300.977	
NFA100000297788	NC	NH Camp Lejeune (N68093)	15	Mainside Dental Medical Clinic	E	98	\$12.254	\$66.364	\$78.618	
NFA100000297948	NC	NH Camp Lejeune (N68093)	M128	Camp Johnson Medical/Dental Clinic	E	97	\$42.595	\$147.378	\$189.973	
NFA100000299385	NC	NH Camp Lejeune (N68093)	326	Substance Abuse Rehab Program	F	98	\$0.000	\$0.000	\$0.000	
NFA100000308428	NC	NH Camp Lejeune (N68093)	65	Occupational and Preventative Medicine	E	100	\$0.000	\$53.092	\$53.092	
NFA100000321323	NC	NH Camp Lejeune (N68093)	G770	Geiger Medical/Dental Clinic	E	98	\$20.808	\$97.668	\$118.476	
NFA100000321662	NC	NH Camp Lejeune (N68093)	460	Hadnot Point Dental Clinic	D	86	\$0.000	\$447.513	\$447.513	
NFA100000328674	NC	NH Camp Lejeune (N68093)	H1	Sports Medicine and Dental Clinic	F	100	\$36.959	\$36.432	\$73.391	
NFA100000339760	NC	NH Camp Lejeune (N68093)	FC308	French Creek Medical/Dental Clinic	E	93	\$0.000	\$393.660	\$393.660	
NFA100000342756	NC	NH Camp Lejeune (N68093)	BB118	Courthouse Bay Medical Dental Clinic	E	97	\$0.000	\$70.518	\$70.518	
NFA100000355233	NC	NH Camp Lejeune (N68093)	AS100	Medical Dental Clinic - New River	E	93	\$14.372	\$357.016	\$371.388	
NFA100000367122	CA	NH Twentynine Palms (N35949)	1552	Adult Medical Care Clinic	E	83	\$0.000	\$397.166	\$397.166	
NFA100000388555	CA	NH Twentynine Palms (N35949)	1145	Robert E. Bush Naval Hospital	B	92	\$401.492	\$3937.077	\$4338.569	
NFA100000388859	CA	NH Camp Pendleton (N68094)	1591	Branch Dental Clinic 29 Palms	D	100	\$0.000	\$0.000	\$0.000	
NFA100000395486	JA	NH Okinawa (N68470)	2384	Hansen SMART CLINIC	E	95	\$0.000	\$16.291	\$16.291	
NFA100000401193	NON-US	NH Okinawa (N68470)	449	Foster Dental Clinic/Dispensary	D	100	\$0.000	\$0.000	\$0.000	
NFA100000414303	NON-US	NH Okinawa (N68470)	6000	Lester Hospital	B	91	\$1585.383	\$10369.216	\$11954.599	
NFA100000414571	NON-US	NH Okinawa (N68470)	6065	Lester BOQ	F	95	\$0.000	\$6.186	\$6.186	
NFA100000414580	NON-US	NH Okinawa (N68470)	6066	Lester Administrative Facilities	F	89	\$0.000	\$0.000	\$0.000	

A MEDICAL TREATMENT FACILITIES (MTF)										
ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA100000414606	NON-US	NH Okinawa (N68470)	6068	Lester BOQ	F	92	\$0.000	\$0.000	\$0.000	
NFA100000414615	NON-US	NH Okinawa (N68470)	6069	Lester BOQ	F	92	\$0.000	\$0.000	\$0.000	
NFA100000421821	NON-US	NH Okinawa (N68470)	1460	Kinser Medical Clinic Dispensary (GOJ)	E	54	\$91.728	\$828.104	\$919.832	
NFA100000424677	NON-US	NH Okinawa (N68470)	4231	Courtney Medical Dental Clinic	E	66	\$186.922	\$827.560	\$1014.482	
NFA100000425051	NON-US	NH Yokosuka (N68292)	263	MEDICAL/DENTAL CLINIC	E	96	\$0.000	\$87.552	\$87.552	
NFA100000426602	NON-US	NH Okinawa (N68470)	675	Futenma Dental Clinic (GOJ)	D	82	\$95.160	\$167.812	\$262.972	
NFA100000427004	NON-US	NH Okinawa (N68470)	1463	Kinser Dental Clinic (GOJ)	D	68	\$73.103	\$327.102	\$400.205	
NFA100000444423	NON-US	NH Okinawa (N68470)	676	Futenma Medical Clinic (GOJ)	E	81	\$87.052	\$298.336	\$385.388	
NFA100000446298	NON-US	NH Okinawa (N68470)	6021	Lester Preventative Medicine CPMU	C	91	\$4.153	\$13.618	\$17.771	
NFA100000448795	NON-US	NH Okinawa (N68470)	2418	Hansen Dental Clinic	D	86	\$94.630	\$347.322	\$441.952	
NFA100000456017	NON-US	NH Okinawa (N68470)	3510	Schwab Medical/Dental Building	E	88	\$123.415	\$479.303	\$602.718	
NFA100000470313	CA	NMC San Diego (N00259)	2495	Health Clinic	E	97	\$5.222	\$401.634	\$406.856	
NFA100000479975	VA	NMC Portsmouth (N00183)	277	Medical/Dental Clinic - NNSY	E	93	\$339.563	\$15.348	\$354.911	
NFA100000485290	PA	NHC Annapolis (N00162)	23A	Occ Health Clinic- Mechanicsburg	E	98	\$21.858	\$75.449	\$97.307	
NFA100000493977	ME	NHCNE (N32185)	H1	NHBC Portsmouth	E	95	\$0.000	\$20.833	\$20.833	
NFA100000496901	CT	NHCNE (N32185)	449	NBHC Groton	E	95	\$0.000	\$4255.182	\$4255.182	
NFA100000527815	MD	NHC Annapolis (N00162)	250	Main Hospital	E	92	\$4.463	\$1226.210	\$1230.673	
NFA100000527824	MD	NHC Annapolis (N00162)	252	Hospital NE Ward	E	78	\$17.893	\$483.750	\$501.643	
NFA100000527842	MD	NHC Annapolis (N00162)	274	Outpatient Clinic	E	81	\$488.224	\$1669.739	\$2157.963	
NFA100000528075	MD	NHC Annapolis (N00162)	275	Medical Clinic Annex	E	69	\$77.932	\$1150.416	\$1228.348	
NFA100000558318	MD	NHC Patuxent River (N66098)	3282	Primary Care Clinic - Andrews AFB	E	100	\$3.984	\$22.752	\$26.736	
NFA100000559763	MD	NNMC Bethesda (N00168)	22	Occ Health Clinic - Carderock	E	86	\$23.060	\$167.460	\$190.520	
NFA100000563428	MD	NNMC Bethesda (N00168)	5	Administrative Building 5	F	100	\$0.000	\$500.534	\$500.534	
NFA100000563491	MD	NNMC Bethesda (N00168)	2	Personnel Support and Services	F	83	\$60.569	\$3341.485	\$3402.054	
NFA100000563507	MD	NNMC Bethesda (N00168)	1	Dental Clinic	F	65	\$112.484	\$13029.832	\$13142.316	
NFA100000563623	MD	NNMC Bethesda (N00168)	7	Medical/Hospital	A	51	\$30.165	\$12224.624	\$12254.789	
NFA100000563632	MD	NNMC Bethesda (N00168)	8	Hospital	A	46	\$0.000	\$10264.156	\$10264.156	
NFA100000563801	MD	NNMC Bethesda (N00168)	9	Hospital (Service Block of Repl Hospital)	A	73	\$0.000	\$40433.624	\$40433.624	
NFA100000563810	MD	NNMC Bethesda (N00168)	10	Hospital (Nursing Tower of Repl Hosp)	A	66	\$0.000	\$2261.246	\$2261.246	
NFA100000588633	MD	NHC Patuxent River (N66098)	1600	Primary Care Clinic - Indian Head	E	13	\$936.792	\$1742.940	\$2679.732	
NFA100000596107	VA	NHC Patuxent River (N66098)	192	Primary Care Clinic - Dahlgren	E	94	\$25.003	\$165.139	\$190.142	
NFA100000604688	VA	NMC Portsmouth (N00183)	104	Naval School of Health Sciences	F	99	\$12.303	\$4398.417	\$4410.720	
NFA100000604802	VA	NMC Portsmouth (N00183)	2	Charette Health Care Center	A	91	\$0.000	\$0.000	\$0.000	
NFA100000604946	VA	NMC Portsmouth (N00183)	3	Medical Support Facility	F	72	\$0.000	\$0.000	\$0.000	
NFA100000633353	FL	NH Pensacola (N00203)	2268	Naval Hospital Pensacola	B	88	\$0.000	\$2432.667	\$2432.667	
NFA100000638722	FL	NOMI Pensacola	1954	Aerospace Physical Qualifications Building	F	61	\$0.000	\$0.000	\$0.000	
NFA100000639400	FL	NH Pensacola (N00203)	3600	NASP Branch Health Clinic	E	97	\$0.000	\$37.973	\$37.973	

COMPONENT: NAVY

DATE: 12/26/2012

A MEDICAL TREATMENT FACILITIES (MTF)										
ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA10000640256	FL	NH Pensacola (N00203)	3911	NATTC Branch Health Clinic	E	97	\$0.000	\$145.217	\$145.217	
NFA10000640390	FL	NOMI Pensacola	3933	Robert E. Mitchell Center	E	99	\$3.374	\$0.000	\$3.374	
NFA10000649159	LA	NH Pensacola (N00203)	41	Belle Chasse Branch Health Clinic	E	100	\$0.000	\$0.000	\$0.000	
NFA10000659646	FL	NH Jacksonville (N00232)	964	Medical/Dental Clinic - NAS Jacksonville	E	94	\$0.000	\$0.000	\$0.000	
NFA10000665639	IL	NHC Great Lakes (N00211)	1523	Medical/Dental Processing Facility	E	94	\$0.000	\$637.755	\$637.755	
NFA10000667735	IL	NHC Great Lakes (N00211)	152	Dental Prosthetic Lab	D	88	\$0.000	\$22.089	\$22.089	
NFA10000667744	IL	NHC Great Lakes (N00211)	1017	Recruit Dental Clinic	D	98	\$0.000	\$445.843	\$445.843	
NFA10000667753	IL	NHC Great Lakes (N00211)	237	Dispensary and Dental Clinic	E	87	\$16.185	\$2489.196	\$2505.381	
NFA10000667913	IL	NHC Great Lakes (N00211)	1007	RTC Medical Clinic	E	95	\$0.000	\$97.535	\$97.535	
NFA10000700020	FL	NH Jacksonville (N00232)	2080	Naval Hospital	B	93	\$0.000	\$0.000	\$0.000	
NFA10000700164	FL	NH Jacksonville (N00232)	H2034	Rehab Center	F	91	\$0.000	\$0.000	\$0.000	
NFA10000749531	CA	NMC San Diego (N00259)	3230	Dental Clinic (NAVSTA Dental Clinic)	D	64	\$1957.927	\$9956.329	\$11914.256	
NFA10000750323	CA	NMC San Diego (N00259)	3300	Medical Clinic (NAVSTA)	E	70	\$184.715	\$2827.306	\$3012.021	
NFA10000756005	CA	NMC San Diego (N00259)	506	Health Clinic (NAB)	E	98	\$111.121	\$794.156	\$905.277	
NFA10000758012	CA	NMC San Diego (N00259)	600	Dental Clinic	D	88	\$107.063	\$1561.041	\$1668.104	
NFA10000763783	CA	NMC San Diego (N00259)	60126	Medical Clinic 60126	E	97	\$64.424	\$85.067	\$149.491	
NFA10000766593	CA	NMC San Diego (N00259)	601	Medical Clinic	E	60	\$14.987	\$2702.510	\$2717.497	
NFA10000771364	WA	NH Bremerton (N68095)	940	Medical Clinic	E	70	\$0.000	\$59.250	\$59.250	
NFA10000778786	CA	NMC San Diego (N00259)	61C	Light-Care Rehabilitation (Mental Health Adolescent Outpatient)	F	93	\$105.351	\$2082.059	\$2187.410	
NFA10000778811	CA	NMC San Diego (N00259)	2S	South Clinic	A	(23)	\$201.316	\$49364.112	\$49565.428	
NFA10000778820	CA	NMC San Diego (N00259)	3N	North Clinic	A	84	\$265.964	\$62061.357	\$62327.321	
NFA10000778839	CA	NMC San Diego (N00259)	1H	Hospital	A	55	\$3347.946	\$75558.247	\$78906.193	
NFA10000782575	TX	NHC Corpus Christi (N00285)	H100	PRIMARY CARE CLINIC	E	91	\$1759.147	\$6210.927	\$7970.074	
NFA10000815157	MD	NHC Patuxent River (N66098)	1370	Naval Health Clinic	E	54	\$15.307	\$1328.074	\$1343.381	
NFA10000839854	WA	NH Oak Harbor (N66097)	993	Hospital/Dental Clinic	B	91	\$0.000	\$1535.484	\$1535.484	
NFA10000860259	TN	NH Pensacola (N00203)	771	Millington Branch Health Clinic	E	88	\$247.494	\$1154.788	\$1402.282	
NFA10000869759	CA	NMC San Diego (N00259)	10	Dental Clinic (ASW Sub-base Dental Clinic)	D	79	\$17.469	\$475.659	\$493.128	
NFA10000872068	HI	NHC Hawaii (N68098)	22	NBHC WAHIAWA, JBPH FACILITY 22	E	100	\$13.064	\$49.547	\$62.611	
NFA10000876028	CA	NH Camp Pendleton (N68094)	5	Dispensary	E	97	\$24.242	\$0.000	\$24.242	
NFA10000884876	CA	NH Camp Pendleton (N68094)	58SNI	Medical Clinic 58SNI	E	98	\$0.000	\$0.000	\$0.000	
NFA10000899085	HI	NHC Hawaii (N68098)	1535	Psychological Care	E	100	\$0.000	\$0.000	\$0.000	
NFA10000901063	WV	NHC Quantico (N00231)	63	Admin Office/Branch Health Clinic/MWR/Security	F	96	\$6.337	\$0.000	\$6.337	
NFA10000917010	WA	NH Bremerton (N68095)	506	Dental Clinic	D	56	\$0.000	\$0.000	\$0.000	
NFA10000928632	GA	NH Jacksonville (N00232)	1028	Branch Health Clinic - Kings Bay	E	67	\$0.000	\$0.000	\$0.000	
NFA10000940271	GUAM	NH Guam (N68096)	6	Medical Clinic	E	98	\$438.828	\$83.632	\$522.460	
NFA10000973146	CA	NMC San Diego (N00259)	523	Medical Clinic 523	E	85	\$5.199	\$481.619	\$486.818	
NFA10000984321	VA	NMC Portsmouth (N00183)	285	Medical/Dental Clinic - Oceana	E	96	\$0.000	\$789.961	\$789.961	
NFA10000986908	VA	NMC Portsmouth (N00183)	504	Medical/Dental Clinic - Dam Neck	E	98	\$0.000	\$0.000	\$0.000	
NFA10001006779	TX	NHC Corpus Christi (N00285)	3775	Branch Health Clinic - Kingsville	E	100	\$0.000	\$528.616	\$528.616	
NFA10001019300	NV	NH Lemoore (N66095)	299	Medical Health Clinic	E	95	\$39.347	\$277.577	\$316.924	
NFA10001025892	FL	NH Pensacola (N00203)	2985	Whiting Field Branch Health Clinic	E	92	\$0.000	\$455.639	\$455.639	
NFA10001068140	FL	NH Pensacola (N00203)	148	Panama City Health Clinic	E	95	\$0.000	\$88.543	\$88.543	
NFA10001071699	SC	NH Beaufort (N61337)	1	Hospital	B	92	\$395.762	\$10554.222	\$10949.984	
NFA10001076248	VA	NMC Portsmouth (N00183)	3505	Branch Healthcare Clinic - Little Creek	E	97	\$0.000	\$21.120	\$21.120	
NFA10001080439	NON-US	NH Guantanamo Bay (N61564)	H1	Hospital	B	56	\$80.521	\$12769.025	\$12849.546	

COMPONENT: NAVY

DATE: 12/26/2012

A MEDICAL TREATMENT FACILITIES (MTF)										
ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA100001080563	NON-US	NH Guantanamo Bay (N61564)	2040	2040 Occ Health and Industrial Hygiene	C	80	\$28.642	\$187.395	\$216.037	
NFA100001080652	NON-US	NH Guantanamo Bay (N61564)	H15	H15 Physical Therapy	E	50	\$3.702	\$68.479	\$72.181	
NFA100001083962	NON-US	NH Yokosuka (N68292)	19043	PRIMARY CARECLNC-NEGISHI	E	88	\$37.910	\$604.442	\$642.352	
NFA10000118685	GUAM	NH Guam (N68096)	1NH	Dental Clinic and Family Services	D	97	\$58.582	\$112.391	\$170.973	
NFA100001128148	NON-US	NH Yokosuka (N68292)	21	PRIMARY CARE CLINIC-ATSUGI	E	82	\$324.439	\$1006.807	\$1331.246	
NFA100001132080	NON-US	NH Yokosuka (N68292)	984	PRIMARY CARE CLNC-ATSUGI	E	92	\$54.632	\$96.075	\$150.707	
NFA100001144166	NON-US	NH Naples (N66096)	457	Medical Dental Clinic - Capodichino	E	95	\$0.000	\$300.640	\$300.640	
NFA100001147172	MI	NH Pensacola (N00203)	295	Gulfport Branch Health Clinic	E	90	\$0.000	\$631.053	\$631.053	
NFA100001162733	VA	NMC Portsmouth (N00183)	CD2	Medical Clinic - Norfolk	E	99	\$0.000	\$0.886	\$0.886	
NFA100001162902	VA	NMC Portsmouth (N00183)	CD3	Dental Clinic - Norfolk	D	94	\$0.000	\$51.250	\$51.250	
NFA100001177460	NON-US	NH Yokosuka (N68292)	1529	PRIMARY CARE CLINIC-SASEBO	E	92	\$0.000	\$0.000	\$0.000	
NFA100001182187	NON-US	NH Yokosuka (N68292)	5139	PRIM CARE CLINIC-SASEBO HARI	E	91	\$22.146	\$171.291	\$193.437	
NFA100001274667	NON-US	NH Sigonella (N39163)	273	Naval Hospital - Sigonella	B	93	\$217.223	\$1841.762	\$2058.985	
NFA100001295635	CA	NH Lemoore (N66095)	11	Medical Health Clinic	E	98	\$0.000	\$221.414	\$221.414	
NFA100001298945	CA	NH Lemoore (N66095)	926	Dental Clinic	D	80	\$92.441	\$7123.368	\$7215.809	
NFA100001314035	MI	NH Pensacola (N00203)	367	Meridian Branch Health Clinic	E	90	\$0.000	\$159.404	\$159.404	
NFA100001320420	FL	NH Pensacola (N00203)	535	Corry Station Branch Health Clinic	E	78	\$0.000	\$169.722	\$169.722	
NFA100001395359	PA	NHC Annapolis (N00162)	615	Medical Clinic - Philadelphia	E	51	\$40.157	\$147.977	\$188.134	
NFA100001399747	RI	NHCNE (N32185)	1173	NHCNE Newport Dental Clinic	D	84	\$0.000	\$1342.257	\$1342.257	
NFA100001399783	NC	NHC Cherry Point (N66094)	4389	Naval Health Clinic	E	96	\$0.000	\$3306.840	\$3306.840	
NFA100001399925	CA	NH Camp Pendleton (N68094)	1402	Naval Medical Clinic Port Hueneme	E	87	\$0.000	\$39.800	\$39.800	
NFA100001399943	NON-US	NH Rota (N66101)	1802	Hospital	B	92	\$6.791	\$1403.167	\$1409.958	
NFA100001402877	NON-US	NH Sigonella (N39163)	19	Branch Medical Clinic - Souda Bay	E	97	\$0.000	\$56.581	\$56.581	
NFA100001407462	RI	NHCNE (N32185)	23	NHCNE Newport	E	88	\$0.000	\$44.977	\$44.977	
NFA100001407747	NC	NH Camp Lejeune (N68093)	NH109	Physical Therapy Annex	E	96	\$0.000	\$0.000	\$0.000	
NFA100001407774	NC	NH Camp Lejeune (N68093)	NH100	Hospital	B	94	\$1462.172	\$4829.123	\$6291.295	
NFA100001408130	CA	NH Camp Pendleton (N68094)	H-100	Hospital	B	95	\$12.146	\$12530.831	\$12542.977	
NFA100001408586	WA	NH Bremerton (N68095)	1	Naval Hospital Bremerton	B	74	\$1232.891	\$158.042	\$1390.933	
NFA100001408960	GUAM	NH Guam (N68096)	1	Hospital	B	96	\$184.460	\$11791.364	\$11975.824	
NFA100001409521	HI	NHC Hawaii (N68098)	1407	NBHC MAKALAPA, JBPHH FACILITY 1407	E	87	\$2125.038	\$5607.520	\$7732.558	
NFA100001409709	HI	NHC Hawaii (N68098)	1750	NBHC SHIPYARD, JBPHH FACILITY 1750	E	94	\$525.718	\$2520.909	\$3046.627	
NFA100001409772	HI	NHC Hawaii (N68098)	3089	NBHC MCBH, KANEHOE BAY MEDICAL/DENTAL CLINIC FACILITY 3089	E	94	\$279.510	\$2125.140	\$2404.650	
NFA100001411126	NON-US	NH Yokosuka (N68292)	E22	HOSP ARS PREV MED	B	91	\$719.001	\$1789.140	\$2508.141	
NFA100001411215	NON-US	NH Yokosuka (N68292)	1407	HOSPITAL MATERNITY RESIDENCE	B	91	\$52.450	\$413.684	\$466.134	
NFA100001411279	NON-US	NH Yokosuka (N68292)	1400	HOSPITAL	B	92	\$194.091	\$4176.264	\$4370.355	

**A MEDICAL TREATMENT FACILITIES (MTF)**

ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA100001422052	NJ	NHC Annapolis (N00162)	39	Primary Care Clinic - Lakehurst	E	100	\$183.613	\$1018.444	\$1202.057	
NFA100001430436	WA	NH Bremerton (N68095)	2050	Dispensary/Dental Clinic	E	65	\$166.223	\$27.735	\$193.958	
NFA100001445402	NON-US	NH Yokosuka (N68292)	151	MEDICAL FACILITY	E	97	\$0.000	\$58.776	\$58.776	
NFA100001464774	DC	NHC Quantico (N00231)	175	Primary Care Clinic - Washington Navy Yard	E	100	\$0.000	\$1.541	\$1.541	
NFA100001498006	CA	NH Twentynine Palms (N35949)	1403	Branch Health Clinic China Lake	E	89	\$67.736	\$1301.441	\$1369.177	
NFA100001587151	CA	NMC San Diego (N00259)	624	Medical Clinic (NTC)	E	81	\$385.816	\$6807.988	\$7193.804	
NFA100001645044	VA	NMC Portsmouth (N00183)	1806	Medical/Dental Clinic - Yorktown	E	74	\$0.000	\$56.530	\$56.530	
NFA100001654952	NJ	NHC Annapolis (N00162)	C3	Primary Care Clinic - Earle	E	98	\$0.000	\$86.723	\$86.723	
NFA100001682217	CA	NH Camp Pendleton (N68094)	914	Dental Clinic 914	D	97	\$0.000	\$73.845	\$73.845	
NFA100001701385	TX	NHC Corpus Christi (N00285)	1711	Branch Health Clinic - Fort Worth	E	97	\$0.000	\$315.213	\$315.213	
NFA100001736605	NON-US	NH Sigonella (N39163)	265	NSA Medical Dental Clinic - Bahrain	E	95	\$8.912	\$1180.828	\$1189.740	
NFA100001740315	VA	NMC Portsmouth (N00183)	390	Medical/Dental Clinic - Northwest	E	95	\$0.000	\$0.000	\$0.000	
NFA100001748665	CA	NH Camp Pendleton (N68094)	330305	Health Clinic 330305	E	93	\$0.000	\$707.251	\$707.251	
NFA100001748683	CA	NH Camp Pendleton (N68094)	620305	Health Clinic 620305	E	93	\$0.000	\$198.379	\$198.379	
NFA100001754014	NON-US	NH Okinawa (N68470)	2386	Hansen Medical Clinic	E	95	\$10.744	\$408.069	\$418.813	
NFA100001755923	SC	NHC Charleston (N68084)	2417	Dental Clinic	D	95	\$0.000	\$107.185	\$107.185	
NFA100001756771	VA	NHC Quantico (N00231)	3259	Naval Health Clinic	E	100	\$6.703	\$0.000	\$6.703	
NFA200000011979	NON-US	NH Sigonella (N39163)	550	Flight Line Medical Clinic - Sigonella	E	98	\$3.890	\$1368.069	\$1371.959	
NFA200000025358	CA	NH Lemoore (N66095)	937	Naval Hospital Lemoore	B	95	\$0.000	\$5722.861	\$5722.861	
NFA200000032108	FL	NH Jacksonville (N00232)	2050	Wellness Center - Mayport	E	94	\$0.000	\$0.000	\$0.000	
NFA200000042909	CA	NMC San Diego (N00259)	2496	Medical Clinic	E	100	\$5.466	\$3.105	\$8.571	
NFA200000077186	WA	NH Bremerton (N68095)	17	Family Practice Clinic	B	95	\$0.000	\$408.959	\$408.959	
NFA200000100016	FL	NH Jacksonville (N00232)	L-48	Medical/Dental Clinic - Key West	E	99	\$0.000	\$400.852	\$400.852	
NFA200000130813	WA	NH Bremerton (N68095)	2010	Medical Dental Clinic	E	98	\$143.380	\$35.180	\$178.560	
NFA200000133071D	MD	NHC Annapolis (N00162)	1016	Dental BOQ Bancroft Hall Wing 6 (Dental)	F	100	\$0.000	\$0.000	\$0.000	
NFA200000133071M	MD	NHC Annapolis (N00162)	1016	Medical BOQ Bancroft Hall Wing 6 (Medical)	F	100	\$0.000	\$0.000	\$0.000	
NFA200000133124	MD	NHC Annapolis (N00162)	1018	BOQ Bancroft Hall Wing 8 (Optometry/PT)	F	98	\$0.000	\$70.653	\$70.653	
NFA200000193121	CA	NH Camp Pendleton (N68094)	414006	Health Clinic 414006	E	92	\$0.000	\$186.728	\$186.728	
NFA200000210004	CA	NH Camp Pendleton (N68094)	533020	Health Clinic 533020	E	93	\$3.327	\$172.965	\$176.292	
NFA200000228433	GA	NH Jacksonville (N00232)	7000	Medical/Dental Clinic - Albany	E	98	\$0.000	\$0.000	\$0.000	
NFA200000237334	NON-US	NH Naples (N66096)	2082	Naval Hospital - Gricignano	B	97	\$0.000	\$3055.002	\$3055.002	
NFA200000266070	CA	NH Camp Pendleton (N68094)	434057	Health Clinic 434057	E	91	\$0.000	\$240.089	\$240.089	
NFA200000278655	NC	NH Camp Lejeune (N68093)	5400	Berkeley Manor Medical Annex	F	77	\$115.881	\$1169.482	\$1285.363	
NFA200000314642	FL	NH Jacksonville (N00232)	2104	Medical/Dental Clinic - Mayport	E	99	\$0.000	\$0.000	\$0.000	
NFA200000343237	CA	NH Camp Pendleton (N68094)	310515	Dental Clinic 310515	D	100	\$0.000	\$2.704	\$2.704	
NFA200000518548	NON-US	NH Yokosuka (N68292)	502	BRANCH MEDICAL CLINIC	E	100	\$0.000	\$7.242	\$7.242	
NFA200000546143	NON-US	NH Yokosuka (N68292)	157	DENTAL CLINIC	D	95	\$0.000	\$8.937	\$8.937	

