

PLAN OF CORRECTION REVIEW CHECKLIST

Provider: _____
 Team Leader: _____
 Review Date: _____

Survey Date: _____
 Reviewer: _____

Score all items below with Y, N, or NA	Tag Numbers														
1. POC for all cited deficiencies.															
2. Describes what corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.															
3. Describes how the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken.															
4. Describes what measures will be put in place or what systemic change will be made to ensure that the deficient practice does not recur.															
5. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place.															
6. The plan must include the title of the person responsible for implementing the acceptable plan of correction															
7. Includes dates when corrective action will be completed (2-month rule).															
8. If a POC for a citation refers to another citation's POC, the referenced POC addresses the regulatory issues or problems identified in the basic deficiency statement.															
9. The first page is signed and dated and includes the title of the person signing the POC.															

*See comments on reverse
 COMMENTS (indicate the specific tag and item number to which the comment applies):

