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QIPMO
Quality Improvement & Patient Monitoring Office

WRITING A PLAN OF CORRECTION

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OBJECTIVES

- Identify the required elements of a plan of correction (POC)
- Learn tips on:
 - Planning
 - writing
 - implementing, and
 - monitoring a POC.



PLANNING



WHAT IS A POC?

42 CFR §488.401 defines a Plan of Correction to mean a plan developed by the facility and approved by CMS or the survey agency that describes the actions the facility will take to correct deficiencies and specifies the date by which those deficiencies will be corrected.



WHY A PLAN OF CORRECTION (POC)?

- To encourage facilities to correct deficiencies as soon as possible.
- Commitment to correct each deficiency by a specific completion date.
- Allegation of compliance as of the latest POC correction date given in the POC
 - *If you use several dates, the latest date is automatically used*
- Submission of an acceptable POC is required for all deficiencies of scope and severity Levels B through L.
- Must be submitted to state within **10 calendar** days of receiving the 2567



PLANNING FOR YOUR POC

Writing a plan of correction should begin during the survey. Taking notes throughout the survey process and during the exit will be especially important. And remember, a plan of correction is...

- A legal document
- A formal statement informing state and federal agency of actions taken to correct deficiency
- Publicly posted-use CMS QCOR to see which other homes in your region have received the same deficiencies.



SOM CHAPTER 7

If the plan of correction is unacceptable for any reason, the State will notify the facility in writing. If the plan of correction is acceptable, the State will notify the facility by phone, e-mail, etc. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely.

The plan of correction serves as the facility's allegation of compliance and, without it, CMS and/or the State have no basis on which to verify compliance. A plan of correction must be submitted within **10 calendar days** from the date the facility receives its Form CMS-2567. If an acceptable plan of correction is not received within this timeframe, the State notifies the facility that it is recommending to the RO and/or the State Medicaid Agency that remedies be imposed effective when notice requirements are met. The requirement for a plan of correction is in 42 CFR 488.402(d). Further, 42 CFR 488.456(b)(ii) requires CMS or the State to terminate the provider agreement of a facility that does not submit an acceptable plan of correction.



FIVE ELEMENTS OF A POC

- Element 1
 - Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice
- Element 2
 - Address how the facility will identify other residents having the potential to be affected by the same deficient practice
- Element 3
 - Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur
- Element 4
 - Indicate how the facility plans to monitor its performance to make sure that solutions are lasting
- Element 5
 - Include dates when corrective action will be completed.



ELEMENT ONE

WHAT YOU NEED TO DO

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice

HOW YOU CAN DO IT

- Facilities must state what corrective actions they have or will take for each instance of non compliance; and
- address what action actions it has or will take to correct **all** the evidence listed for each deficiency.
 - Training
 - Education
 - Assessments



ELEMENT TWO

WHAT YOU NEED TO DO

- Address how the facility will identify other residents having the potential to be affected by the same deficient practice



HOW YOU CAN DO IT

- Describe how you evaluated or will evaluate individuals who may be affected by the deficient practice; and
- describe what actions have been or will be taken to protect individuals identified by the facility for potential to be affected; and
- how you will achieve compliance.



ELEMENT THREE

WHAT YOU NEED TO DO

- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur



HOW YOU CAN DO IT

- State what the facility has done and will continue to do to prevent the deficient practice from reoccurring; and
- consider if systemic change is needed in order to prevent recurrence.
 - Review incidents
 - Convene IDT to address...
 - Root Cause Analysis (RCA)



ELEMENT FOUR

WHAT YOU NEED TO DO

- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained.

Monitoring should be ongoing...even after the deficient practice is corrected!



HOW YOU CAN DO IT

- Monitoring of corrections involves identifying the following:
 - Does the facility need to develop or modify a current monitoring system;
 - when will monitoring occur;
 - how often monitoring will occur;
 - who is responsible for the monitoring.

ELEMENT FIVE

WHAT YOU NEED TO DO

- Include dates when corrective action will be completed. The corrective action completion dates **must be acceptable** to the State.



Remember a POC date should not extend past 45 days



FOR EACH DEFICIENCY

- Validate all residents listed in the SOD are included in the POC
- Ensure all deficiencies are addressed
 - Unless S/S does not require
- Residents cited in more than one deficiency are included in each correction
- Required elements are addressed
- Read the interpretive guidelines
- Review standards of care
- Include follow up dates
- Reiterate continuous compliance
- Use present tense verbs
 - Monitors, observes, are being, have or have been
- Be concise and reasonable
- Convey facts in a chronological order



WHO IS RESPONSIBLE?

- The POC must identify the title of the staff person responsible for any actions or processes implemented
- The POC must identify how corrections will be monitored and the staff person responsible for monitoring
- The POC should not:
 - Include proper names,
 - allude to another provider, or
 - malign an individual.
- It is acceptable to use staff designated titles;
 - The administrator will, the Director of nursing will, the program director will, the maintenance supervisor will, etc.



STAFF CONTRIBUTIONS

DEFICIENT PRACTICES

- Staff who have contributed to the deficient practice should not be solely responsible for implementation, implementation of corrective actions, or for monitoring corrective actions and processes.



IN-SERVICE TRAINING AND COMPETENCY

- When including in-service training as part of the POC, the POC should indicate:
 - Who will conduct the training,
 - what the content will be,
 - when and how often, and
 - ongoing monitoring to ensure elements in the training have been implemented (more to come on that!)



DISCLAIMER

- This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law; or
- Preparation and submission of this Plan of Correction does not constitute an admission of agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth in the statement of deficiencies. The Plan of Correction is prepared and submitted solely because of requirements under state and federal laws.