<b>COMPONENT: NAVY</b>	<b>DATE:</b> 12/26/2012
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<b>A MEDICAL TREATMENT FACILITIES (MTF)</b>										
ID	State	Facility	Bldg #	Bldg Name	BLDG Function	Facility - Q Score	Cost to Correct Deficiency (\$000)		Total Cost to Correct All Deficiencies (000)	Remarks
							ADA/ABA	Categories 1-4		
NFA20000550565	CT	NHCNE (N32185)	575	NBHC Groton Dental Clinic	D	100	\$0.000	\$0.000	\$0.000	
NFA20000611009	SC	NH Beaufort (N61337)	670	Medical Clinic - Parris Island	E	99	\$0.000	\$255.037	\$255.037	
NFA20000782137	GR	NH Sigonella (N39163)	T-037	Dental Clinic - Souda Bay	D	100	\$25.825	\$15.964	\$41.789	
NFA20000792162	MD	NNMC Bethesda (N00168)	51	NICOE	E	100	\$0.000	\$0.000	\$0.000	
NFA20000923761	SC	NHC Charleston (N68084)	2418	JACC	E	100	\$0.000	\$0.000	\$0.000	
NFA20000962362	MD	NNMC Bethesda (N00168)	19	America Clinic Building (New)	E	100	\$0.000	\$0.000	\$0.000	
Not Assigned	MD	NNMC Bethesda (N00168)	9A	ER and ICU (New)	A	100	\$0.000	\$0.000	\$0.000	
<b>Totals</b>							<b>\$24,604,679</b>	<b>\$468,909,985</b>	<b>\$493,514,664</b>	
<b>Filter Total</b>							<b>\$24,604,679</b>	<b>\$468,909,985</b>	<b>\$493,514,664</b>	

<b>CODE</b>	<b>BUILDING FUNCTION:</b>	<b>CODE</b>	<b>CATEGORY OF REPAIRS:</b>
<b>A</b>	MEDICAL TREATMENT-- REGIONAL MEDICAL CENTER	<b>1</b>	BUILDING SYSTEMS AND ENVELOPES
<b>B</b>	MEDICAL TREATMENT-- HOSPITAL (INCLUDES COMMUNITY HOSPITALS)	<b>2</b>	LIFE SAFETY AND FIRE PROTECTION
<b>C</b>	MEDICAL RESEARCH	<b>3</b>	INTERIM/FUNCTIONAL CONDITIONS
<b>D</b>	DENTAL CLINIC	<b>4</b>	SITE/MEDICAL CAMPUS
<b>E</b>	MEDICAL CLINIC	<b>5</b>	ADA
<b>F</b>	OTHER (SPECIFY)		

Summary by Region			
Values			
Row Labels	Sum of ADA Costs	Sum of FM&O Costs	Totals
National Capitol Area	\$ 2,225,624	\$ 91,525,428	\$ 93,751,052
Navy Medicine East	\$ 5,036,804	\$ 75,403,870	\$ 80,440,674
Navy Medicine West	\$ 17,338,877	\$ 301,980,687	\$ 319,319,564
Navy Medicine Support Command	\$ 3,374		\$ 3,374
<b>Grand Total</b>	<b>\$ 24,604,679</b>	<b>\$ 468,909,985</b>	<b>\$ 493,514,664</b>
Summary by Activity			
Values			
Row Labels	Sum of ADA Costs	Sum of FM&O Costs	Totals
<b>National Capitol Area</b>	<b>\$ 2,225,624</b>	<b>\$ 91,525,428</b>	<b>\$ 93,751,052</b>
NHC Annapolis (N00162)	\$ 834,140	\$ 5,929,361	\$ 6,763,501
NHC Patuxent River (N66098)	\$ 981,086	\$ 3,258,905	\$ 4,239,991
NHC Quantico (N00231)	\$ 184,120	\$ 114,201	\$ 298,321
NNMC Bethesda (N00168)	\$ 226,278	\$ 82,222,961	\$ 82,449,239
<b>Navy Medicine East</b>	<b>\$ 5,036,804</b>	<b>\$ 75,403,870</b>	<b>\$ 80,440,674</b>
NH Beaufort (N61337)	\$ 482,131	\$ 14,266,194	\$ 14,748,325
NH Camp Lejeune (N68093)	\$ 1,804,475	\$ 8,056,946	\$ 9,861,421
NH Guantanamo Bay (N61564)	\$ 112,865	\$ 13,024,899	\$ 13,137,764
NH Jacksonville (N00232)		\$ 400,852	\$ 400,852
NH Naples (N66096)		\$ 3,355,642	\$ 3,355,642
NH Pensacola (N00203)	\$ 247,494	\$ 5,275,006	\$ 5,522,500
NH Rota (N66101)	\$ 6,791	\$ 1,403,167	\$ 1,409,958
NH Sigonella (N39163)	\$ 255,850	\$ 4,463,204	\$ 4,719,054
NHC Charleston (N68084)		\$ 107,185	\$ 107,185
NHC Cherry Point (N66094)		\$ 3,306,840	\$ 3,306,840
NHC Corpus Christi (N00285)	\$ 1,759,147	\$ 7,054,756	\$ 8,813,903
NHC Great Lakes (N00211)	\$ 16,185	\$ 3,692,418	\$ 3,708,603
NHCNE (N32185)		\$ 5,663,249	\$ 5,663,249
NMC Portsmouth (N00183)	\$ 351,866	\$ 5,333,512	\$ 5,685,378
<b>Navy Medicine West</b>	<b>\$ 17,338,877</b>	<b>\$ 301,980,687</b>	<b>\$ 319,319,564</b>
NH Bremerton (N68095)	\$ 1,542,494	\$ 689,166	\$ 2,231,660
NH Camp Pendleton (N68094)	\$ 163,826	\$ 15,648,880	\$ 15,812,706
NH Guam (N68096)	\$ 681,870	\$ 11,987,387	\$ 12,669,257
NH Lemoore (N66095)	\$ 131,788	\$ 13,345,220	\$ 13,477,008
NH Oak Harbor (N66097)		\$ 1,535,484	\$ 1,535,484
NH Okinawa (N68470)	\$ 2,352,290	\$ 14,088,919	\$ 16,441,209
NH Yokosuka (N68292)	\$ 1,645,312	\$ 9,906,536	\$ 11,551,848
NHC Hawaii (N68098)	\$ 2,943,330	\$ 10,303,116	\$ 13,246,446
NMC San Diego (N00259)	\$ 7,402,683	\$ 218,229,062	\$ 225,631,745
NH Twentynine Palms (N35949)	\$ 475,284	\$ 6,246,917	\$ 6,722,201
<b>Navy Medicine Support Command</b>	<b>\$ 3,374</b>		<b>\$ 3,374</b>
NMOTC Pensacola	\$ 3,374		\$ 3,374
<b>Grand Total</b>	<b>\$ 24,604,679</b>	<b>\$ 468,909,985</b>	<b>\$ 493,514,664</b>

## Appendix 2: Bureau of Medicine and Surgery MTFs Inspection Checklist

### MTF Inspection Checklist General Instructions

#### MEDICAL TREATMENT FACILITY INSPECTION CHECK LIST GENERAL INSTRUCTIONS

- 1 All Medical Treatment Facilities (MTFs) within the installation/command must be inspected in accordance with the attached checklist and guide.  
**A MTF is defined as :** A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. (This does not include battalion aid stations; post/base in or out processing facilities; or soldier readiness processing (SRP) facilities unless they are an Integral part of an MTF)
- 2 This inspection is condition, not space driven, so commands **should not** use this as a space requirement exercise.
- 3 Complete one checklist per MTF.
- 4 Every checklist will include activity/installation, date of inspection, and inspector's information.
- 5 Every checklist will indicate the MTF Type (i.e. Hospital or clinic) and the building number.
- 6 Facilities will be rated either **Met** or **Not Met** in several categories. **Met** indicates full or satisfactory compliance; or the adverse condition described does not exist. **Not Met** indicates non compliance; or the adverse condition described is critical and failure is imminent. **N/A** may be applicable in some cases.
- 7 Indicate overall category ratings of **Met** or **Not Met** for each category as well as an overall installation rating of **Met** or **Not Met** on the Installation Roll-Up Report. Also list specific deficiencies for each category including estimated correction cost and date.
- 8 Routine deficiencies (corrected immediately or by service call) should not be listed.
- 9 One Installation Roll Up Report for all facilities should be submitted at the conclusion of all facility inspections.

#### Met/Not Met Definitions:

##### **NOT MET:**

1) Any deficiency identified during the inspection that would result in a finding of non-compliance by an accrediting agency or 2) any unresolved environment of care/facility findings/deficiencies previously identified by an accrediting agency or others that impact effective operation and maintenance of MTFs or 3) any access to facilities/spaces deficiency not in compliance with Americans with Disabilities Act/Architectural Barriers Act Accessibility Guidelines (ADA/ABAAG).

##### **MET:**

Then, by default all other standards are met.

MTF Inspection Checklist Roll-Up Report

Activity/Installation:		
Date of Submission:		
Primary Point of Contact name and Phone#:		
	<b>INSTALLATION OVERALL INSPECTION RATING</b>	<b>M/NM</b>
<b>Remarks:</b>	<i>Overall Comments</i>	
	<b>Building Systems/Envelope</b>	
<b>Building Systems/Envelope Deficiencies:</b>	<i>List each deficiency in each category with bldg#, description, estimated cost to correct, and expected correction date.</i>	
	<b>Life/Fire Safety</b>	
<b>Life/Fire Safety Deficiencies</b>		
	<b>Interior Conditions</b>	
<b>Interior Condition Deficiencies</b>		
	<b>Site/Medical Campus</b>	
<b>Site/Medical Deficiencies</b>		
	<b>ADA/ABAAG</b>	
<b>ADA/ABAAG Deficiencies</b>		

<b>Summary of Past Inspections</b>
<i>Briefly describe previous inspections to include type purpose and result/actions taken based on inspection results, and outstanding actions.</i>
<b>Current Inspection Protocol/Process</b>
<i>Describe the standards used to establish protocols and the team composition that conducted the inspections (e.g. engineer, medical care provider, facility manager).</i>
<b>Future Plans</b>
<i>Provide a narrative of the installation's plan to meet the future needs of medical hold and holdover personnel, to include modifications to existing facilities, provision of new facilities, and use of private-sector or Veterans Administration facilities. Costs identified in this section should not include costs to correct inspection deficiencies included in the findings tables above (costs provided in the tables should not be duplicated in this section).</i>

	<b>Medical Treatment Facilities (Wounded Warrior Inpatient)</b>		
	<b>DOD</b>	<b>DVA</b>	<b>Civilian</b>
	<b>a</b>	<b>b</b>	<b>c</b>
<b>Avg # personnel</b>			

MTF Inspection Checklist

Activity/Installation:				
Date of Inspection:				
Inspector's name and Phone#:				
<b>MEDICAL TREATMENT FACILITY (MTF) INSPECTION CHECKLIST</b>				
<b>MET</b>	Full or satisfactory compliance; or the adverse condition described does not exist IAW the Facility Inspection Guide			
<b>NOT MET</b>	Non compliance; or the adverse condition described is critical and failure is imminent IAW the Facility Inspection Guide			
		MTF TYPE (Hosp, Clinic, etc)/BLDG #		
		FACILITY OVERALL INSPECTION RATING		
Remarks:		M	NM	N/A
<b>Building Systems/Envelope</b>				
<b>Roof Condition</b>	1. Is the roof in good condition with no record or signs of leaks when it rains?			
	2. Is roof draining properly and free from signs of standing water?			
<b>Exterior Conditions</b>	1. Are exterior walls and panels in good repair and not showing signs of deterioration?			
	2. Are exterior walls and panels free from signs of leaking or moisture migration?			
	3. Are windows, louvers and vents caulked/sealed properly and not showing signs of deterioration or water seepage to the inside?			
	4. Are exterior doors and frames in good condition, operating properly and not showing signs of deterioration or water seepage to the inside?			
	5. Is the foundation in good condition with no indications of differential settling or heaving?			
	6. Are crawl spaces and/or basements dry with no signs of current or past water seepage?			
<b>Stairs, Ramps and Elevated Walks</b>	1. Are stairs, ramps and elevated walks in good condition with no signs of deterioration?			
	2. Are handrails in good condition with no signs of deterioration?			
<b>Elevators</b>	1. Are the elevators (if any) in good condition with no record or signs of frequent outages?			
	2. Do elevators have the current safety inspection certification?			
<b>Plumbing</b>	1. Is the Domestic Water Supply and DWV system in good condition, components working properly and free of corrosion build-up, leaks and/or signs of damage?			
	2. Are pipes properly secured and insulated?			
	3. Are plumbing fixtures such as sinks (including OR wash sinks), tubs, showers, water closets and drinking fountains in good condition and free of signs of damage?			
	4. Are the Medical Gas and Vacuum Systems in good condition, comply with NFPA 99 and have no record or signs of system failures?			
<b>HVAC</b>	1. Does the HVAC system provide acceptable environmental conditions (e.g. temperature, humidity, etc.) ?			
	2. Is the HVAC System in good condition with no record or signs of system failure?			
	3. Are pipes properly secured, insulated and free of leaks?			
	4. Is all duct work properly insulated, secured and free of leaks?			
	5. Are cooling towers in good condition, free of rust, corrosion and algae?			
<b>Electrical and Lighting</b>	1. Is the Electrical System in good condition IAW appropriate codes and standards?			
	2. Are all lighting fixtures and lamps clean and in proper working order?			
<b>Communications and Special Systems</b>	1. Are communications and special systems (if installed) fully operational with no record or signs of frequent outages?			
<b>Building Systems/Envelope Overall Inspection Rating</b>				

MTF Inspection Checklist

		M	NM	N/A
<b>Building Systems/ Envelope Deficiencies:</b>				
<b>Life/Fire Safety</b>				
<b>Means of Egress</b>	1. Are all egress travel distances to an exit IAW NFPA 101? 2. Are all exit access corridors clear and assessable with no projections into the required clear opening that violate NFPA 101?			
<b>Emergency Lighting and Exit Signs</b>	1. Are all exit lights correctly located and fully illuminated IAW NFPA 101? 2. Are all exit signs and emergency lighting connected to an adequate emergency standby power source IAW NFPA 101?			
<b>Generators and Automatic Transfer Switches</b>	1. If required, is the Emergency Power Supply System (EPSS) properly installed, maintained, and operational? 2. Is the Emergency Power Supply System (EPSS) able to meet load requirements and response times?			
<b>Fire Protection</b>	1. Is there a fire alarm system properly installed, maintained, and operational IAW NFPA and JCAHO? 2. If required, is the facility fully sprinklered? 3. If not fully sprinklered, are high hazard areas sprinklered? 4. Is a clear plane of at least 18" being maintained between sprinkler deflectors and the top of all storage IAW NFPA 13, Section 8.6.6.1.? 5. Is all fire proofing material on structural elements in good condition? 6. Are all portable fire extinguishers located and maintained IAW NFPA 10? 7. Are fire doors in good condition, operating properly and have the proper legible rating labels on both the door and jamb IAW NFPA 80 & 101? 8. Is the integrity of all Fire and Smoke Barrier Assemblies in tact with no through penetrations?			
<b>Life/Fire Safety Overall Inspection Rating</b>				
<b>Life/Fire Safety Deficiencies</b>				
<b>Interior Conditions</b>				
<b>Signage</b>	1. Is directional signage sufficient to facilitate patient orientation?			
<b>Floors</b>	1. Are floor finishes (i.e. carpeting, Terrazzo, sheet vinyl, tile, etc) in good condition and free from hazards?			
<b>Walls and Ceilings</b>	1. Are walls and ceilings in good condition? 2. Are walls coverings, tile and other trim material in good condition? 3. Are walls and ceilings free of signs of moisture such as stains, spots, mold or mildew, either from weather or utilities leaks?			
<b>Doors</b>	1. Are interior doors and hardware including (safety/panic hardware) in good repair and operable?			
<b>Interior Conditions Overall Inspection Rating</b>				
<b>Interior Condition Deficiencies</b>				
<b>Site/Medical Campus</b>				
<b>Parking Lots</b>	1. Are parking lots and access roads in good condition? 2. Are parking lots and access roads free of hazards that prevent ease of patient access?			
<b>Sidewalks</b>	1. Are Sidewalks in good condition? 2. Are Sidewalks free of hazards that prevent ease of patient access?			
<b>Campus</b>	1. Are the MTF grounds in good condition? 2. Are the MTF grounds safely maintained to facilitate patient movement?			
<b>Site/medical Campus Overall Inspection Rating</b>				
<b>Site/Medical Deficiencies</b>				
<b>ADA/ABAAG</b>				

MTF Inspection Checklist

		M	NM	N/A
<b>Handicap Accessibility outside the MTF</b>	1. Does the facility meet disabled person accessibility requirements (e.g. ramps, handrails, curb cuts, etc)?			
	2. Does the facility comply with ADA requirements for adequate disabled parking?			
<b>Handicap Accessible Restrooms</b>	1. Are all Handicap Accessible Restrooms in accordance with ADA requirements?			
<b>Handicap Accessibility within the MTF</b>	1. Does the facility comply with all ADA requirements (e.g. adequate doorway widths, ADA Fire Alarm devices and proper door handles, pulls, latches, locks, etc)?			
	2. Where installed are automatic doors fully functional and meet ADA requirements?			
<b>ADA/ABAAG Overall Inspection Rating</b>				
<b>ADA/ABAAG Deficiencies</b>				

**A. Detailed Military Departments' MTFs Inspection Reports--3. TAB AIR FORCE**

**2012 Air Force Wounded Warrior Medical Treatment Facility Inspection Report  
Executive Summary**

All Air Force (AF) Military Treatment Facilities (MTFs) have been inspected in accordance with the approved MTF checklist. The attached table reflects that the AF Medical Service (AFMS) is fully accredited and in compliance with the Americans with Disabilities Act (ADA) and the Architectural Barriers Act (ABA), and all Operations and Maintenance (O&M) inspection items required for accreditation are also in compliance.

Number of Facilities: 215

Component	ADA/ABA Compliance		*Facility O&M	
	Standard Met	Standard Not Met	Standard Met	Standard Not Met
Air Force	215	0	215	0

\*Includes only deficiencies associated with meeting accreditation.

Cost to bring inspected facilities to standard: \$0K

Component	ADA/ABA	Facility O&M
Air Force	\$0K	\$0K

**Summary of Past Inspections** – The AF Health Facilities Division staff regularly visit MTFs worldwide to review adequacy for accreditation and compliance with the ADA/ABA requirements, in addition to reviewing adequacy of space and reliability of infrastructure delivery systems. Deficiencies identified through site visits or those identified locally are continually prioritized and resolved as funds become available. No AF MTFs had accreditation or ADA/ABA deficiencies as of November 1, 2012. The Air Force Surgeon General has consistently supported O&M investment in the AFMS facility inventory via Sustainment, Restoration, and Modernization funding: Fiscal Year (FY) FY08 \$229M, FY09 \$347M, FY10 \$164M, FY11 \$317M, and FY12 \$328M.

**Current Inspection Protocol/Process** – Medical Facility Managers at each installation conducted the inspection using the approved checklist. Facility Managers consulted with the maintenance source (i.e. Base Civil Engineering or Maintenance Contractor) for each building system inspected. Installation reports were reviewed by the AF Health Facilities Division to ensure consistent application of the “Met/Not Met” classification. MTFs would only be classified as “Not Met” when gross and obvious access impediments are identified with no attempt to accommodate disabled patients, visitors and staff.

**Future Plans** – A continuous evaluation of incoming Wounded Warriors is conducted to determine immediate requirements to support their needs and to forecast future requirements. The AF Health Facilities Division will continue to regularly visit MTFs worldwide to review adequacy of AF medical facilities. Deficiencies identified through these visits or those identified locally will be continuously prioritized and remediated as funds become available.

COMPONENT: AIR FORCE									
DATE: 1-Nov-12									
MEDICAL TREATMENT FACILITIES (MTF)									
ID	STATE	FACILITY	BLDG #	BLDG NAME	BLDG FUNCTION	COST TO CORRECT DEFICIENCY (\$000)	TOTAL COST TO CORRECT ALL DEFICIENCIES (\$000)	REMARKS	
						CATEGORIES 1-4	ADVAABA		
1	OK	ALTUS AFB	46	ALTUS CLINIC	E	\$0	\$0		
2	OK	ALTUS AFB	47	ALTUS DENTAL CLINIC	D	\$0	\$0		
3	GUAM	ANDERSEN AB	20012	ANDERSEN OUTPATIENT CLINIC	E	\$0	\$0		
4	MD	ANDREWS AFB	1050	MALCOLM GROW	E	\$0	\$0		
5	MD	ANDREWS AFB	1051	GERONIMEDICAL STAGING FLT	E	\$0	\$0		
6	MD	ANDREWS AFB	1052	GERONIMEDICAL STAGING FLT	E	\$0	\$0		
7	MD	ANDREWS AFB	1076	CLINIC ANNEX	E	\$0	\$0		
8	MD	ANDREWS AFB	1191	FAMILY ADVOCACY	E	\$0	\$0		
9	MD	ANDREWS AFB	1001	MAIN DENTAL CLINIC	D	\$0	\$0		
10	MD	ANDREWS AFB	1003	GERONIMEDICAL ANNEX	D	\$0	\$0		
11	MD	ANDREWS AFB	1003	GERONIMEDICAL ANNEX	D	\$0	\$0		
12	ITALY	AVIANO AB	121	MEDICAL GROUP CLINIC AT AVIANO	B	\$0	\$0		
13	ITALY	AVIANO AB	108	LIFE SKILLS AND INTERNAL MEDICINE	E	\$0	\$0		
14	ITALY	AVIANO AB	10271	AEROSPACE MEDICINE CLINIC	E	\$0	\$0		
15	ITALY	AVIANO AB	1406	PHYSICAL THERAPY	E	\$0	\$0		
16	LA	BARKSDALE AFB	4688	PHYSICAL THERAPY	E	\$0	\$0		
17	LA	BARKSDALE AFB	4688	DENTAL CLINIC	D	\$0	\$0		
18	LA	BARKSDALE AFB	4646	LIFE SKILLS SUPPORT CENTER	E	\$0	\$0		
19	LA	BARKSDALE AFB	4648	EYE CLINIC	E	\$0	\$0		
20	LA	BARKSDALE AFB	4649	PHYSICAL THERAPY	E	\$0	\$0		
21	LA	BARKSDALE AFB	4649	PHYSICAL THERAPY	E	\$0	\$0		
22	DC	BOLLING AFB	17	BOLLING CLINIC	E	\$0	\$0		
23	DC	BOLLING AFB	1300	BOLLING CLINIC	E	\$0	\$0		
24	CO	BUCKLEY AFB	7	PHARMACY	E	\$0	\$0		
25	CO	BUCKLEY AFB	501	DENTAL CLINIC	D	\$0	\$0		
26	CO	BUCKLEY AFB	501	DENTAL CLINIC	D	\$0	\$0		
27	CO	BUCKLEY AFB	800	CLINIC	E	\$0	\$0		
28	NM	CANNON AFB	1400	MEDICAL GROUP CLINIC	E	\$0	\$0		
29	SC	CHARLESTON AFB	384	MEDICAL/DENTAL CLINIC	E	\$0	\$0		
30	MS	COLUMBUS AFB	1100	MEDICAL CLINIC	E	\$0	\$0		
31	MS	COLUMBUS AFB	1100	MEDICAL CLINIC	E	\$0	\$0		
32	NV	CREECH AFB	1032	MEDICAL STATION	E	\$0	\$0		
33	NV	CREECH AFB	1033	DENTAL CLINIC	D	\$0	\$0		
34	AZ	DAVIS-MONTHAN AFB	400	AMBULATORY HEALTH CARE CLINIC	E	\$0	\$0		
35	AZ	DAVIS-MONTHAN AFB	4339	MENTAL HEALTH CLINIC	E	\$0	\$0		
36	AZ	DAVIS-MONTHAN AFB	420	AMBULATORY HEALTH CARE CENTER	E	\$0	\$0		
37	DE	DOVER AFB	300	MEDICAL GROUP	E	\$0	\$0		
38	TX	DYESS AFB	8201	MEDICAL CLINIC	D	\$0	\$0		
39	TX	DYESS AFB	8201	MEDICAL CLINIC	D	\$0	\$0		
40	TX	DYESS AFB	7104	PHYSICAL THERAPY	E	\$0	\$0		
41	CA	EDWARDS AFB	5925	AEROSPACE MEDICINE	E	\$0	\$0		
42	CA	EDWARDS AFB	5513	DENTAL CLINIC	D	\$0	\$0		
43	CA	EDWARDS AFB	5550	FAMILY ADVOCACY	E	\$0	\$0		
PAGE SUBTOTALS						\$0	\$0		

COMPONENT: AIR FORCE							DATE:	1-Nov-12		
MEDICAL TREATMENT FACILITIES (MTF)							BLDG FUNCTION	COST TO CORRECT DEFICIENCY (\$'000)	TOTAL COST TO CORRECT ALL DEFICIENCIES (\$'000)	REMARKS
ID	STATE	FACILITY	BLDG #	BLDG NAME	CATEGORIES 1-4	ADNAABA				
44	CA	EDWARDS AFB	1521	PHYSICAL THERAPY		E	\$0	\$0		
45	CA	EDWARDS AFB	1522	MEDICAL CLINIC		E	\$0	\$0		
46	CA	EDWARDS AFB	1524	MEDICAL CLINIC		E	\$0	\$0		
47	FL	EGLIN AFB	2825	MEDICAL GROUP		B	\$0	\$0		
48	FL	EGLIN AFB	1758	SATELITE PHARMACY		E	\$0	\$0		
49	FL	EGLIN AFB	2794	PHYSICAL THERAPY		E	\$0	\$0		
50	FL	EGLIN AFB	1759	MEDICAL GROUP		E	\$0	\$0		
51	SD	ELMENDORF AFB	8000	MEDICAL GROUP		E	\$0	\$0		
52	AK	ELMENDORF AFB	5655	MEDICAL GROUP HOSPITAL		B	\$0	\$0		
53	AK	ELMENDORF AFB	8467	AEROSPACE MEDICINE CLINIC		E	\$0	\$0		
54	WA	FARHOLD AFB	9000	MEDICAL GROUP		E	\$0	\$0		
55	WA	FARHOLD AFB	1808	MEDICAL CLINIC		E	\$0	\$0		
56	WV	BELEMONT AFB	145	MEDICAL CLINIC		E	\$0	\$0		
57	SE	GELLENKIRCHEN AB	208	MEDICAL FLIGHT		E	\$0	\$0		
58	SE	GELLENKIRCHEN AB	198	US DENTAL CLINIC		D	\$0	\$0		
59	TX	GOODFELLOW AFB	1081	GOODFELLOW MEDICAL/DENTAL CLINIC		E	\$0	\$0		
60	TX	GOODFELLOW AFB	1007	MEDICAL CLINIC		E	\$0	\$0		
61	NO	GRAND PRAIRIE AFB	100	MEDICAL GROUP		E	\$0	\$0		
62	MA	HANSCOM AFB	1900	MEDICAL CLINIC		E	\$0	\$0		
63	MA	HANSCOM AFB	1217	MENTAL HEALTH		E	\$0	\$0		
64	HI	HICKAM AFB	559	MEDICAL GROUP		E	\$0	\$0		
65	HI	HICKAM AFB	558	PHYSICAL THERAPY		E	\$0	\$0		
66	HI	HICKAM AFB	5513	MEDICAL CLINIC		E	\$0	\$0		
67	UT	HILL AFB	570	MEDICAL CLINIC		E	\$0	\$0		
68	UT	HILL AFB	249	OCG MEDICAL CLINIC		E	\$0	\$0		
69	UT	HILL AFB	545	MENTAL HEALTH		E	\$0	\$0		
70	UT	HILL AFB	546	MENTAL HEALTH		E	\$0	\$0		
71	UT	HILL AFB	547	FAMILY ADVOCACY		E	\$0	\$0		
72	NM	HOLLOWMAN AFB	15	MEDICAL GROUP/CLINIC		E	\$0	\$0		
73	NM	HOLLOWMAN AFB	14	PHYSICAL THERAPY		E	\$0	\$0		
74	NM	HOLLOWMAN AFB	17	MENTAL HEALTH		E	\$0	\$0		
75	NM	HOLLOWMAN AFB	30	DENTAL CLINIC		D	\$0	\$0		
76	NM	HOLLOWMAN AFB	300	DENTAL CLINIC		D	\$0	\$0		
77	FL	HURLBURT AFB	6104	PHYSICAL THERAPY CLINIC		D	\$0	\$0		
78	TURKEY	INCIRLIK AB	806	MDG CLINIC		E	\$0	\$0		
79	JAPAN	KADENA AB	828	MEDICAL/DENTAL CLINIC		E	\$0	\$0		
80	JAPAN	KADENA AB	90	MENTAL HEALTH CLINIC		E	\$0	\$0		
81	MS	Keesler AFB	140	MEDICAL CLINIC		E	\$0	\$0		
82	MS	Keesler AFB	7110	CLINIC		E	\$0	\$0		
83	MS	Keesler AFB	2300	SAT PHARM		E	\$0	\$0		
84	MS	Keesler AFB	468	HOSPITAL		B	\$0	\$0		
85	MS	Keesler AFB	824	DENTAL CLINIC		D	\$0	\$0		
86	MS	Keesler AFB	100	PHYSICAL THERAPY CLINIC		D	\$0	\$0		
87	NM	HURLBURT AFB	1200	OUTPATIENT FACILITY		E	\$0	\$0		
<b>PAGE SUBTOTALS</b>								<b>\$0</b>	<b>\$0</b>	

