

**AGENCY**

**ACTIONS NEEDED AND COMPLETED -  
CORE OPERATIONAL and CORE ORGANIZATIONAL STANDARDS**

**Date of Site Visit:**

<b>Standard:</b>	<b>Deficiency/Item Missing:</b>	<b>Corrective Action Taken and Date Completed:</b>
<b>450:18-5-2.2. (a) Information analysis and planning</b>	The end-of-year report did not include performance improvement findings, and the report had not been made available to the governing authority, facility staff, and ODMHSAS.	The end of year report was revised to include performance improvement activities. The report was reviewed and approved by the program's board of directors and was provided to facility staff and ODMHSAS. Corrective actions were made on 7/13/2016.

*[Title and date required]*

*[Title and date required]*

\_\_\_\_\_  
Printed Board Officer's Name, Title and Date

\_\_\_\_\_  
Printed Executive or Program Director's Name, Title and Date

*[Actual signature required]*

*[Actual signature required]*

\_\_\_\_\_  
Board Officer's Signature

\_\_\_\_\_  
Executive or Program Director's Signature

**PLAN OF CORRECTION FOR  
QUALITY CLINICAL STANDARDS**

**Agency:  
Review Date:  
Page Number:**

Deficiency	Corrective Action	Date Complete*	Person Responsible (Staff name and title)	On-Going Monitor Process
<p><b>450:18-122. (a) Continuing Care Plan</b></p> <p><b>EXPLANATION OF DEFICIENCY:</b> None of seven continuing care plans reviewed documented the consumer's response or a note as to why the consumer was not available to comment on the proposed continuing care plan.</p>	<p>The continuing care plan form was updated to include a specific item for "Consumer's Response to Continuing Care Plan." A prompt on the form is also in place to instruct staff to insert notation, as applicable, if the consumer was not available for comment. Staff were trained on the revisions to the form.</p>	<p>July 15, 2016</p>	<p>Eagle Eye Ellis, Clinical Director</p>	<p>Compliance will be monitored on all records as part of the agency's 90-day Case Review procedure. Also, supervisors will specifically review all Discharge Documentation to assure the standard is met. The Clinical Director will monitor both processes and report findings to the Executive Director.</p>

**\*Date Complete must be no more than 20 working days from electronic receipt of the report, pursuant to OAC 450:1-9-7.1 and 450:1-9-7.2. (NOTE: This is the date your agency can verify corrections have been made and can provide records, if requested, for a review at the Provider Certification office. Do not send records or materials with this report unless requested by Provider Certification staff.)**

**Failure to submit a complete plan of correction can result in revocation of program certification.**

*[Title and date required]*

*[Title and date required]*

\_\_\_\_\_  
Printed Board Officer's Name, Title and Date

\_\_\_\_\_  
Printed Executive or Program Director's Name, Title and Date

*[Actual signature required]*

*[Actual signature required]*

\_\_\_\_\_  
Board Officer's Signature

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Executive or Program Director's Signature