

SECTION I. DEMOGRAPHICS- ADW PLAN OF CORRECTION

A & D Waiver Provider Review Plan of Correction (POC)	
ADW Provider:	
Review Number:	
Provider Number:	
Review Period:	
Date of Review:	
# Participant Files Reviewed:	
# Staff Files Reviewed:	
# Members Served:	
Submit POC to: Kaluwa Schoen (Kaluwa.Schoen@wv.gov)	
Person(s) Completing this POC:	
Date POC is Submitted:	
<p>This preliminary Plan of Correction contains any items found to be deficient during your agency's ADW Provider Review. A completed Plan of Correction will be due within 30 calendar days of receipt of the DRAFT Reports and letter from BoSS Nurse Monitor or BMS. The Plan of Correction must be submitted on this form electronically. Any corrections/additions requested will be communicated via this POC form. BMS will review your comments and completed/approved Plan of Correction prior to issuing a final report.</p> <p>A Plan of Correction must include:</p> <ol style="list-style-type: none"> 1. How will the deficient practice for the participants cited in the deficiency be corrected? 2. What system will be put into place to prevent recurrence of the deficient practice? 3. How will the provider monitor to assure future compliance, and who will be responsible for the monitoring? 4. What is the date by which the Plan of Correction will be implemented? 5. Does the provider have any provider-specific training requests related to the deficiencies? 	
Training Requested:	