COMPONENT: AIR FORCE							DATE:	1-Nov-12		
MEDICAL TREATMENT FACILITIES (MTF)							BLDG FUNCTION	COST TO CORRECT DEFICIENCY (\$000)	TOTAL COST TO CORRECT ALL DEFICIENCIES (\$000)	REMARKS
ID	STATE	FACILITY	BLDG#	BLDG NAME	CATEGORIES	ADVAABA				
85	TX	WILFORD AFB	4502	PHARMACY						
86	TX	WILFORD AFB	4502	DENTAL HEALTH CLINIC						
87	TX	WILFORD AFB	4502	MAIN CLINIC						
88	KOREA	KUNSAN AB	302	LIFE SKILLS SUPPORT CENTER						
89	TX	LACKLAND AFB	1740	KELLY CLINIC						
90	TX	LACKLAND AFB	1739	KELLY DENTAL						
91	TX	LACKLAND AFB	3425	BLOOD DONOR						
92	TX	LACKLAND AFB	3746	PRK REF SURGERY						
93	TX	LACKLAND AFB	8418	DUNN DENTAL CLINIC						
94	TX	LACKLAND AFB	9340	OPTOMETRY CLINIC/MEDICAL ADMIN						
95	TX	LACKLAND AFB	4500	WILFORD HALL						
96	TX	LACKLAND AFB	4502	MCKOWN DENTAL CLINIC						
97	AZORES	LARES AB	419	AIR FORCE CLINIC						
98	AZORES	LARES AB	419	PHYSICIAN CLINIC						
99	VA	LANGLEY AFB	92	DENTAL CLINIC						
100	VA	LANGLEY AFB	1795	BETHEL SATELLITE CLINIC						
101	VA	LANGLEY AFB	257	HOSPITAL						
102	VA	LANGLEY AFB	299	PHYSICIAN CLINIC						
103	VA	LANGLEY AFB	299	USAF HOSPITAL LANGLEY MAIN						
104	VA	LANGLEY AFB	1192	NASA CLINIC						
105	TX	LAUGHLIN AFB	375	MEDICAL DENTAL CLINIC						
106	TX	LITTLE ROCK AFB	1090	MEDICAL GROUP						
107	TX	LITTLE ROCK AFB	759	BIOENVIRONMENTAL/PHYSICAL THERAPY						
108	TX	LITTLE ROCK AFB	759	PHYSICIAN CLINIC						
109	CA	LOS ANGELES AFB	210	MEDICAL GROUP						
110	AZ	LUKE AFB	810	FLIGHT MEDICINE CLINIC						
111	AZ	LUKE AFB	1130	LUKE CLINIC						
112	AZ	LUKE AFB	1130A	MRT CLINIC						
113	AZ	LUKE AFB	1141	MEDICAL						
114	AZ	LUKE AFB	1141	MEDICAL						
115	AZ	LUKE AFB	1142	ORTHOPEDICS						
116	AZ	LUKE AFB	1146	PHARMACY						
117	AZ	LUKE AFB	1514	SATELLITE PHARMACY						
118	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
119	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
120	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
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236	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
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238	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
239	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
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241	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
242	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
243	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
244	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
245	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
246	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
247	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
248	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
249	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
250	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
251	TX	WALKSTOWN AFB	5040	MEDICAL CLINIC						
252	TX	WALKSTOWN AFB</								

COMPONENT: AIR FORCE							DATE: 1-Nov-12	
A ID	STATE	MEDICAL TREATMENT FACILITIES (MTF)			BLDG FUNCTION	COST TO CORRECT DEFICIENCY (\$'000)	TOTAL COST TO CORRECT ALL DEFICIENCIES (\$'000)	REMARKS
		FACILITY	BLDG #	BLDG NAME				
					CATEGORIES	ADA/ABA		
					1-4			
129	NJ	MCQUIRE AFB	3458	MEDICAL CLINIC	E	\$0	\$0	
130	ND	MINOT AFB	1717	MEDICAL CLINIC	E	\$0	\$0	
131	ND	MINOT AFB	1714	MEDICAL GROUP	E	\$0	\$0	
132	JAPAN	MISAWA AB	89	HOSPITAL	B	\$0	\$0	
133	JAPAN	MISAWA AB	88	MEDICAL ANNEX	E	\$0	\$0	
134	GA	MOODY AFB	888	AEROSPACE MEDICINE	E	\$0	\$0	
135	GA	MOODY AFB	890	MEDICAL GROUP	E	\$0	\$0	
136	ID	MIT HOME	6000	HOSPITAL	B	\$0	\$0	
137	NV	NELLIS AFB	340	MEDICAL ANNEX	E	\$0	\$0	
138	NV	NELLIS AFB	1300	MIKE O'CALLAGHAN FEDERAL HOSPITAL	B	\$0	\$0	
139	NE	OFFUTT	5277	AEROMEDICAL SERVICES	E	\$0	\$0	
140	NE	OFFUTT	5278	PHYSICAL THERAPY CLINIC	E	\$0	\$0	
141	KOREA	OSAN AB	768	MEDICAL CLINIC	E	\$0	\$0	
142	KOREA	OSAN AB	777	MEDICAL HEALTH CLINIC	E	\$0	\$0	
143	FL	PATRICK AFB	1391	MAIN PHARMACY	E	\$0	\$0	
144	FL	PATRICK AFB	1370	MENTAL HEALTH/PTICARE	E	\$0	\$0	
145	FL	PATRICK AFB	1380	MENTAL HEALTH CLINIC	E	\$0	\$0	
146	FL	PATRICK AFB	1386	MEDICAL GROUP MAIN CLINIC	E	\$0	\$0	
147	CO	PETERSON AFB	3017	PETE EAST PHARMACY	E	\$0	\$0	
148	CO	PETERSON AFB	725	MEDICAL ANNEX	E	\$0	\$0	
149	CO	PETERSON AFB	859	MEDICAL CLINIC	E	\$0	\$0	
150	CO	PETERSON AFB	860	MEDICAL CLINIC	E	\$0	\$0	
151	UK	RAF ALCOBURY	857	RAF ALCOBURY	E	\$0	\$0	
152	UK	RAF CROUGHTON	146	RAF CROUGHTON	E	\$0	\$0	
153	UK	RAF LAKEHATH	922	HOSPITAL ANNEX	E	\$0	\$0	
154	UK	RAF LAKEHATH	928	FLIGHT MEDICINE FACILITY	E	\$0	\$0	
155	UK	RAF LAKEHATH	930	HOSPITAL	E	\$0	\$0	
156	UK	RAF LAKEHATH	935	HOSPITAL	B	\$0	\$0	
157	UK	RAF LAKEHATH	944	DENTAL	D	\$0	\$0	
158	UK	RAF LAKEHATH	955	PUBLIC HEALTH/DIETITIS	D	\$0	\$0	
159	UK	RAF MILDENHALL	933	FLIGHT MEDICINE	E	\$0	\$0	
160	UK	RAF MILDENHALL	939	FLIGHT MEDICINE	E	\$0	\$0	
161	UK	RAF UPWOOD	23	RAF UPWOOD CLINIC	E	\$0	\$0	
162	GER	RAMSTEIN AB	301	DENTAL CLINIC	D	\$0	\$0	
163	GER	RAMSTEIN AB	2114	MAIN CLINIC	E	\$0	\$0	
164	GER	RAMSTEIN AB	2116	PHYSICAL THERAPY CLINIC	E	\$0	\$0	
165	GER	RAMSTEIN AB	2118	PHYSICAL THERAPY CLINIC	E	\$0	\$0	
166	GER	RAMSTEIN AB	2121	CLINIC ANNEX	E	\$0	\$0	
167	GER	RAMSTEIN AB	161	SENBACH CLINIC	E	\$0	\$0	
168	TX	RANDOLPH AFB	860	LIFE SKILLS SUPPORT CENTER	E	\$0	\$0	
169	TX	RANDOLPH AFB	219	CLINIC ANNEX	E	\$0	\$0	
170	TX	RANDOLPH AFB	1040	MEDICAL GROUP	E	\$0	\$0	
171	TX	RANDOLPH AFB	1068	CLINIC ANNEX	E	\$0	\$0	
PAGE SUBTOTALS						\$0	\$0	

COMPONENT: AIR FORCE										DATE: 1-Nov-12	
MEDICAL TREATMENT FACILITIES (MTF)										TOTAL COST TO CORRECT ALL DEFICIENCIES (\$'000)	
A	ID	STATE	FACILITY	BLDG#	BLDG NAME	BLDG FUNCTION	COST TO CORRECT DEFICIENCY (\$'000)		CATEGORIES	ADJA/ABA	REMARKS
										14	
	172	GA	ROBINS AFB	700	MEDICAL GROUP			\$0		\$0	
	173	GA	ROBINS AFB	207	OCC MED CLINIC			\$0		\$0	
	174	CO	SCHRIEVER AFB	120	MEDICAL/DENTAL CLINIC			\$0		\$0	
	175	IL	SCOTT AFB	1629	AEROMEDICAL STAGING FACILITY			\$0		\$0	
	176	IL	SCOTT AFB	1630	SCOTT MEDICAL CLINIC			\$0		\$0	
	177	IL	SCOTT AFB	1631	SCOTT MEDICAL CLINIC			\$0		\$0	
	178	NC	SEYMOUR JOHNSON AFB	2800	THOMAS KORITZ CLINIC			\$0		\$0	
	179	NC	SEYMOUR JOHNSON AFB	2805	KIECKER DENTAL CLINIC	D		\$0		\$0	
	180	SC	SHAW AFB	1048	DENTAL CLINIC	D		\$0		\$0	
	181	SC	SHAW AFB	1048	MAIN CLINIC	E		\$0		\$0	
	182	SC	SHAW AFB	1001	OCCUPATIONAL ENVIRONMENT HEALTH LAB	E		\$0		\$0	
	183	SC	SHAW AFB	1003	PEDIATRICS	E		\$0		\$0	
	184	SC	SHAW AFB	1005	FLIGHT MED/BOENVRON	E		\$0		\$0	
	185	TX	SHEPPARD AFB	100	SAT PHARM MAIN CLINIC	E		\$0		\$0	
	186	TX	SHEPPARD AFB	1307	PHARM MAIN CLINIC	E		\$0		\$0	
	187	TX	SHEPPARD AFB	1307	FLIGHT SURGEON CLINIC	E		\$0		\$0	
	188	GER	SPANGDAHL AFB	181	AFSEC CLINIC	E		\$0		\$0	
	189	GER	SPANGDAHL AFB	175	OUTPATIENT CLINIC	E		\$0		\$0	
	190	GER	SPANGDAHL AFB	37	OUTPATIENT CLINIC	E		\$0		\$0	
	191	OK	TINKER AFB	3334	PHYSICAL THERAPY CLINIC	E		\$0		\$0	
	192	OK	TINKER AFB	3334	OCCUPATIONAL HEALTH CENTER	E		\$0		\$0	
	193	CA	TRAVIS AFB	775	DENTAL CLINIC	D		\$0		\$0	
	194	CA	TRAVIS AFB	777	DAVID GRANT MEDICAL CENTER	A		\$0		\$0	
	195	FL	TINDALL AFB	548	PHYSICAL THERAPY CLINIC	E		\$0		\$0	
	196	FL	TINDALL AFB	950	PHARM	E		\$0		\$0	
	197	FL	TINDALL AFB	1307	CLINIC ANNEX	E		\$0		\$0	
	198	FL	TINDALL AFB	1307	CLINIC ANNEX	E		\$0		\$0	
	199	FL	TINDALL AFB	1404	MENTAL HEALTH CLINIC	E		\$0		\$0	
	200	FL	TINDALL AFB	1405	TINDALL MEDICAL CLINIC	E		\$0		\$0	
	201	CO	USAF A	4105	MAIN FACILITY	E		\$0		\$0	
	202	CO	USAF A	4105	PHYSICAL THERAPY CLINIC	E		\$0		\$0	
	203	CO	USAF A	2365A	CETF MEDICAL CLINIC	E		\$0		\$0	
	204	CO	USAF A	2365-B	CETF DENTAL CLINIC	D		\$0		\$0	
	205	OK	VANCE AFB	810	VANCE CLINIC	E		\$0		\$0	
	206	OK	VANCE AFB	810	MENTAL HEALTH	E		\$0		\$0	
	207	OK	VANCE AFB	810	MENTAL HEALTH	E		\$0		\$0	
	208	CA	VANSEMBERG AFB	13850	MEDICAL GROUP CLINIC	E		\$0		\$0	
	209	MO	WHITEMAN AFB	2032	MEDICAL GROUP	E		\$0		\$0	
	210	OH	WRIGHT-PATTERSON AFB	20075	OCCUPATIONAL HEALTH CLINIC	E		\$0		\$0	
	211	OH	WRIGHT-PATTERSON AFB	31250	KITTHANK PHARMACY	E		\$0		\$0	
<b>PAGE SUBTOTALS</b>										<b>\$0</b>	<b>\$0</b>

COMPONENT: AIR FORCE							DATE:	1-Nov-12					
MEDICAL TREATMENT FACILITIES (MTF)		BLDG #		BLDG NAME		BLDG FUNCTION		COST TO CORRECT DEFICIENCY (\$000)		TOTAL COST TO CORRECT DEFICIENCIES (\$000)		REMARKS	
ID	STATE	FACILITY	BLDG #	BLDG #	BLDG NAME	BLDG FUNCTION		CATEGORIES 1-4		ADAVABA		REMARKS	
212	OH	WRIGHT-PATTERSON AFB	10830		HOSPITAL	B		\$0		\$0			
213	JAPAN	YOKOTA AB	4408		MAIN HOSPITAL	B		\$0		\$0			
214	JAPAN	YOKOTA AB	4413		AERO-EVACUATION WING	E		\$0		\$0			
215	JAPAN	YOKOTA AB	1585		MEDICAL ANNEX	E		\$0		\$0			
<b>TOTALS</b>								<b>\$0</b>		<b>\$0</b>			
<b>PERCENTAGE</b>								<b>\$0</b>		<b>\$0</b>			
<b>PAGE SUBTOTALS</b>								<b>\$0</b>		<b>\$0</b>			

<b>CODE</b>	<b>CATEGORY OF REPAIRS:</b>
1	BUILDING SYSTEMS AND ENVELOPES
2	LIFE SAFETY AND FIRE PROTECTION
3	INTERFUNCTIONAL OPERATIONS SYSTEMS
4	CAMPUS
5	ADA

<b>CODE</b>	<b>REMARKS:</b>
a	[ADD ANY SUPPORTING NOTES, EXPLANATIONS, OR OTHER INFORMATION AS APPROPRIATE]

<b>CODE</b>	<b>BUILDING FUNCTION:</b>
A	MEDICAL TREATMENT - REGIONAL MEDICAL CENTER
B	MEDICAL TREATMENT - HOSPITAL (INCLUDES COMMUNITY HOSPITALS)
C	MEDICAL RESEARCH
D	DENTAL CLINIC
E	MEDICAL CLINIC
F	OTHER (SPECIFY)

**HOT LINE CALLS: NO HOTLINE CALLS WERE RECEIVED RELATED DIRECTLY TO FACILITY ISSUES.**

## FACILITY INSPECTION CHECKLIST GENERAL INSTRUCTIONS

- 1 All Medical Treatment Facilities (MTFs) within the installation/command must be inspected in accordance with the attached checklist and guide.  
**A MTF is defined as :** A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. (This does not include battalion aid stations; post/base in or out processing facilities; or soldier readiness processing (SRP) facilities unless they are an Integral part of an MTF)
- 2 This inspection is condition, not space driven, so commands **should not** use this as a space requirement exercise.
- 3 Complete one checklist per MTF.
- 4 Every checklist will include activity/installation, date of inspection, and inspector's information.
- 5 Facilities will be rated either **Met** or **Not Met** in several categories. **Met** indicates full or satisfactory compliance; or the adverse condition described does not exist. **Not Met** indicates non compliance; or the adverse condition described is critical and failure is imminent. **N/A** may be applicable in some cases.
- 6 Every checklist will indicate the MTF Type (i.e. Hospital or clinic) and the building number.
- 7 Indicate overall category ratings of **Met** or **Not Met** for each category as well as an overall installation rating of **Met** or **Not Met** on the Installation Roll-Up Report. Also list specific deficiencies for each category including estimated correction cost and date.
- 8 Routine deficiencies (corrected immediately or by service call) should not be listed.
- 9 One Installation Roll Up Report for all facilities should be submitted at the conclusion of all facility inspections. Actual facility checklists should be retained at the command for future reference.
- 10 The Facility Condition Guide defines what to look for when determining the condition on the Facility Checklist.

### Met/Not Met Definitions:

#### **NOT MET:**

1) Any deficiency identified during the inspection that would result in a finding of non-compliance by an accrediting agency or 2) any unresolved environment of care/facility findings/deficiencies previously identified by an accrediting agency or others that impact effective operation and maintenance of MTFs or 3) any access to facilities/spaces deficiency not in compliance with Americans with Disabilities Act/Architectural Barriers Act Accessibility Guidelines (ADA/ABAAG).

#### **MET:**

Then, by default all other standards are met. The Guidelines to accompany inspection checklist define the standards further for each item.

Note: This Facility Inspection Checklist evaluates and records the condition of each facility.

<b>Activity/Installation:</b>		
<b>Date of Submission:</b>		
<b>Primary Point of Contact name and Phone#:</b>		
	<b>INSTALLATION OVERALL INSPECTION RATING</b>	<b>M/NM</b>
<b>Remarks:</b>	<i>Overall Comments</i>	
	<b>Building Systems/Envelope</b>	
<b>Building Systems/ Envelope Deficiencies:</b>	<i>List each deficiency in each category with bldg#, description, estimated cost to correct, and expected correction date.</i>	
	<b>Life/Fire Safety</b>	
<b>Life/Fire Safety Deficiencies</b>		
	<b>Interior Conditions</b>	
<b>Interior Condition Deficiencies</b>		
	<b>Site/Medical Campus</b>	
<b>Site/Medical Deficiencies</b>		
	<b>ADA/ABAAG</b>	
<b>ADA/ABAAG Deficiencies</b>		

<b>Activity/Installation:</b>					
<b>Date of Inspection:</b>					
<b>Inspector's name and Phone#:</b>					
<b>MEDICAL TREATMENT FACILITY (MTF) INSPECTION CHECKLIST</b>					
<b>MET</b>	Full or satisfactory compliance; or the adverse condition described does not exist IAW the Facility Inspection Guide				
<b>NOT MET</b>	Non compliance; or the adverse condition described is critical and failure is imminent IAW the Facility Inspection Guide				
<b>MTF TYPE (Hosp, Clinic, etc)/BLDG #</b>					
<b>FACILITY OVERALL INSPECTION RATING</b>					
<b>Remarks:</b>					
			<b>M</b>	<b>NM</b>	<b>N/A</b>
<b>Building Systems/Envelope</b>					
<b>Roof Condition</b>	1. Is the roof in good condition with no record or signs of leaks when it rains?				
	2. Is roof draining properly and free from signs of standing water?				
<b>Exterior Conditions</b>	1. Are exterior walls and panels in good repair and not showing signs of deterioration?				
	2. Are exterior walls and panels free from signs of leaking or moisture migration?				
	3. Are windows, louvers and vents caulked/sealed properly and not showing signs of deterioration or water seepage to the inside?				
	4. Are exterior doors and frames in good condition, operating properly and not showing signs of deterioration or water seepage to the inside?				
	5. Is the foundation in good condition with no indications of differential settling or heaving?				
	6. Are crawl spaces and/or basements dry with no signs of current or past water seepage?				
<b>Stairs, Ramps and Elevated Walks</b>	1. Are stairs, ramps and elevated walks in good condition with no signs of deterioration?				
	2. Are handrails in good condition with no signs of deterioration?				
<b>Elevators</b>	1. Are the elevators (if any) in good condition with no record or signs of frequent outages?				
	2. Do elevators have the current safety inspection certification?				
<b>Plumbing</b>	1. Is the Domestic Water Supply and DWV system in good condition, components working properly and free of corrosion build-up, leaks and/or signs of damage?				
	2. Are pipes properly secured and insulated?				
	3. Are plumbing fixtures such as sinks (including OR wash sinks), tubs, showers, water closets and drinking fountains in good condition and free of signs of damage?				
	4. Are the Medical Gas and Vacuum Systems in good condition, comply with NFPA 99 and have no record or signs of system failures?				
<b>HVAC</b>	1. Does the HVAC system provide acceptable environmental conditions (e.g. temperature, humidity, etc.) ?				
	2. Is the HVAC System in good condition with no record or signs of system failure?				
	3. Are pipes properly secured, insulated and free of leaks?				
	4. Is all duct work properly insulated, secured and free of leaks?				

	5. Are cooling towers in good condition, free of rust, corrosion and algae?			
<b>Electrical and Lighting</b>	1. Is the Electrical System in good condition IAW appropriate codes and standards?			
	2. Are all lighting fixtures and lamps clean and in proper working order?			
<b>Communications and Special Systems</b>	1. Are communications and special systems (if installed) fully operational with no record or signs of frequent outages?			
<b>Building Systems/Envelope Overall Inspection Rating</b>				
<b>Building Systems/Envelope Deficiencies:</b>				
<b>Life/Fire Safety</b>				
<b>Means of Egress</b>	1. Are all egress travel distances to an exit IAW NFPA 101?			
	2. Are all exit access corridors clear and assessable with no projections into the required clear opening that violate NFPA 101?			
<b>Emergency Lighting and Exit Signs</b>	1. Are all exit lights correctly located and fully illuminated IAW NFPA 101?			
	2. Are all exit signs and emergency lighting connected to an adequate emergency standby power source IAW NFPA 101?			
<b>Generators and Automatic Transfer Switches</b>	1. If required, is the Emergency Power Supply System (EPSS) properly installed, maintained, and operational?			
	2. Is the Emergency Power Supply System (EPSS) able to meet load requirements and response times?			
<b>Fire Protection</b>	1. Is there a fire alarm system properly installed, maintained, and operational IAW NFPA and JCAHO?			
	2. If required, is the facility fully sprinklered?			
	3. If not fully sprinklered, are high hazard areas sprinklered?			
	4. Is a clear plane of at least 18" being maintained between sprinkler deflectors and the top of all storage IAW NFPA 13, Section 8.6.6.1.?			
	5. Is all fire proofing material on structural elements in good condition?			
	6. Are all portable fire extinguishers located and maintained IAW NFPA 10?			
	7. Are fire doors in good condition, operating properly and have the proper legible rating labels on both the door and jamb IAW NFPA 80 & 101?			
	8. Is the integrity of all Fire and Smoke Barrier Assemblies in tact with no through penetrations?			
<b>Life/Fire Safety Overall Inspection Rating</b>				
<b>Life/Fire Safety Deficiencies</b>				
<b>Interior Conditions</b>				
<b>Signage</b>	1. Is directional signage sufficient to facilitate patient orientation?			
<b>Floors</b>	1. Are floor finishes (i.e. carpeting, Terrazzo, sheet vinyl, tile, etc) in good condition and free from hazards?			
<b>Walls and Ceilings</b>	1. Are walls and ceilings in good condition?			
	2. Are walls coverings, tile and other trim material in good condition?			
	3. Are walls and ceilings free of signs of moisture such as stains, spots, mold or mildew, either from weather or utilities leaks?			

