## AGENCY

## ACTIONS NEEDED AND COMPLETED - NECESSARY STANDARDS

## Date of Review:

| Standard:  | Finding/Item(s) Missing:  | Corrective Action Taken and Date Completed (refer to 450:1-9):  |
|--|---|---|
| 450:1-9-5.4. (e) (3) (A) (i) (l) and (4) Core organizational standards for facilities and programs, Information Analysis and Performance Improvement | <ul> <li>The year-end management report did not include appropriateness of services.</li> <li>The year-end management report was not made available to consumers, facility staff, facility governing authority, and ODMHSAS.</li> </ul> | The year-end management report was revised to include appropriateness of services. The report was reviewed and approved by the facility's board of directors and provided to facility staff and ODMHSAS. Corrective actions were made on 6/19/2023. |

This completed report must be submitted, per instructions in the email, no later than ten (10) days from electronic receipt of the report.

\*Date corrections are completed must be no more than ten (10) working days from electronic receipt of the report, pursuant to OAC 450:1-9. (NOTE: This is the date your agency can verify corrections have been made and can provide records, if requested, for a review at the Provider Certification office. Do not send records or materials with this report unless requested by Provider Certification staff.)

Failure to submit a complete plan of correction can result in revocation of program certification.

| Printed Executive or Program Director's Name, Title and Date | Executive or Program Director's Signature |  |  |
|--|---|--|--|
|  |   |  |  |
| Printed Board Officer's Name, Title and Date                 | Board Officer's Signature                 |  |  |

## PLAN OF CORRECTION FOR CRITICAL STANDARDS

Agency: Review Date: Page Number: 1

| Non-Compliant Standard  | Corrective<br>Action  | Date<br>Complete*<br>(refer to<br>450:1-9) | Person<br>Responsible<br>(Staff name<br>and title) | On-Going Monitor Process   |
|---|---|--|--|--|
| 450:18-11-1. Consumer rights<br>450:15-3-3. (b) Notification of the<br>Bill of Rights   | The intake form was revised to include the consumer's signature upon receipt of the synopsis. | 6/19/2023                                  | Jane Doe,<br>Clinical<br>Director                  | Compliance will be monitored on all records as part of the agency's 90-day case review procedure. The clinical |
| None of seven consumer records<br>documented receipt of the Bill of<br>Rights synopsis. |   |  |  | director will monitor findings and report them to the executive director.                                      |

This completed report must be submitted, per instructions in the email, no later than five (5) days from electronic receipt of the report.

\*Date corrections are completed must be no more than twenty (20) working days from electronic receipt of the report, pursuant to OAC 450:1-9. (NOTE: This is the date your agency can verify corrections have been made and can provide records, if requested, for a review at the Provider Certification office. Do not send records or materials with this report unless requested by Provider Certification staff.)

Failure to submit a complete plan of correction can result in revocation of program certification.

Printed Executive or Program Director's Name, Title and Date

Executive or Program Director's Signature

Printed Board Officer's Name, Title and Date

Board Officer's Signature