

Email Template:

Dear **“Facility Administrator”**

“Facility Name” has been selected for an onsite review of the implementation of two ICF Quality Indicators. In accordance with Ohio Administrative Code 5123-7-34, we will be reviewing the implementation of the facility’s current policy for the selections noted on the attached form. Your review has been scheduled for **(insert date and time-at least 15 days out)**.

Enclosed is the form that will be utilized during this review. The indicators selected for your facility are noted, as well as individuals that will be reviewed, as applicable. Please have the current policy and relevant documentation available on the date of review.

Please reach out with questions or more information.

Reviewer signature

***Add if Selecting QI 4 ***

We have selected Quality Indicator 4, “The ICFIID has developed and implemented a written policy to ensure all direct care staff successfully complete, on an annual basis, at least one hour of training specific to resident or staff needs that is above and beyond the training required by paragraph (F)(1)(j) of rule 5123:2-3-01 of the Administrative Code. The training may vary among staff.”, which requires the review of staff information. We will need to be able to review training documentation for 2 or 20% (whichever is larger) of staff. Please ensure training documentation is available for all staff or provide a complete list of staff prior to your review for advanced notice of staff selection.

***Add if Selecting QI 5 ***

We have selected Quality Indicator 5 “The ICFIID has developed and implemented a written policy for staff retention that includes measuring staff turnover.” for review. We will need access to the facility’s measurements and reporting of staff turnover for the cost report period of (year).