<b>Doors</b>	1. Are interior doors and hardware including (safety/panic hardware) in good repair and operable?			
<b>Interior Conditions Overall Inspection Rating</b>				
<b>Interior Condition Deficiencies</b>				
<b>Site/Medical Campus</b>				
<b>Parking Lots</b>	1. Are parking lots and access roads in good condition?			
	2. Are parking lots and access roads free of hazards that prevent ease of patient access?			
<b>Sidewalks</b>	1. Are Sidewalks in good condition?			
	2. Are Sidewalks free of hazards that prevent ease of patient access?			
<b>Campus</b>	1. Are the MTF grounds in good condition?			
	2. Are the MTF grounds safely maintained to facilitate patient movement?			
<b>Site/medical Campus Overall Inspection Rating</b>				
<b>Site/Medical Deficiencies</b>				
<b>ADA/ABAAG</b>				
<b>Handicap Accessibility outside the MTF</b>	1. Does the facility meet disabled person accessibility requirements (e.g. ramps, handrails, curb cuts, etc)?			
	2. Does the facility comply with ADA requirements for adequate disabled parking?			
<b>Handicap Accessible Restrooms</b>	1. Are all Handicap Accessible Restrooms in accordance with ADA requirements?			
<b>Handicap Accessibility within the MTF</b>	1. Does the facility comply with all ADA requirements (e.g. adequate doorway widths, ADA Fire Alarm devices and proper door handles, pulls, latches, locks, etc)?			
	2. Where installed are automatic doors fully functional and meet ADA requirements?			
<b>ADA/ABAAG Overall Inspection Rating</b>				
<b>ADA/ABAAG Deficiencies</b>				

**Note: This Facility Inspection Guide defines what to look for when determining the condition on the Facility Checklist.**

**Building Systems/Envelope**

**Roof Condition**

<b>1. Is the roof in good condition with no record or signs of leaks when it rains as follows?</b>	
a	The roof should have no record or signs of leaks when it rains.
b	The roof should have no cracks, punctures or unusual signs of wear.
c	The insulation should have no "Soft" spots that may indicate the possibility of absorbed moisture.
d	Shingles and/or tiles:
1)	Shingles and/or tiles should be secure with none missing.
2)	All nails and fasteners should be secure with none missing.
3)	Shingles should lay flat with no curling edges or loss of coating.
4)	Wood shingles should be secure with no signs of splitting or rotting.
e	Walkway mats and/or pavers should be secure with none cracked, loose or missing.
f	The roof should be free from signs of wind or storm damage.
1)	Roof ballast should be in place with none missing.
2)	Metal panels should be secure with none missing.
3)	Fascias should be free of damage.
g	Membrane roof seams:
1)	Membrane roof seams should not have signs of separation or edge cavitation.
2)	Membrane roof seams should have no signs of "bubbling" which indicates possible trapped moisture.
h	Fasteners should be secure with no signs of "tenting" beneath the membrane.
i	Flashings, seals and caulk:
1)	Flashing should be secure with uniform pressure against the wall or roof surface.
2)	Seals around roof vents and stacks should not be brittle or cracking.
3)	Caulking should be in good condition and not cracked or sunken.
j	Pitch pockets should not be cracking, improperly filled or have damaged flashing.
k	Vent stacks should be unobstructed and free of damaged to include the lead or rubber sleeves.
l	Parapet walls and perimeter curbs:
1)	Counter flashing and coping should not be loose, separated or deteriorated.
2)	Caulking should be in good condition and not cracked or sunken.
3)	Brick, block and/or concrete should not have cracks, spalling or mortar joints that need re-pointing.
4)	Metal should not have any rust or corrosion.
5)	Weep holes should be clear and unobstructed.
m	Equipment curbs should not have any cracking or spalling.
n	Bituminous coating around roof top equipment such as air conditioning units and kitchen exhaust fans should be free from blisters or "alligatoring".
o	Entrance canopies:
1)	The Canopy structure should be stabile, properly anchored with no signs of deterioration rust or corrosion.
2)	The canopy covering should be securely attached to the canopy structure and, if applicable, has no tears or deterioration.
<b>2. Is roof draining properly and free from signs of standing water as follows?</b>	
a	Roof drains, through-wall scuppers, gutters and downspouts should be in good condition, properly secured and not clogged by debris.
b	Connections of downspouts to storm sewer pipes should be secure, or properly terminated on splash blocks.

c	Roof should be sloped properly with no signs of ponding areas such as standing water or a concentric pattern of debris or dirt indicating a ponding condition.
d	The first few rows of shingles should be free of high water mark discoloration that may be due to a build-up of snow or ice.
e	Curbs and walls above the flashing should be free of high water mark discoloration that may be due to a build-up of snow or ice.
f	If a high water mark exists, the area under the shingles, tiles or flashing should be dry with no signs of moisture in the past.
<b>Exterior Conditions</b>	
<b>1. Are exterior walls and panels in good repair and not showing signs of deterioration as follows?</b>	
a	Brick, block or concrete:
1)	Brick, block or concrete should not have any cracks such as; stair stepping, shearing, hairline or open gaps.
2)	Brick, block or concrete should not have any spalling, exposed reinforcing and/or rust stains.
3)	Brick or block should not be loose or missing.
4)	Mortar joints should not be cracking, sandy, eroded or pulling away from brick or block.
b	All other exterior panel and wall material such as metal, wood and stucco:
1)	Metal should not have any rust or corrosion.
2)	Wood should not be warped or rotting.
3)	Material should be secure with none loose or missing.
4)	Nails and fasteners should be secure.
5)	Seals, gaskets, and caulking should be water tight and adequately prevent air infiltration.
6)	Stucco (or simulated stucco) should not be cracked, broken or have any disintegrating areas.
7)	Caps on parapet walls (stone, concrete, metal, etc.) should be in good condition and secure.
c	Expansion joints sealant's bond to the wall should be intact and water tight with no cracks.
d	Weep holes should be open and draining properly.
e	Painted surfaces should not be blistering, peeling, alligating, cracking, flaking, fading, chalking, mildewing or worn off.
<b>2. Are exterior walls and panels free from signs of leaking or moisture migration as follows?</b>	
a	The interior walls should not have any water stains.
b	The interior paint should not be blistering or peeling.
c	The gypsum wall board should not have any soft spots or mold.
<b>3. Are windows, louvers and vents caulked/sealed properly and not showing signs of deterioration or water seepage to the inside as follows?</b>	
a	Windows should operate easily with no signs of damage, rust or corrosion.
b	Seals, gaskets, and caulking should be water tight and adequately prevent air infiltration.
c	Window glass should not be cracked or broken and should be free of moisture in between the glass panes if double pane.
d	Interior walls and ceilings around windows and skylights should be free of signs of moisture such as stains, blistering or peeling paint, soft spots or mold.
e	Window screens should be secure and free of damage.
f	Louvers and vents:
1)	Vents should operate properly without binding or jamming.
2)	Metal vents should be free of rust or corrosion.
3)	Vent hardware should operate properly and is not loose, broken or missing.
4)	Vents should be unobstructed.
5)	Louvers should be free of bird nests and/or droppings.
6)	Areas and rooms that are vented (such as crawlspaces, attics, mechanical rooms, etc.) should be free of excessive condensation which is an indication of a lack of proper venting.
<b>4. Are exterior doors and frames in good condition, operating properly and not showing signs of deterioration or water seepage to the inside as follows?</b>	
a	Doors and hardware should operate properly with no binding.

b	Doors, frames and tracks (if applicable) should be free from damage, rust, corrosion, warping or misalignment.
c	Hardware should not be loose or have any missing or broken parts; corrosion, abrasion or loss of finish coating.
d	Door glass should not be cracked or broken and should be free of moisture in between the glass panes if double pane.
e	Thresholds, seals and caulking should be in good condition and water tight.
<b>5. Is the foundation in good condition with no indications of differential settling or heaving as follows?</b>	
a	Foundation should be free of cracks in the brick, block or concrete such as; stair stepping, shearing, hairline or open gaps.
b	Doors and windows should operate without binding.
c	Walls and columns should be plumb.
d	Foundation should be free of any indications of severe movement at expansion or control joints to include retaining walls attach to the building.
<b>6. Are crawl spaces and/or basements dry with no signs of current or past water seepage as follows?</b>	
a	The interior of exterior walls below grade should not have any water stains.
b	The interior paint on exterior walls below grade should not be blistering or peeling.
c	The gypsum wall board on the interior of exterior walls below grade should not have any soft spots or mold.
<b>Stairs, Ramps and Elevated Walks (Interior &amp; Exterior)</b>	
<b>1. Are stairs, ramps and elevated walks in good condition with no signs of deterioration as follows?</b>	
a	Concrete stairs should show no signs of deterioration such as; spalling, cracking, rust stains or exposed rebar.
b	Concrete and/or asphalt ramps and elevated walkways should show no signs of deterioration such as; spalling, cracking, rust stains or exposed rebar.
c	Metal stairs should have no loose treads and/or signs of rust or corrosion.
d	Nosing on stairs should be in place and properly secured.
<b>2. Are handrails in good condition with no signs of deterioration as follows?</b>	
a	Handrails should be in place where needed IAW appropriate code.
b	Handrails should be secure.
c	Handrails should be provided along both sides of ramp segments and the inside handrail on switchback or dogleg ramps should be continuous.
d	Top of handrail gripping surface should be mounted between 34 in and 38 in above step nosing.
e	Clear space between the handrail and wall should be at least 1-1/2 inches.
f	Handrails should extend 12" from the bottom riser and 12" plus the tread depth from the top riser.
<b>Elevators</b>	
<b>1. Are the elevators (if any) in good condition with no record or signs of frequent outages as follows?</b>	
a	If the facility is multistory, elevators should be provided.
b	Elevators should not have a record or signs of frequent outages.
c	The general appearance of equipment and cars should be in good condition.
<b>2. Do elevators have the current safety inspection certification as follows?</b>	
a	There should be a current annual safety inspection certificate for all elevators.
b	There should be a current 5 year load safety inspection certificate for all elevators.
<b>Plumbing</b>	
<b>1. Is the Domestic Water Supply and DWV system in good condition, components working properly and free of corrosion build-up, leaks and/or signs of damage as follows?</b>	
a	Piping, valves, backflow preventer, converters, domestic hot water generators and the exterior of storage and expansion tanks (including fittings, drains, valves and manholes) should all be free of corrosion build-up, leaks and/or signs of damage.
b	All pressure gages, water columns and flow meters should read properly
c	Pressure relief valves should work properly.

d	Controls and, valves should operate properly.
e	Pumps should be free of unusual noise, vibrations or high temperatures.
f	Steam traps should operating properly.
g	Strainers and filters should not be clogged.
h	Piping and valves should be properly and clearly labeled.
<b>2. Are pipes properly secured and insulated?</b>	
a	Piping should be properly secured to include any seismic requirements.
b	Insulation should be properly installed and free of damage or open seems.
<b>3. Are plumbing fixtures such as sinks (including OR wash sinks), tubs, showers, water closets and drinking fountains in good condition and free of signs of damage as follows?</b>	
a	Fixtures should be free of rust, corrosion, cracks and/or other damage.
b	Faucets and accessories should operate properly with adequate water pressure and no leakage.
c	Fixtures should be properly anchored to the wall, floor or counter top.
d	Water closet seats should be secure.
e	Drains should operate properly with no leakage.
f	If drinking fountains are refrigerated, electrical service to fountain should be on a GFCI circuit.
<b>4. Are the Medical Gas and Vacuum Systems in good condition, comply with NFPA 99 and have no record or signs of system failures as follows?</b>	
a	The Medical Gas and Vacuum Systems should have no record or signs of system failure.
b	All tests, inspections and PMs should have been performed and records complete.
c	All piping and valves should be properly labeled.
d	All medical gas equipment should be powered by the equipment branch of Essential Electrical System.
e	All alarms should be powered by the life safety branch of Essential Electrical System.
<b>HVAC</b>	
<b>1. Does the HVAC system provide acceptable environmental conditions (e.g. temperature, humidity, etc.) as follows?</b>	
a	Control systems should be operating properly.
b	The HVAC system appears to be properly balanced with no hot or cold spots within the facility.
c	The HVAC system provide the proper temperature, humidity, filtration, outside air, air changes and/or pressure (positive or negative) to critical care areas IAW AIA Guidelines and UFC 4-510-01 (MIL Handbook 1191).
<b>2. Is the HVAC System in good condition with no record or signs of system failure as follows?</b>	
a	Rotating and/or reciprocating equipment should operate without excessive vibration or noise.
b	Pumps and pulleys should be properly aligned and belts should have the proper tension.
c	All dampers should work properly.
d	Coils should be clean with no leaks.
e	Chillers should be properly insulated and free of water and/or refrigerant leaks.
f	All gauges, thermometers, and other devices should be reading accurately.
<b>3. Are pipes properly secured, insulated and free of leaks as follows?</b>	
a	Piping should be properly secured to include any seismic requirements.
b	Insulation should be properly installed (to include elbows, valves and fittings) and free of damage or open seems.
c	Pipes, control valves and other piping accessories should be free of leaks, rust and/or corrosion.
<b>4. Is all duct work properly insulated, secured and free of leaks as follows?</b>	
a	Duct work should be properly insulated and free of leaks.
b	Duct work should be properly secured to include any seismic requirements.
c	Diffusers should be in distributed air appropriately and free of dirt, rust and/or corrosion.
<b>5. Are cooling towers in good condition, free of rust, corrosion and algae as follows?</b>	
a	Motors should operate without excessive vibration, noise or heat generation.
b	Cooling towers and support structures should be free of rust and/or corrosion.

c	Water dispersion system nozzles should not be clogged.
d	Wet deck should be free of algae and other debris.
e	Wet deck media should be intact and in good operational condition.
<b>Electrical and Lighting</b>	
<b>1. Is the Electrical System in good condition IAW appropriate codes and standards as follows?</b>	
a	Main switch gear should be in good operating condition as follows:
1)	Switch gears should be free of corrosion with no loose brackets, holding bolts or supports.
2)	Grounding cables, clamps, and straps should be secure and not frayed.
3)	Insulators should not have cracks or any signs of flashovers.
4)	Switch gears should operate smoothly.
5)	Switch gear should be properly labeled.
6)	All exposed live parts should be properly covered and protected from unauthorized access.
7)	Appropriately clearances should be maintained around equipment.
b	Panelboards, Load Centers and Disconnect Switches:
1)	Panelboards, load centers and disconnect switches should be properly sized, not overloaded and have a labeled index.
2)	Panelboards, load centers and disconnect switches should have the proper clearance.
3)	Appropriately clearances should be maintained around equipment.
c	Junction Boxes:
1)	Cover plates should be properly installed.
2)	All junction box openings should be properly sealed.
d	Electrical outlets:
1)	Outlets should be free from signs of defective contacts as evidenced by difficult plugging or overheating.
2)	Hospital grade outlets (with green dot) should be used.
3)	An appropriate number of outlets should be available (no extension cords or power strips)
4)	Emergency electrical outlets should be properly identified.
<b>2. Are all lighting fixtures and lamps clean and in proper working order as follows?</b>	
a	All lighting fixtures should be in proper working order with no cracked or broken luminaries and/or fixture parts.
b	The appropriate light fixtures should be utilized for the specific area.
c	Interior lighting levels should be appropriate and not excessively dim or bright.
d	Lighting fixtures and lamp lenses should be clean with no burned out bulbs.
<b>Communications and Special Systems</b>	
<b>1. Are communications and special systems (if installed) fully operational with no record or signs of frequent outages as follows?</b>	
a	The nurse call system should be fully operational with no record or signs of frequent outages.
b	The public address system should be fully operational with no record or signs of frequent outages.
c	The closed circuit television system should be fully operational with no record or signs of frequent outages.
d	The cable television system should be fully operational with no record or signs of frequent outages.
e	The infant or pediatric abduction system should be fully operational with no record or signs of frequent outages.
f	The security system should be fully operational with no record or signs of frequent outages.
g	The building lightning protection system should be intact.
h	Equipment protection system:
1)	Surge suppression units should be fully operational with no record or signs of frequent outages.
2)	The uninterruptible power supply (UPS) should be fully operation with no record or signs of frequent outages.
3)	Surge suppression units and UPS should be sized properly for the connected load.

i	The building wide master clock system should be fully operation with no record or signs of frequent outages.
j	The wondering patient system should be fully operational with no record or signs of frequent outages.
<b>Life/Fire Safety</b>	
<b>Means of Egress</b>	
<b>1. Are all egress travel distances to an exit IAW NFPA 101 as follows?</b>	
a	Travel distances between any room door required as an exit access and an exit should be less than 100 feet (or 150 feet if the building is fully sprinklered).
b	Travel distance between any point in a room and an exit should be less than 150 feet (or 200 feet if the building is fully sprinklered).
<b>2. Are all exit access corridors clear and assessable with no projections into the required clear opening that violate NFPA 101 as follows?</b>	
a	Areas <b>not</b> intended for the housing, treatment, or use of inpatients shall be not less than 44" in clear and unobstructed width.
b	Areas intended for limited care or psychiatric care shall be not less than 6 ft in clear and unobstructed width, unless otherwise permitted by the following:
1)	Each projection shall not exceed a depth of 6 in.
2)	Each projection shall not exceed a length of 36 in.
3)	Each projection shall be positioned not less than 40 in. above the floor.
4)	Each projection shall have not less than 48 in. horizontal separation from adjacent projections.
c	Areas intended for the housing, treatment, or use of inpatients, in a hospital or nursing home, shall be not less than 8 ft in clear and unobstructed width, unless otherwise permitted by the following:
1)	Each projection shall not exceed a depth of 6 in.
2)	Each projection shall not exceed a length of 36 in.
3)	Each projection shall be positioned not less than 40 in. above the floor.
4)	Each projection shall have not less than 48 in. horizontal separation from adjacent projections.
<b>Emergency Lighting and Exit Signs</b>	
<b>1. Are all exit lights correctly located and fully illuminated IAW NFPA 101 as follows?</b>	
a	Exit signs should all be properly lit
b	Exit sign locations:
1)	All exits should be either obvious and readily apparent, or there should be an exit sign clearly visible.
2)	All exit signs should be clearly visible from all directions of the exit access.
3)	All exit sign directional arrows should be pointing in the correct direction.
<b>2. Are all exit signs and emergency lighting connected to an adequate emergency standby power source IAW NFPA 101 as follows?</b>	
a	Exit signs and emergency lighting should have a self contained integral battery that is operable.
b	Areas intended for the housing, treatment, or use of inpatients, in a hospital or nursing home, exit signs and emergency lighting should also be connected to an emergency generator system.
<b>Generators and Automatic Transfer Switches</b>	
<b>1. If required, is the Emergency Power Supply System (EPSS) properly installed, maintained, and operational as follows?</b>	
a	The generator(s) should be fully operational and reliable with no record or signs of frequent outages.
b	Automatic transfer switches should be reliable and fully operational with no record or signs of frequent outages.

c	Generator fuel system should be reliable and fully operational with no record or signs of frequent outages.
d	All tests, inspections and PMs should be performed and records complete to NFPA and JCAHO standards.
<b>2. Is the Emergency Power Supply System (EPSS) able to meet load requirements and response times as follows?</b>	
a	The generator(s) should have sufficient capability to pick up the load and meet the minimum frequency and voltage stability requirements of the EPSS within 10 seconds after loss of normal power IAW NFPA 99 and 101.
<b>Fire Protection</b>	
<b>1. Is there a fire alarm system properly installed, maintained, and operational IAW NFPA and JCAHO as follows?</b>	
a	The fire alarm should be properly design and installed in the facility to meet all applicable codes and standards of the intended use.
b	If the fire alarm system is an intelligent system, it should allow the monitoring of smoke detectors.
c	The fire alarm system should either be connected to the local fire department or the system should be monitored 24/7 by some one in the facility.
d	All tests, inspections and PMs should be performed and records complete to NFPA and JCAHO standards.
e	Appropriate signaling devices should be present in:
	1) Conference Rooms
	2) Restrooms
	3) Waiting Rooms
<b>2. If required, is the facility fully sprinklered as follows?</b>	
a	Even facilities that are grandfathered are required to be fully sprinklered in the areas that have been affected by major renovation.
b	The interface between the sprinkler and fire alarm systems should be in good condition with no record or signs of problems noted.
<b>3. If not fully sprinklered, are high hazard areas sprinklered?</b>	
a	If facilities are not fully sprinklered, areas of higher hazard (large storage areas, mechanical rooms and spaces containing flame-producing equipment, etc) should be sprinklered.
<b>4. Is a clear plane of at least 18" being maintained between sprinkler deflectors and the top of all storage IAW NFPA 13, Section 8.6.6.1.?</b>	
a	In record rooms, storage areas, hospital library, pharmacy, and other areas with shelved storage, a minimum of 18 inches of clearance should be maintained between sprinkler deflectors and the top of storage.
<b>5. Is all fire proofing material on structural elements in good condition as follows?</b>	
a	Fire proofing material on structural elements should not be loose or missing.
<b>6. Are all portable fire extinguishers located and maintained IAW NFPA 10 as follows?</b>	
a	Portable fire extinguishers should be located within the proper travel distance.
b	Portable fire extinguishers should be readily visible and unobstructed.
c	Portable fire extinguishers should be properly inspected and labeled.
<b>7. Are fire doors in good condition, operating properly and have the proper legible rating labels on both the door and jamb IAW NFPA 80 &amp; 101 as follows?</b>	
a	Doors should operate properly with no binding or misalignment.
b	All doors, frames and tracks (if applicable) should be free of damage.
c	Door finishes should be in good condition.
d	Hardware should operate properly with no loose, missing or broken parts.
e	Glass, if applicable, should be in good condition and not cracked or broken.
f	Doors should close and latch properly.
g	Gaps between meeting edges of doors should not be more than 1/8 inch.

a	Painted surfaces should have no signs of blistering, peeling, fading, chalking, discoloring or a complete absence of paint.
b	Wall coverings (linoleum, vinyl, plastic, canvas, paper, etc.) should not have any punctures or tears and/or signs of adhesive failure such as edge curling.
c	Wood surfaces (paneling or trim) should be free of checking, cracking, splintering, warping or sagging.
d	Ceramic tile:
1)	Ceramic tiles should not be chipped or cracked (to include the grout joints).
2)	Ceramic tiles should be secure and not loose or missing.
3)	Ceramic tile surface should not be etched, pitted, or dull because of improper cleaners.
4)	Grout joints should be free of stains, mold or mildew.
<b>3. Are walls and ceilings free of signs of moisture such as stains, spots, mold or mildew, either from weather or utilities leaks as follows?</b>	
a	Walls and ceilings should be free of signs of moisture such as stains, spots, mold or mildew, either from weather or utilities leaks.
<b>Interior Doors</b>	
<b>1. Are interior doors and hardware including (safety/panic hardware) in good repair and operable as follows?</b>	
a	Doors should operate properly with no binding or misalignment.
b	All doors, frames and tracks (if applicable) should be free of damage.
c	Door finishes should be in good condition.
d	Hardware should operate properly with no loose, missing or broken parts.
e	Glass, if applicable, should be in good condition and not cracked or broken.
f	Dark room doors should seal properly and prevent light penetration.
<b>Site/Medical Campus</b>	
<b>Parking Lots</b>	
<b>1. Are parking lots and access roads in good condition as follows?</b>	
a	Parking lots and access roads should have no signs of settlement, frost heaves, potholes or spalling of the asphalt or concrete.
b	Storm drains, inlets, curbs and gutters should be free of build up of debris and drain properly.
<b>2. Are parking lots and access roads free of hazards that prevent ease of patient access as follows?</b>	
a	Parking lots and access roads should be free of hazards that prevent ease of patient access such uneven pavement, potholes and standing water.
b	Parking lot and street lights should be operating properly.
c	Painting and Striping should be clearly legible.
<b>Sidewalks</b>	
<b>1. Are Sidewalks in good condition as follows?</b>	
a	Sidewalks should have no signs of spalling, cracking or deterioration.
<b>2. Are Sidewalks free of hazards that prevent ease of patient access as follows?</b>	
a	Sidewalk joints should be flush with no signs of differential settlement or frost heaves that could cause tripping hazards.
b	Sidewalks lights should be operating properly.
<b>Campus</b>	
<b>1. Are the MTF grounds in good condition as follows?</b>	
a	The MTF's grounds are free of signs of erosion from storm water
b	Ornamental and/or retaining walls are in good condition with no signs of settlement, heaving, spalling, cracking or deterioration.
c	Fencing support structure is adequate and properly secured.
d	Paint is in good condition with no rust or corrosion.

## **B. Detailed Military Departments' MHH Inspection Reports--1. TAB ARMY**

### **2012 ANNUAL INSPECTION OF ARMY WARRIOR IN TRANSITION HOUSING**

#### **Preface - The Army Approach to Warrior Care and Transition**

As 2012 comes to an end, the Army has been continuously engaged in combat operations for the eleventh year. The current conflict is the third longest conflict in American history, after the Revolution and Vietnam. It is also the first extended conflict since the Revolution to use an all-volunteer force. In February of 2007, substandard housing and other bureaucratic problems were revealed at Walter Reed Army Medical Center. These problems were indicative of a military health system that was largely ignored and underfunded by Army leadership for decades since the end of the Viet Nam War. It unable to cope with the consequences of modern conflict and the unintended effects of world-class battlefield healthcare (e.g. high survivability rates, greater numbers of wounded in action and effective evacuation systems). The strain of multiple deployments required the Army to work together with the Department of Defense (DoD) and the Department of Veterans Affairs (VA) to ensure the well-being of the All-Volunteer Force.

In the spring of 2007, Secretary Gates established the Senior Oversight Committee (SOC) for the wounded, ill, and injured to ensure that recommendations and mandates from Presidential commissions and legislation were addressed. This SOC was organized into eight lines of action (LOA). The "Line of Action 5" mission was to ensure that adequate facilities are able to deliver the care service members and veterans deserve. In accordance with laws and regulations, LOA 5 also established standards for inspection of quarters used by wounded, ill, and injured service members.

The Army pledged to never leave a fallen comrade – neither on the battlefield nor lost in bureaucracy. The problems reported through Presidential Commission reports and Congressional testimony prompted the Army to make dramatic changes across the entire Army. The Army responded decisively with the Army Medical Action Plan (AMAP) a strategy with the goal of "... [providing] a continuum of integrated care and services from point of injury, illness or disease to return to duty or transition from active duty." The AMAP, implemented through a department-wide Execution Order, reflects the Army's commitment to overhaul, adapt, and improve the management and care of wounded, ill, and injured Soldiers previously in the poorly resourced Medical Hold and Medical Holdover units.

In June 2007, Installation Management Command (IMCOM) conducted a barracks survey and found that the barracks housing Medical Hold and Holdover Soldiers were generally rated in good condition. However, these condition ratings were based on standards for able-bodied Soldiers and did not account for special needs. Although the physical condition of the facilities was adequate, these barracks generally did not meet the provisions of the Uniform Federal Accessibility Standards (UFAS). Military barracks were originally excluded from UFAS accessibility requirements due to the fact that in order to even enlist as a Soldier, one had to meet certain functional levels of fitness.

The AMAP replaced the often under-resourced Medical Hold and Medical Holdover units with 36 (now 29) Warrior Transition Units (WTUs) and nine Community Based Warrior Transition Units (CBWTUs). Medical Hold and Medical Holdover personnel are now referred to as Warriors in Transition (WTs) to capture the Army's commitment to the wounded, ill, and injured Soldiers and their families. The AMAP gave wounded, ill, and injured Soldiers a new mission, codified in the WT Mission Statement: "I am a Warrior in Transition. My job is to heal as I transition back to duty or continue serving the nation as a Veteran in my community. This is not a status but a mission. I will succeed in this mission because I am a Warrior and I am Army Strong." The WTU's mission is to focus on the care, treatment, and compassionate disposition of its WTs. The WTU is a patient-centered organization wherein every WT and family member is supported by a "Triad of Care" consisting of a squad leader, a primary care manager (usually a physician), and a nurse case manager.

The AMAP, now implemented within the Army as the Warrior Care and Transition Program, drives not only institutional change, but also unique facilities requirements in order to provide an optimal environment for the WT's mission of healing. These requirements include "Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, 23 July 2004" compliant unit workspaces, barracks, and family housing, and the establishment of Soldier and Family Assistance Centers (SFAC) to provide "one stop" support services to WTs and their families. Unlike the legacy Medical Hold and Medical Holdover facilities, the WTU facilities were to be the best barracks on the installation with big screen TVs and internet connectivity. Inspection criteria include significant square footage requirements, private baths and close proximity to laundry facilities. Ideally, all WT facilities are located in close proximity to one another in a campus-like setting and are all near the Medical Treatment Facility. This vision cannot be completely and uniformly realized across the Army until military construction projects are funded and executed. In the interim, existing facilities have been renovated to provide supportive environments for WTs, their families, and caregivers.

On 18 September 2007, the Office of the Secretary of Defense published the DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel, as required by section 3307 of the U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (PL 110-28). This memo described the housing standards for baseline accommodations and the special features and services to be provided to Medical Hold and Medical Holdover military personnel. The Army aggressively renovated and modified existing facilities to provide interim facilities that meet DoD standards within the limits of existing funding.

