

**New York State Department of Health  
Office of Primary Care and Health Systems Management  
ADULT CARE FACILITY INSPECTION REVIEW PROCESS**

*Facilities requesting a review of a completed inspection (Inspection Review Process (IRP)) must request the review within 10 business days of receipt of the Inspection Report (Statement of Deficiencies (SOD) Sent date). Requests for an IRP which are made 11 or more days after receipt of the Inspection Report will be denied.*

**In Person Meeting**

**Conference Call**

**A. Facility Name:**

**B. Contact Name:**

**Email:**

**Telephone:**

**C. Inspection Report Date:**     /   /

**D. Event ID #:**

**E. Date IRP Form and Supporting Documentation Submitted:**

**F. Name/Title of those participating in the IRP:**

**G. Disputed Deficiency(ies) (Tag(s)):**

**I. Scope & Severity (violation or finding):**

**J. List the documents that you are enclosing that are relevant and support your claim (label the attachment(s) accordingly):**

**K. Facility Dispute (add additional pages as necessary):**

**FOR DEPARTMENT OF HEALTH USE ONLY:**

**EVENT ID #:**

**L. Date IRP Held:**        / /

**M. DOH Attendees:**

**N. Facility Attendees:**

**O. Response/Recommendation Decision:**

**P. Justification for Decision:**

**Q. Date Facility Notified of Results:**    / /

**R. Did Facility request an explanation of IRP results?**     Yes         No