

Plan of Correction (POC)

- Definition: The licensee's proposed response to findings of noncompliance identified by OHCQ or the Administration (DDA).

10.22.01.01B(45)



Compliance



- As per 10.22.02.04E, licensees are required to submit POCs within 10 working days of receipt of findings of noncompliance. This timeframe can be shortened or extended depending on the circumstances:
 - nature of deficiencies warrant a more immediate response
 - large or small number of deficiencies
 - other extenuating circumstances

How Do I Know When the POC is Due?

- Exit conferences are held for 95% of the investigation and re-licensure surveys completed by OHCQ.
- A signature sheet, containing the due date for the POC, is completed at the time of the Exit conference.
- Requests for extensions must be made prior to the due date via e-mail or phone call to the unit supervisor

What if I don't agree?



- OHCQ has always had an Informal Dispute Resolution (IDR) system in place for long-term care facilities. In 2007, this process was broadened to include all programs inspected by OHCQ.
- The language for requesting an IDR is included on the signature sheet completed at the Exit Conference.

An Exit Conference was conducted on ___/___/____. **The Licensee/Representative** agreed to submit a plan of Correction on or before ___/___/____
The **Regional Office** received a copy of the survey report.

This Document is considered a draft for 10 working days. Please use this time to reflect both upon the citations and your corrective action plan. Consultation with your Regional Office is encouraged. To expedite review of the plan of correction, you may e-mail your plan to **Ms. Jennifer Baker, Program Manager at jbaker@dhhm.state.md.us** or mail your response to:
**OHCQ/Community Programs* Spring Grove Center *Bland Bryant Building
Wade Avenue, *Catonsville, MD 21228**

We are providing an opportunity to question cited deficiencies through an Informal Dispute Resolution process (IDR). Unless OHCQ has initiated sanctions and there is a right to a formal administrative appeal, IDR is the sole means of questioning deficiencies. To avail yourself of this opportunity you must send us in advance a written statement fully describing the disagreement and forward copies of any supporting documents. At the discretion of this office, the IDR may be held in-person, over the telephone or in writing. A request for IDR must be sent during the same 10 days you have for submitting a POC for the cited deficiencies. The informal dispute resolution process will not delay filing a POC or the effective date of any enforcement action. In-person IDR's are informal in nature and are not attended by counsel. Please direct all requests for IDR to Mr. William Dorrill, Deputy Director, Office of Health Care Quality, Bland Bryant Building, 55 Wade Avenue, Catonsville, Maryland 21228, or by fax at 410-402-8051.

Representative & Title *Date*

Surveyor & Title *Date*

Surveyor & Title *Date*

IDR Language



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Global versus Individual

- Affects more than 50% of individuals in sample
- Administrative (policy and procedure, training issues)
- Affects less than 50% of individuals in sample
- Personally affects individual in sample



Writing a POC

- You've agreed that the deficiencies occurred and now need to submit a plan outlining the steps you've taken (or will take) to correct the problem and prevent re-occurrence—

What should be included?



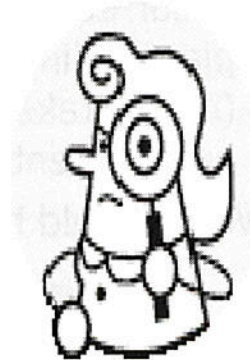
Key Components

- Identify each citation
- Address each citation
- Indicate person(s) responsible for completion
- Provide a target date for completion



Identification of Citations

- Include the tag designation at the beginning of each response. This is generally a letter (N for nursing-10.27.11, L for DD-10.22, and Y for children-14.31) and a four digit number, e.g. L1105.
- Include COMAR number, e.g. [10.22.04.02A(1)]
- If possible, include the page number



Identification of Citations

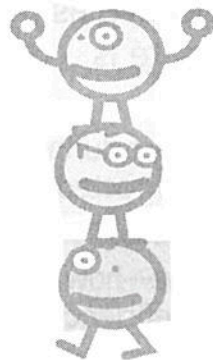
- Indicate if the deficiency being addressed is global, individual, or site-specific.
- If Individual, include Individual number.
- If citation is both individual and global identify if response is for global, individual, or both
- If site-specific, include site number



Address the Deficiency

- In your response include:
 - What has been done to correct the deficiency; and/or
 - What will be done to correct the deficiency.
 - Whenever appropriate, include systemic changes that have been or will be made to ensure the deficient practice does not recur for a specific individual and/or others

Who's Responsible?



- Indicate the person who is in charge of:
 - ❖ Developing
 - ❖ Implementing
 - ❖ Monitoring
 - ❖ Revising

...the proposed POC.
Names are optional,
but titles should be
utilized.