The Army is committed to providing quality interim housing facilities for its WTs today, while it strives to establish facilities that better meet the needs of its wounded, ill, and injured Soldiers in the future. The current WTU Complexes are composed of standardized housing facilities, an administrative facility to adequately accommodate the WTU leaders and caretakers, and a Soldier Family Assistance Center where Soldiers and Family members can receive services consolidated in one location. These standardized WTU Complexes will ensure that facilities are located in a manner that makes it convenient for WTs and their family members and non-medical attendants to receive the care and support they need.

The Army plans and programs permanent facility solutions based on projected WT populations. Defining which Soldiers have a complex medical condition that is best suited to the healing environment of a WTU is an evolving and iterative process. Indeed, the Army is constantly reviewing its medical outcomes data and making corresponding changes to WTU eligibility criteria. Because the WTU housing requirement inputs are evolving, there is inherent tension between the desires to ensure 100% of the new construction housing requirement is met, while at the same time avoiding the prospect of over-building.

The goals of fundamental and systematic facility improvements that optimize the healing and rehabilitation of WTs are necessary so that the Army can adequately recruit, prepare, sustain, and reset its all-volunteer force.

### **WARRIOR IN TRANSITION HOUSING**

The Army Installation Management Command (IMCOM) was tasked to inspect quarters housing Warriors in Transition (WT) using standards and checklists developed by the Wounded, Ill, and Injured Senior Oversight Committee, Line of Action (LOA) 5 Working Group. These DoD standards are intended to ensure that the Army's Wounded, Ill, and Injured Warriors live in adequate housing and establish baseline and special medical requirements so accommodations and services are provided as an integral part of the WT's medical treatment plan. The initial AMAP, followed by the establishment of the Warrior Care and Transition Program, were developed and implemented to address the management, command and control, care, and housing of WTs by consolidating them into 36 (now 29) WTUs and assigning them to renovated interim housing that: exceeds or meets the applicable quality standards; is appropriate for their expected duration of treatment; supports non-medical attendants, if authorized; supports accompaniment by their dependents; and is appropriate for their pay grade.

The summary of the results of the 2012 annual inspections is shown in the following table. The data reflects how the currently assigned/attached WTs were housed at the time of the inspection.

<b>IMCOM 2012 WTU INSPECTION ROLLUP</b>							
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H.	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or Army) RCI/AFH	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
Adequately Housed	6273	3131	652	79	94	2317	134
Inadequately Housed	45	45	0	0			
Total Nmbr Housed	6318	3176	652	79	94	2317	134
Remarks: As of November 2012, the only inadequately housed WTs are the 45 personnel at Ft Bliss without private baths. They are to be moved to barracks with private baths within the allotted 30 days.							

## **Conclusion**

The annual inspection conducted during 2012 determined that 6273 of 6318 (99.3%) WTs lived in adequate on-post and off-post housing with no deficiencies based on assignment (grade), baseline standards, or special medical needs. Off-post lodging and privately owned or privately rented housing was not physically inspected. These units were presumed to be adequate based on WTU cadre knowledge and no reported issues by WTs. A total of 45 WTs (0.7%) at one installation (Fort Bliss, TX) were considered inadequately housed based on the DoD Housing Inspection Standards for WTs. The only inadequacy reported was not having private baths. As of this writing, action was being taken to move the 45 personnel into barracks with private baths. This should be accomplished within 30 days.

The Army has moved aggressively, whether by renovation or MILCON, to ensure that WTs are in the best available facilities to meet their medical needs. The WT's primary care provider, case manager, and WTU chain of command ensures that WTs are properly assigned to adequate housing based on their unique medical condition and changing functional status. Where facility deficiencies have been identified, the Army continues to take the requisite corrective actions by relocating the WT and providing necessary transportation services or by making an immediate facility correction. As WTs relocate to new housing facilities, and as new WTs with special needs arrive, the Garrison Commanders, Department of Public Works (DPW), and WTU Commanders jointly manage the process, and conduct follow-up facility inspections on a regular basis and as needed.

Over the past several inspections, there have been minimal housing inadequacies uncovered. The priority and resourcing of WTU facilities due to the AMAP has been an unqualified success and has gained irreversible momentum. We can expect this success to continue into the future. In the current financial climate and with the underutilization of existing WTU facilities, these annual inspections are a strain on manpower and funding and should be considered for elimination as a Congressional requirement.

## **Introduction**

Pursuant to the Deputy Secretary of Defense Memorandum "DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel," dated 18 September, 2007, Installation Management Command (IMCOM) and the U.S. Army Medical Command (MEDCOM) inspected housing facilities for medical hold and holdover personnel on Army installations. IMCOM and MEDCOM used the standards in the DoD memorandum which were developed by the Wounded, Ill, and Injured Senior Oversight Committee, LOA 5 Working Group. The results of the inspections are captured in this report. Activities determined and reported whether a facility met or did not meet established standards in a given category.

### **Terms of Reference: Facilities Used to House Personnel**

DoD-owned Military Family Housing - Housing owned by the U.S. Army for occupancy by eligible members with dependents and funded with Family housing dollars.

DoD-owned Unaccompanied Personnel Housing - Housing owned by the U.S. Army for occupancy by permanent party single military personnel and funded with Operation & Maintenance (O&M) funding.

Leased or Contracted Housing or Lodging on the Economy - Leased housing is private sector housing leased by the Army for occupancy by families, unaccompanied personnel, or transient personnel.

DoD/Army-owned Lodging (including Fisher Houses) - DoD/Army-owned Lodging is transient housing that is managed by non-appropriated fund personnel and provides housing support for transient personnel on temporary duty or travel orders, as well as to personnel and dependents on permanent change of station orders.

Housing Assignment - WTs are given the highest priority and are then assigned on a first come, first served basis appropriate for their unique conditions.

Support for Personnel in Non-Governmental Housing – The Patient Administrative Department at each activity is used as the medium to obtain medical support for a Soldier residing at home by communicating or linking the Soldier to Case Management or other appropriate offices within the hospital and by answering general questions.

### **Current Inspection Protocol/Process**

The MEDCOM Warrior Transition Command and IMCOM coordinated the inspection as required by section 3307 of the U.S. Troop Readiness, Veteran's Care, Katrina Recovery, and Iraq Accountability Appropriation Act, 2007 (PL 110-28). Each IMCOM installation with a WTU instructed their respective DPW to work closely with their respective WTU Chain of Command and Triad of Leadership (MTF Commander/Garrison Commander/Senior Mission Commander) to assess the adequacy, suitability, and quality of housing for WTs. The DPW was also responsible for identifying technical deficiencies, corrective actions, and associated costs. Instructions included explanations of Assignment Standards, Baseline

Standards, and Special Medical Standards which reflected the DoD standards contained in the 18 September 2007 memo. The DPW and WTUs were provided spreadsheets with two parts; the first to count WT personnel adequately or inadequately housed and the second part to explain the deficiencies, corrective action, and costs to correct facilities that are inadequate. The installation DPWs with the WTUs determined how to conduct the inspections and reported the number of WT (assigned or attached), their type of assigned housing and whether their quarters were adequate. Medical Facility Inpatient, privately-owned, and CBWTU WT housing were not inspected because these privately owned or rented quarters are assumed to be adequate, and the military cannot modify privately own/acquired housing. These inspections were conducted from August through October 2012 and offer a snapshot in time of WT housing.

### **Description of Hotline Contacts Pertaining to Housing Facilities**

In February 2007, the Acting Secretary of the Army and the Chief of Staff of the Army directed the creation of The Wounded Soldier and Family Hotline (1-800-984-8523) to operate 24 hours, 7 days a week. The purpose was to offer Wounded, Ill, and Injured Soldiers and Family members a way to seek help to resolve medical and other issues, and to provide a channel for information about Soldiers' medical issues directly to senior Army Leadership to improve how the Army serves the medical needs of our Soldiers and their Families. The hotline is now run by MEDCOM Medical Assistance Group which includes both the Wounded Soldier and Family Hotline and the Ombudsman Program. In 2007, there were 17 Hotline contacts from Soldiers and Family members pertaining to facility issues. In 2008, there were 11 facility related calls, and in 2009 there were a total of 3 facility issues which were all resolved. As of 15 November 2012, there were no reported Hotline calls pertaining to facilities in 2011 or 2012. This continues the downward trend of Hotline calls from 2007.

There are very few calls to the Hotline because as each new WT arrives they are given a WTU orientation handbook that tells the WT that any deficiencies in housing facilities are to be reported through their chain of command and a work order is to be placed with the local DPW, where WTU housing work orders get top priority. If the DPW is unable to fix the deficiency in a timely manner, the WT will be immediately reassigned to adequate housing. The Wounded Soldier & Family Hotline is still available and posted on each WTU website. In addition to their chain of command, Warriors in Transition have Ombudsman support assisting them with all issues, thereby making Hotline calls unnecessary.

The following chart depicts the results of all housing inspections in 2012:

By Region

						On post Lodging/Fis her House	off-post lodging include		
Atlantic		total	inadq	c	d	e	f	g	h
Atlantic	Belvoir	288	0	161	29	6	0	92	4
Atlantic	Benning	475	0	327	28	0	0	120	0
Atlantic	Bragg	494	0	184	42	1	0	267	6
Atlantic	Campbell	688	0	170	140	0	0	378	5
Atlantic	Drum	195	0	164	31	0	0	0	88
Atlantic	Gordon	327	0	240	10	27	0	50	13
Atlantic	Jackson	130	0	36	6	26	0	62	0
Atlantic	Meade	121	0	44	14	15	4	44	0
Atlantic	Stewart	194	0	99	25	0	1	69	12
Atlantic	West Point	74	0	23	5	0	0	46	2
<b>Central</b>									
Central	Bliss	423	45	285	12	0	0	126	0
Central	Carson	275	0	85	19	2	0	169	0
Central	Huachuca	13	0	8	3	0	0	2	0
Central	Hood	581	0	147	54	0	0	380	0
Central	Irwin	18	0	7	4	0	0	7	0
Atlantic	Knox	440	0	341	47	0	0	52	0
Central	Leonard Wood	136	0	78	10	0	0	48	4
Central	JBLM	567	0	304	31	2	14	216	0
Central	Polk	126	0	82	17	0	0	27	0
Central	Riley	179	0	146	33	0	0	0	0
Central	Sill	154	0	77	10	0	60	7	0
<b>Europe</b>									
Europe	Ansbach	12	0	4	2	0	0	6	0
Europe	Bamberg	1	0	0	1	0	0	0	0
Europe	Baumholder	23	0	4	4	0	0	15	0
Europe	Grafenwoeher	11	0	2	4	0	0	5	0
Europe	Kaiserslautern	23	0	6	1	0	15	1	0
Europe	Schweinfurt	3	0	1	2	0	0	0	0
Europe	Stuttgart	12	0	7	0	0	0	5	0
Europe	Vicenza	7	0	0	3	0	0	4	0
Europe	Wiesbaden	15	0	2	7	0	0	6	0
Europe	Wuerttemberg	11	0	1	9	0	0	1	0
<b>Pacific</b>									
Pacific	Schofield	206	0	76	40	0	0	90	0
Pacific	Wainwright	51	0	20	9	0	0	22	0
		<b>6273</b>	<b>45</b>	<b>3131</b>	<b>652</b>	<b>79</b>	<b>94</b>	<b>2317</b>	<b>134</b>

6318

The following chart depicts the single installation with WTU housing deficiencies in 2012 (Fort Bliss, TX):

Section 1: Number of Personnel Adequately Housed.							
Number of Personnel:	Military Quarters Housing Medical Hold Personnel, and Military Quarters Housing Medical Holdover Personnel (WTs)						
	Total Number of Personnel Housed (=C+D+E+F+G) Do not include H	C Unaccompanied Personnel Housing (Barracks)	D On-Post Family Housing (privatized or Army) RCI/AFH	E On-Post Lodging (includes Fisher, Army Lodging)	F Off-Post Lodging (includes contract housing)	G Privately Owned or Privately Rented Housing	H On/Off-Post In-Patient (includes MTF, Civ or VA Hosp). Should be included in other form of housing.
	Adequately Housed	378	240	12	0	0	126
Inadequately Housed	45	45	0	0			
Total Nnbr Housed	423	285	12	0	0	126	N/A
Section 2: Deficiencies, Corrective Action, and Cost for Inadequately Housed Personnel.							
For inadequate UPH (Barracks), Family Housing or Lodging: Bldg # & Type	Assignment	Baseline		Special Medical		See Comment Boxes for definitions of Assignment, Baseline, Spec Med, and refer to DoD Hsg Policy Memo.	
	# WT's in rooms that DO NOT Meet Standard	Deficiency/ Corrective Action needed/Cost to meet Standard	# WT's in rooms that DO NOT Meet Standard	Deficiency/ Corrective Action needed/Cost to meet Standard	# WT's in rooms that DO NOT Meet Standard		Deficiency/ Corrective Action needed/Cost to meet Standard
2444 / EM Brks	20	Move personnel to private baths within 30 days	0	N/A	0	N/A	personnel do not have private bat
2445 / EM Brks	25	Move personnel to private baths within 30 days	0	N/A	0	N/A	personnel do not have private bat

### Historical Summary of Past Inspections

On 18 September 2007, the Office of the Secretary of Defense published the DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel, as required by section 3307 of the U.S. Troop Readiness, Veteran’s Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (PL 110-28). The Army used this guidance to assign WT’s to housing and to inspect their WTU personnel housing in 2008, 2009, 2010 and 2011. Army leadership directed the senior commanders on Army installations to make WT facilities and furnishings top priorities for repairs and improvements. While this assignment policy resulted in WT’s assigned to the best available interim facilities that met the standards for their condition and status, these interim facilities were not always in keeping with the ideal healing environment where all the WT’s’ housing, care, administrative management, command and control, as well as easily accessible WT and Family Support Services are collocated on a campus-like environment close to the MTF.

While the interim phase required the renovation of existing housing facilities to meet DoD and minimum accessibility standards, some of these same facilities are inconveniently dispersed and require additional time for WT’s to be transported to locations where healing

and Family Support Services are provided. This is inefficient and not conducive to the healing mission of the WT. The most modern housing facility may not always be the best facility for the WT's medical condition due to its structural floor plan, location relevant to the MTF, WTU, SFAC, as well as other installation facilities and services like the Post Exchange, library, and commissary. Contracts valued at \$162M in FY07 and \$100M in FY08 were used for renovations to mitigate the dispersion of WT housing to the extent existing facilities were available to provide some "campus" collocation convenience.

The December 2008 WT housing inspection report showed that no WT was in inadequate housing. This is due to the Army's aggressive vigilance of WT housing by the WTU Chain of Command and installation DPW, and proper assignment of housing based on the recommendations of the primary care provider and case manager. Similar findings are also reflected in the Great Plains Regional Medical Command Inspector General (IG) November 2008 – January 2009 report: Special Inspection of Facilities Used to Housing Recovering Service Members (Warrior in Transition). This report noted that WTs reported that if their assigned quarters were not in compliance, they were immediately reassigned to adequate quarters. The IG report also reported "most WT housing was in compliance with baseline standards at the time of inspection. The few that weren't had minor deficiencies that were discovered and repaired immediately due to on the spot work orders submitted by representatives of the inspection team from DPW." Most recently, the MEDCOM Regional Medical Command IG reports (five total) further verified that the total Army effort to improve and sustain quality housing for all WTs is meeting the stringent standards set forth in 2007 by the Secretary of Defense Senior Oversight Committee.

On 14 October 2009, IMCOM provided further guidance for WT housing in a memo: Unaccompanied Personnel Housing (UPH) for WT Policy. This policy provided guidance in addition to Army Regulation 420-1 (Army Facilities Management) for the specific purpose of managing and providing quality housing for unaccompanied WTs and outlined IMCOM and WTU responsibilities.

### **WT Housing Inspection Findings as of 28 October 2012**

Section 3307 of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery, and Iraq Accountability Appropriations Act, 2007 (PL 110-28), requires inspections of military medical treatment facilities and quarters housing WTs. The purpose of each inspection is "to ensure that the facility or quarters concerned meets acceptable standards for the maintenance and operation of medical facilities, quarters housing medical hold personnel, or quarters housing medical holdover personnel, as applicable."

The Army completed the 2012 inspection of WTU housing using standards established in the 18 September 2007 Office of the Secretary of Defense memo "DoD Housing Inspection Standards for Medical Hold and Medical Holdover Personnel."

The annual inspection conducted during 2012 determined that 6273 of 6318 (99.3%) WTs lived in adequate on-post and off-post housing with no deficiencies based on assignment (grade), baseline standards, or special medical needs. Off-post lodging and privately owned or privately rented housing was not physically inspected. These units were presumed to be adequate based on WTU cadre knowledge and no reported issues by WTs. A total of 45 WTs

(0.7%) at one installation were considered inadequately housed based on the DoD Housing Inspection Standards for WTs. The only inadequacy reported was not having private baths. As of this writing, action was being taken to move the 45 personnel into barracks with private baths. This should be accomplished within 30 days.

These results are a snapshot in time because many WTs process in and transition out of the WTU on a daily basis and may be reassigned housing based on a change in their medical status and functional ability. The WTU and installation DPWs, working closely with the Garrison Commanders and Senior Installation Commanders continue ongoing inspections to ensure that these standards continue to be met.

The WT's primary care provider, case manager, and WTU chain of command ensure that WTs are properly assigned to adequate housing based on their unique medical condition and changing functional status. Where facility deficiencies have been identified, the Army continues to take the requisite corrective actions by either relocating the WT and providing necessary transportation services or making an immediate facility correction. As WTs relocate to new housing facilities, and as new WTs with special needs arrive, the Garrison Commanders, DPWs, and WTU Commanders jointly manage the process, and conduct follow-up facility inspections on a regular basis and as needed.

### **Future Facility Master Plan**

The Army's vision of the permanent phase is to construct campuses that support the full range of facilities and services required for the WT to heal. The IMCOM Facility Master Plan in support of the Warrior Care and Transition Program provides for the establishment of WTU Complexes composed of three functional elements: WT barracks housing, administrative facilities, and SFAC facilities in campus-like arrangements close to the MTF where an optimal healing environment and services can be provided to WTs and their Families.

In FY08, the Army requested \$1.2B for WT Complexes in 20 locations. In FY 2008, the Army received and executed \$124M in GWOT Supplemental funds for seven WT Complexes. The American Recovery and Reinvestment Act of 2009 allowed the Army to invest \$100M in two WT complexes. In FY 2009, an OCO Request enabled the Army to start five more WTU Complexes for \$425M. The FY10 Budget Request contained an additional 13 WTU Complexes for \$504M.

The planned adequate WT barracks space will meet the "Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines" (ADAAG) and the Uniform Federal Accessibility Standards (UFAS) in order to accommodate a wide range of WT medical conditions and disabilities. The Architectural and Transportation Barriers Compliance Board (Access Board) revised its accessibility guidelines for buildings and facilities covered by the Americans with Disabilities Act of 1990 (ADA) and the Architectural Barriers Act of 1968 (ABA). These guidelines cover new construction and alterations and serve as the basis for enforceable standards issued by other Federal agencies. The ADA applies to places of public accommodation, commercial facilities, and state and local government facilities. The ABA covers facilities designed, built, altered with Federal funds or leased by Federal agencies. As a result of this revision and update, the guidelines for the ADA and ABA are consolidated in

one Code of Federal Regulations. The consolidated ADA and ABA guidelines replace the ADAAG and UFAS, respectively. The new document is the "Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines, 23 July 2004."

The administrative facility will provide space for the command and control element of the WTUs in charge of WT management (including the WT nurse case managers). The SFACs will provide "one stop shop" garrison Family Support Services for WTs and their Family members/non-medical assistants.

Seventeen of the 46 total WTU MILCON projects have been completed as of Oct 2012 and there are an additional 10 projects that are between 80% and 99% completed. With the ending of the wars and the drawdown of the Army, there is a smaller population of WTs and the garrison leadership is finding the WTU facilities increasingly underutilized. Many garrisons are seeking to repurpose the new WTU facilities to better support the entire garrison population. At least one SFAC was accepted by the WTU before it was completed with the idea to refurbishing it for other uses.

The Army continues to coordinate the actions required to identify current WT populations and specific housing locations where Special Facility Requirements are necessary.

### **Conclusion of WT Housing Inspection**

The Army has moved aggressively to ensure that WTs are in the best facilities available to meet their medical needs. Where facility deficiencies have been identified, the Army has taken corrective actions by either relocating the Soldier (providing necessary transportation services) or making an immediate facility correction. As WTs relocate to new housing facilities, and as new WTs with special needs arrive, the Garrison Commanders, DPWs, and WTU Commanders jointly manage the housing assignment process, and conduct follow-up facility inspections as needed.

The Army's goal is to provide a comprehensive living and healing environment for its wounded, ill, and injured. The Army envisions a set of standardized housing facilities with an appropriate number of rooms capable of accommodating all types of disability limitations and conditions, as well as family members and non-medical attendants, administrative facilities to adequately accommodate WTU leaders and caretakers, and facilities where Soldiers and Family members can receive consolidated services including onsite child care. The Army also envisions all of these facilities located close to the MTF in a manner that makes it convenient for WTs or their family members and nonmedical attendants to receive the care and support they need. As such, the Army is committed to providing the best housing facilities possible for its WTs today, while it strives to establish facilities that better meet the needs of its wounded, ill, and injured Soldiers in the future.

**Army Warrior in Transition (WT) MILCON Projects - Status as of 12 OCT 2011**

FY	State	Installation	Project Title / Description	PN	Approp \$000	WT Barracks Scope Total # of Beds	Total # of Modules (see Note A)				Award Date	Percent Complete	Occupancy Date	Remarks
							Adaptable 2 - Bed, 1 - Bath	2 - Bed, 2 - Bath	Fully Accessible 2 - Bed, 1 - Bath	2 - Bed, 2 - Bath				
<b>Funded in FY08 Supplemental Appropriations Act (PL 110-252, 30 Jun 2008)</b>														
2008	NY	Fort Drum	WT Facilities (Barracks & Admin/Ops)	69515	\$38,000									
			Barracks			144	36	36	0	7	Jul-08	100%	Apr-10	
			Admin/Ops							Jul-08	100%	Apr-10		
2008	KS	Fort Riley	Transitioning Warrior Support Complex (Brks, Admin/Ops, SFAC)	69838	\$50,000									
			Barracks			144	36	36	0	7	Sep-08	100%	Dec-09	
			Admin/Ops, SFAC							Sep-08	100%	Apr-10		
2008	GA	Fort Stewart	Soldier & Family Assistance Center (SFAC)	69581	\$6,000									
										Sep-08	100%	Jan-10		
2008	KY	Fort Campbell	Soldier & Family Assistance Center (SFAC)	52551	\$7,400									
										Sep-08	100%	Apr-10		
2008	CO	Fort Carson	Soldier & Family Assistance Center (SFAC)	70010	\$8,100									
										Sep-08	100%	Mar-10		
2008	TX	Fort Hood	WT Unit Operations Facilities (Admin/Ops)	69774	\$9,100									
										Jun-09	100%	Sep-11		
2008	LA	Fort Polk	Soldier & Family Assistance Center (SFAC)	69802	\$4,900									
										Mar-09	100%	Sep-10		
			P & D Funding		\$14,600									
			<b>Total</b>		<b>\$138,100</b>									
<b>Funded in FY09 American Recovery &amp; Reinvestment Act (PL 111-5, 17 Feb 2009)</b>														
2009	KY	Fort Campbell	WT Complex (Barracks & Admin/Ops)	68886	\$43,000									
			Barracks			206	52	51	0	10	Aug-09	100%	Aug-11	
			Admin/Ops							Jan-10	100%	Aug-11		
2009	TX	Fort Bliss	WT Complex (Brks, Admin/Ops, SFAC)	68900	\$57,000									
			Barracks			232	58	58	0	12	May-09	100%	Jun-11	
			Admin/Ops, SFAC							Jun-09	100%	May-11		
			<b>Total</b>		<b>\$100,000</b>									
<b>Reprogrammed from Bid Savings from FY09 American Recovery &amp; Reinvestment Act (PL 111-5, 17 Feb 2009) - Congressional Notification Letters dated (original MATOC 14 May 09)</b>														
2009	VA	Fort Eustis	WT Complex (Admin/Ops, SFAC)	77143	\$9,700									
										Sep-10	12%	Mar-12		
<b>Funded in FY09 Supplemental Appropriations Act (PL 111-32, 24 Jun 2009)</b>														
2009	NC	Fort Bragg	WT Complex (Brks, Admin/Ops, SFAC)	69798	\$88,000									
			Barracks			256	64	64	0	12	Sep-09	80%	Mar-12	
			Admin/Ops, SFAC							Aug-10	69%	Feb-12		
2009	TX	Fort Hood	WT Complex (Brks, Admin/Ops, SFAC)	69778	\$64,000									
			Barracks			320	80	80	0	16	Sep-09	79%	Dec-11	
			Admin/Ops, SFAC							May-10	69%	Dec-11		
2009	TX	Fort Sam Houston	WT Complex (Brks, Admin/Ops, SFAC)	69936	\$87,000									
			Barracks			360	90	90	0	18	Aug-09	88%	Dec-11	See Note B
			SFAC							Apr-10	47%	Jan-12		
			Admin/Ops							Sep-09	96%	Aug-11		
2009	VA	Fort Belvoir	WT Complex (Brks, Admin/Ops, SFAC)	65745	\$76,000									
			Barracks			288	0	144	0	144	Sep-09	100%	Jun-11	See Note B
			Admin/Ops, SFAC							Sep-09	100%	Jul-11		
2009	WA	Fort Lewis	WT Complex (Brks, Admin/Ops, SFAC)	69224	\$110,000									
			Barracks			408	102	102	0	20	Sep-09	100%	Jun-11	
			Admin/Ops, SFAC							Mar-11	5%	Dec-12		
			<b>Total</b>		<b>\$425,000</b>									
<b>Funded in by FY10 Consolidated Appropriations Act (PL 111-117, 16 Dec 2009)</b>														
2010	AK	Fort Richardson	WT Complex (Brks, Admin/Ops, SFAC)	71540	\$43,000									
						80	20	20	0	4	Feb-10	92%	Dec-11	
2010	AK	Fort Wainwright	WT Complex (Brks, Admin/Ops, SFAC)	71541	\$28,000									
						32	8	8	0	2	Mar-10	94%	Nov-11	
2010	CO	Fort Carson	WT Complex (Barracks & Admin/Ops)	70196	\$56,000									
			Barracks			160	40	40	0	8	Sep-10	92%	Dec-11	
			Admin/Ops, SFAC							Mar-10	93%	Dec-11		
										Sep-10	30%	May-12		
2010	GA	Fort Benning	WT Complex (Brks, Admin/Ops, SFAC)	69999	\$53,000									
			Barracks			200	50	50	0	10	Jan-10	98%	Nov-11	
			Admin/Ops, SFAC							Sep-10	92%	Nov-11		
2010	GA	Fort Stewart	WT Complex (Barracks & Admin/Ops)	69391	\$49,000									
			Barracks			240	60	60	0	12	Aug-10	36%	Nov-12	
			Admin/Ops, SFAC							Jun-11	0%	Jan-13		
2010	HI	Schofield Barracks	WT Complex (Barracks)	69521	\$55,000									
						120	30	30	0	6	Mar-11	0%	Apr-13	
2010	HI	Schofield Barracks	WT Complex (Admin/Ops & SFAC)	71553	\$30,000									
										Mar-11	0%	Apr-13		
2010	KY	Fort Knox	WT Complex (Brks, Admin/Ops, SFAC, DFAC)	70180	\$70,000									
			Barracks			224	56	56	0	11	Apr-10	58%	May-12	
			Admin/Ops, SFAC							Sep-10	21%	May-12		
2010	LA	Fort Polk	WT Complex (Barracks & Admin/Ops)	70128	\$32,000									
			Barracks			112	28	28	0	4	Apr-10	65%	Feb-12	
			Admin/Ops, SFAC							Sep-10	28%	Dec-11	See Note C	
2010	MO	Fort Leonard Wood	WT Complex (Brks, Admin/Ops, SFAC)	71543	\$19,500									
			Barracks			48	12	12	0	2	Mar-10	85%	Oct-12	
			Admin/Ops, SFAC							Sep-10	28%	Apr-12		
2010	NY	Fort Drum	WT Complex (Brks, Admin/Ops, SFAC)	70979	\$21,000									
			Barracks			48	12	12	0	2	Mar-10	100%	Jul-11	
			Admin/Ops, SFAC							Mar-10	57%	Jun-12		
2010	OK	Fort Sill	WT Complex (Brks, Admin/Ops, SFAC)	71538	\$22,000									
			Barracks			72	18	18	0	4	Jun-10	44%	May-12	
			Admin/Ops, SFAC							Nov-10	46%	Feb-12		
			<b>Total</b>		<b>\$478,500</b>									
<b>Submitted in President's FY11 Annual Budget Request - MILCON</b>														
2011	VA	Fort Eustis	WT Complex (Brks)	71539	\$18,000									
						80	20	20	20	20	Aug-11	0%		See Note D
<b>To Be Submitted in a Future Budget</b>														
TBD	GE	TBD (probably Kaiserslautern)	WT Complex (Brks, Admin/Ops, SFAC)	70000	\$0									
					<b>GRAND TOTAL</b>									
					<b>GRAND TOTAL without FY 2008 P&amp;D</b>									

**NOTE A -** The Army requires a minimum of 10% of the total # of beds be in FULLY accessible modules. The 10% accessible units shall be the 2-Bed, 2-Bath type. All other modules are considered "ADAPTABLE" since they are sized exactly like a fully compliant module, except they lack certain features for access (for example the kitchen cabinets are not installed at the height for wheelchair access) which could be adopted if needed at a later date.

