

EXHIBIT 162
(Rev. 117, Issued: 06-06-14)

**Model Letter: Request for a Plan of Correction Following an Initial Survey for
Swing-bed Approval in a Hospital**

Name/Title of Hospital Administrator, CEO, or Responsible Individual
Name of Hospital
Street Address
City, State, Zip Code

Re: CMS Certification Number (CCN)

Dear _____:

You will find enclosed the Form CMS-2567 "Statement of Deficiencies and Plan of Correction," which enumerates deficiencies found as a result of the initial Medicare *swing bed* certification survey completed at your facility on (date).

Your plan of correction must be returned to this office, signed and dated, with an anticipated completion date for each corrective action, within ten (10) days of receipt of this letter.

An acceptable plan of correction must contain the following *elements*:

1. *The plan for correcting each specific deficiency cited;*
2. *The plan for improving the processes that led to the deficiency cited, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practice;*
3. *The procedure for implementing the plan of correction, if found acceptable, for each deficiency cited;*
4. *A completion date for correction of each deficiency cited;*
5. *The monitoring and tracking procedures that will be implemented to ensure that the plan of correction is effective and that the specific deficienc(ies) cited remain corrected and in compliance with the regulatory requirements; and*
6. *The title of the person(s) responsible for implementing the acceptable plan of correction.*

A complete copy of the Form CMS-2567 is subject to public disclosure. All responses must be shown on this form. Attachments may be submitted as supporting documentation.

The State agency will review the plan to determine if it is acceptable. If acceptable and the State determines that a revisit is not necessary, the State will recommend certification as a hospital with swing-bed approval to the *Centers for Medicare & Medicaid Services (CMS)* regional office (*RO*). If a revisit is deemed necessary, and the State determines by the revisit survey that the facility is in compliance, the State will recommend certification as a hospital with swing-bed approval. The CMS-RO will *make the determination whether the hospital will be certified for swing bed services, as well as* the effective date of the swing bed certification.

Sincerely,
(State Agency)

Enclosure: Form CMS-2567