

## PLAN OF CORRECTION GUIDE

Please use this guide to assist you in writing an acceptable Plan of Correction (POC). Each item must be addressed.

ITEM	COMMENTS / SUGGESTIONS
<p>1. How the corrective action will be accomplished for any residents/areas affected by the deficient practice.</p>	<p>The facility must correct the specific cited issue. When a deficient practice involves more than 3 residents, not all findings will be included in the Statement of Deficiencies. The facility is still responsible for addressing corrective action for <b>all</b> the residents affected by the deficient practice. (The initial paragraph will include resident identifiers.)</p> <p>For Life Safety Code (LSC), K-Tags, this may include to seal openings in smoke barriers, repair equipment. For Health (F-tags), this may include assessment, care plan review/revision, specific interventions.</p>
<p>2. How the facility will identify other residents/areas that could potentially be affected by the deficient practice and what corrective action will be taken.</p>	<p>For F-Tags, residents that have the potential to be affected may be identified through review of assessment data and quality indicators. Include how you identified and will continue to identify these residents. Avoid using "All residents have the potential to be affected by the deficient practice." Be specific, for example:</p> <ul style="list-style-type: none"> <li>• All residents identified at risk for falls have the potential to be affected by this deficient practice</li> <li>• All residents who receive pureed foods...</li> <li>• All residents transferred with a mechanical lift ...</li> </ul> <p>For K-Tags (LSC) include, for example, how you will identify all other openings in smoke barrier walls, or all other non-functioning door latches. Your POC must include that all related items/areas were reviewed, and all deficient items identified were/will be corrected by a specific date.</p>
<p>3. The measures that will be put into place or systemic changes made to ensure that the deficient practice will not recur.</p>	<p>Include, for example, in-service training, policy and procedure review/revision, assessment and care planning, environmental changes that are necessary to prevent reoccurrence.</p> <p>For LSC, consider monitoring outside contractors that may have had a role in the deficient practice, and developing or revising systems for notifying the maintenance department.</p>
<p>4. How the corrective action will be monitored and title of person responsible for monitoring compliance.</p>	<p>The plan must be developed and implemented, and corrective action evaluated for effectiveness. The POC must be integrated into the Quality Assurance program. Be specific about how you will monitor. Include how you will evaluate the corrective action, how often and who is responsible. Your QA committee should review monitoring results/audits. The facility should have evidence of monitoring its performance during the corrective action process.</p>
<p>5. The dates when corrective action will be completed.</p>	<p>If the facility is not in substantial compliance by the 90<sup>th</sup> day from the survey exit date, a Denial of Payment for New Admissions could be imposed by CMS. Completion dates should allow adequate time for the Department to conduct a Post Survey Revisit to verify compliance and provide time for the facility to correct any continuing deficiencies. We recommend corrective action be completed by the 60<sup>th</sup> day. The correction date must be after the date the SOD is issued. The Plan of Correction will serve as the facility's allegation of compliance.</p>