Submitted in President's FY11 Annual Budget Request - MILCON

2011	VA	Fort Eustis	WT Complex (Brks)	71539	\$18,000	80	20	20	20	20	Aug-11	0%	See Note D
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To Be Submitted in a Future Budget

TBD	GE	TBD (probably Kaiserslautern)	WT Complex (Brks, Admin/Ops, SFAC)	70000	\$0								
<b>GRAND TOTAL</b>					<b>\$1,169,300</b>								
<b>GRAND TOTAL without FY 2008 P&amp;D</b>					<b>\$1,154,700</b>								

**NOTE A** - The Army requires a minimum of 10% of the total # of beds be in FULLY accessible modules. The 10% accessible units shall be the 2-Bed, 2-Bath type. All other modules are considered "ADAPTABLE" since they are sized exactly like a fully compliant module, except they lack certain features for access (for example the kitchen cabinets are not installed at the height for wheelchair access) which could be adopted if needed at a later date.

**NOTE B** - 100% 2 - Bed, 2 - Bath Apartment configuration authorized by Congressionally approved DD1391, and per ACSIM direction to only authorize Ft. Belvoir and Ft. Sam Houston for 100% configuration - 12 Jul 2008. Ft. Sam Houston opted to not pursue 100% 2-Bed, 2 Bath option due to the funding constraints.

**NOTE C** - BOD will be extended 4-6 months pending execution of a contract modification. Project delayed due to Barracks & Site Contractor's AFTP design issues (progressive collapse).

**NOTE D** - 100% fully accessible units provided to the Government by the Design-Build Contractor as a betterment in the proposal

**B. Detailed Military Departments' MHH Inspection Reports--2. TAB NAVY**

**Executive Summary**

**Report on Inspections of Military Quarters Housing Medical Hold and Medical Holdover Personnel (Inspections performed July 2012)**

**Military Quarters Housing Medical Hold and Holdover Personnel**

**Number of Facilities Inspected: 64**

Component	Assignment		Baseline		Special Medical	
	Met Standard*	Not Met Standard*	Met Standard*	Not Met Standard*	Met Standard*	Not Met Standard*
Navy	408	0	408	0	408	0

\* Represents the number of medical hold or holdover personnel whose quarters have or have not met the housing standard.

**Cost to bring inspected facilities to standard (\$ Thousands): \$0**

Component	Assignment	Baseline	Special Medical
Navy	\$ 0	\$ 0	\$ 0

Per the Bureau of Medicine and Surgery (BUMED) memo dated 3 July 2012 and the National Defense Authorization Act of January 16, 2008, Bureau of Medicine and Surgery (BUMED) medical activities were tasked, in coordination with Commander Navy Installation Command (CNIC) and Commander Headquarters Marine Corps Installations and Logistics (HQMC I&L), to inspect quarters housing medical hold and holdover personnel, using standards and checklists developed by the Senior Oversight Committee's Line of Action (LOA) 5 Working Group. All inspected quarters housing medical hold or holdover personnel meet the applicable quality standards of assignment and were appropriate for the service member's medical condition.

**Inspection Reports**

Report Organization:

1. Service Definitions/Terms of Reference
  2. Assignment of Personnel to Quarters for Medical Hold and Holdover Status
  3. Facilities Used to House Personnel
  4. Military Quarters Housing Medical Hold and Holdover Personnel
- Appendix 1: Quarters Housing Medical Hold and Holdover Checklist

**1. Service Definitions/Terms of Reference:**

**Inpatient** - An individual, other than a transient patient, who is admitted (placed under treatment or observation) to a bed in a Medical Treatment Facility that has authorized or designated beds for inpatient medical or dental care. A person is considered an inpatient status if formally admitted as an inpatient with the expectation that he or she will remain at least overnight and occupy a bed even though it later develops that the patient can be discharged or transferred

to another hospital or does not actually use a hospital bed overnight. This does not include a patient administratively admitted to the hospital for the purposes of a same day surgery procedure.

**Outpatient** - An individual receiving healthcare services for an actual or potential disease, injury, or life style-related problem that does not require admission to a medical treatment facility for inpatient care.

**Medical Hold** - Enlisted personnel housed in a Medical Hold Company (MHC) under the cognizance of the MTF whose current condition precludes them from returning to full duty.

**Medical Holdover** - Retention of reservists on active duty to receive medical treatment for service-connected injuries, illnesses and/or disease until determined Fit for Duty by the Benefit Issuing Authority (BIA), Senior Medical Officer (SMO) and/or Medical Status Review Officer (MSRO), or until final disposition is determined by the PEB.

**Assignment** - DoD Housing Inspection Standards for Medical Hold and Holdover Personnel included in SECDEF Memo dated September 18, 2007 state that Medical Hold and Holdover personnel shall be assigned/referred to housing that exceeds or meets the applicable quality standards. Additionally this housing should be appropriate to their expected duration of treatment; supports a non-medical attendant, if authorized; supports accompaniment by their dependents; and appropriate for their pay-grade.

**Baseline** - DoD Housing Inspection Standards for Medical Hold and Holdover Personnel included in SECDEF Memo dated September 18, 2007 state that housing must be in good overall condition with no major problems with any of the building systems. Additionally, it is important for personnel to be able to adequately control the temperature of their housing units and there shall be no mold, exposed lead-based paint, unsealed asbestos, inadequate air circulation, and any other environmentally/safety/health hazard.

**Special Medical Requirements** - DoD Housing Inspection Standards for Medical Hold and Holdover Personnel included in SECDEF Memo dated September 18, 2007 state that Medical Hold and Holdover personnel may have certain medical conditions that result in various functional limitations. For these members, it is essential that special accommodations and services be provided as an integral part of their medical treatment plan as determined by the primary care physician, patient, and chain of command.

**Medical Evaluation Board (MEB)** - A body of physicians attached to one of the medical treatment facilities (MTFs) whose commander or commanding officer (CO) has been expressly designated to hold "convening authority" (CA) for MEBs to identify members whose physical and/or mental qualification to continue on full duty is in doubt or whose physical and/or mental limitations preclude their return to full duty within a reasonable period of time. They are convened to evaluate and report through on the diagnosis; prognosis for return to full duty; plan for further treatment, rehabilitation, or convalescence; estimate of the length of further disability; and medical recommendation for disposition of such members.

**Department of the Navy Disability Evaluation System (DES)** – A case usually enters the Department of the Navy DES when a Medical Evaluation Board (MEB) is dictated for the purpose of evaluating the diagnosis and treatment of a member who is unable to return to

military duty because the member's condition most likely is permanent, and/or any further period of temporary limited duty (TLD) or LIMDU is unlikely to return the member to full duty. A condition is considered permanent when the nature and degree of the condition render the member unable to continue naval service within a reasonable period of time (normally 8-12 months or less). Note: The term "permanent" does not necessarily mean the condition is unfitting.

**Physical Evaluation Board (PEB)** – The PEB provides three stages of review (a documentary review, a due process hearing upon demand, and appeal by petition) for a Service member whose physical conditions have been referred to it by a medical evaluation board (MEB) of an MTF that believes that the member's physical condition raises questions about his ability to perform the duties of his or her office, grade, rank or rating.

- Referral of a Medical Evaluation Board report to the PEB can come from two sources; i.e. Limited Duty board reports referred for PEB evaluation by service headquarters, and Medical Board reports submitted directly to the PEB by a medical treatment facility (MTF).

**Distinguishing "Fit for Duty" from "Fitness for Continued Naval Service"**

- "Fit for Duty" refers to a pronouncement by a physician or by an MEB that a patient previously on light or LIMDU has healed from the injury or illness that necessitated the member's serving in a medically restricted duty status.
- "Fitness for Continued Naval Service" is a finding made exclusively by the Department of the Navy PEB in determining an active duty service member's ability to continue serving in the Navy or Marine Corps.

**2. Assignment of Personnel to Quarters for Medical Hold and Holdover Status:**

The disposition and assignment of personnel post inpatient status is contingent on the member's medical status, recommendation of treating physician, treatment requirements, family status, and service component. The following is the BUMED Medical Hold and Holdover Status as of 6 July 2012.

	<b>Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover Personnel</b>						
	<b>DoD Owned Military Family Housing</b>	<b>DoD Owned Unaccompanied Personnel Housing</b>	<b>Leased or Contracted Housing or Lodging on the Community</b>	<b>DoD/NAF Owned Lodging (includes Fisher Houses)</b>	<b>Privatized Family Housing or Lodging</b>	<b>Privately Owned or. Privately Rented Housing **</b>	<b>Number of Personnel Housed</b>
<b>Number of personnel</b>	16/408	350/408	0/408	30/408	12/408	0/408	408

**X = MH and Holdover Rooms/Housing Units**

**Y = Total number of MH and Holdover**

**\*\* = Standards do not apply to private homes**

### **3. Facilities Used to House Personnel:**

**Military Medical Treatment Facility (MTF)** - A facility established for the purpose of furnishing medical and/or dental care to eligible individuals. This does not include battalion aid stations, post/base in or out processing facilities, or soldier readiness processing (SRP) facilities unless they are an integral part of the MTF.

**DoD Owned Military Family Housing** - Housing owned by the U.S. Navy for occupancy by eligible members with dependents and funded with Family Housing, Navy and Marine Corps (FH, N&MC) dollars.

**DoD Owned Unaccompanied Personnel Housing** - Housing owned by the U.S. Navy for occupancy by permanent party single military personnel and funded with O&M, N.

**Leased or contracted Housing or Lodging on the community** - Leased housing is private sector housing leased by the Navy for occupancy by families, unaccompanied personnel, or transient personnel.

**DoD/NAF owned Lodging (including Fisher Houses)** - DoD/NAF owned Lodging is transient housing with management by non-appropriated fund personnel to provide housing support for transient personnel whether on temporary duty or travel orders, or personnel and dependents on permanent change of station orders.

**Housing Assignment** - Personnel are assigned on a first come first served basis upon receipt of an application or official request of housing using waiting list procedures that ensure equitable access to housing for all families, bachelors, and transients. Personnel with medical conditions will be assigned to housing that is appropriate for their unique conditions.

**Privatized Family Housing or Lodging** – Housing obtained through implementation of military housing privatization authorities (10 USC 2871 et seq). Housing is owned and operated by a private entity and rented to eligible military personnel on a preferential basis. Personnel are referred (vice assigned) to the housing and lease directly from the private entity.

**Support for Personnel in Non-Governmental Housing** – The Patient Administrative Department at each activity is used as the medium to obtain medical support for a member residing at home by communicating or linking to Case Management or other appropriate offices within the hospital and also for answering general questions.

Administratively, if the member is undergoing an MEB or PEB, the Patient Administrative Department communicates with the member as often as necessary to ensure proper and efficient submission of any MEB or PEB.

### **4. Military Quarters Housing Medical Hold and Holdover Personnel:**

#### **Summary of Past Inspections:**

The material condition of housing quarters maintained by CNIC, HQMC I&L and BUMED are monitored and reported using a centrally managed continuous inspection process described in NAVFAC MO-322, Inspection of Shore Facilities. In general, Sustainment

Restoration and Modernization (SRM) requirements identified during the inspection process are documented in a web accessible database. The Navy and Marine Corps are moving from an installation implemented inspection system to centrally funding inspections by professional engineering teams. Inspections will be completed for all class II type 2 real property assets on a specified schedule based on type and significance of facility using a single service wide set of evaluation criteria that are consistent with all applicable codes and standards.

Facility asset condition is evaluated using the industry standard metric Facility Condition Index (FCI) which is calculated as total unfunded SRM requirement divided by asset Plant Replacement Value (PRV). The calculated FCI is consistent with the Quality factor Q as defined by OSD and is the reporting metric common to all service branches.

Additionally, to specifically support the inspection process for the Wounded Warrior and Medical Hold/Holdover facilities, a detailed checklist was created using the DEPSECDEF Housing Standards and is used by the inspection team to perform the annual Regional Medical Inspector General inspections and the annual Wounded Warrior/Medical Hold/Holdover housing facilities inspection conducted by the Navy and the Marine Corps.

At the activity level, housing and facility management personnel conduct inspections as required (daily, weekly, monthly, quarterly, etc). Navy housing staffs perform regular and recurring inspections to ensure that standards are maintained for a quality living environment in permanent party and transient housing facilities. Inspectors ensure that resident living areas are kept clean and that all amenities such as furnishings, linen and appliances are adequate and in good condition. Housing inspectors report maintenance, repair, and safety items to facility maintenance personnel for correction and schedule work to minimize disruption to residents. Facility Managers participate in facility inspections, fire and safety inspections and review deficiencies identified by maintenance personnel (government or contractor) while performing preventative maintenance inspections (PMIs).

BUMED, HQMC I&L and CNIC have the authority at the local level to correct known requirements or deficiencies up to a certain threshold. BUMED, HQMC I&L and CNIC have documented process for submission of special projects over this threshold.

### **Current Inspection Protocol/Process:**

The housing standards for this inspection were developed by a LOA 5 sub working group staffed with representatives from OSD H&CS, Air Force, Army, Navy, and Marine Corps. The inspection checklist contains questions separated into three categories outlined in the housing standards: Assignment, Baseline and Special Medical.

Due to the inspection being based on the medical condition of the military service member, BUMED took the lead on the military quarters housing medical hold and holdover personnel inspections, and were requested to coordinate with BUMED facility managers, when BUMED was the facility owner or to coordinate with CNIC and HQMC I&L when they were the facility owners, respectively. All final inspections were submitted through BUMED. Teams typically included medical case managers, housing managers, facility managers, engineers of various disciplines, engineering technicians and tradesmen of various backgrounds. The teams were advised to perform a visual inspection of each housing facility after reviewing

requirements generated in VFA, recurring service calls identified in DMLSS or MAXIMO and regularly scheduled PMIs.

Activity responses were varied. All activities indicated that their medical hold space met the standard, and as a result, no actions or estimates were required. Other activities indicated that their housing met the standard, but recognized that deficiencies existed in the facility and provided estimates accordingly. The results are reported in the three categories of "Assignment", "Baseline" and "Special Medical" and are included below:

**Findings:**

***Walter Reed National Military Medical Center (WRNMMC) Bethesda, MD***

	Facility	Assignment		Baseline		Special Medical	
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
1	Mercy Hall Bldg 50	23/0	\$0	23/0	\$0	23/0	\$0
2	Bldg 60	4/0	\$0	4/0	\$0	4/0	\$0
3	Bldg 61	15/0	\$0	15/0	\$0	15/0	\$0
4	Bldg 62	66/0	\$0	66/0	\$0	66/0	\$0
5	Fisher House, Bldg 24	1/0	\$0	1/0	\$0	1/0	\$0
6	Fisher House, Bldg 66	1/0	\$0	1/0	\$0	1/0	\$0

***Walter Reed National Military Medical Center (WRNMMC) Bethesda, MD (cont.)***

Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical							
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/110	108/110	0/110	2/110	0/110	0/110	110

**Comments:** None

***NH Bremerton/Naval Station Bremerton***

	Facility	Assignment		Baseline		Special Medical	
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
1	Bldg 1131	1/0	\$0	1/0	\$0	1/0	\$0
2	Bldg 1044	1/0	\$0	1/0	\$0	1/0	\$0
3	Bangor Base Housing	1/0	\$0	1/0	\$0	1/0	\$0

***NH Bremerton/Naval Station Bremerton (cont.)***

Military Quarters Housing Medical Hold Personnel and Military Quarters Housing							
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	1/3	2/3	0/3	0/3	0/3	0/03	3

Comments: None

***NH Camp Pendleton, CA/MCB Camp Pendleton***

	Facility	Assignment		Baseline		Special Medical	
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
1	27850	72/0	\$0	72/0	\$0	72/0	\$0
2	327 Hagaru St.	1/0	\$0	1/0	\$0	1/0	\$0
3	29114 Eneydy St.	1/0	\$0	1/0	\$0	1/0	\$0
4	321B Vallecito Ln.	1/0	\$0	1/0	\$0	1/0	\$0
5	138 iris St.	1/0	\$0	1/0	\$0	1/0	\$0
6	772 Cottonwood Ct.	1/0	\$0	1/0	\$0	1/0	\$0
7	606 Dogwood	1/0	\$0	1/0	\$0	1/0	\$0

***NH Camp Pendleton, CA/MCB Camp Pendleton (cont.)***

Military Quarters Housing Medical Hold Personnel and Military Quarters Housing							
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	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/78	72/78	0/78	0/78	6/78	0/78	78

Comments: None.

***NHC Hawaii/MCB Hawaii/NAVSTA Pearl Harbor***

	Facility	Assignment		Baseline		Special Medical	
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
	Joint Base Pearl Harbor Hickam						
1	Bldg 925	1/0	\$0	1/0	\$0	1/0	\$0
2	Bldg 1323	3/0	\$0	3/0	\$0	3/0	\$0
3	Bldg 1324	1/0	\$0	1/0	\$0	1/0	\$0
	MCB K-Bay						
4	Bldg 7046	7/0	\$0	7/0	\$0	7/0	\$0
5	Bldg 7005	1/0	\$0	1/0	\$0	1/0	\$0
6	Bldg 5071	1/0	\$0	1/0	\$0	1/0	\$0
7	Bldg 7220	1/0	\$0	1/0	\$0	1/0	\$0
8	Bldg 7259	1/0	\$0	1/0	\$0	1/0	\$0
9	6611B Cochran	1/0	\$0	1/0	\$0	1/0	\$0
10	3169 Natarte	1/0	\$0	1/0	\$0	1/0	\$0
11	6541B	1/0	\$0	1/0	\$0	1/0	\$0

***NHC Hawaii/MCB Hawaii/NAVSTA Pearl Harbor (cont.)***

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/19	16/19	0/19	0/19	3/19	0/19	19

Comments: None.

***NH Oak Harbor, WA/NAVSTA Whidbey Island***

	Facility	Assignment		Baseline		Special Medical	
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard
1	Bldg 381	4/0	\$0	4/0	\$0	4/0	\$0
2	Bldg 2551	4/0	\$0	4/0	\$0	4/0	\$0

***NH Oak Harbor, WA/NAVSTA Whidbey Island (cont.)***

Military Quarters Housing Medical Hold Personnel and Military Quarters Housing							
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/8	8/8	0/8	0/8	0/8	0/08	8

Comments: None.

***Naval Medical Center (NMC) San Diego, CA/Naval Base San Diego***

	Facility	Assignment		Baseline		Special M/NM	Medical Action/Cost to meet Standard
		M/NM	Action/Cost to meet Standard	M/NM	Action/Cost to meet Standard		
1	NMCSD - Bldg 26	67/0	\$0	67/0	\$0	67/0	\$0
2	NAVSTA BLDG 3150	6/0	\$0	6/0	\$0	6/0	\$0
3	NAVSTA BLDG	1/0	\$0	1/0	\$0	1/0	\$0
4	NAVSTA BLDG	2/0	\$0	2/0	\$0	2/0	\$0
5	Naval Base Coronada Bldg	1/0	\$0	1/0	\$0	1/0	\$0

***Naval Medical Center (NMC) San Diego, CA/Naval Base San Diego***

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/77	76/77	0/77	1/77	0/77	0/77	77

Comments: None.

***USNH Yokosuka, Japan/Commander Fleet Activities Yokosuka, Japan***

		Assignment		Baseline		Special	Medical
	Facility	M/NM	Action/ Cost to meet Standard	M/NM	Action/ Cost to meet Standard	M/NM	Action/ Cost to meet Standard
1	Bldg 1393	5/0	\$0	5/0	\$0	5/0	\$0
2	Bldg 3333	16/0	\$0	16/0	\$0	16/0	\$0

***USNH Yokosuka, Japan/Commander Fleet Activities Yokosuka, Japan***

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses)	Privatized Family Housing or Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/21	21/21	0/21	0/21	0/21	0/21	21

Comments: None.

***NH Camp Lejeune/Marine Corps Base (MCB) Camp Lejeune***

		Assignment		Baseline		Special Medical	
	Facility	M/ N M	Action/Cost to meet Standard	M/N M	Action/Cost to meet Standard	M/N M	Action/Cos t to meet Standard
1	PP2 (Wounded	36/0	\$0	36/0	\$0	36/0	\$0

	Warriors Battalion)						
2	7066 Fuller Ave	1/0	\$0	1/0	\$0	1/0	\$0
3	7233 Bestwick Ave	1/0	\$0	1/0	\$0	1/0	\$0
4	4058 Johnson Ct.	1/0	\$0	1/0	\$0	1/0	\$0
5	6474 Montana St.	1/0	\$0	1/0	\$0	1/0	\$0
6	6410 Montana St.	1/0	\$0	1/0	\$0	1/0	\$0
7	5061 Washington St.	1/0	\$0	1/0	\$0	1/0	\$0
8	6528 Allen Ln.	1/0	\$0	1/0	\$0	1/0	\$0
9	921 Faulkingham Ct.	1/0	\$0	1/0	\$0	1/0	\$0
10	5358 Bougainville	1/0	\$0	1/0	\$0	1/0	\$0
11	5288 Woosley Ct.	1/0	\$0	1/0	\$0	1/0	\$0
12	4037 Evans Ct.	1/0	\$0	1/0	\$0	1/0	\$0
13	1234 Massaro Ct.	1/0	\$0	1/0	\$0	1/0	\$0
14	4306 Robertson St.	1/0	\$0	1/0	\$0	1/0	\$0
15	6190 Chosin Cir.	1/0	\$0	1/0	\$0	1/0	\$0
16	5026 Naha Dr.	1/0	\$0	1/0	\$0	1/0	\$0

***NH Camp Lejeune/Marine Corps Base (MCB) Camp Lejeune (cont.)***

<b>Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover</b>							
	<b>DoD Owned Military Family Housing</b>	<b>DoD Owned Unaccompanied Personnel Housing</b>	<b>Leased or Contracted Housing or Lodging on the Community</b>	<b>DoD/NAF Owned Lodging (includes Fisher Houses)</b>	<b>Privatized Family Housing or Lodging</b>	<b>Privately Owned or Privately Rented Housing</b>	<b>Number of Personnel Housed</b>
<b>Number of personnel</b>	15/51	36/51	0/51	0/51	0/51	0/51	51

**Comments:** None.

***NH Jacksonville, FL/NAS Jacksonville, FL/NAVSTA Mayport, FL***

	<b>Facility</b>	<b>Assignment</b>		<b>Baseline</b>		<b>Special Medical</b>	
		<b>M/NM</b>	<b>Action/Cost to meet Standard</b>	<b>M/NM</b>	<b>Action/Cost to meet</b>	<b>M/NM</b>	<b>Action/Cost to meet</b>
1	BEQ 822 (NAS)	5/0	\$0	5/0	\$0	5/0	\$0
2	BEQ 2234	1/0	\$0	1/0	\$0	1/0	\$0
3	3823 Oregon	1/0	\$0	1/0	\$0	1/0	\$0

4	904A Enterprise	1/0	\$0	1/0	\$0	1/0	\$0
5	748 A Evergalde	1/0	\$0	1/0	\$0	1/0	\$0

***NH Jacksonville, FL/NAS Jacksonville, FL/NAS Mayport, FL (cont.)***

<b>Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover</b>							
	<b>DoD Owned Military Family Housing</b>	<b>DoD Owned Unaccompanied Personnel Housing</b>	<b>Leased or Contracted Housing or Lodging on the Community</b>	<b>DoD/NAF Owned Lodging (includes Fisher Houses)</b>	<b>Privatized Family Housing or Lodging</b>	<b>Privately Owned or Privately Rented Housing</b>	<b>Number of Personnel Housed</b>
<b>Number of personnel</b>	0/9	6/9	0/9	0/9	3/9	0/9	9

**Comments:** None.

***Naval Medical Center (NMC)Portsmouth, VA/Naval Station Norfolk/Norfolk Naval Shipyard – Scott Annex/Naval Amphibious Base Little Creek, Norfolk, VA***

	<b>Facility</b>	<b>Assignment</b>		<b>Baseline</b>		<b>Special Medical</b>	
		<b>M/NM</b>	<b>Action/Cost to meet Standard</b>	<b>M/NM</b>	<b>Action/Cost to meet Standard</b>	<b>M/NM</b>	<b>Action/Cost to meet Standard</b>
1	NMCP Bldg 282	5/0	\$0	5/0	\$0	5/0	\$0
2	NMCP Bldg. 3/124	1/0	\$0	1/0	\$0	1/0	\$0
3	NS Norfolk Bldg A-125	3/0	\$0	3/0	\$0	3/0	\$0
4	NS Norfolk Bldg A-51	10/0	\$0	10/0	\$0	10/0	\$0
5	NS Norfolk Bldg A-52	9/0	\$0	9/0	\$0	9/0	\$0
6	NS Norfolk Bldg R-63	1/0	\$0	1/0	\$0	1/0	\$0
7	NS Norfolk Bldg S-30	4/0	\$0	4/0	\$0	4/0	\$0

***NMC Portsmouth, VA/Naval Station Norfolk/Norfolk Naval Shipyard – Scott Annex /Naval Amphibious Base Little Creek, Norfolk, VA (cont.)***

	Military Quarters Housing Medical Hold Personnel and Military Quarters Housing Medical Holdover						
	DoD Owned Military Family Housing	DoD Owned Unaccompanied Personnel Housing	Leased or Contracted Housing or Lodging on the Community	DoD/NAF Owned Lodging (includes Fisher Houses )	Privatized Family Housing <b>or</b> Lodging	Privately Owned or Privately Rented Housing	Number of Personnel Housed
Number of personnel	0/33	5/33	0/33	27/33	0/33	0/33	33

Comments: None.

**B. Detailed Military Departments' MHH Inspection Reports--3. TAB AIR  
FORCE**

**AIR FORCE 2012 INSPECTION OF  
MEDICAL HOLD HOUSING**

**RAF Lakenheath  
Joint Base San Antonio—Lackland AFB  
Minot AFB  
Grand Forks AFB  
Eglin AFB  
Travis AFB  
Seymour Johnson AFB**

**HQ USAFE  
INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**48th FIGHTER WING  
RAF Lakenheath, United Kingdom  
30 October 2012**

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**SECTION II - INSPECTION DETAILS 14 Scampton Road**

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

**Facility Condition 14 Scampton Road: IN COMPLIANCE**

The AFW2 resides in RAF Lakenheath on-base government housing.

The residence was a newly constructed facility on base. The inspection team did not note any major discrepancies. The AFW2 and spouse were extremely satisfied with their accommodations.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Residence only has heat due to location-- England.	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
	patient?			
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, and full-size refrigerator. All appliances were in good working order.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups. The government has provided a washer/dryer.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.3.	<p>Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

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Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

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Electronics: IN COMPLIANCE

The housing unit had cable/satellite, internet and telephone access. The AFW2 provided his own electronic equipment and services and did not require any government furnished items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by	In Compliance

			member.	
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Phone service set up and provided by member	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Yes	In Compliance

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

7.	Landscaping, Grounds Maintenance and Parking			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for maintaining yard and is capable of maintaining the yard.	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

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Physical Security: IN COMPLIANCE

There were no physical security issues noted. All locks and latches were in good working order.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

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Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, and additional help was not required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

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Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

11.	<b>Building Maintenance and Housekeeping Requests</b>			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

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**AFW2 Interview**

The AFW2 was available for a phone interview, and the spouse was available for a face-to-face interview during the facility inspection. Major Aaron Cooper interviewed the AFW2 and the spouse on 30 October 2012. Both were extremely pleased with the home and the proximity of home to the base. Recovery Care facilities are located on the base. The AFW2 spouse was very grateful for the responsiveness of the Civil Engineer Squadron when dealing with repairs. For instance, on 29 October, a heat call had been called in, and repair personnel responded within 30 minutes and remedied the issue. The AFW2 also was very grateful for Mrs. Ogarro and all of her help and support.

**SECTION III - INSPECTION DETAILS 48 Oak Lane**

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

**Facility Condition 48 Oak Lane: NOT IN COMPLIANCE**

The AFW2 resides in RAF Lakenheath off-base privatized housing.

Several discrepancies were noted during the interview. The AFW2 and spouse brought up some major issues that caused additional stress in the area of physical security. In addition, some minor maintenance issues were noted during the inspection.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Residence only has heat due to location-- England.	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	The bathroom window lacks a privacy latch to vent moisture, creating a minor mold issue. The mold is remedied with diligent cleaning with bleach/water.	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	Yes, but it is encapsulated.	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, and full-size refrigerator. All appliances were in good working order.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? • Are appliances within acceptable reach?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

	<ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>			
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Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups. The government provided a washer/dryer.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.3.	Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: IN COMPLIANCE

The housing unit had cable/satellite, internet and telephone access. The AFW2 provided his own electronic equipment and services and did not require any government furnished items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Phone service set up and provided by member	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Yes	In Compliance

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection.	In Compliance

			Member is aware of process to obtain pest eradication if needed.	
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for maintaining yard and is capable of maintaining the yard.	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

Physical Security: NOT IN COMPLIANCE

There were several major issues related to physical security. The back yard was not fenced and at least one exterior window did not have a functioning security latch. Also, inadequate exterior lighting in the front and back yard led to increased stress on the AFW2.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	The back yard is not fenced, which adds additional stress on the member due to security concerns. In addition, one window was missing latch.	Not In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Outdoor lighting is not functional on backside of home and lighting on the front side is turned off at midnight due to local ordinances.	Not In Compliance

Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	<p>Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

	<ul style="list-style-type: none"> <li>Does area offer unimpeded mobility?</li> </ul>			
9.2.	<p>Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Are shelves/counters within acceptable reach?</li> <li>Are the floors clear of obstructions?</li> <li>Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, and additional help was not required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

11.	<b>Building Maintenance and Housekeeping Requests</b>			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

**AFW2 Interview**

The AFW2 and the spouse were available for a face-to-face interview during the facility inspection. Major Aaron Cooper interviewed the AFW2 and the spouse on 30 October 2012. Both were satisfied with the home, and pointed out a few minor maintenance issues including a privacy latch, a broken window latch, and a dryer vent that needed to be repaired. In addition, they brought up a more serious issue of stress and anxiety due to broken lights in the rear of the home, no light in the front of the home after midnight, and no fence to keep people out of their back yard at night. The AFW2 spouse was very grateful for the responsiveness of the Civil Engineer Squadron when dealing with repairs. The AFW2 and spouse were extremely grateful for Mrs. Ogarro and the support she had provided for them. After the visit, the vent was cleaned and the broken lights in the back yard were repaired that day. In addition, after the outbrief with the 48 FW/CV, the AFW2 and family accepted an offer to move into a new home on base which will meet all of their needs.

**SECTION IV - INSPECTION DETAILS Dorm 946 Rm 101**

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

**Facility Condition Dorm 946 Rm 101: IN COMPLIANCE**

The AFW2 resides in RAF Lakenheath on-base government housing.

No discrepancies were noted during the interview. The AFW2 was very satisfied with the residence.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Residence only has heat due to location-- England.	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
	patient?			
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchen: IN COMPLIANCE

The quarters has a community kitchen with multiple ovens, microwave, and dishwasher that were in excellent condition.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Laundry Facilities: IN COMPLIANCE

The AFW2 dorm room is very close to a community laundry room with eight washers and eight dryers that were all in good working condition.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.3.	Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Furnishings: IN COMPLIANCE

The AFW2 was provided with government furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Yes, furniture was provided and in excellent condition.	In Compliance

Electronics: IN COMPLIANCE

The dormitory unit had cable/satellite, internet and telephone access. The AFW2 provided his own electronic equipment and services and did not require any government furnished items or modifications. In addition, there were four large new televisions that were available for community use.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Yes	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Phone service set up and provided by member	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is	In Compliance

			aware of process to obtain pest eradication if needed.	
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

Physical Security: IN COMPLIANCE

There were no physical security issues noted. All locks and latches were in good working order.

<b>8.</b>	<b>Physical Security</b>			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, and no additional help was required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
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Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

<b>11.</b>	<b>Building Maintenance and Housekeeping Requests</b>			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

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**AFW2 Interview**

The AFW2 was available for a face-to-face interview during the facility inspection. Major Aaron Cooper interviewed the AFW2 on 30 October 2012. The member was extremely satisfied with the room. The AFW2 was very grateful for the responsiveness of the Civil Engineer Squadron when dealing with repairs. Last, the AFW2 discussed appreciation for the treatment that he was receiving and complete admiration for Mrs. Ogarro and the support she had provided. The AFW2 described Mrs. Ogarro as a bulldog that helped him work his issues.

**SECTION V - INSPECTION DETAILS 42 Earls Field**

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

**Facility Condition 42 Earls Field: NOT IN COMPLIANCE**

The AFW2 resides in RAF Lakenheath off-base privatized housing.

Several discrepancies in the areas of building envelope, electrical dependency/safety, and physical security were noted during the interview. In addition, a major electrical safety issue was noted during the inspection, which resulted in an emergency work order.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	No, the windows do not seal very well, allowing air to flow into the home. The occupants installed personal locks on every window to reduce air infiltration.	Not In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Residence only has heat due to location-- England.	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	No, the occupants were not using the 2 <sup>nd</sup> floor outlets due to several not	Not In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
			working and due to the risk of fire when outlets were in use—this was verified during the inspection, including the presence of smoke.	
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	Yes, the electrical outlets that smoke when in use.	Not In Compliance
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	The bathroom window lacks a privacy setting and a way to vent out moisture during showers,	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
			creating a minor mold issue. The mold is remedied due to diligent cleaning with bleach/water.	
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	Yes, but it is encapsulated.	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	No	In Compliance

Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, and full-size refrigerator. All appliances were in good working order.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups. The government provided a washer/dryer.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Yes, but the dryer vent is in need of maintenance.	In Compliance
3.3.	<p>Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: IN COMPLIANCE

The housing unit had cable/satellite, internet and telephone access. The AFW2 provided his own electronic equipment and services and did not require any government furnished items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by	In Compliance

			member.	
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Phone service set up and provided by member	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

7.	Landscaping, Grounds Maintenance and Parking			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for maintaining yard and is capable of maintaining the yard.	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	<p>Does facility parking comply with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

Physical Security: NOT IN COMPLIANCE

There were major issues related to physical security. One exterior window did not have a functioning security latch. Also, inadequate exterior lighting in the front and back yard led to increased stress on the AFW2.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	The member has installed personal locks on every window in order to reduce drafts and to increase security.	Not In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Outdoor lighting is not functional on the backside of the house and lighting in the front of the house is turned off at midnight.	Not In Compliance

Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

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Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, and additional help was not required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

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Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

11.	<b>Building Maintenance and Housekeeping Requests</b>			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

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**AFW2 Interview**

The AFW2 and the spouse were available for a face-to-face interview during the facility inspection. Major Aaron Cooper interviewed the AFW2 and the spouse on 30 October 2012. Neither were satisfied with the home, and pointed out a few minor maintenance issues, the lighting and security issue, and the major electrical issue. The AFW2 and spouse mentioned the Civil Engineer Squadron had been very responsive to repairs, but the electrical issue had never been addressed due to an inability to replicate the problem during the repair call. The AFW2 and spouse specifically wanted to mention that they were extremely grateful for Mrs. Ogarro and the support she had provided for them. After the inspection, the outlets were removed and replaced that evening. In addition, after the outbrief with the 48 FW/CV, the AFW2 and family accepted an offer to move into a new home on base which will meet all of their needs.

**SECTION VI- INSPECTION DETAILS 10 Olive Close**

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

**Facility Condition 10 Olive Close: IN COMPLIANCE**

The AFW2 resides in RAF Lakenheath off-base privatized housing.

Several discrepancies were noted during the interview. The AFW2 and spouse brought up some issues that caused concern, but no large items that couldn't be changed or repaired.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Residence only has heat due to location-- England.	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	The bathroom window lacks a privacy latch to vent moisture, creating a minor mold issue. The mold is remedied with diligent cleaning with bleach/water.	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	Yes, but it is encapsulated.	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, and full-size refrigerator. All appliances were in good working order.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups. The Government provided a washer/dryer.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.3.	<p>Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: IN COMPLIANCE

The housing unit had cable/satellite, internet and telephone access. The AFW2 provided his own electronic equipment and services and did not require any government furnished items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance

5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Phone service set up and provided by member	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

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Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

7.	Landscaping, Grounds Maintenance and Parking			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for maintaining yard and is capable of maintaining the yard.	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

Physical Security: IN COMPLIANCE

A couple physical security issues were noted, but were not a significant issue for the AFW2 and the spouse. All locks and latches were in good working order, with the exception of the rear door which required a key to be opened.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	The back door latch can not be opened without a key.	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Outdoor lighting in the front of the house is turned	In Compliance

			off at midnight.	
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Other Areas: NOT IN COMPLIANCE

9.	Other Areas			
9.1.	<p>Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Tub faucet has major leak, which causes low water pressure to showerhead	Not In Compliance
9.2.	<p>Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
9.3.	<p>Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, and additional help was not required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

11.	Building Maintenance and Housekeeping Requests			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

**AFW2 Interview**

The AFW2 and the spouse were available for a face-to-face interview during the facility inspection. Major Aaron Cooper interviewed the AFW2 and the spouse on 30 October 2012. Minor maintenance issues including a shower faucet, a missing privacy latch for the bathroom window, and a back door latch that required a key were pointed out. In addition there was a concern about the lack of light in the front of the house after midnight. The AFW2 and spouse were extremely grateful for Mrs. Ogarro and recognized her enthusiasm and hard work ethic were instrumental in helping to receive the required care and appointments needed for treatment. After the visit, the faucet was repaired via work order that evening. In addition, after the outbrief with the 48 FW/CV, the AFW2 and family accepted an offer to move into a new home on base which will meet all of their needs.

**AIR EDUCATION AND TRAINING COMMAND  
INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**502nd AIR BASE WING  
Joint Base San Antonio – Lackland AFB, TX  
26 October 2012**

This report contains internal matters that are deliberative in nature, are part of the agency decision-making process, and/or are otherwise legally privileged, each of which are protected from disclosure under the Freedom of Information Act, 5 USC 552. Do not release in whole or part to persons or agencies outside of the Air Force, nor can it be republished in whole or part in any publication not containing this statement, including Air Force magazines and general use pamphlets, without express approval of the Director, SAF/IGI. If you received this message/document in error, please notify the sender by reply e-mail and delete all copies of this message.

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SECTION I - INSPECTION SUMMARY

Purpose and Scope

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house Medical Holdover (MH) personnel. The Air Force refers to a MH as an Air Force Wounded Warrior (AFW2). Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DOD issued standards for inspection of facilities for outpatient service members.

The purpose of this inspection was to determine how effectively and efficiently the 502nd Air Base Wing, Joint Base San Antonio – Lackland AFB, TX and the 59th Medical Wing are meeting AFI 90-201 requirements and satisfying the needs of AFW2s and their families who live in government quarters during their treatment and recovery period. The inspection included a direct inspection of the facility and supporting infrastructure, a review of facility work orders and support documentation, and an interview with the wounded Airman.

Executive Summary

The 502nd Air Base Wing, Joint Base San Antonio – Lackland AFB, TX and the 59th Medical Wing are providing excellent facility support to the AFW2. The AFW2 was offered a newly constructed one story housing unit that is Americans with Disability Act (ADA) compliant and meets all Air Force Wounded, Ill, and Injured Facility Inspection requirements. A ground maintenance contractor provides grounds maintenance and housing maintenance provides facility repair. The AFW2 receives local outpatient medical services and transportation is available to the facilities. 59th Medical Wing was unaware of the AFI 90-201 requirements and no evidence that a pre-inspection was accomplished prior to the AFW2 occupancy. AFW2 was provided a newly constructed ADA compliant house which met all pertinent public laws.

Overall Inspection

IN COMPLIANCE

11/5/2012

**X** Christopher C. Richardson  
CHRISTOPHER C. RICHARDSON, Colonel, USAF  
Inspector General

SECTION II - INSPECTION DETAILS

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

Facility Condition: IN COMPLIANCE

The AFW2 resides on Travis Air Force Base in privatized housing.

Facility is an Americans with Disabilities Act (ADA)-compliant home. No discrepancies were noted. AFW2 and family are extremely satisfied with their accommodations.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

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Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, microwave, sink, dishwasher, garbage disposal, and full-size refrigerator. All appliances were clean and in good working order.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

---

Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups with occupant provided a washer/dryer.

3.	Laundry Facilities			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	No, not required. AFW2 provided	In Compliance
3.3.	Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes, ADA Compliant	In Compliance

---

Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

---

Electronics: N/A

The AFW2 provided his own electronic equipment and services.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by AFW2.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	AFW2 utilizes cellular phone	In Compliance
5.5	Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?  <ul style="list-style-type: none"> <li>• Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

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Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance

6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of procedures to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

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Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient?  <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

---

Physical Security: IN COMPLIANCE

There was no physical security issues noted. All locks and latches were in good working order.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

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Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	<p>Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes, bathroom is ADA complaint	In Compliance
9.2.	<p>Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

---

Proximity to Treatment: IN COMPLIANCE

The AFW2 spouse provides transportation to the medical facility, although transportation is available through his Air Force Recovery Care Coordinator if required.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

---

Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

11.	Building Maintenance and Housekeeping Requests			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

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**AIR FORCE GLOBAL STRIKE COMMAND  
INSPECTOR GENERAL**



**Wounded, Ill, and Injured  
Facility Inspection Report**

**5th BOMB WING  
Minot AFB, ND  
3 October 2012**

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## SECTION I - INSPECTION SUMMARY

### Purpose and Scope

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house patients with protracted medical care needs. The Air Force refers to these patients as Air Force Wounded Warriors (AFW2). Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. Deputy Secretary of Defense Memorandum dated September 2007: "DOD Housing Inspection Standards for Medical Hold and Holdover Personnel" issued standards for inspection of facilities for outpatient service members. Checklists addressing these standards are found in AFI 90-201 Attachment 8, and are embedded in the report for ease of reference.

The purpose of this inspection was to determine how effectively and efficiently the 5 BW is meeting facility requirements and satisfying the needs of AFW2s and their families who live in government quarters during their treatment and recovery period. The 5 BW identified two individuals who met criteria for the Wounded, Ill, or Injured Program and both are included within this report. The inspection included personal interviews with each wounded Airman, a direct inspection of the facilities and supporting infrastructure, and a review of facilities work orders and support documentation.

### Executive Summary

The 5 BW is providing excellent facility support to their AFW2s. The first AFW2 interviewed was offered a split-level unit prior to being placed in the AFW2 program. The member admits to having difficulties traversing stairs at times due to her medical limitations, however she does not want to relocate to a single-level house. She contends her medical condition is improving and the domicile suits her needs and is acceptable. The house is Americans with Disability Act compliant and meets all Air Force Wounded, Ill, and Injured Facility Inspection requirements. The member has family and friend support to provide for grounds maintenance while housing maintenance provides facility repair. The AFW2 receives local outpatient medical services and provides her own transportation. Outpatient medical services also travel to Minot AFB to meet the members need when instances arise where transportation is not available.

The second AFW2 lives in a split-level home and has no difficulties negotiating the stairs or layout of the residence. No modifications to the structure were necessary to accommodate the member's condition. The member stated that the facilities are adequate with no identified structural concerns not previously addressed and expressed a desire not to relocate.

Both AFW2s have been assigned a Non-medical Care Manager (NMCM) at Randolph AFB, a local Medical Case Manager, and a Community Readiness Consultant (CRC) from the Airman and Family Readiness Center. Both AFW2s were satisfied with the support from the wing and the AFW2 NMCM. Neither AFW2 has a current Reporting Identifier of 9W200 IAW AFI 34-

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1101 para 3.4.2.1. and both members deny any contact from the regional Recovery Care Coordinator (RCC).

During this inspection, local confusion was noted in every aspect of the program. The 5 BW is doing an exceptional job taking care of the AFW2s, however, there was no communication between different organizations and most support facilitators were unaware of the requirements of the program even though they had met the intent. The Air Force Warrior Care program has undergone recent changes including a newly published AFI in June 2012. There is still lack of clear guidance from AF/A1S for program administration at the wing level, and inconsistent program adherence from AFPC which contributes to wing and base-level confusion. AFGSC/IG recommends AFGSC/A1 work with AF/A1S and AFPC to clarify the guidance to the wing and facilitate coordination channels.

Inspection Results

IN COMPLIANCE



DAVID A. SIKORA, COL, USAF  
Team Chief

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**SECTION II - INSPECTION DETAILS****AFW2-1**

Facility Condition: IN COMPLIANCE

The first AFW2 (AFW2-1) has resided in government owned military family housing on Minot AFB since 2006. The member reported that housing personnel had addressed all previously identified concerns, however, the member did indicate discoloration of a wall near the water heater which was treated previously as potential mold. During the facility inspection persistent discoloration of the wall was noted, causing concern by the occupant that mold was still present. The facility is an Americans with Disabilities Act (ADA)-compliant home. AFW2-1 is satisfied with her accommodations and finds it suitable and adequate. The following checklist applies to the facility inspection of AFW2-1.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance

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ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	Potential mold was seen in residence of first AFW2 at the bottom of the wall behind the water heater.	In Compliance with comments
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchens: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, garbage disposal, and full-size refrigerator. The government provided all major appliances, and they were in good working order. The service member did not require any special modifications in the kitchen.

2.	Kitchens			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance

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2.2.	<p>Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
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Laundry Facilities: IN COMPLIANCE

The housing unit included laundry facilities. The service member owned the appliances. The service member did not require any special modifications to the laundry facilities.

<b>3.</b>	<b>Laundry Facilities</b>			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	AFW2-1 provided her own washer and dryer.	In Compliance
3.3.	<p>Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

Furnishings: IN COMPLIANCE

AFW2-1 provided her own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: N/A

The housing unit had internet and telephone access. The service member did not require any government-provided electronic items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Yes	In Compliance
5.5	Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

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	and patient?			
	<ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>			

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

7.	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for ground maintenance and is able to perform/ provide maintenance .	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	<p>Does facility parking comply with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	AFW2-1 has a snow removal plan MFR in place.	In Compliance

Physical Security: IN COMPLIANCE

There was no physical security issues noted. All locks and latches were in good working order.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Member has a walk-in shower with seating.	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

Proximity to Treatment: IN COMPLIANCE

The AFW2-1 utilized her private transportation to the medical facility. Some medical services travel to the member's location as needed.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2-1 is satisfied with the building maintenance support.

11.	Building Maintenance and Housekeeping Requests			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

AFW2-2

## Facility Condition: IN COMPLIANCE

The second AFW2 (AFW2-2) has resided in government owned military family housing on Minot AFB since January 2010. The service member reported that housing maintenance personnel had been called multiple times for a myriad of housing concerns. Housing maintenance promptly responded each time and addressed the issues until they were corrected. Mold was also a concern for AFW2-2. A wet patch of drywall was recently removed from the bathroom and although there are no visible signs of mold, the member expressed concern of an undetected mold problem. Facility is an Americans with Disabilities Act (ADA)-compliant home. AFW2-2 is satisfied with the accommodations and finds them suitable and adequate.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance

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ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	Inspector noted no mold, but member is concerned about unseen mold condition due to dampness in bathroom wall.	In Compliance with comments
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

Kitchens: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, garbage disposal, and full-size refrigerator. The government provided all major appliances, and they were in good working order. The service member did not require any special modifications in the kitchen.

2.	<b>Kitchens</b>			
2.1.	Does the kitchen meet or exceed the standard for	OSD Guidance Ltr,	Yes	In

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	the type of accommodation provided?	Sec 7, para 2		Compliance
2.2.	<p>Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

Laundry Facilities: IN COMPLIANCE

The housing unit included laundry facilities. The service member owned the appliances. The service member did not require any special modifications to the laundry facilities.

<b>3.</b>	<b>Laundry Facilities</b>			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	AFW2-2 provided their own washer and dryer.	In Compliance
3.3.	<p>Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

Furnishings: IN COMPLIANCE

AFW2-2 provided his own personal furnishings.

4.	Furnishings			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: N/A

The housing unit had internet and telephone access. The service member did not require any government-provided electronic items or modifications.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Member utilizes cellular phone only; landline service available but not used.	In Compliance
5.5	Have the electronic support systems been modified (or complies) to meet the special needs	OSD Guidance Ltr,	Not Required	In

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	of the patient as determined by the case manager and patient?  • Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)	Sec 7, para 5		Compliance
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Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

7.	Landscaping, Grounds Maintenance and Parking			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for ground maintenance and is able to perform/ provide maintenance .	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance

Physical Security: IN COMPLIANCE

There were no physical security issues noted. All locks and latches were in good working order.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

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8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
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Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

Proximity to Treatment: IN COMPLIANCE

AFW2-2 provided his own transportation to the medical facility.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

Building Maintenance and Housekeeping Requests: IN COMPLIANCE

AFW2-2 is satisfied with the building maintenance support.

11.	Building Maintenance and Housekeeping Requests			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

**AIR MOBILITY COMMAND  
OFFICE OF THE INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**319th AIR BASE WING  
Grand Forks AFB, ND  
6 September 2012**

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## SECTION I - INSPECTION SUMMARY

### Purpose and Scope

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house medical holdover personnel (MH). The Air Force refers to a MH as an Air Force Wounded Warrior (AFW2). Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DoD issued standards for inspection of facilities for outpatient service members.

The purpose of this inspection is to determine how effectively and efficiently the 319 MDG and 319 ABW are meeting facility requirements and satisfying the needs of AFW2s and their families who are living in government quarters during their treatment and recovery period. The inspection included a direct inspection of the facility and supporting infrastructure, a review of facility work orders and support documentation, and an interview with the wounded Airman.

### Executive Summary

The 319th Medical Group and 319th Air Base Wing are providing excellent facility support to the AFW2. Base housing offered the member and his family their choice of three homes. Although the member does not require handicap accessible housing, the member selected an Americans with Disability Act-adaptable, single story-home that meets his and his family's needs. Handicap considerations may need review and consideration in the future due to recent seizures with associated balance/stability issues. The home was built in 2006 and meets all Air Force Wounded, Ill, and Injured Facility Inspection requirements. A ground maintenance contractor, overseen by 319 CES, provides grounds maintenance, snow removal, and facility repair. The member receives outpatient medical services from a local area hospital and the base clinic with transportation to those appointment provided by family members or the 319 MDSS. The AFW2 and his family are very satisfied with the support they receive from the 319 ABW.

### Overall Inspection

## IN COMPLIANCE

11/6/2012

**X** Michael T. Oberbroeckling...

MICHAEL T. OBERBROECKLING, Colonel, USAF  
Team Chief

SECTION II - INSPECTION DETAILS

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

Facility Condition: IN COMPLIANCE

Facility is a newer Americans with Disabilities Act (ADA)-adaptable home. No discrepancies were noted. AFW2 and family are extremely satisfied with their accommodations.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes, Complies for Continuous Positive Airway Pressure (CPAP) sleep apnea machine	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes, AFW2 installed handheld shower head	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance

1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not required	In Compliance
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes; recent seizures and associated balance/stability issues may require re-evaluation.	In Compliance

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Kitchen: IN COMPLIANCE

Home was built in 2006 and includes a full kitchen with cook top/oven, sink with garbage disposal, dishwasher, and full size refrigerator with ice maker. No issues with any of the appliances.

2.	<b>Kitchens</b>			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not required	In Compliance

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Laundry Facilities: IN COMPLIANCE

Home has a laundry room and AFW2 provided his own washer/dryer.

<b>3.</b>	<b>Laundry Facilities</b>			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	No, washer and dryer provided by member	In Compliance
3.3.	Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not required	In Compliance

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Furnishings: IN COMPLIANCE

AFW2 provided his own personal furnishings.

<b>4.</b>	<b>Furnishings</b>			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not required	In Compliance

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Electronics: IN COMPLIANCE

AFW2 provided his own electronics and service.

<b>5.</b>	<b>Electronics</b>			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Yes, provided by member	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Yes, provided by member	In Compliance
5.3.	Does the facility have a telephone with a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Yes	In Compliance
5.5	<p>Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not required	In Compliance

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Housekeeping/Pest Management: IN COMPLIANCE

No current pest problems. 319 CES eradicated ground squirrels in the yard. When required, member makes a request to housing maintenance for pest treatment.

<b>6.</b>	<b>Housekeeping/Pest Management</b>			
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not required	In Compliance

6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	Yes-inspected; ground squirrels eradicated in yard	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not required	In Compliance

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Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

319 CES ensures all lawn care and snow removal requirements are timely met. Adequate parking is available in the 2-car garage, driveway, and street.

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Not required	In Compliance
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance

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Physical Security: IN COMPLIANCE

Adequate interior security provided on all doors, screened doors, and windows.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

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Other Areas: IN COMPLIANCE

Previously, AFW2's physician from Minneapolis VAMC Polytrauma Rehab Center stated the member does not require handicap accessible housing. While the home is ADA-adaptable, handicap modifications may need to be re-evaluated due to recent seizures and risk of falling.

