Essential Elements of an Acceptable Plan of Correction

NYS Office for People with Developmental Disabilities (OPWDD)

Division of Quality Improvement

IMPORTANCE OF AN ACCEPTABLE PLAN OF CORRECTIVE ACTION

Continued approval of an operating certificate is contingent upon the agencies demonstrated ability and performance in providing services in accordance with the rules and regulations applicable to the specific site or service.

The Statement of Deficiencies (SOD) identifies the regulatory requirements which are found not to be met for a particular site or service. The SOD may also provide one or more specific examples of non-compliance for each requirement. These examples are used to reach a conclusion that a particular requirement is not met.

The Plan of Correction Action (POCA) is an essential component of the operating certificate approval/renewal process because it is a statement of the provider's planned action to correct every specific deficiency, the expected completion date of that correction and the action(s) the provider is taking to ensure compliance with the requirements in the future.

CRITERIA FOR AN ACCEPTABLE PLAN OF CORRECTIVE ACTION

- A POCA must be a specific plan which describes how the regulatory deficiency will be corrected, including the actions which will be taken to bring about correction.
- A POCA must address correction of the specific example(s) cited. In those instances where the citation resulted from a previously missed time frame, such as “prior to admission,” it is not possible to go back in time to fully comply with the regulation for the specific example(s) cited. However, the plan must include an immediate correction of the example(s) even though the required time frame has been missed.
- A POCA must address the provider’s identification and correction of deficient circumstances which were not included as examples on the SOD. The specific examples cited may not represent all of the instances within the site/service where the practice is deficient. It is, therefore, the provider’s responsibility to identify and correct the deficiency throughout the site/service.
- A POCA must aggressively prevent the deficiency from recurring. The plan must be future-oriented and include specific actions which will be taken to ensure that the deficiency will not recur. If monitoring systems are to be implemented as part of the future-oriented correction, the POCA must clearly specify the exact type of monitoring and how it will be carried out by the responsible parties.
- A POCA must clearly delineate the frequency each element of the plan is to occur. Such terms as “frequently,” “periodically,” “as needed” and “ongoing” lack the necessary specificity to be acceptable.
- A POCA must identify by title the individual(s) responsible for the implementation and monitoring of the plan. The staff identified must be part of the facility and/or agency. The facility may not shift responsibility for correction to someone they do not have authority over.
- A POCA must provide date(s) by which all components of the plan will be implemented and the corrections completed. The length of time to correct the deficiency specified by the POCA must be as short a time as possible.
- A POCA should not duplicate or closely parallel a previously submitted failed plan. The exact or similar deficient practice would not now be cited if the POCA had worked in the earlier instance.

EXAMPLE

The following is an example of a deficiency cited in a Small IRA and an acceptable plan of corrective action:

ID Prefix TAG	Summary Statement of Deficiencies	ID Prefix	Provider's Plan of Correction	Completion Date
5-6	633.4(a)(4)(ix) The agency shall ensure that there are adequate numbers of staff scheduled, present and on-duty to meet the observed needs of individuals. This requirement was not met. Per review of Individual A's Behavior Support Plan dated 1/27/16 and per discussion with the Residence Manager the agency failed to ensure that there are adequate numbers of staff scheduled to meet the safeguarding needs of everyone in the home as evidenced by the following: Per review of Individual A's BSP dated 1/27/16 it states her supervision in common areas of the home as "within eyesight within 10 feet." Per discussion with the Residence Manager the minimum staffing level in the home is one at all times. This number of staff does not allow staff to meet Individual A's needs as well as the needs of the other Individuals in the home.	5-6	<u>Immediate Correction:</u> The minimum staffing pattern was increased during awake hours to two staff. <u>Systemic Correction:</u> The Residential Manager will review staffing levels at all IRAs. If staffing levels need to be revised based on supervision or other needs of the individuals, Human Resources will be notified along with the Residential Director immediately. Staffing patterns will be adjusted that business day. <u>Monitoring Plan:</u> At monthly house meetings comprised of the Residential Director, Residential Manager, and Direct Support Professionals, the individual's needs in relation to staffing levels and staffing patterns will be reviewed. If changes are needed, the schedule will be adjusted that business day to ensure that staffing levels are appropriate for the health and safety of all individuals. This review will be documented in the meeting minutes.	Residential Director 5/6/16 Residential Director 6/15/16 Residential Director 7/1/16 and ongoing monthly

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