



DPHHS  
QUALITY ASSURANCE  
DIVISION  
CERTIFICATION &  
LICENSURE BUREAUS

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**Our Plan for Today  
Plans of Correction (PoC)**



- What is a PoC?
- Why are they necessary?
- When does the facility need to complete one?
- How does the facility complete one?
- What happens after the PoC is completed?
- Where can the facility get help with the PoC?

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**What is a PoC**



- A PoC is the facility's response to the survey findings
- The PoC is the facility's venue for demonstrating how substantial compliance will be attained after they review the survey findings
- The PoC is not punitive
- The PoC is an opportunity to investigate why noncompliance occurred and how it can be remedied and prevented from reoccurring in the future

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### Why are PoCs Necessary

- The PoC is required by CMS (Center for Medicare and Medicaid Services) following a survey that results in deficiency citations.
- Required to ensure compliance with state regulatory requirements.

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### When Does the Facility Need to Complete a PoC

- The facility will be directed to complete the PoC when they receive a 2567 document after a completion of a survey.
- A letter accompanying the 2567 will address the requirements of the PoC, including the five criteria that need to be addressed in the PoC.

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### How Does the Facility Complete a PoC?

- The facility follows the instructions for writing the PoC that is included in the letter that accompanies the 2567.
- A template and directions are available on the Division web site that enable you to complete the PoC in a word document and print it on the 2567.
- The Division web site is <http://www.dphhs.mt.gov/qad/certndex.shtml>

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### Example #1 Direct Services - C0279

485.635(a)(3)(vii) If the CAH furnishes inpatient services, procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §485.25(i) is met with respect to inpatients receiving post hospital SNF care.

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### Direct Services – C0279

- CITATION: Based on observation, staff interview, and record review, the facility failed to ensure appropriate menu items were prepared and served to those patients who were prescribed 2 gram sodium diets. Findings Include:
- On 1/5/09 at 11:35 a.m. the noon meal service was observed in the kitchen. When asked, the cook stated that there were 5 patients with 2 gram sodium diet orders. Per record review of the standardized menus for this meal, the patients with regular diets were to receive 4 ounce of ham and the patients with 2 gram sodium diets were to receive homemade pork chops. The surveyor observed that there were no pork chops in the hot holding unit. When asked, the cook stated she did not prepare any homemade pork chops for the 2 gram sodium diets because she did not have any pork chops due to the problems with the recent food order. The cook served ham to all of the patients.

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### Direct Services – C0279

- The facility was to follow the pre-prepared and standardized menus (which included the recipes for all of the menu items that were listed in the spread sheets for the therapeutic diets) but failed to do so.
- With all dietary issues, the facility should seek the guidance of the consulting dietitian in the preparation and execution of the plan of correction.

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**Direct Services – C0279**  
**Criteria #1**  
**How the corrective action will be accomplished for those residents found to have been affected by the deficient practice**

- Since the above problem already happened, the facility can't change anything at this time.
- The facility will write on their PoC that the standardized menus will be followed and all residents with therapeutic diets will receive appropriate food items.

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**Direct Services – C0279**  
**Criteria #2**  
**How the facility will identify other residents with the potential to be affected by the same deficient practice**

- The facility must indicate in the PoC that they identified all those residents with therapeutic diets who could be at risk as a result of this deficient practice by reviewing all the therapeutic diet orders and monitoring the meal services to ensure the accuracy of meal service.

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**Direct Services – C0279**  
**Criteria #3**  
**What measures will be put into place or what systemic changes will be made to ensure the deficient practice will not recur**

- For example, the facility might provide in-service training to the dietary staff who prepare and serve the food. This may involve clarification on how to use the recipes and the menu spread sheets; education on therapeutic diets and disease process.
- The facility may consider other systemic changes to ensure that the problem does not occur again. Most dietary issues require staff retraining, reallocation of kitchen tasks, review of the food inventory and purchasing, updating food preparation forms, and to improve communication issues between nursing and the kitchen staff.
- The selection and identification of the appropriate steps to the systemic change would depend on the underlying issue that caused the deficiency. The facility must implement periodic audits to ensure that the correction is achieved and sustained. The facility may decide to audit 3 meals per week for 3 months; or 6 meals per week for one month, until mistakes are minimized or non existing. This would have to be clearly indicated on the POC document. The audits must be documented and made available to the surveyors during the revisit.

