This form is a summary of the review findings shared during the Exit Conference. It lists the specific regulatory deficiencies found during the on-site review for which no written plan of corrective action will be required. Please note that while no plan of corrective action will be required for the specific deficiencies listed on this form, **OPWDD requires the following:**

- 1. The Provider Agency will correct each deficient practice within thirty (30) calendar days of receipt of this form.
- 2. The Provider Agency will provide information regarding the corrective actions in the designated spaces on this document. The information must include:
 - a. Identification of all corrective actions taken based on choices provided for each deficiency by checking off the corresponding box. Corrective Actions Include:

CORRECTIVE ACTION	DEFINITION		
Care Provided	Provision of medical or clinical care or evaluation that was needed by or recommended for an individual. This includes professional care and assessment as well as care and monitoring necessary in the home and day settings. May include provision of needed adaptive equipment.		
Plan Revised Service or Support Planning Changes - Changes to service and support plan(s) necessary to ensu address the need(s) and/or valued outcome(s) of the individual. E.g. ISP, Life Plan, Habilitation For PONS, etc.			
Document Revised Corrections/Changes to a document due to missing, unclear and/or inaccurate information. E.g. A supervision required for dining, revision of evacuation plan to identify party responsible to call 911 or incompared admitted to the home.			
Training Provided Education, guidance, mentoring provided to any party responsible for competent completion of an expected or r			
Environment Changed and/or Corrected	Correction of cleaning & maintenance issues, equipment repair, provision of routine supplies necessary for living environment and activities.		
Procedure/Policy Revision	Agency made changes to its systems and processes in order to better address a requirement/expectation. The systems and processes may be agency-wide or program specific.		
Increased Internal Oversight	rowly implemented monitoring and oversight interface to verify encouve and appropriate		
Other	Before selecting "Other" please ensure that no other choice is appropriate. If "Other" is selected, a written description of this action must be provided.		

- b. The date the corrective actions were completed for each deficiency.
- c. The attestation statement signed by an Authorized Agency Representative, declaring the information is true and accurate
- 3. The Exit Conference Form must be received by the DQI-BPC Office via e-mail, fax or mail, within 40 calendar days of the Exit Conference.
- 4. DQI reserves the right to request additional information if needed.
- 5. If the deficiency is corrected while DQI staff is present on site, the DQI staff will identify the corrective action(s) taken by the agency/facility; the date, and enter their initials and title, in the remediation section for the deficiency.

This Exit Conference Form also lists a general description of those topic areas for which a statement of deficiencies may or will be issued and for which a Plan of Correction will be required. Any deficiency occurring in an IRA serving Willowbrook Class Members must be issued via Statement of Deficiencies and requires a Plan of Corrective Action.

There may be occasions when surveyors need to research an issue further before determining whether a statement of deficiencies will be issued. In these cases, additional deficiencies and/or recommendations may be sent to the program at a later date. When this occurs, staff will identify this circumstance to the agency prior to their departure from the site.

*If the deficiency is not corrected within 30 days the provider agency must attach an explanation, including barriers to correction, and the planned timeline to correct.

This pro	gram serves Willowbrook Class Members	Immediate Danger noted. POCA received and approved on site		
SOD may / will be issued at a later date		Additional deficiencies and recommendations may be sent.		
SOD may / will be issued at a later date Additional deficiencies and recommendations may be sent. Exit Conference form, Statements of Deficiencies, and any other reports of findings from the last review visit were on site and available.				
Agency Name:	CIVIDALNY	_		
Program Type:	MSC agency and	Warrer records		
Site Address:	MSC agency and 601 West 26th St. NY, NY 10001	Siute 522		
OC#	8016000			
Visit Date(s):	9-124-15	Visit Type: MSC 7		
Surveyor(s):	CSloat, A Robertson, A	Visit Type: MSC & waiver renser		

OPWDD - DQI

	Deficiencies	(1) (1) (4) (1) (1) (1) (1) (1)	A Secretary Secretary
Regulatory or ADM Reference	Deficiency	Corrective Action Check all that apply (choices defined above)	Date Completed
)		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other (please specify)	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised Increased Internal Oversight Other (please specify)	
		Care Provided Support Plan Revised Document Revised Training Provided Environmental Change or Correction Procedure/Policy Revised	
90000 mile		Increased Internal Oversight Other (please specify)	

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*Deficiencies to be Issued on SOD requiring POCA: List a general description of those topic areas for which a statement of deficiencies may/ will be issued and for which a Plan of Correction may/will be required. Any deficiency occurring in an IRA serving WBCMs must be issued via Statement of Deficiencies and requires a Plan of Corrective Action.								
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Exit Conference Form Agency Comments (Optional):

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EXIT FORM RECEIPT	I acknowledge my receipt of the Exit Conference For Authorized Agency Representative	rm following completion of the survey of Deputy Directors Title	visit: 924/5. Date
CORRECTION	Corrective Action Attestation: I attest that the correagency staff. Authorized Agency Representative	ective actions documented on this form Title	have been completed by Date