

**New York State Department of Health
Office of Primary Care and Health Systems Management
ADULT CARE FACILITY INSPECTION REVIEW PROCESS**

Facilities requesting a review of a completed inspection (Inspection Review Process (IRP)) must request the review within 10 business days of receipt of the Inspection Report (Statement of Deficiencies (SOD) Sent date). All documentation to be considered during the review which the facility wants to present to refute or question a finding or citation must be submitted within the same 10 day period. Requests for an IRP which are made 11 or more days after receipt of the Inspection Report will be denied.

Face to Face Meeting

Conference Call

A. Facility Name:

B. Contact Name:

Email:

Telephone:

C. Inspection Report Date: / /

D. Event ID #:

E. Date IRP Form and Supporting Documentation Submitted:

F. Name/Title of those participating in the IRP:

G. Office IRP Requested at:

- | | |
|--|---|
| <input type="checkbox"/> Capital District Regional Office (Albany) | <input type="checkbox"/> Metropolitan Regional Office - NYC |
| <input type="checkbox"/> Central New York Regional Office (Syracuse) | <input type="checkbox"/> Metropolitan Regional Office – LI |
| <input type="checkbox"/> Western Regional Office (Rochester) | <input type="checkbox"/> Central Office (Albany) |

H. Disputed Deficiency(ies) (Tag(s)):

I. Scope & Severity (violation or finding):

J. List the documents that you are enclosing that are relevant and support your claim (label the attachment(s) accordingly):

K. Facility Dispute (add additional pages as necessary):

FOR DEPARTMENT OF HEALTH USE ONLY:

L. Date IRP Held: / /

M. DOH Attendees:

N. Facility Attendees:

O. Response/Recommendation Decision:

P. Justification for Decision:

Q. Date Facility Notified of Results: / /

R. Did Facility request an explanation of IRP results? Yes No