

Guidelines for Submitting an Acceptable Plan of Correction



Except in cases of past noncompliance, facilities having deficiencies (other than those at scope and severity of an A) must submit an acceptable plan of correction before substantial compliance can be determined. The plan of correction must be submitted to the State Survey Agency within ten (10) calendar days from the date the facility receives the CMS 2567 (the statement of deficiencies). An acceptable plan of correction must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice. Include what corrective action was implemented for those residents; the date of implementation; and, who was responsible for making the corrections (title of position);
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice. Include how the facility determined no other residents were affected by the deficient practice; the date this was determined; and, by whom;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur. Detail the actions taken (policy review/revisions and/or staff in-services, etc). Provide the dates of action and the titles of staff completing the action;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. Include the title of who will monitor the corrective action; how the actions will be monitored; when the monitoring will occur (frequency); and, how the results will be evaluated and by whom; and,
- Include dates when corrective action will be completed. The date of compliance for the deficient practice cannot be a date on or prior to the survey exit date and cannot be a date when action is being taken by the facility. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility in writing. If the plan of correction is acceptable, the State will notify the facility by phone, e-mail, etc. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely.

The plan of correction will serve as the facility's allegation of compliance, and without it, the Centers for Medicare and Medicaid and/or the State Survey Agency have no basis on which to verify the facility's compliance.