|  |  |
| --- | --- |
| **Oklahoma State Department of Health, Protective Health Services, Long Term Care Service** | **INSTRUCTION SHEET FOR THE**  **OPTIONAL PLAN OF CORRECTION TEMPLATE** |

**General Information**

The Oklahoma State Department of Health (OSDH) is required to send an assisted living center a STATE FORM, or statement of deficiencies, after a survey or investigation that finds violations of Oklahoma law or rules.

Within 10 business days after receipt of a STATE FORM, the assisted living center is required to submit to OSDH a plan of correction.

An assisted living center may use the Optional Plan of Correction Template in preparing its corrective action plan for each deficiency cited on the STATE FORM. Use of the POC Template is optional. OSDH developed the POC Template with input from representatives of assisted living centers in an effort to help centers submit complete and acceptable plans of correction. Additionally, the POC Template is intended to help the center better prepare to demonstrate that a deficiency has been corrected on or before the first survey revisit by OSDH.

This instruction sheet is intended to help those center operators who want more detail and step-by-step advice for completing the POC Template. Some users find that the Template is self-explanatory, because the POC Template itself includes instructions in each entry box.

**Step-by-Step Instructions**

1. On the POC Template, use the cursor or the tab button to move between gray boxes to enter information.
2. Complete one POC Template for each ID Prefix Tag. At the end of the process, you should have the same number of completed Templates as there are deficiencies cited on the STATE FORM.
3. In the right half of the page on the STATE FORM, where plans of correction have historically been entered, you may enter:
   * “Refer to POC Template, Survey Event ID# (number), ID Prefix Tag (Number).”
4. If there are multiple deficiencies, on the first page of the STATE FORM on the right half of the page you may enter:
   * “Refer to POC Template, Survey Event ID# (number), ID Prefix Tag (Number).”
   * “Refer to POC Template, Survey Event ID# (number), ID Prefix Tag (Number).”
   * “Refer to POC Template, Survey Event ID# (number), ID Prefix Tag (Number).”
   * and additional lines as needed to cover each of the deficiencies.
5. Type in the Current Date.
6. Type in the Facility Name.
7. Type in the License Number, found in the upper right corner of the OSDH cover letter which transmitted the STATE FORM.
8. Type in the Event ID number, also found in the upper right corner of the OSDH cover letter which transmitted the STATE FORM.
9. Type in the Date Survey Completed, which can be found in the upper right of the STATE FORM, in box X3, or on the OSDH cover letter in the first line in the body of the letter.
10. Note: At this point, before entering the ID Prefix Tag, you may want to save a copy or multiple copies of the POC Template with the information entered in steps 6 through 10 above. That way you will not have to reenter the facility and survey identifying information for each POC Template you submit.
11. Type in the ID Prefix Tag, obtained from the left column of the STATE FORM, adjacent to the statement of deficiency. For survey events with multiple deficiencies, prepare one POC Template for each ID Prefix Tag.
12. Type in the “Based On” statement. The box is expandable and you may type in the necessary text. For each deficiency on the STATE FORM, the “Based on” statement immediately follows the phrase “This rule not met as evidenced by.” Here are some examples:
    * Based on: ***observation, interview and record review, it was determined the facility failed to maintain kitchen sanitation as required.***
    * Based on: ***observation, interview and record review, it was determined the center failed to ensure a licensed dietician or qualified nutritionist developed and implemented a diet plan that addressed physician ordered diets to include diabetic healthy heart and 1800 calorie American Diabetic Association (ADA) diets for 3 (#2, 5 and #10) of 3 residents who had special physician ordered diets.***

It is not necessary to enter the full text of the “Findings” statements. Entering just the “Based on” statement helps you and the OSDH to quickly know the underlying problem the plan of correction is addressing.

1. In the “Assisted Living Center’s Comments” box you may enter a “disclosure statement” or other introductory statement that the center by internal practice would normally include on the STATE FORM before the presentation of the plan of correction.
2. Respond to each of the five plan elements on the left of the POC Template, by moving the cursor to the gray boxes in the right column and typing in your response. The POC Template breaks the plan into the elements or components required by rule and prompts you for relevant responses. It is not necessary to type the entire plan into the first box.
   * For the first element of the plan of correction, focus your response on **residents that were identified as being affected by the practice** and indicate how you will do corrective action for those residents.
   * For the second element, address how you will identify **other residents with the potential to be affected** – for example by audit or sample of records.
   * For the third element, address **measures and systems changes to ensure that deficient practices do not recur** – for example, policies, procedures, checklists, templates, job aids, periodic training, and reminders.
   * For the fourth element, focus on **monitoring and evaluation of the corrections, measures, and systems changes** outlined in the first three elements. How will the center periodically check to make sure the correction continues to work?

**Your monitoring records referenced in the fourth element are very important for establishing the actual date your assisted living center corrected deficiencies and achieved compliance under the Continuum of Care and Assisted Living Act. If evidence of monitoring is available when the OSDH conducts a revisit, then the earliest date of compliance shown in your evidence can be used by the OSDH to establish the effective date of correction and compliance. However, if there is no evidence of quality assurance being implemented, the correction date can be no earlier than the date of the OSDH revisit. If the required evidence is not available, the revisit may result in a repeated deficiency statement and another plan of correction may be required.**

1. Enter the date when corrective action will be completed for the deficiency. The corrective action completion date shall not exceed 60 calendar days from your receipt of the STATE FORM.
2. You may attach additional documentation to the POC Template to demonstrate the plan of correction. If the correction text does reference attached documentation, be sure to indicate the specific page number(s) the OSDH should review in connection with that section of the plan.
3. According to OAC 310:663-25-4(F), the administrator must sign the POC.
4. If the Plan of Correction Template is being submitted to amend or revise a previously submitted POC Template, indicate the date of this amendment and indicate the name of the person responsible for submitting it.
5. When you have completed the POC Template for a deficiency, save the POC Template with a name that helps to identify the survey event and tag. A suggested format is: (Event ID)\_(Tag ID).docx
   * For example: 9AVC99\_C161.docx
6. Email the completed POC Template(s) and the STATE FORM with the statements referenced in items 4 and 5 above, to: [LTC@health.ok.gov](mailto:LTC@health.ok.gov)
7. OSDH will review and send the POC Template(s) back to you with “acceptable” or “unacceptable” findings. If the plan is found to be “unacceptable” the OSDH will indicate the reasons for that finding.

**Conclusion**

OSDH will appreciate your feedback on the usefulness of the POC Template and the instructions. OSDH plans to periodically revise these documents based on lessons learned as they are used. Continuous improvement of these documents may help increase the proportion of corrective action plans that are approved by OSDH on the first submittal, and reduce the number of survey revisits required by OSDH. If you have comments on whether or not the POC Template and instructions are helpful to you, or how they can be improved, please feel free to send an email to LTC@health.ok.gov