

Facility Extension Request & Progress Updates

AO: Choose an item. CCN: Facility Type:

AOID: RO: State:

Name of Facility

Survey End Date: Deficiency Report Sent to Facility:

Ligature / Self Harm Deficiency Cited? IJ Called?

Describe Deficiency:

Describe Mitigation Plan:

Reason for Extension Request & Description of Hardship:

Expected Date of Completion:

Does the AO/SA Recommend CMS Approval of the Extension Request? Choose an item.

*** Please attach copies of the deficiency report and facility plan of correction.*

FOR CMS USE ONLY:

Extension Granted: Choose an item. Length of Extension:

New Expected Date of Completion: Progress Report # 1 Due:

CMS Comments / Notes:

Monthly Plan of Correction Monitoring and Updates

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:

Date of Progress Report:

Monitoring & Evaluation of Mitigation Plan Effectiveness:

Mitigation Plan & Implementation of Approved Necessary Revisions:

AO Comments & Additional Information:

CMS Comments / Notes:
