

**New York State Department of Health
Adult Care Facility/Assisted Living Plan of Correction (POC) Checklist**

Facility: _____ Date Submitted: _____

| <i>Below is information that is required when submitting a POC. ACFs are encouraged to utilize this checklist to ensure that all required information is addressed in the POC. Maintain this completed form, including any additional information or documentation to validate that the violation(s) have been corrected, in a facility file.</i> | <i>Check as you complete each step in your POC (document N/A if not applicable)</i> |
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| Any objectionable, legal arguments or information not pertaining to the citation as written, should be forwarded to the Department's Division of Legal Affairs and not incorporated in the POC. | |
| Include the reason for and the anticipated date(s) of correction(s) if the facility is unable to complete a specific part of the POC within the required 30 days. | |
| Include the corrective measure(s) the facility will take or system(s) changes made to ensure that the problem does not recur. | |
| Include only information that pertains to the situation cited. | |
| If applicable, include elements to reflect that policies and procedures were reviewed and/or revised and include a summary of any new and/or revised policy and procedure changes. | |
| Indicate whether staff were in-serviced on any new or revised policies, procedures or system changes and submit documentation of training content and attendance. | |
| Indicate whether the corrective action(s) required a change in documentation, development or revision of any new documentation tools or in-servicing/training of staff. Submit any new or revised documentation tools as well as documentation of training content and attendance. | |
| Indicate how the facility plans to monitor its performance to ensure that corrective actions are sustained. | |
| Designate and submit the title of the staff (position) responsible for ensuring the completion/implementation of the corrective action plan. | |
| Include a plan for monitoring through the facility's QA Program to ensure continual compliance with New York State regulations. Include title of staff (position) responsible for monitoring for continued compliance. | |
| Include QA monitoring tools and/or forms and any additional information such as QA Committee membership and/or minutes. | |
| <p>If the citation is a repeat violation(s), include the following in your corrective action plan:</p> <ul style="list-style-type: none"> • If the previous POC was followed, what changes have been made to the revised POC to resolve the deficiency/problem and ensure ongoing compliance? • If the previous POC was not followed, include a statement addressing how the POC will be implemented and monitored through QA, etc. | |
| If applicable, summarize in the text of the POC, how the facility will correct the deficiency as it relates to the individual. | |

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| If applicable, summarize in the text of the POC, how all other residents/resident records were reviewed to ensure they were not affected by the same deficient practice. | |
| If applicable, summarize in the text of the POC, how the consultant dietitian was involved in the remedy. Include actions taken to correct identified violations. | |
| If applicable, summarize in the text of the POC, how all other areas of the building were reviewed to ensure the areas were not affected by the same deficient practice. Include actions taken to correct identified violations. | |
| Other documentation that may be required and/or supportive of your corrective action(s). | |

If you have received an endangerment, you MUST notify the Regional Office when the correction(s) has/have been completed.

Reminders:

1. Are the attachments appropriate to the TAG and summarized in the text of the POC?
2. If you receive an email regarding the TAG being rejected, you must reopen the TAG to review the comments.
3. Do not include any resident, provider or surveyor identifiers.