

EXAMPLE OF AN ACCEPTABLE PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0001	MULTIPLE CONSTRUCTION BUILDING _____ WING _____	DATE SURVEY COMPLETED 2/18/2004	
NAME OF PROVIDER OR SUPPLIER SAMPLE		STREET ADDRESS, CITY, STATE, ZIP CODE COPY		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
B 000	INITIAL COMMENTS A renewal survey was completed on February 14, 2005 and revealed the following deficiencies.	B 000		
B1234	<p>R9-20-201. Administration</p> <p>B. A licensee shall ensure that:</p> <p>1. The administrator or clinical director develops, implements, and complies with policies and procedures that:</p> <p>d. Ensure that incidents listed in R9-20-202(A)(1) are reported and investigated;</p> <p>This RULE is not met as evidenced by:</p> <p>A review of the licensee's documentation, including the incident reporting policy and procedures, and an interview with staff revealed the agency's incident reporting policy did not include all of the elements required in R9-20-202.</p> <p>Findings include: A review of the licensee's incident reporting policy revealed the policy did not include the following:</p> <p>The requirement the written report contain the client's date of admission as required in R9-20-202.A.3.c.ii;</p> <p>The requirement the written report include a description of the client's physical and behavioral health condition before the incident, as required in R9-20-202.A.3.c.v; and</p> <p>The requirement the written report include the signature and professional credential or job title of the individual or individuals preparing the written report as well as the signature and professional credential or job title of the clinical director or the clinical director's designee indicating the clinical director or the clinical director's designee reviewed the written incident report, as required in R9-20-202.A.3.j.</p> <p>During the exit interview, the site administrator acknowledged that the licensee's incident reporting policy did not ensure that the written report meet all the requirements for R9-20-202.A.3.</p>	B1234	See Attached Plan of Correction	03/01/2005

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
STATE FORM

PLAN OF CORRECTION ATTACHMENT

BRFL License # **0001**

Rule Number: R9-20-209.J.6a.b.c.d.e.f.g.i.ii.

Name, title, and/or position of the person responsible for implementing the corrective action:

John Smith, QA Director

Complete date: 08/24/2012

Correction on both a temporary and permanent basis:

John Smith, QA Director, met with the clinical director on March 1, 2005 to add the treatment plan review dates for client #1, #5, #6, #7, and #8. The clinical director provided training on February 28, 2005 for all clinical staff on completing treatment plans and the requirements of R9-20-209.J.6.

Monitoring System:

John Smith, QA Director, will conduct a client record review on a quarterly basis to ensure each client treatment plan contains a review date.

Attachments:

- (A) Documentation of the treatment plan training session for all clinical staff
- (B) Treatment plans with review dates for client #1, #5, #6, #7, and #8

**Unofficial Document
Information Only**