

Plan of Correction Resource Guide

This resource guide is made available to help you create a Plan of Correction (POC) and denotes the steps it takes to write and implement it. A Plan of Correction is developed by a facility and must be approved by the Centers for Medicare & Medicaid Services (CMS) or the survey agency. It also describes the actions the facility will take to correct deficiencies as well as specify the date by which those deficiencies will be corrected. Below is the guide to help you create your Plan of Correction.

Creating a Plan of Correction

- A. To begin writing your Directed Plan of Correction (DPOC), you will need these documents:
 - CMS Form 2567 assigned to the nursing home
 - Cover letter from the Indiana Department of Health (IDOH) that includes the due date and any additional information related to the recent survey,
 - Information the nursing home can provide related to the recent survey, and
 - Targeted Resident Identifier List
- B. In addition, you may want to have the following information available:
 - Any steps taken duration the survey, such as immediate corrections made by the Director of Nursing (DON) or administrator,
 - Conversations personnel had with the surveyors, and
 - Areas of concern surveyors shared with Administrator/DON during the survey, such as, “What areas of opportunities can we improve on based on the citation(s) received?”
- C. Share with the Qsource team any additional training/resources you need so they can provide available resources and training.
- D. The DPOC should be written as a Word document for easy submission to IDOH.

Steps to Write the Directed Plan of Correction

- A. The cover letter will include how each of the four sections of the DPOC must be answered. Begin each citation by identifying it and answering each section separately. For example:
 - a. **F583 Personal Privacy and Confidentiality**
 - i. ***‘What corrective actions will be taken for those residents found to have been affected by the deficient practice?’***

Residents 2, 4, 6, 8, 12 were potentially affected. These are the residents identified in the 2567 in F583. It is necessary to address the residents and how each resident may have been affected. If any of the residents have passed away or have moved from the facility, you could answer by stating where the resident is residing; resident 8 no longer lives in the facility; or by stating Resident 6 passed away on April 2, 2023.

ii. ***'How will other Residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken'?***

The answer here can be to address how others might have been affected but not cited; i.e 'All other residents have the potential to be affected'. Or, if you can determine from the 2567 what happened in this citation, answer based on what is understood to have happened.

For example, if the 2567 states 'Certified Nursing Assistance (CNA) 3 failed to knock on all doors on her assignment', the answer could be – 'CNA 3 has been re-educated on the requirement of always knocking on all resident doors before entering'.

At times, it may be best to perform a 'look back' of all residents in the last (time period) months to determine if other residents were adversely affected by the deficient practice. This is a very time-consuming project, but when the citation is a very serious one, it may be the best option.

iii. ***'What measures will be put into place and what systemic changes will be made to ensure that the deficient practice does not recur'?***

Examples of how this might be answered:

The DON/designee (note: always include a 'designee' so the DON isn't responsible for every in-service) has in-serviced all nursing staff and other departments on the Privacy policy of residents that includes the requirement to knock on the door of a resident's room before entering.

By observation during rounds by the DON/designee, CNAs will not be scheduled for work until the requirement of knocking on resident room doors before entering is evident during his/her shift. Any CNA who fails to knock on resident room doors will be re-in-serviced a second time to ensure there is understanding of this requirement and that he/she is observed knocking on resident room doors.

Or, in the case of a monitor on the medication cart being left open while the nurse/Qualified Medical Assistant (QMA) has stepped away, the answer could be that 'nursing was re-educated on the requirement of not leaving the computer screen open while nursing has left the area, thus causing a potential of HIPAA/Privacy of the resident being breached'.

iv. ***'How will the corrective actions be monitored to ensure the deficient practice will not recur, i.e. what quality assurance and performance improvement program will be put into place'?***

Corrective actions such as:

The Privacy Policy and Procedure has been reviewed and updated on (date). An all-staff in-service was conducted to review the updates of the Policy and sign-in sheet for attendees was completed.

The DON/designee has assigned the charge nurse on each shift responsibility for monitoring and documenting, on a form designed for this purpose, that staff have followed the requirement of knocking on resident room doors prior to entering the room. The charge nurses will meet with the DON/designee weekly to review the outcomes of the monitoring tool. (The frequency of charge nurse monitoring will have been established at the beginning of the monitoring period.)

Audits, in-services held, and monitoring tools utilized for evidence of compliance related to knocking on resident room doors will be presented by the DON to the Quality Assurance and Performance Improvement (QAPI) Committee members for discussion of existing evidence to ensure staff are aware of the need to knock on resident room doors and have complied with this requirement.

QAPI Committee members will determine if substantial compliance has been achieved on F583 and if so, audits can be discontinued on (date of meeting) per the Committee members. An Ad Hoc meeting should follow the decision of the Committee as doing so will ensure the audits are discontinued. The importance of this step should not be overlooked to keep the auditing process intact as originally established in the Plan of Correction.

If the QAPI Committee members determine substantial compliance has not been achieved, the Committee members must provide dates on how much longer the audits will continue. If that occurs, the Committee should meet with the Medical Director, DON, and Administrator to create a Performance Improvement Plan to address what other steps will be taken to correct the citation(s) and proceed accordingly with in-services, policy updates, auditing and monitoring, and establishing the length of time the Plan will continue. Documenting the updated Plan in the Committee minutes is vital to keep the new Program intact for any future questions by Surveyors or other agencies.

Qsource 6-2023