|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Graphical user interface, text  Description automatically generated  Protective Health Services  Long Term Care Service | | **OPTIONAL PLAN OF CORRECTION TEMPLATE** | | | | |
| **Current Date:** Click here to enter a date. | | | | |
| **Facility Name:** Click here to enter facility name. | | | | |
| **License Number:** Click here to enter assisted living center’s license number. | | | | |
| **Survey Event ID:** Click here to enter Survey Event ID from cover letter and STATE FORM. | | | | |
| **Date Survey Completed:** Click here to enter a date from Box X3 on STATE FORM. | | | | |
| **SUMMARY OF DEFICIENCY CITED BY OSDH** | | | | | | |
| ID Prefix Tag: Enter ID Prefix Tag from Column X4 on STATE FORM. | | Based on: Click here to enter “Based On” statement which follows “This REQUIREMENT is not met as evidenced by:” in the Summary of Deficiencies column on the STATE FORM. | | | | |
| **ASSISTED LIVING CENTER’S PLAN OF CORRECTION** | | | | | | |
| Assisted Living Center’s Comments: Enter the assisted living center’s opening comments or disclosure statement (Optional). | | | | | | |
| **REQUIRED ELEMENTS OF A PLAN** | | | | **ASSISTED LIVING CENTER’S PLAN ELEMENTS** | | |
| 1. How will the corrective action be accomplished for those residents found to have been affected by the deficient practice? | | | | Enter corrective action for residents affected. | | |
| OSDH Response: Element accepted Yes  No | | | |  | | |
| 2. How will other residents having the potential to be affected by the same deficient practice be identified? | | | | Enter method for identifying other potentially affected residents. | | |
| OSDH Response: Element accepted Yes  No | | | |  | | |
| 3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur? | | | | Enter measures or systematic changes to ensure deficient practices will not recur. | | |
| OSDH Response: Element accepted Yes  No | | | |  | | |
| 4. How will the assisted living center monitor its performance to make sure corrections are sustained? Include:  a. How the correction will be evaluated for effectiveness;  b. How the correction will be incorporated into the center’s quality assurance system; and  c. How monitoring records will be kept to evidence the correction. | | | | Enter methods to ensure corrections are sustained:  Enter methods to evaluate for effectiveness:  Enter methods to incorporate into QA system:  Enter methods to keep monitoring records: | | |
| OSDH Response: Element accepted Yes  No | | | |  | | |
| 5. On what date will corrective action be completed? | | | | Click here to enter a date when corrective action will be completed. | | |
| OSDH Response: Element accepted Yes  No | | | |
| **Administrator’s Signature** Administrator signature required.  OAC 310:663-25-4(F) | | | | | | **Date** Enter a date of signature. |
| If this sheet amends or adds information to a Plan of Correction previously submitted, indicate the date of the addendum and by whom it is submitted. | | | | | | |
| **Addendum Date** | Enter a date of addendum. | | **Submitted by** | | Enter name of person submitting addendum. | |
| Items Below Are For OSDH Use Only | | | | | | |
| Plan of Correction:  Acceptable Unacceptable Date: Click here to enter a date. Surveyor: Surveyor | | | | | | |
| If Plan of Correction is unacceptable, the reasons are as follows: Click here to enter text.  Facility in Compliance by: Click here to enter a date. | | | | | | |