

**Instructions for Reviewer:**

Copy the text below, insert into an e-mail and change review information in the highlighted areas.

Compliance Review

Date of Review:

Provider/Facility Name:

Provider/Facility #:

County:

Dear

A Plan of Correction (POC) is required as a result of your recent compliance review. Please review the attached compliance summary report and provide a plan of correction or an appeal using the directions below.

**The POC and/or appeal are due within 14 calendar days of this correspondence.**

**POC Format & Directions**

- Type your information into the attached word document
- Do not use names of individuals – use the sample key number
- Do not use names of staff members – use initials
- Include a plan of correction for each citation that includes:
  - A description of corrective action, including any system changes to prevent future occurrences;
  - The implementation date of corrective action for each deficiency;

The reviewer will respond to your POC within 20 calendar days.

**Appeal Directions**

- Clearly state that you are requesting an appeal of the citation in the column titled “Plan of Correction/Appeal”
- Reason for the appeal
- Submit supporting documentation to the reviewer via email

You will receive an appeal determination within 10 days of receipt.

If you have any questions, please contact me.