IMPLEMENTATION



POC IMPLEMENTATION



THEORIES OF CHANGE

- There are many theories of change that you may have heard of: Cohen, Kotter, Lewin, Nudge and so on. Ultimately they all have the same end goal-Change implementation!
- Let's breakdown Kotter's eight step change model and apply it to the POC.



- Step 1: Create a sense of urgency
 - This should not be difficult to do because you have a short timeline to implement the change needed in order to correct the deficiency. However, it might be easier said than done.
 - An initial spark will be needed in order to light the fire.
 - An open and honest dialogue will be necessary about the desired outcome as a result of the change:
 - Reduced falls
 - Fewer unmet needs
 - MDS Completion Accuracy
 - Medication pass free from errors


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<https://www.usi.edu/schools/nursing/programs/bsn/>

KOTTER'S 8-STEP CHANGE MODEL

STEP TWO: BUILD A POWERFUL COALITION

- Convince people that change is necessary. This often takes strong leadership and visible support from key people within your organization. Managing change isn't enough – you have to lead it.
- To lead change, you need to bring together a coalition, or team, of influential people whose power comes from a variety of sources, including job title, status, expertise, and political importance.



STEP THREE: FORM A VISION FOR CHANGE

- A clear vision can help everyone understand why you're asking them to do something. When people see for themselves what you're trying to achieve, then the directives they're given tend to make more sense.

<https://www.usi.edu/schools/nursing/programs/bsn/>


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KOTTER'S 8-STEP CHANGE MODEL

STEP FOUR: ENLIST

- Communicate the Vision
- What you can do:
 - Talk often about your change vision. What does your POC say?
 - Address peoples' concerns and anxieties, openly and honestly.
 - Apply your vision to all aspects of operations – from training to performance reviews. Tie everything back to the vision.
 - Lead by example



STEP FIVE: ENABLE

- Remove Obstacles
 - Identify, or hire, change leaders whose main roles are to deliver the change.
 - Recognize and reward people for making change happen.
 - Identify people who are resisting the change, and help them see what's needed.
 - Take action to quickly remove barriers (human or otherwise).


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https://www.standish.com/pages/creditsaw999_823m

KOTTER'S 8-STEP CHANGE MODEL

STEP SIX: GENERATE

- Look for sure-fire projects that you can implement without help from any strong critics of the change.
- Thoroughly analyze the potential pros and cons of your targets. If you don't succeed with an early goal, it can hurt your entire change initiative.
- Reward the people who help you meet the targets.



STEP SEVEN: SUSTAIN

- After every win, analyze what went right, and what needs improving.
- Set goals to continue building on the momentum you've achieved.
- Learn about continuous improvement.
- Keep ideas fresh by bringing in new change agents and leaders for your change coalition.


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MONITORING



MONITORING FOR CORRECTIVE ACTIONS

- Monitoring involves identifying the following:
 - Does the facility need to develop or modify a monitoring system;
 - when will monitoring occur,
 - how often will the monitoring occur; and
 - who will conduct the monitoring?



MONITORING FOR CORRECTIVE ACTIONS

- Monitoring the POC may be the most time consuming step. The facility will need to ensure that every action in the POC has been completed. A few tips to help you with monitoring are:
 - Stay organized—Put a binder together with all of the deficiencies tabbed. Things you might consider placing in your binder are:
 - A copy of the deficiency,
 - a copy of the POC for the deficiency,
 - a list of residents or processes affected,
 - staff identified (which department was it?),
 - training and education provided, including sign in sheets for in-services,
 - staff competency records i.e., return demonstration documentation
 - copies of facility policies relating to the deficiency, especially if they were changed,
 - any supporting documentation you have to support your stand that the deficiency has been corrected.



MONITORING FOR CORRECTIVE ACTIONS

- Audits are often an important tool to use for POCs. They are some of the most helpful documentation you may have when defending your facility. Especially now in the midst of this pandemic, audits are very important.
- If a facility says it will audit all care plans as part of a POC, make sure you have completed audits based on the frequency you stated in the POC (daily, weekly monthly, etc.). Word of caution: **Keep it real**, do not over commit yourself or a staff member. If you say you will audit xx process on a daily basis, make sure you have someone assigned to complete the audits on weekends and holidays. **Hint: Include daily monitoring only as a last resort.**
- Daily meetings regarding the survey and the POC will be helpful if a large number of deficiencies.
- Prepare your staff. Use the coordinating CEP and ask staff questions. Use this time as a rehearsal for the re-visit.



IT'S WRITTEN, NOW WHAT?

- Read the SOD one last time to ensure you have everything you need in the POC
- Ask someone else to read *and* proofread it.
- Sign and date it
- Once your POC has been written and submitted it will either be
 - Accepted
 - Not accepted-you will probably get a phone call or an email to clarify items
- On-going monitoring to ensure compliance (your binder)
- A follow up re-visit will occur; in person or desk review



RESOURCES

- Show Me Long Term Care <https://healthapps.dhss.mo.gov/showmeltc/default.aspx>
- CMS QCOR https://qcor.cms.gov/report_select.jsp?which=0
- QIPMO www.nursinghomehelp.org



QUESTIONS?

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Check out our
 new projects!

Learn more about the resources QIPMO has to offer at www.nursinghomehelp.org

[QIPMO C.A.T. Reopening/Vaccine Assistance](#)

[QIPMO ICAR Project](#)-Consultative and collaborative visits with a non-regulatory focus to evaluate infection control practices.




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