

STATE OF COLORADO

John W. Hickenlooper, Governor
Christopher E. Urbina, MD, MPH
Executive Director and Chief Medical Officer

Dedicated to protecting and improving the health and environment of the people of Colorado

4300 Cherry Creek Dr. S. Laboratory Services Division
Denver, Colorado 80246-1530 8100 Lowry Blvd.
Phone (303) 692-2000 Denver, Colorado 80230-6928
Located in Glendale, Colorado (303) 692-3090

<http://www.cdphe.state.co.us>



Colorado Department
of Public Health
and Environment

Primary and Community Based Providers

INSTRUCTIONS FOR COMPLETION OF AN ACCEPTABLE PLAN OF CORRECTION (PoC)

The enclosed form entitled “Statement of Deficiencies” lists the deficiencies identified by the surveyor(s) during the recent visit to your agency/facility. A plan of correction for each deficiency must be input into the Provider’s Plan of Correction column. PoCs must be specific and realistic, stating exactly how the deficiency was or will be corrected.

PLEASE NOTE THAT THE PLAN OF CORRECTION WILL NOT BE ACCEPTED IF ANY OF THE FIVE REQUIRED ITEMS LISTED BELOW ARE MISSING:

#1 - *The plan for correcting the specific deficiency. The plan should address the internal processes that led to the deficient practice cited.*

Example: The provider was cited for failure to provide information to the patient/client regarding advanced directives at the time of admission. The plan may include: “The agency/facility identified not all staff were knowledgeable regarding the requirement and instructional information and forms were not readily available to all staff. Additionally, it was discovered the quality assurance process did not adequately identify problems in this area. Correction will be completed through staff education and an improved system of distribution of required documents. All admission records will be reviewed to ensure that advance directives have been addressed. All current and future patients/clients will be provided information regarding advanced directives.”

#2 - *The procedure for implementing the acceptable plan of correction for the specific deficiencies cited.*

Example: Continued from above: “A) All charts will be reviewed in order to identify those patients requiring advance directive information. B) A mandatory staff in-service will be conducted to educate staff in regard to advance directives and will include the available options and instructions on how to implement advance directives if the client/patient desires. C) Advance directive information will be included with the admission paperwork packet. D) The patient/client will sign a form showing advanced directives have been discussed and the choice the patient/client has made regarding advanced directives. E) All current patients, who had not received information regarding advanced directives, will be contacted and provided with the appropriate information. F) Advanced directive training will be incorporated into the orientation process for new staff.”

#3 - *The monitoring procedure to ensure that the plan of correction is effective and the specific deficiency cited remains corrected and/or in compliance with the regulatory requirements.*

Example: “Following the in-service, all staff will complete a written test to ensure that the information presented was comprehended and retained. Staff will be required to have a passing score of 95%.”

For those staff achieving scores under 95%, the administrator will conduct one-on-one training until the staff member is competent. Evidence of training and testing will be retained in the employee personnel file. Each staff member will be supervised during an admission encounter to ensure that staff is presenting the information adequately and effectively. (New staff will be observed as part of the orientation process.) All new admission paperwork will be reviewed for the next three months to ensure that all patients/clients are receiving advanced directive information. Thereafter, the records will be reviewed quarterly for compliance. Documentation will be maintained to show the effectiveness of the plan. If the plan has not been substantially effective, the Quality Assurance Committee will recommend increased steps to ensure compliance.

The Professional Advisory Committee will review the initial findings of the Quality Assurance Committee within 30 days and then semi-annually. A report detailing the Professional Advisory Committee's findings/recommendations will be forwarded to the Governing Body."

#4 - The title of the person responsible for implementing the acceptable plan of correction.

Example: "The administrator is responsible for the overall implementation of the plan of correction for this deficiency. The supervisor of services is responsible to ensure the staff is trained, supervised and quality assurance reviews are conducted. The coordinator will oversee that documentation is maintained and reports are submitted timely."

#5 – Completion Date.

Provide the date when corrective action will be completed for the deficiency cited. When ongoing monitoring or other activity is part of the plan, the completion date would be when the cycle is completed and the corrective action has been applied to all active patients having the potential to be effected by the deficient practice. The date should not be later than 30 days following the survey exit date. If more time is necessary, contact the Program Manager or the surveyor(s) that conducted your survey, at 303-692-2800.

Additional Information:

- Upon approval of your Plan of Correction, you may receive an on-site visit or may be asked to send documentation that you have implemented your plan. Please ensure that, as the plan is implemented, the agency/facility maintains documentation that evidences your plan was implemented and regulatory compliance has been achieved.
- Please be aware the Deficiency List is a public document that is released to the public within 90 days of the survey exit without attachments. If you include attachments, please ensure that the content of all attachments are fully explained within the context of your plan (not available on electronic PoC). Attachments are not required, as part of the PoC and approval of the PoC does not impart approval of any attachments received.
- Newly implemented policies, procedures, quality assurance documentation, forms and other materials will be reviewed at the time of the revisit or as requested by the surveyor(s).

THE DEFICIENCY LIST WITH THE PLAN OF CORRECTION MUST BE SIGNED AND DATED IN THE SPACE PROVIDED ON THE FIRST PAGE BY THE AGENCY/FACILITY ADMINISTRATOR OR LAWFUL REPRESENTATIVE OF THE PROVIDER. All Plans of Correction must be submitted electronically (internet submission), the original signed first page must be mailed, faxed or hand carried to the Division. Until this signed first page is received, your plan will not be deemed an acceptable Plan of Correction. For further questions/concerns call: 303-692-2800