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Yes, walk in shower with seat available	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not required	In Compliance

9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not required	In Compliance
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Proximity to Treatment: IN COMPLIANCE

The AFW2 receives outpatient care at a hospital in the local area and occasionally inpatient care in Minneapolis. The recovery care coordinator and AFW2 agree the facility meets outpatient requirements of the member. The AFW2's family provides transportation to the medical facility and the 319 MDSS coordinates transportation when family members are not available.

10.	Proximity to Treatment			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

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Building Maintenance and Housekeeping Requests: IN COMPLIANCE

AFW2 contacts Housing Maintenance for all maintenance issues.

11.	Building Maintenance and Housekeeping Requests			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

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12.	Other Comments	AFW2 queried about tornado shelter location in the facility. Interior bathroom and crawl space area available. The crawl space has approximately 4-5 ft drop from main floor with no steps. 319 CES will review options to provide ease of access to crawl space area.
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AFW2 Interview

The AFW2 was available for a face-to-face interview during the facility inspection. Colonel Oberbroeckling interviewed the AFW2 on 6 September 2012. The AFW2 arrived on station 15 August 2011 and moved into the home on 4 September 2011. Base housing offered the member a choice of three homes and the member selected an Americans with Disabilities Act-adaptable, single-story home. The home selected was initially MAJCOM inspected 29 September 2011 by HQ AMC/IG. Outpatient facilities are in the local area, and transportation is coordinated between the family and the 319 MDSS.

The AFW2 expressed concerns with his promotion eligibility and testing while recovering in the program, the ability to remain in military family housing (MFH) after placement on the temporary disability retired list which is forecasted for 27 Sep 12, and their perceived expedited speed at which the Medical Evaluation Board (MEB) was finalized. The 319 ABW/CCC and 319 SFS/CCF will review and resolve promotion questions. The 319 ABW/CC has endorsed and submitted to HQ AMC/A7 a waiver request that allows for the continuation of MFH occupation. HQ AMC/A7 is currently coordinating and staffing the request with no indications it will not be approved. Expected completion date is 18 Sep 12. Finally, the 319 MDG/CC and Recovery Care Coordinator have confirmed the MEB process was accomplished IAW published AFI guidance.

The AFW2 is very appreciative and satisfied with the support the 319 MDG and 319 ABW provide. In fact, he stated the base "Rocks" and "feel they care about us."

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SECTION III - ADDITIONAL INFORMATION

Team Composition

Col Michael Oberbroeckling  
SMSgt Robert Waldorf

**AIR FORCE MATERIEL COMMAND  
INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**96th Air Base Wing**

**Eglin AFB, Florida**

**1-MAY-2012**

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## **SECTION I - INSPECTION SUMMARY**

### **Purpose and Scope**

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house patients on medical hold. Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DOD issued standards for inspection of facilities for outpatient service members. Checklists addressing these standards are embedded in the report for ease of reference.

The purpose of this inspection was to determine how effectively and efficiently the 96 ABW was meeting facility requirements and satisfying the needs of the wounded, ill and injured service member and family (consisting of the member's spouse) living in government quarters during the treatment and recovery period. The inspection, conducted via telephone interview with the service member and the Recovery Care Coordinator (RCC), addressed progress on observations identified during the 21 Apr 2011 inspection as well as new observations identified by the service member and the RCC.

### **Executive Summary**

The 96 ABW continued to provide excellent facility support to the service member and his spouse to meet their needs. All parties maintained open communication to ensure appropriate support and service to meet the needs of the service member and his spouse. The Recovery Care Coordinator planned to address recent observations to the 96<sup>th</sup> Civil Engineer Group (CEG) Housing Management Office. Some larger scope items require further analysis. The service member indicated the service he and his spouse received continued to be "amazing". AFMC/IG did not identify any significant issues that would warrant an on-site visit.

### **Overall Inspection Rating**

**IN COMPLIANCE**

## **SECTION II - INSPECTION DETAILS**

### **AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

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#### **Facility Condition: IN COMPLIANCE**

The service member and spouse have resided in government owned military family housing on Eglin AFB since October 2010. The home, constructed in 1958 of the Capehart style, bordered a beach.

The service member reported that 96 CEG personnel had resolved previously identified concerns with some outlets not holding appliance plugs snugly; he and his spouse had not encountered any recent issues. The service member was still aware of asbestos in the mastic of the floor tile; however, it remained no cause for concern as it was in a non-friable condition and was not readily accessible, being covered by floor tile. The service member indicated mold was not evident. The service member was still aware of the presence of lead-based paint; however, it remained no cause for concern as there were no children present, and the lead-based paint was covered by several layers of non lead-based paint, rendering it relatively inaccessible. The service member noted no plumbing or general safety issues. The home was not wheelchair accessible; however, the service member had no instances where he required the use of a wheelchair since the Apr 2011 inspection. Although considered unlikely by the service member and the RCC, should the member require the use of a wheelchair on a more frequent basis in the future, the 96 MDSS Recovery Care Manager and 96 CEG Housing Flight Chief will need to relocate the family to a wheelchair accessible home. The housing unit was appropriate for the needs of the service member and spouse.

<b>1.</b>	<b>Facility Condition</b>	<b>Guidance</b>
1.1.	Is the building envelope (i.e., roof, exterior walls, windows, etc.) free of leaks?	OSD Guidance Ltr, Sec 7, para 1
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1
1.4.	Has the electric system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1
1.6.	Has the plumbing system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1

1.8.	Has the safety system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13

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**Kitchens: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. The housing unit included a full kitchen with range/stove, microwave, sink, dishwasher, and full-size refrigerator. The government provided all major appliances, and they were in good working order. The service member did not require any special modifications in the kitchen.

2.	Kitchens	Guidance
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2
2.2.	<p>Has the kitchen been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13

**Laundry Facilities: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. The housing unit included laundry facilities. The service member owned the appliances, including an extra refrigerator. The service member did not require any special modifications to the laundry facilities.

<b>3.</b>	<b>Laundry Facilities</b>	<b>Guidance</b>
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3
3.3.	Has the laundry been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13

**Furnishings: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. The service member did not require any government furnishings.

<b>4.</b>	<b>Furnishings</b>	<b>Guidance</b>
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4

**Electronics: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. The housing unit had internet and telephone access. The service member and his spouse used cable, wi-fi and cell phones for their service. The service member did not require any government-provided electronic items or modifications.

5.	Electronics	Guidance
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5
5.5	Have the electronic support systems been modified (or do they comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e., DVD, stereo, video game player, etc.)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5

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**Housekeeping/Pest Management: IN COMPLIANCE WITH COMMENTS**

The IG noted no changes since the 21 Apr 11 inspection. The service member and his spouse did not require housekeeping service. The service member reported no interior pest issues and had pest management's on-call telephone number. Local refuse and recycling companies provided large-wheeled containers which the service member and his wife were able to move to the roadside for weekly pickup. However, previous concerns related to the presence of snakes in the back yard, which were a relatively common and potentially dangerous nuisance in the area, had not been resolved.

Recommended Improvement Area:

- 96 ABW/CC should assess alternatives for minimizing the presence of snakes in service member's back yard; would ease service member's concerns when accessing the beach area along his back yard and reduce the potential of the service member being bitten by a snake or injuring himself in trying to escape
- Service member reported two instances of snake sightings in his back yard and indicated snakes likely nested in the thick reeds in the back yard near the beach; member preferred not having to relocate

- Location of house with access to the beach and view of the ocean proved to be a significant morale enhancer
- 96 CEG personnel had made numerous improvements in that housing unit to facilitate service member's handicap
- 96 CEG personnel should assess alternatives to include, but not limited to, removal of reeds, trapping of snakes, and/or application of snake deterrent, taking into consideration the need to address environmental concerns with respect to shoreline disturbance and potential presence of wild sea oats, a protected plant species in Florida

<b>6.</b>	<b>Housekeeping/Pest Management</b>	<b>Guidance</b>
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6
6.4.	Does the facility have a biohazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8

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### **Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE**

The service member reported that 96 CEG personnel had resolved previously identified concerns regarding lawn care. The service member indicated that 96 CEG managed the entire responsibility of mowing (to include a small fenced-in area), trimming, pulling weeds, and even mulching for his yard, "doing the job to perfection". Additionally, the service member reported that 96 CEG had removed a concrete bumper stop that was more obtrusive than useful.

#### Recommended Improvement Area:

- 96 ABW/CC should assess alternatives for improving service member's parking; would minimize prosthesis maintenance and cleaning due to the member having to walk in the yard to access his vehicle
  - Driveway was too narrow, resulting in the service member stepping into the yard when entering/exiting his vehicle
  - Service member indicated his prosthesis tended to collect debris when stepping into the yard, especially when wet, requiring additional cleaning and maintenance
  - RCC indicated he would engage with the 96 CEG Housing Flight Chief to examine options for widening the driveway about 2-4 feet with a hardened surface (e.g., pavers or concrete), taking into consideration aesthetics and potential tripping hazards

7.	<b>Landscaping, Grounds Maintenance and Parking</b>	<b>Guidance</b>
7.1.	Have provisions been made to maintain the facility grounds (i.e., in house or by contract)?	OSD Guidance Ltr, Sec 7, para 7
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7

**Physical Security: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. All locks and latches functioned properly. Interior and exterior lighting met the needs of the service member and spouse.

8.	<b>Physical Security</b>	<b>Guidance</b>
8.1.	Does the facility have adequate interior security (i.e., locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8

**Other Areas: IN COMPLIANCE**

The service member reported that 96 CEG personnel had resolved previously identified concerns with master bathroom access and safety. Specifically, 96 CEG personnel had worked with the service member and replaced all of the towel racks with sturdy grab bars that could also double as towel racks. 96 CEG personnel had removed the master bathroom door to a separate storage location; the service member had previously detached the door from the jamb as it impeded his bathroom access and was

storing it in the master bedroom. The service member identified no other special modifications to the master bathroom.

The service member reported that 96 CEG personnel had resolved previously identified concerns with entry into the house from the front door and the carport. 96 CEG personnel had constructed a 4-inch high platform at each entry to facilitate entry/egress. Additionally, 96 CEG personnel reversed the swing of the main entry screen door to facilitate service member's entry and egress.

9.	Other Areas	Guidance
9.1.	Has the bathroom been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are facilities within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13
9.2.	Has the bedroom been modified (or does not comply) with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13

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**Proximity to Treatment: IN COMPLIANCE**

The IG noted no changes since the 21 Apr 11 inspection. The service member was able to drive and was satisfied with the location for travel to treatment and therapy.

10.	Proximity to Treatment	Guidance
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13

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**Building Maintenance and Housekeeping Requests: IN COMPLIANCE**

96 CEG personnel had power-washed and painted the exterior of the house since the Apr 2011 inspection. A review of past work orders indicated only minor issues with the housing unit, and all issues were addressed promptly by 796 CES Housing Maintenance. The service member and spouse indicated they were very satisfied with the facility maintenance and responsiveness of the 796 CES.

11.	Building Maintenance and Housekeeping Requests	Guidance
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9

**AIR MOBILITY COMMAND  
INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**60th AIR MOBILITY WING  
Travis AFB, CA  
7 March 2012**

This report contains internal matters that are deliberative in nature, are part of the agency decision-making process, and/or are otherwise legally privileged, each of which are protected from disclosure under the Freedom of Information Act, 5 USC 552. Do not release in whole or part to persons or agencies outside of the Air Force, nor can it be republished in whole or part in any publication not containing this statement, including Air Force magazines and general use pamphlets, without express approval of the Director, SAF/IGI. If you received this message/document in error, please notify the sender by reply e-mail and delete all copies of this message.

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## SECTION I - INSPECTION SUMMARY

### Purpose and Scope

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house Medical Holdover (MH). The Air Force refers to a MH as an Air Force Wounded Warrior (AFW2). Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DOD issued standards for inspection of facilities for outpatient service members.

The purpose of this inspection was to determine how effectively and efficiently the 60th Air Mobility Wing and 60th Medical Group are meeting facility requirements and satisfying the needs of AFW2s and their families who live in government quarters during their treatment and recovery period. The inspection included a direct inspection of the facility and supporting infrastructure, a review of facility work orders and support documentation, and an interview with the wounded Airman.

### Executive Summary

The 60th Air Mobility Wing and 60th Medical Wing are providing excellent facility support to the AFW2. The AFW2 was offered a one story housing unit located directly across the street from the base elementary school accommodating his request for one story housing near the school. The house is Americans with Disability Act-compliant and meets all Air Force Wounded, Ill, and Injured Facility Inspection requirements. A ground maintenance contractor provides grounds maintenance and housing maintenance provides facility repair. The AFW2 receives local outpatient medical services and transportation is available to the facilities.

### Overall Inspection

IN COMPLIANCE

4/4/2012

**X** Roland Akins III

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Roland Akins III, Lt Col, USAF  
Team Chief

SECTION II - INSPECTION DETAILS

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

Facility Condition: IN COMPLIANCE

The AFW2 resides on Travis Air Force Base in privatized housing.

Facility is an Americans with Disabilities Act (ADA)-compliant home. No discrepancies were noted. AFW2 and family are extremely satisfied with their accommodations.

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
<b>1.</b>	<b>Facility Condition</b>			
1.1.	Is the building envelope (i.e. roof, exterior walls, windows, etc) free of leaks?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.4.	Has the electric system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1	Yes	In Compliance
1.6.	Has the plumbing system been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.8.	Has the safety system been modified (or complies) to meet the special needs of the patient as determined by the case manager and	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

ITEM #	ITEM	REFERENCE(S)	COMMENTS	RESULT
	patient?			
1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1	No	In Compliance
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Yes	In Compliance

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Kitchen: IN COMPLIANCE

The quarters included a full kitchen with cook top/oven, sink, dishwasher, garbage disposal, and full-size refrigerator. All appliances were clean and in good working order.

2.	<b>Kitchens</b>			
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2	Yes	In Compliance
2.2.	<p>Has the kitchen been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

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Laundry Facilities: IN COMPLIANCE

Facility has laundry hook-ups. The Government has provided a washer/dryer.

<b>3.</b>	<b>Laundry Facilities</b>			
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3	Yes	In Compliance
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3	Government owned washer/dryer was provided since the AFW2 PCSd from Kadena AB, Japan and did not own a washer/dryer.	In Compliance
3.3.	Has the laundry been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

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Furnishings: IN COMPLIANCE

The AFW2 provided his own personal furnishings.

<b>4.</b>	<b>Furnishings</b>			
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4	Not Required	In Compliance

Electronics: N/A

The AFW2 provided his own electronic equipment and services.

5.	Electronics			
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5	Television and service provided by member.	In Compliance
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5	Computer and internet service provided by member.	In Compliance
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5	Member utilizes cellular phone only; there is no landline in the house.	In Compliance
5.5	Have the electronic support systems been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e. DVD, stereo, video game player, etc)</li> </ul>	OSD Guidance Ltr, Sec 7, para 5	Not Required	In Compliance

Housekeeping/Pest Management: IN COMPLIANCE

6.	Housekeeping/Pest Management			

6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6	Yes	In Compliance
6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6	No evidence of pests during inspection. Member is aware of process to obtain pest eradication if needed.	In Compliance
6.4.	Does the facility have a bio-hazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8	Not Required	In Compliance

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Landscaping, Grounds Maintenance and Parking: IN COMPLIANCE

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>			
7.1.	Have provisions been made to maintain the facility grounds (i.e. in-house or by contract)?	OSD Guidance Ltr, Sec 7, para 7	Member is responsible for maintaining enclosed back yard and is capable of maintaining the yard.	In Compliance
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7	Yes	In Compliance
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12	Yes	In Compliance

	<ul style="list-style-type: none"> <li>Does area offer unimpeded mobility?</li> </ul>			
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7	Not Required	In Compliance

---

Physical Security: IN COMPLIANCE

There was no physical security issues noted. All locks and latches were in good working order.

8.	Physical Security			
8.1.	Does the facility have adequate interior security (i.e. locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8	Yes	In Compliance

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Other Areas: IN COMPLIANCE

9.	Other Areas			
9.1.	Has the bathroom been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>Are facilities within acceptable reach?</li> <li>Are shelves/counters within acceptable reach?</li> <li>Are the floors clear of obstructions?</li> <li>Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13	Handles were installed to assist member with bathroom activities.	In Compliance
9.2.	Has the bedroom been modified (or complies) with the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

	<ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>			
9.3.	Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13	Not Required	In Compliance

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Proximity to Treatment: IN COMPLIANCE

The AFW2 provided his own transportation to the medical facility, although transportation is available through his Air Force Recovery Care Coordinator if required.

<b>10.</b>	<b>Proximity to Treatment</b>			
10.1.	Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance
10.2.	Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?	OSD Guidance Ltr, Sec 8, para 13	Yes	In Compliance

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Building Maintenance and Housekeeping Requests: IN COMPLIANCE

The AFW2 is satisfied with the building maintenance support.

<b>11.</b>	<b>Building Maintenance and Housekeeping Requests</b>			
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9	Yes	In Compliance

**AIR COMBAT COMMAND  
INSPECTOR GENERAL**

**WOUNDED, ILL, AND INJURED (WII)  
FACILITY INSPECTION**

**WII Facility  
Inspection Report**

**4th FIGHTER WING**

**Seymour Johnson AFB, North Carolina**

**22 February 2012**

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## SECTION I - INSPECTION SUMMARY

### Purpose and Scope

Congress, as part of the FY08 National Defense Authorization Act (NDAA), requires Inspectors General to inspect the facilities that house patients on medical hold. Section 1662, *Access of Recovering Service Members to Adequate Outpatient Residential Facilities*, outlines the requirement for inspecting and reporting. In September 2007, DOD issued standards for inspection of facilities for outpatient service members.

The purpose of this inspection to determine how effectively and efficiently the 4th Fighter Wing is meeting facility requirements and satisfying the needs of wounded, ill, and injured service members and their families who are living in government quarters during their treatment and recovery period. The inspection included a direct inspection of the facility and supporting infrastructure, a review of facility work orders and support documentation, and an interview with the wounded service member.

### Executive Summary

The 4th Fighter Wing is providing superior facility support to the service member and family. It is clearly evident all parties involved have cooperated to provide more than adequate support to meet the needs of the patient and his family. Additionally, the service member and family were pleased with the accommodations provided by the 4 FW.

### Overall Inspection

IN COMPLIANCE

SECTION II - INSPECTION DETAILS

**AIR FORCE WOUNDED, ILL, AND INJURED FACILITY INSPECTION**

---

Facility Condition

IN COMPLIANCE

The facility is a family housing unit located on Seymour-Johnson AFB and is a duplex home with an attached garage. This facility is in excellent condition free of leaks and structural damage and was not constructed with lead or asbestos containing products. The service member reported mold on bathroom grout and was resolved by base civil engineering three days later. No problems were reported with HVAC, electrical or plumbing systems. The service member hasn't required a wheel chair for use, but occasionally uses crutches. There is adequate space in hallways, doorways and rooms throughout the home for crutch use. Overall, the layout of the home is suited for the service member's needs. Base housing office offered the family a home designed for occupants with disabilities, the family declined because the current home suited their needs. There are no additional requests for facility modifications.

1.	Facility Condition	
1.1.	Is the building envelope (i.e., roof, exterior walls, windows, etc.) free of leaks?	OSD Guidance Ltr, Sec 7, para 1
1.2.	Does the HVAC system maintain a constant temperature in the facility?	OSD Guidance Ltr, Sec 7, para 1
1.3.	Is the electrical system in working order?	OSD Guidance Ltr, Sec 7, para 1
1.4.	Has the electric system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13
1.5.	Is the plumbing system in working order?	OSD Guidance Ltr, Sec 7, para 1
1.6.	Has the plumbing system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13
1.7.	Does the facility have any open Life/Fire Safety issues?	OSD Guidance Ltr, Sec 7, para 1
1.8.	Has the safety system been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13

1.9.	Does the facility have mold?	OSD Guidance Ltr, Sec 7, para 1
1.10.	Does the facility have asbestos?	OSD Guidance Ltr, Sec 7, para 1
1.11.	Does the facility have lead-based paint?	OSD Guidance Ltr, Sec 7, para 1
1.12.	Is the overall facility appropriate for the special needs of the patient as determined by the case manager and patient?	OSD Guidance Ltr, Sec 8, para 1-13

Kitchen

IN COMPLIANCE

The service member utilizes the kitchen without any difficulties. Major appliances are provided and were in working order. There are no requests for special modifications to meet service member needs.

<b>2.</b>	<b>Kitchens</b>	
2.1.	Does the kitchen meet or exceed the standard for the type of accommodation provided?	OSD Guidance Ltr, Sec 7, para 2
2.2.	<p>Has the kitchen been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are appliances within acceptable reach?</li> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13

---

Laundry

IN COMPLIANCE

The service member has adequate laundry facilities and no requests for special modifications.

<b>3.</b>	<b>Laundry Facilities</b>	
3.1.	Does the facility have laundry facilities?	OSD Guidance Ltr, Sec 7, para 3
3.2.	Have government-owned washer/dryer been provided if the facility only had laundry hook-ups?	OSD Guidance Ltr, Sec 7, para 3
3.3.	Has the laundry been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"><li>• Are appliances within acceptable reach?</li><li>• Are shelves/counters within acceptable reach?</li><li>• Are the floors clear of obstructions?</li><li>• Does area offer unimpeded mobility?</li></ul>	OSD Guidance Ltr, Sec 8, para 1-13

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Furnishings

IN COMPLIANCE

All furnishings were clean and in good working order. No government-provided furnishings were required by the service member.

<b>4.</b>	<b>Furnishings</b>	
4.1.	Have loaner furnishings been provided if required?	OSD Guidance Ltr, Sec 7, para 4

---

## Electronics

### IN COMPLIANCE

The service member utilizes his own electronic devices and has no requests for additional support. No government-provided electronic items or modifications were required by the service member.

<b>5.</b>	<b>Electronics</b>	
5.1.	Does the facility have a television with cable/satellite service?	OSD Guidance Ltr, Sec 7, para 5
5.2.	Does the facility have a computer with an internet connection?	OSD Guidance Ltr, Sec 7, para 5
5.3.	Does the facility have a telephone with at a minimum local service?	OSD Guidance Ltr, Sec 7, para 5
5.5	Have the electronic support systems been modified (or do they comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"><li>Take into account length of rehabilitation period when viewing inclusion of additional electronic equipment (i.e., DVD, stereo, video game player, etc.)</li></ul>	OSD Guidance Ltr, Sec 7, para 5

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## Housekeeping/Pest Management

### IN COMPLIANCE

Service member has no problems with waste management and doesn't have a need for biological waste disposal. The facility was very clean and orderly and there is no request for additional support for housekeeping needs.

<b>6.</b>	<b>Housekeeping/Pest Management</b>	
6.1.	Does the facility have a regularly scheduled waste removal service?	OSD Guidance Ltr, Sec 7, para 6

6.2.	Does the facility have housekeeping services if required by patient?	OSD Guidance Ltr, Sec 8, para 8
6.3.	Has the facility been inspected/treated for pests?	OSD Guidance Ltr, Sec 7, para 6
6.4.	Does the facility have a biohazard waste removal service if required by patient?	OSD Guidance Ltr, Sec 8, para 8

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Landscaping, Grounds Maintenance and Parking

IN COMPLIANCE

The service member has maintained the lawn and doesn't request assistance with grounds maintenance. The home has an attached garage with sufficient parking space for an additional vehicle in the driveway. The snow removal plan has been revised to include wounded, injured and ill warriors. The housing office notifies 4 CES/CC in the event additional requirement are needed.

<b>7.</b>	<b>Landscaping, Grounds Maintenance and Parking</b>	
7.1.	Have provisions been made to maintain the facility grounds (i.e., in house or by contract)?	OSD Guidance Ltr, Sec 7, para 7
7.2.	Does the facility have adequate parking?	OSD Guidance Ltr, Sec 7, para 7
7.3.	Does facility parking comply with the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"> <li>• Are designated parking spots available for patient and care provider (if needed)?</li> <li>• Is parking within acceptable distance to facility?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 12
7.4.	Has the facility been added to the snow removal plan?	OSD Guidance Ltr, Sec 7, para 7

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Physical Security

IN COMPLIANCE

There are no physical security issues and lighting was adequate. All locks and latches were in good working order.

8.	Physical Security	
8.1.	Does the facility have adequate interior security (i.e., locks on doors, latches on windows, etc.)?	OSD Guidance Ltr, Sec 7, para 8
8.2.	Does the facility have adequate interior and exterior lighting, to include parking area?	OSD Guidance Ltr, Sec 7, para 8

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Other Areas

IN COMPLIANCE

The service member is ambulatory with assistance of prosthesis and occasionally utilizes crutches. Hand rails have been added to the walls of the shower and the service member utilizes a portable seat for assistance in bathing. The service member does not have any requests for additional modifications.

9.	Other Areas	
9.1.	Has the bathroom been modified (or does it comply) to meet the special needs of the patient as determined by the case manager and patient? <ul style="list-style-type: none"><li>• Are facilities within acceptable reach?</li><li>• Are shelves/counters within acceptable reach?</li><li>• Are the floors clear of obstructions?</li><li>• Does area offer unimpeded mobility?</li></ul>	OSD Guidance Ltr, Sec 8, para 1-13

9.2.	<p>Has the bedroom been modified (or does not comply) with the special needs of the patient as determined by the case manager and patient?</p> <ul style="list-style-type: none"> <li>• Are shelves/counters within acceptable reach?</li> <li>• Are the floors clear of obstructions?</li> <li>• Does area offer unimpeded mobility?</li> </ul>	OSD Guidance Ltr, Sec 8, para 1-13
9.3.	<p>Has the facility entrance/egress been modified (or complies) to meet the special needs of the patient as determined by the case manager and patient?</p>	OSD Guidance Ltr, Sec 8, para 1-13

Proximity to Treatment

IN COMPLIANCE

The service member lives in close proximity to the 4th Medical Group for primary care access and has a POV for transportation. Service member has one long commute of nearly 100 miles for prosthesis management occurring about once a month. The service member has no requests for additional transportation support.

10.	Proximity to Treatment	
10.1.	<p>Does the proximity of the housing facility to the outpatient treatment facility meet the special needs of the patient as determined by the case manager and patient?</p>	OSD Guidance Ltr, Sec 8, para 13
10.2.	<p>Is adequate and accessible transportation to the outpatient treatment facility and other services provided if patient does not have personal mode of transport?</p>	OSD Guidance Ltr, Sec 8, para 13

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Building Maintenance and Housekeeping Requests

IN COMPLIANCE

Facility maintenance has been timely and effective. The service member has no problems with maintenance requests. The service member does not require or request housekeeping services.

<b>11.</b>	<b>Building Maintenance and Housekeeping Requests</b>	
11.1.	Has the base established an effective mechanism for requesting maintenance and housekeeping services?	OSD Guidance Ltr, Sec 7, para 9

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### Family Interview

The family agreed to an interview during the facility inspection. Both the service member and spouse answered questions and offered opinions regarding the facility and support they have received from the 4 FW.

The family was appreciative of the care and attention they have received and acknowledged the superior support provided by the 4th Medical Group, 4th Civil Engineer Squadron, and their unit.

The family couldn't think of any facility or support changes they would request when prompted for any recommendations.

### ATTACHMENT III—APPLICABLE LEGISLATION

- A. **Public Law 110-28, May 25, 2007—U.S. Troop Readiness, Veteran’s Care, Katrina Recovery, and Iraq Accountability Appropriations Act, section 3307(a)**
- B. **Public Law 110-181, January 28, 2008—National Defense Authorization Act (NDAA) for Fiscal Year 2008, section 1648(f)**
- C. **Public Law 110-181, January 28, 2008—National Defense Authorization Act (NDAA) for Fiscal Year 2008, section 1662 (b)**