



Developmental Disabilities Plan of Correction Training

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Plan of Correction (PoC)

- A plan developed by the provider and approved by the survey agency that describes the actions the provider will take to correct deficiencies and specifies the date by which those deficiencies will be corrected

Most Frequently Cited Deficiencies SFY23

State Tag	Description of Tag	Number of Citations
1140	Values in Individual Plan - Individual rights, free of neglect	434
0715	Staff Medication Administration	211
0530	Staff Required Development Training	141
0375	Policy and Procedures - Comply with COMAR 10.27.11	130
0171	PORI - OHCQ Investigation	89
0505	Policies and Procedures -Ensure Staff Know and Implement	80
0645	Health and Safety - Ensure Site in Good Repair	75
0430	Policies and Procedures - Emergency Procedure, 72 Hour Plan	53
0735	Records - Records at Site	51
0169	Inv. by Admin - Records and Reports	45

PoC

1. If a complaint investigation or survey identifies a regulatory violation, the Office of Health Care Quality (OHCQ) issues a notice

PoC

- a. Citing the violation in the Statement of Deficiencies, which is also known as the 2567

PoC

- b. Requiring the provider to submit an acceptable plan of correction within 10 business days of receipt of the notice of violation or deficiency

PoC

- c. Notifying the provider of possible sanctions and failure to correct the violation may result in sanctions

PoC

- d. Offering the provider the opportunity for an Informal Dispute Resolution (IDR)

Informal Dispute Resolution Process

- The process by which a provider disputes part or all of a deficiency
- Requested by a provider after written deficiencies are issued
- Helps to ensure the integrity of the survey process by allowing for an informal review and opportunity to make corrections where errors may have occurred

IDRs are Informal

- Proceedings are not under the formal rules of evidence
- There is no formal stenographer
- There is no testimony under oath
- Attorneys do not participate

Question

- Surveyor is onsite and sees a significant problem and the facility provides an immediate “right-now” correction
- Does the surveyor cite or not cite
- Why

Question

- What is the difference between a PoC and an IDR

Correction Date

- Failure to return an acceptable plan of correction within the allotted time frame may result in a sanction

PoC Due

- COMAR 10.22.02.03 (4)(a)
- “The licensee shall submit a plan of correction (POC) within 10 working days of the receipt of deficiencies” and may be required sooner “when the nature of the deficiency warrants a more immediate response”

Function of the PoC

- Documents the specific deficiencies cited
- Documents the specific corrective actions

Timing

- OHCQ evaluates whether the corrective action will result in compliance within an acceptable timeframe

Acceptable PoC

- An acceptable PoC demonstrates to a reasonable degree of certainty that the provider is able to furnish adequate care that meets minimum standards and which does not jeopardize the health and safety of residents

Acceptability of the PoC

- An acceptable plan of correction demonstrates a path to both achieve and maintain compliance leading to improved quality of care

Acceptability

1. What corrective action will address concern(s) with individuals affected by the deficient practice

Acceptability

2. What measures or systemic changes will ensure that the deficiency will not recur
 - This requires analysis of cause

Acceptability

3. Who, by job title, and how the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place?
 - Is there any measure of sustainability?
 - Are objective and measurable indicators defined?
 - Is there accountability for both implementation and for QA monitoring?

Acceptability

4. By what specific date will the implementation be completed?
 - Must specify accountable staff by title

Acceptability

- POC must be signed with administrator's name and title
- POC must be dated
- References to an individual must be noted by the Individual # only as noted in the Individual Roster

Evaluation

- How the surveyor or survey team evaluates the acceptability of PoC

Two Primary Perspectives

With all four elements, surveyors evaluate:

- Can the provider implement the plan
- Will the proposed plan correct the cited concern

Can It Be Implemented?

- The Plan of Correction must be specific and realistic, stating exactly how the deficiency was or will be corrected
- KEY: The provider must be able to implement the plan

Will It Be Corrected?

- Can the proposed action correct the practice
 - KEY: If implemented this could fix the concern

Question

- What are the four elements we look for, to determine if a Plan of Correction meets standards for acceptability

Answer

1. What corrective action will address concern(s)
2. What measures or systemic interventions
3. By what specific date
4. What QA monitoring plan (including accountable staff)

Question

- Will any of these fix the organizational system
 - We counseled the nurse
 - We fired the house manager
 - We replaced the administrator

Do Nots

- Don't explain, justify or IDR the deficiency in the PoC
- Don't blame
- Don't include identifiable data
- Don't under-promise or over-promise
- Don't forget to double check that all five elements are met

Completeness

- System-based plan
- Content: Can it be implemented and will it fix the concern
- Implementation and monitoring plan
- Accountability (by title)
- Dates
- Signature

Final Note

- When multiple tags have been cited each tag has a plan that is evaluated independently
 - The criteria for acceptability is evaluated for each tag
 - There must be a complete PoC for each cited deficiency
- If tag #1 has only elements 1, 2, and 3 and tag #2 has only elements 4 and 5, then neither plan would be found acceptable

Example of Poorly Written PoC

- “The door alarms were changed prior to the end of the survey. This was cited incorrectly and we request that it be removed.”

Example of a Better PoC

- The door alarm batteries were changed on 12/2/2022 before the surveyor left our facility. The door alarms were tested on that date and now are in working order. We have instituted a protocol conduct weekly checks to test that all the door alarms are in proper working order. Beginning 1/1/2023, these weekly checks will be completed and documented in a log-book by the Director of Maintenance (DOM). The manager will check monthly that the log-book is being updated appropriately for the next 6 months (through July 2023).

Contact Information

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