Plan Of Correction (POC)

Licensee Name:  

Group Home Type:  □ Level 1 Group Home  □ Level 2 Group Home  License #: 

Rule or Statute Citation Tag Number:  ADHS Surveyor:  

Date on the Statement of Deficiencies:  ADHS Surveyor:  

Name and Title of the Person Responsible for Implementing this POC:  

Plan To Correct the Deficient Condition On a TEMPORARY Basis:  

Date when TEMPORARY Plan will be implemented:  

Plan To Correct the Deficient Condition On a PERMANENT Basis: 

Date when PERMANENT Plan will be implemented: 

Monitoring Methodology to Prevent A Reoccurrence:

I, the undersigned, attest that the above Plan of Correction has been/will be implemented according to the date and details noted in the above delineated POC.

Signature of Licensee/Licensee Representative  

Title  

Date Signed  

~ This section for ADHS use ONLY ~

This POC was  □ Approved  □ Rejected  On (date)____________ by (initials):_______