Target Dates



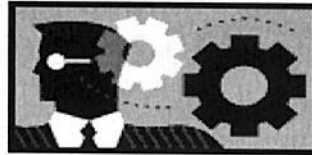
- The date by which a cited deficiency was or will be corrected.
- Target dates are specific to each cited deficiency
- Proposed target dates for completion of each item should be realistic and make sense (30 days to develop a revised nursing plan of care, not 6 months).

Factors Considered

- Surveyor acceptance of proposed future target dates is somewhat subjective as many factors can play into how the date is determined, such as:
 - ❖ Severity—what's the negative impact during the time period the deficiency is not corrected?
 - ❖ Scope—how many people are affected?
 - ❖ Personnel resources of the licensee—how many staff are available to correct the deficiency?

Factors Considered

- ❖ Licensee's track record—what has been the reaction to the entire survey process and how quickly (and appropriately) has agency personnel responded in the past when needing to correct deficiencies?
- ❖ Other mitigating factors—are there other entities or issues that may hasten or delay completion?



OHCQ Review

- OHCQ will review all submitted POCs within 10 working days of receipt and correspond with the licensee, unless otherwise directed.

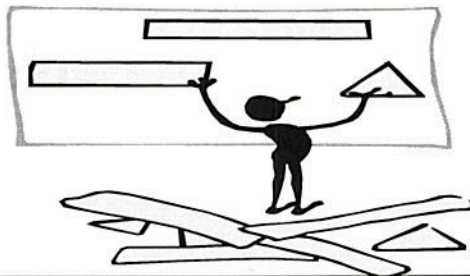


Revised POCs

- Should a POC, in whole or in part, be deemed unacceptable by OHCQ, the licensee will be provided, in writing—preferably via e-mail, the reason(s) for the denial and a due date for re-submission. Generally, the due date will be no longer than 10 working days. [see 10.22.02.04F]

Revised POCs

- Revised POCs will be reviewed following the same protocol as first submissions. Second re-submissions are no longer accepted except in rare circumstances.



OHCQ Protocol

[see 10.22.03.03 and 10.22.03.04]

- Effective February 1, 2010:
 - If a revised POC is deemed unacceptable, in whole or in part, one of the following actions will occur:
 - If the revisions necessary are minor, allow one more submission by the licensee.
 - The Program Supervisor will notify the licensee of the issues (as provided by the survey team) and inform the licensee that should the next submission be unacceptable, the imposition of intermediate sanctions will be recommended to DDA.
 - A due date for submission of the second revision of the POC will be provided to the licensee by the Program Supervisor. This due date will generally be no more than five (5) working days.

OHCQ Protocol

[see 10.22.03.03 and 10.22.03.04]

- If the revisions necessary are of widespread scope or of moderate severity, and/or appropriate written guidance was provided by OHCQ to aid in the submission of an acceptable POC, the imposition of intermediate sanctions will be recommended to DDA.
 - The OHCQ DD Unit Program Manager will inform the licensee of this action via e-mail.
 - In conjunction with DDA, the intermediate sanction activity will be developed and implemented.

SAMPLE

- GLOBAL DEFICIENCY:
- Tag L0374 **10.22.02.10A(8)** That **medications are administered in accordance with the practices established by the Administration's curriculum on medication training**
- Interview with the Vocational Director revealed that when Individuals who require assistance with medication administration (either prescribed doses or emergency prns such as an Epi-pen) are on outings, the medications are not securely stored in a locked box or other container. This deficiency could have a moderate to severe impact on the Individuals and is of repeated scope.

POC

- What is the problem?
- Systemic Issue?
- How can it be solved?
- Who should be involved in the resolution?
- How soon can it be accomplished?



SAMPLE

- INDIVIDUAL DEFICIENCY:

Tag L1455 10.22.05.02B (9)

Documentation of progress toward the achievement of goal;

Although a review had been completed for the IP dated 4/5/01 in 10/01, there was little information regarding progress on goals, behavioral and medical issues. The format is one of a checklist which doesn't reflect and/or summarize progress, changes or concerns for the individual. This deficiency has a minor impact on the individual and is of low scope.

POC

- What is the problem?
- Systemic Issue?
- How can it be solved?
- Who should be involved in the resolution?
- How soon can it be accomplished?



Plan of Correction (POC)

- A Plan of Correction IS NOT:
 - ❖ to make excuses as to why something happened or did not happen;
 - ❖ to provide feedback about the survey process;
 - ❖ to comment on a specific surveyor;
 - ❖ to disagree or rebut the deficiencies



Housekeeping

- For IDRs, requests must be sent , in writing, to Bill Dorrill, Deputy Director for Community Programs (bdorrill@dhmh.state.md.us)
- DD Unit Program Manager—Jennifer Baker (jbaker@dhmh.state.md.us) or 410-402-8089

Housekeeping

- Licensure
("Annual" surveys)
- Investigations

Program Supervisor
Cecilia Laurent

Program Supervisor
Mary Graves

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410-402-8069

Questions?

- Happy writing!!!



