Guidance for Writing the Plan of Correction (PoC)

What action will be taken to correct the deficiency cited?

- The plan should address the processes that lead to the deficiency cited.
- What next steps were implemented, for the specific deficiency cited, inclusive of staff education/orientation as appropriate; policy review/revisions (reviewed with staff); chart audits; 1:1 education. Education must include who provided the training, a description of the audience, a summary of the content and date training is completed).
- What measures or process changes will be implemented to prevent a recurrence of the deficient practice?
- What steps were taken to correct the personnel records, clinical record(s), contracts found to be out of compliance during the site visit?

Who is responsible for implementing the corrective action?

- The **individual** responsible for ensuring that the agency follows its plan of correction.
- Title only (i.e., Administrator, Director of Nursing).

When will the corrective action be implemented?

- A completion date for correction of each deficiency cited. (may be sixty calendar days or less unless condition level deficiency identified, and/or depending on the scope and severity of finding and the impact on patient care and safety).

What is the monitoring process we will put into place to ensure implementation and effectiveness of the corrective action plan?

An acceptable monitoring plan, which is implemented to ensure the effectiveness of the corrective action you have put into place, includes the following:

- The methodology the agency will use to determine compliance (example: sample at least 10% or 30 records/supervisory visits); The method the agency will use to measure compliance (i.e., chart review, observation, etc.).
- Specify who will conduct the audit, what will be measured, and the frequency and duration of monitoring.
- Establish the threshold for compliance (example, 90% or 100% depending on the scope and severity of the finding and the impact on patient care and safety).
    - Example: 10% or 30 clinical records reviewed monthly for 3 months or until 90% threshold met; once threshold is met, incorporate monitoring into quarterly clinical record review as a component of the agency QAPI program.
        - NOTE the threshold may be required to be 100% depending on the impact on patient care and safety).
- Note the detailed steps the agency will take to restore compliance, and the specific deficiency cited remains corrected and in compliance with regulatory requirements. If compliance is not sustained (for example, increasing the frequency of chart audits, or revising the corrective action plan to include further staff education, or progressive corrective action as applicable, etc.).
- Recipients of monitoring reports, as applicable (i.e. CEO, Executive Director, Administrator, Board, QAPI Committee, PAC Committee).

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***For a **Condition level deficiency**, the plan of correction needs to address all areas identified as deficient practice within the text of the condition level finding. A listing of the CHAP standard and CMS tag is necessary in the Condition level finding, with cross reference to the detailed POC for each related CHAP standard/CMS tag. The governing body's notification, involvement, who will conduct the audits, oversight of the plan of correction should be included. **Please see example for guidance below.**

What action will we take to correct the deficiency cited?
See corrective actions listed in APC.10/G574, APC.12/G590. APC.14/G614, APC.14/G616, APC.14/618, and APC.14/G622.

Who is responsible for implementing the corrective action?
The Director is responsible for the implementation of the corrective action plan.

When will the corrective action be implemented?
September 19, 2024

What is the monitoring process we will put into place to ensure implementation and effectiveness of this corrective action plan?
See monitoring plan listed in APC.10/G574, APC.12/G590, APC.14/G614, APC.14/G616, APC.14/G618, and APC.14/G622.

- All plans submitted must be free of identifying information to prevent bias during review by the CHAP Accreditation Team and Board of Review. Do not include agency name, name of Electronic Medical Record software, city, state, county, or individual's names.
- Please review your plan of correction prior to submission to ensure documentation of all the elements described.
- Please reach out to your assigned Director of Accreditation and/or Senior Accreditation Manager designee for any questions.
- **Refer to CHAP Resource** CHAP Education: Demystifying the Plan of Correction (chapling.org)