Policy: The North Carolina Local Health Department Accreditation (NCLHDA) Program shall provide a means for local health departments (LHD) to respond to the findings of the Site Visit Team (SVT) Report. Local health departments shall have the right to provide a written response to the SVT Report that is presented to the board with the SVT Report. Local health departments may also request a review of the SVT Report by the Accreditation Administrator (AA), prior to the scheduled board meeting if they feel that information in the SVT Report contain errors of fact.

Purpose: The Board serves as the adjudicating body for the NCLHDA program and, as stated in the Adjudication & Appeals Procedures, hears appeals of information. When the Local Health Department receives its SVT Report, the LHD may wish to dispute a “not met” finding or a finding or recommendation that the LHD feels is erroneous prior to the presentation of the report to the Board. The request for review is presented to the NCLHDA Program Office.

Definitions:

Request for Review – a written statement specifying the error of fact and the corrected information, presented to the AA within 10 calendar days of receipt of the SVT Report by the LHD.

Errors of Fact – An error that is quantifiable, objective and not subject to interpretation in its meaning. (Example – the report states that the boundary is 30 feet, when the policy clearly states the boundary as 50 feet.)

Written response – a written statement in response to the findings of the SVT Report and presented to the AA within 10 calendar days of receipt of the SVT Report by the LHD.

Responsible Person(s):

The Accreditation Administrator (AA) receives the written response or request for review for an error of fact from local health departments on behalf of the Board. The AA investigates as
appropriate and reports findings to the LHD and the Board Chair. A written response is forwarded to the board with the SVT report.

**Procedures:**

**Written Response**

1. The local health department presents, in writing, a response to the SVT Report.
2. The response is mailed, delivered or emailed to the AA.
3. The response is forwarded to the Lead Site Visitor (LSV) for that SVT.
4. The LSV reviews the response and may discuss with the SVT.
5. The LHD response is presented to the board with the SVT Report for that agency.

**Request for Review for Error of Fact**

1. The local health department presents, in writing, a request for review of an error of fact in the SVT Report.
2. The request is mailed, delivered or emailed to the AA.
3. The AA notifies the Board Chair that a request for review has been received.
4. The LHD cannot request a review simply because it disagrees with the SVT Report. This is not a response to a not met activity. There must be compelling evidence that an erroneous fact is cited in the SVT report.
5. The request is NOT to be used:
   a. present information for consideration the LHD feels will clarify its position
   b. request to change of a “not met” activity to a “met” activity
   c. question how the SVT reached a conclusion in the report
   d. present information the LHD feels was not properly reviewed during the site visit
   e. present information or evidence it feels was present at the time of the site visit, but was not requested or evaluated by the SVT
6. The items in No. 5 may be included in a written response, and may be presented during the adjudication process of a board meeting.
7. An appeal cannot be made until the Board has rendered a decision on accreditation status for the LHD.
8. The AA investigates by including discussion, as is appropriate, with NCLHDA staff, LHD staff, the Health Director, SVT members and the Lead Site Visitor.
9. Upon conclusion of the investigation, the AA makes a decision and communicates that in writing to the LHD and the Board Chair.
10. If the LHD wishes to appeal the decision of the AA, the Appeals of Information procedure from the Adjudication & Appeals Procedures shall be used.

**Report Format**

The report will follow the format in Attachment 1 and will have the following components:
- Date
- Title
- Who made the request for review
• Background
• Investigation
• Decision Rendered

**Reference Plans and Policies:**

Adjudication & Appeals Procedures
Date

**REPORT FROM THE ACCREDITATION ADMINISTRATOR**

XXX County Request for Review of Error of Fact in Site Visit Team Report

Request made by ________________________________

**Background**

**Investigation**

**Decision Rendered**

The XXX County Health Department Site Visit Report will be/will not be revised to reflect this action/decision.