

FACILITY EVALUATION REPORT - TRANSITIONAL HOUSING PROGRAM-PLUS-FOSTER CARE FACILITY

REFER TO

See next page for explanation of form.

FACILITY NAME	DIRECTOR	FACILITY NUMBER	FACILITY TYPE
ADDRESS		TELEPHONE () -	DATE
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> PRE-APPROVAL <input type="checkbox"/> ANNUAL		<input type="checkbox"/> MET WITH <input type="checkbox"/> ANNOUNCED <input type="checkbox"/> UNANNOUNCED	TIME VISIT BEGAN <hr/> TIME COMPLETED

DEFICIENCY INFORMATION FOR THIS PAGE:
 Type A Type B No Deficiency Cited

COMMENTS/DEFICIENCIES	CORRECTIVE ACTION PLAN	DUE DATE

Failure to correct the above cited deficiency(ies), on or before the Corrective Action Plan due date, may result in decertification of site, revocation of provider approval, or denial of application.

EVALUATOR SIGNATURE	TELEPHONE () -	DATE	I understand my appeal rights as explained on the next page of this form.
NAME OF SUPERVISOR	TELEPHONE () -	FACILITY REPRESENTATIVE SIGNATURE	

FACILITY EVALUATION REPORT – This report is a record for the facility and the approving agency. This report is available for public review; therefore, care is taken not to disclose personal or confidential information. Inquiries concerning the location, maintenance and contents of these reports may be directed to the evaluator or office whose address and telephone number are listed on the front.

DEFICIENCIES – Deficiencies are noncompliances with approval standards. Applicants/Providers must be notified in writing of all approving deficiencies. Deficiencies may be identified on the left side of this form with a reference to identify the section of the approval standards upon which the deficiency is based.

CORRECTIVE ACTION PLAN – The approving agency will establish the time for correction. In order to set the time, the approving agency must take into consideration the seriousness of the deficiency, the number of clients/residents involved and the availability of equipment and personnel. Applicants/Providers are requested to provide a specific plan for each deficiency on the right side of the form across from each deficiency. The more specific the plan, the less chance exists for any misunderstanding in setting time limits and reviewing corrections. The applicant/provider who encounters problems beyond his/her control in completing the corrections within the specified time frame may request and may be granted an extension of the correction due date by the approving agency.

CORRECTION NOTIFICATION – The applicant/provider is responsible for completing all corrections and promptly notifying the approving agency of corrections. Applicants/Providers are advised to keep a dated copy of any letters sent to the approving agency concerning corrections, or if corrections are telephoned to the approving agency, the date, person contacted, and information given.

GRIEVANCE RIGHTS – The applicant/provider has a right without prejudice to discuss any disagreement in this report with the approving agency concerning the proper application of approval standards.

AGENCY REVIEW – The approving agency review of a grievance appeal may be conducted based upon information provided in writing by the applicant/provider. The applicant/provider may request an office interview to provide additional information. The applicant/licensee will be notified promptly in writing of the results of the agency review.