

**Office of Provider Standards & Review**

John R. Kasich, Governor  
John L. Martin, Director

January 1, 2010

insert name of provider/CB/Facility  
insert street address  
insert city, Ohio zip

**RE:** Compliance Review  
Facility Name/Provider No:  
County: Enter Name of County

Dear \_\_\_\_\_,

The Ohio Department of Developmental Disabilities conducted a Compliance Review on January 1, 2010. Enclosed is the Compliance Summary Report. The report identifies citations which require a Plan of Correction (POC).

Please use the attached format to enter your plan of correction information for each identified citation.

In your POC, please include the following information:

- Description of corrective action for each deficiency, including any system changes to prevent future occurrences;
- Implementation date of corrective action for each deficiency;
- Person responsible for assuring that each deficiency is corrected;
- Supporting documentation which verifies implementation of corrective action

The Plan of Correction response is due fourteen (14) calendar days from the date of this letter. The Department will respond to your POC within twenty (20) calendar days of receipt of a complete POC.

If you would like to appeal a citation identified in the enclosed report, submit a written statement in the "Appeals" column on the provided format and include supporting documentation to the Department within fourteen (14) calendar days of the date of this letter.

If you have any questions, please contact me at (614) #####, or by email at [firstname.lastname@dodd.ohio.gov](mailto:firstname.lastname@dodd.ohio.gov)

Sincerely,

\_\_\_\_\_, Review Specialist  
Office of Provider Standards and Review