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**Direct Services – C0279** Additional examples of measures used to implement systemic changes can also include:

- Information sharing with other facilities
- Use of consultants or contractors for repairs or new installations
- Development of interdisciplinary or multi-level quality improvement teams
- Resident council input
- Ombudsman input
- Physical Environment enhancements
- Expansion of staff number/qualifications
- Staff reassignment
- Job description reviews
- Addition of new tasks
- Creating new tools and forms, updating the existing tools
- In-service training
- Off-site training

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**Direct Services – C0279**

**Criteria #4**

How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan should include which staff will be responsible for monitoring the ongoing effectiveness of the systemic changes to ensure correction is sustained.

- In this section the facility must address that the results of the routine checks/audits were to be submitted to the CQI team for further assessment, effectiveness, and analysis of the PoC. The surveyors will ask for the CQI team meeting notes at the time of the revisit survey to ensure that the facility established an effective plan that worked. Again, good documentation is necessary.

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**Direct Services – C0279**

**Criteria #5**

For each deficiency, include dates when corrective action will be completed. These dates must not exceed 60 days for the opportunity to correct.

- Completion date must be a specific date, although not all tags need to have the same correction date.
- Completion date must be within 60 days of the last day of the survey. It's best not to wait 59 days to correct the problem so we have time to resurvey your facility and put the facility back in compliance before the 60 days.
- The opportunity to correct means that enforcement will not begin unless the corrective action is not completed before the 61<sup>st</sup> day.

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**Example #2:**  
**Fire Life Safety/K20**  
**FIRE/SMOKE RESISTANCE OF VERTICAL CONSTRUCTIONS**

- REGULATION: Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6, 19.3.1.1

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**Example: K20**  
**FIRE/SMOKE RESISTANCE OF VERTICAL CONSTRUCTIONS**

- CITATION: Based on observation, the facility failed to ensure 1-hour rating of the vertical constructions. Findings include:
- On 12/8/08 at 7:40 a.m. it was observed that the large pile of bagged soiled laundry was blocking the basement linen chute door in closed position. When the bagged laundry was removed and the chute door was exercised, the door would not close and latch. The self closure device on the door did not operate properly.

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**Example: K20**  
**Criteria #1**

- The chute door was repaired.
- The chute door now latches securely.

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**Example: K20**  
**Criteria #2**

- This was the only chute door in the facility, and it now latches securely.

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**Example: K20**  
**Criteria #3**

- The maintenance director will examine the chute door one time weekly for 3 months and thereafter as determined necessary on Preventative Maintenance Rounds

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**Example: K20**  
**Criteria #4**

- As a result of the audits, any identified problems will be corrected immediately and the concerns and results with the process will be reported to the CQI Committee quarterly. Maintenance Department will maintain compliance.

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**Example: K20  
Criteria #5**

- Plan of Correction date is 01/30/2009.
- (This becomes the PoC date).

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**What Happens after the PoC  
is Completed**

- PoC is submitted to our office and reviewed in our office either by a surveyor or a supervisor
- You may be asked to provide additional information or clarification for its acceptance
- If the PoC is acceptable, you will receive a letter stating the same.
- You are then considered to be back in substantial compliance as of the PoC completion date.

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**Where Can the Facility Receive  
Help Completing the PoC?**

- Quality Assurance Division (Certification and Licensure Bureaus)
- 406-444-2099
- Quality Assurance Division Web Site
- <http://www.dphhs.mt.gov/gad/index.shtml>
- Do not hesitate to call if you have questions

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## REMEMBER!



- This is an opportunity to review your facility and make changes to improve the quality of your facility and the quality of care delivered
- The PoC is not punitive
- The Quality Assurance Division staff is here to help
- Call us! 444-2099

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## Thank You!



Didem Park, RD, LN, LSCS  
Health Care Facility Surveyor  
Registered Dietitian, Licensed Nutritionist, and Life  
Safety Code Specialist

Becky Fleming-Siebenaler  
Licensure Bureau Chief

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