# PLAN OF CORRECTION REVIEW

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LIFE SAFETY AND CONSTRUCTION
SFN 62780 (11-2026)

Click Here to Clear Field Data

| Name of Facility | Date of Review |
|---|---|
| | |

Your Plan of Correction for the recent Life Safety Code survey has been reviewed for compliance with the criteria established for an acceptable Plan of Correction. Please review this information for those areas that have been marked No or Not Met. It will be necessary for you to provide an acceptable response to these and return the amended Plan of Correction to our office.

Was a plan of correction signed and dated? ◯ Yes ◯ No

- What corrective actions will be taken for those fire safety requirements found to be deficient?

  Example: the self-closing device on the laundry room door will be adjusted so that the door closes to the latched position.

- How will you identify related fire safety features affected by the same deficient practice, and what corrective actions will be taken?

  Example: all other doors in the facility that are equipped with self-closing devices will be checked and adjusted to ensure that the self-closing device pulls the door closed to the latched position.

- What measures will be put in place or what systemic changes will you make to prevent this deficiency from recurring?

  Example: the quarterly maintenance schedule will be revised to include checking that self-closing devices pull the doors closed to the latched position.

- How will the corrective actions be monitored to ensure the deficiency does not recur, including the quality assurance program, time frames, and person or persons responsible?

  Example: the quarterly maintenance schedule will be performed by maintenance personnel,monitored by the director of environmental services, and reported to the quality assurance committee on an annual basis.

- A Plan of Correction completion date has been provided.