

Questions?

Please review the cited regulation first. If you need clarification, have questions about the deficiencies or if you disagree with any deficiency on your Form 2567, you must contact the surveyor who conducted the onsite survey.

Checklist

Before submitting your plan of correction, please use the checklist below to prevent delays.

- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- Has the administrator or another authorized official signed and dated the first page of the Statement of Deficiencies?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated? If you included exhibits, have they been identified?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines. Note: Failure to submit an acceptable plan of correction may result in enforcement action against the facility's Certification in Medicare/Medicaid, State License or both.



Washington State Department of Health
Office of Investigation and Inspection
PO Box 47874, Olympia, WA
98504-7874
FAX (360) 586-0123

Statement of Deficiencies

And

Plan of Correction

**Instructions Regarding the
Submission of a
Plan of Correction (POC)**

For

Facilities Surveys and Investigations

Introduction

Surveyors from the Washington State Department of Health (DOH) recently surveyed or completed a resurvey, revisit or complaint investigation of your agency/facility. A list of deficiencies found by the surveyors is on the Statement of Deficiencies (SOD) form (2567) provided separately.

We require that you submit a plan of correction for each deficiency listed on the 2567 form. Your plan of correction must be submitted to DOH **within ten days** of receipt of the list of deficiencies.

The Statement of Deficiencies (SOD):

- SOD is the basic document available to the public about your agency/facility's deficiencies and what is being done to remedy them.
- It provides an opportunity for you to furnish documentation that requirements have been met.

Submitting Your Plan of Correction

Providers are required to respond to the SOD by submitting a plan of correction (POC). Be sure to refer to the deficiency number or the state regulation number identifying each deficiency being corrected. If you include exhibits, identify them (e.g., Exhibit A) and refer to them as such in your plan of correction. You may use a separate form to document your POC, if you so choose.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency. The plan should address the processes that led to the deficiency cited;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;

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

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Note:

- A facility cannot dispute SOD finding(s) in the POC; it will be rejected.
- Stating in the POC "Instruction or in-service of staff" is not a sufficient plan of correction. This is a good first step toward correction, but additional steps must be taken to ensure the deficiency is corrected and will not reoccur.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Your POC must have a correction date as specified on the first page of the 2567, as applicable.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Signature and Date

It is only necessary to sign and date the first page of the statement of deficiency form. This must include the name, title of the administrator or other authorized official, and the date the document is signed.