

**OHIO DEPARTMENT OF HEALTH  
DIVISION OF QUALITY ASSURANCE  
GUIDELINES FOR WRITING AN ACCEPTABLE PLAN OF CORRECTION**

**NOVEMBER 2013**

All Medicaid and/or Medicare providers are required to submit an acceptable plan of correction for deficiencies cited after a survey. The survey agency may only accept plans of correction that meet the criteria outlined in Section 7000 of the State Operations Manual and section 5165.69 of the Revised Code. In order for your plan of correction to be acceptable, the response for each deficiency must contain the following:

- It must contain elements detailing how the facility will correct the deficiency as it relates to the individual(s) found to have been affected by the deficient practice (being sure to reference each resident using the resident identifier listed as an example in the deficiency) ;
- It must indicate how the facility will act to protect residents in similar situations (how will you identify other residents who may be potentially affected by the same deficient practice, and what action you will take to protect them?);
- It must include the measures the facility will take or systems it will alter to ensure that the problem does not recur (how will you correct the deficiency?);
  1. When staff training is the resolution, the specifics of training should be documented. Who will be trained? When? What? and, By whom?
  2. If increased staff is the corrective action taken, specify the change or increase in numbers, hours, and staff type.
  3. When the plan of correction refers to the development of new policies and procedures, a copy of the new policy/procedure should be included including the implementation date.
  4. You may wish to consider changes in the following systems or areas in addressing the deficiency: in-service training, off-site training, use of consultants, inter-disciplinary multilevel quality improvement teams, resident council input, ombudsman input, additional staff, oversight by the director of nursing or other personnel, and customer surveys or other quality audits.
- It must describe in detail the ongoing monitoring and improvement process to be used by the facility that is focused on preventing any recurrence of the causes of the findings and assuring that solutions are permanent (how will you make sure that the deficiency does not recur; what quality assurance program will be put into place?);
- It must indicate the date by which the deficiency will be corrected. CMS and the State expect that the deficiency will be addressed promptly. The completion date cannot precede the exit date and cannot be later than 50 days after the last day of the survey. (NOTE: The State may impose a compliance date (Opportunity to Correct) of less than the time you project.) There can be only one date of correction for each deficiency tag.
- If the plan concerns a finding assigned a severity level indicating that a resident was harmed or immediate jeopardy exists, all of the following must also be included:
  1. A detailed analysis of the facts and circumstances of the finding including identification of its cause.
  2. A detailed explanation of how the corrective actions described in the plan relate to the identified cause of the finding.
  3. A detailed explanation of the relationship between the ongoing monitoring and improvement process and the identified cause of the finding.

If a submitted plan of correction does not address all of these points, it will not be acceptable. If an acceptable plan of correction is not submitted, the State agency (SA) may propose remedies to the regional office (RO) and/or State Medicaid Agency (SMA) to be imposed immediately.

Avoid vague statements. Plans of correction should reflect the specific and realistic action taken.

The plans of correction must be signed and dated by the Administrator or other authorized facility representative.

It is not acceptable, under any circumstance, for a provider to allude in any way to another provider, to malign an individual on a publicly discloseable CMS-2567, or to breach a resident's right to privacy by identifying them on the CMS-2567.


If a facility wishes to contest a deficiency and chooses to delay offering a plan of correction for that deficiency, the facility does so at its own risk. Failure to submit an acceptable plan of correction will not delay the enforcement process. If plans of correction submitted after informal dispute resolution (IDR) are unacceptable, remedies may be imposed immediately.

If a waiver is requested, the request must address the impact on the health and safety of the residents, and the impact of the unreasonable hardship on the facility. The reason why the facility thinks it qualifies for a waiver must be clearly and completely stated.

The system by which the seriousness of deficiencies is rated (i.e., harm and scope factors) is a national system that is used by both the States and CMS. Enforcement responses are determined by using that system. The grid shown below summarizes the assignment of severity and scope and the enforcement actions likely to be imposed for any deficiency found in your facility. More detailed information may be found in Section 7400 of the State Operations Manual.

	ISOLATED	PATTERN	WIDESPREAD
(Harm 4)  IMMEDIATE JEOPARDY TO RESIDENT HEALTH OR SAFETY	<b>J</b> <b>Plan of Correction</b>  Required: Category 3 Temporary Management and/or Termination <i>Optional: Civil Money Penalties (\$3,050-\$10,000/day)</i>  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training  Optional: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)	<b>K</b> <b>Plan of Correction</b>  Required: Category 3 Temporary Management and/or Termination <i>Optional: Civil Money Penalties (\$3,050-\$10,000/day)</i>  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training  Optional: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)	<b>L</b> <b>Plan of Correction</b>  Required: Category 3 Temporary Management and/or Termination <i>Optional: Civil Money Penalties (\$3,050-\$10,000/day)</i>  Optional: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training
(Harm 3)  ACTUAL HARM THAT IS NOT IMMEDIATE JEOPARDY	<b>G</b> <b>Plan of Correction</b>  *Required: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training	<b>H</b> <b>Plan of Correction</b>  *Required: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training	<b>I</b> <b>Plan of Correction</b>  Required: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training  Optional: Temporary Management
(Harm 2)  NO ACTUAL HARM WITH POTENTIAL FOR MORE THAN MINIMAL HARM THAT IS NOT IMMEDIATE JEOPARDY	<b>D</b> <b>Plan of Correction</b>  *Required: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training  Optional: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)	<b>E</b> <b>Plan of Correction</b>  *Required: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training  Optional: Category 1 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)	<b>F</b> <b>Plan of Correction</b>  *Required: Category 2 Denial of Payment for New Admissions Denial of Payment for all individuals (imposed by CMS) and/or Civil Money Penalties (\$50-\$3000/day)  Optional: Category 1 Directed Plan of Correction State Monitor and/or Directed In-Service Training
(Harm 1)  NO ACTUAL HARM WITH POTENTIAL FOR MINIMAL HARM	<b>A</b> <b>No Remedies</b>  Commitment to correct by facility  Separate documentation form to be issued	<b>B</b> <b>Plan of Correction</b>  No Remedies	<b>C</b> <b>Plan of Correction</b>  No Remedies

\*Required only when decision is made to impose alternative remedies instead of or in addition to termination.

 Substandard Quality of care (SQC): Any deficiency in s. 483.13 Resident Behavior and Facility Practices (F221-F225), S. 483.15 Quality of Life (F240-F258), or s. 483.25 Quality of Care (F309-F333), that constitutes immediate jeopardy to resident health or safety; or pattern of or widespread actual harm that is not immediate jeopardy; or a widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

 Substantial Compliance

Denial of Payment for New Admissions must be imposed when a facility is not in substantial compliance within 3 months after being found out of compliance.

Denial of Payment and State Monitoring must be imposed when a facility has been found to have provided Substandard Quality of Care on 3 consecutive standard surveys. (Since October 1990-use the definitions of substandard quality of care that were in effect prior to June 30, 1995 for the time period 10/1/90-6/30/95)

SQC also results in the loss of the facility's nurse aide training and competency evaluation programs for 2 years, the State notifying the State board for licensing nursing home administrators, and the State notifying the attending physicians of the facility's residents.