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| Graphical user interface, text  Description automatically generatedProtective 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; andc. 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. |