

PLAN OF CORRECTION (POC)

Massachusetts Executive Office of Elder Affairs; Assisted Living Certification and Compliance Unit

ALR NAME:

Street Address, City, State, Zip code:

Compliance Review Completed:

Date (mm/dd/yy)

Compliance Review Letter:

Date (mm/dd/yy)

POC Submission:

Date (mm/dd/yy)

***Name and Title of ALR Representative Completing POC Form:**

*By providing the information herein, you are attesting to the accurate completion and submission of a plan of correction on behalf of the ALR you are representing.

In accordance with the Massachusetts Assisted Living regulations (651 CMR 12.09), EOE or its authorized designee shall conduct a compliance review of an Assisted Living Residence (ALR) prior to the issuance of an initial or renewal certification. If EOE finds that the Sponsor is not in compliance, a notice of noncompliance shall be sent to the Sponsor describing the noncompliance with particularity and indicating the specific portion of the law(s) or regulation(s) which have been violated, and shall include the corrective action to be taken by the Applicant or Sponsor within a time period deemed reasonable by the Secretary.

The POC required should be submitted using this form within 30 days from the day of the ALR's receipt of the compliance review letter or from the date on which the Sponsor had been notified of the decision issued in accordance with the Administrative Appeal Process as described in 651 CMR 12.10, whichever is later. Each finding should be addressed with the following POC information, as required under 651 CMR 12.09(4)(g)(1):

- a. A specific plan of what will be or was done to correct the problem;
- b. A description of what will be done to prevent recurrence of this problem, or problems of this type;
- c. Designation of the individual(s) who will be responsible for monitoring the correction to ensure the problem does not recur; and
- d. The date by which lasting correction will be achieved.

Supplemental documentation required to support the POC content must be submitted directly to the Executive Office of Elder Affairs Assisted Living Certification Unit. If multiple pages are required to complete this form, please number each page accordingly on the bottom of the page.

<u>Regulation or Finding</u>	<u>Plan of Correction</u>	<u>Completion Date</u> (mm/dd/yy)
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