

## Plan of Correction (POC) Checklist

Below is information required when submitting a POC. Adult Care Facilities are encouraged to utilize this checklist to ensure required information is addressed in their POC. Maintain this completed form, including any additional information or documentation to validate correction of the citation, in a facility file.

Required Element	Check if included in POC (or N/A if not applicable)	
	Included	N/A
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 30 days as required.	<input type="checkbox"/>	<input type="checkbox"/>
Include the correction measure/s the facility will take and/or system/s changes made to ensure the problem does not recur.	<input type="checkbox"/>	<input type="checkbox"/>
Include only information that pertains to the situation cited.	<input type="checkbox"/>	<input type="checkbox"/>
Include elements to reflect that policies and procedures were developed, reviewed and revised, as necessary. Summarize in the POC text any new policies and/or policy revisions.	<input type="checkbox"/>	<input type="checkbox"/>
In-service staff on any new or revised policies, procedures, or system changes, document confirmation in the POC text a summary of training provided, including date/s, and maintain records of the in-service/s delivered for future review by the Department of Health.	<input type="checkbox"/>	<input type="checkbox"/>
Designate and identify the staff (by title/position) responsible for ensuring implementation/completion of the corrective action plan. (One staff/position only).	<input type="checkbox"/>	<input type="checkbox"/>
Identify how the facility will monitor its performance through their Quality Assurance program to ensure that corrective actions are successful and that corrections are maintained.	<input type="checkbox"/>	<input type="checkbox"/>
Identify the title/staff/position responsible for monitoring for continued compliance. One staff/title/position only.	<input type="checkbox"/>	<input type="checkbox"/>
Summarize in the text of the POC actions taken to correct the violation.	<input type="checkbox"/>	<input type="checkbox"/>
Confirm and summarize in the text of the POC that the referenced resident/s' and other residents' records as applicable, were reviewed for compliance and updates made as needed.	<input type="checkbox"/>	<input type="checkbox"/>
Summarize in the text of the POC how the consultant dietician was involved in the remedy, and include actions taken to correct identified violations.	<input type="checkbox"/>	<input type="checkbox"/>
Summarize in the text of the POC how all other areas of the building were reviewed for compliance and updates made as needed.	<input type="checkbox"/>	<input type="checkbox"/>

If the citation is an endangerment, then the Regional Office must be notified when the correction/s are completed. The POC is due within 30 days of the date the Statement of Deficiency was posted to the electronic POC (ePOC) system.\*

- Any assertion, objection, legal argument or information not related to the citation as written, is not incorporated in the POC and is instead forwarded to the Department of Health, Division of Legal Affairs.

**Please outreach your regional office team for any assistance needed:**

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