

NOTICE

Please give these Plan of Correction requirements to the person who will be writing the Plan of Correction. This will assure all elements of an Acceptable Plan of Correction are met.

The Plan of Correction must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put into place; and
- Provide date(s)* when corrective action will be completed. ALL CORRECTIVE ACTION COMPLETE DATES MUST BE PRIOR TO _____
[date]

The Plan of Correction for the deficiencies must be submitted within 10 days from receipt of the Form CMS-2567, Statement of Deficiencies and Plan of Correction, and accompanying letter addressed to the provider's Administrator. Page one of the Form CMS-2567 must be signed by the provider/supplier's representative and dated at block (X6). Thereafter, the completed Form CMS-2567, with original signature and all pages attached, must be returned.

Because of public disclosure, all documentation on the Form CMS-2567 must omit the use of personal names in reference to any deficiency correction.

*See Form CMS-2567, column labeled "(X5) Complete Date." Please note completion date is required for each tag listed in column labeled "(X4) ID Prefix Tag."