HELPFUL HINTS TO COMPLETE YOUR PLAN OF CORRECTION

DENTISTRY   DMEPOS   PHARMACY   SLEEP

The following is a guide to help you complete your Plan of Correction (POC). To complete the POC you will need to have your Summary of Findings (SOF) in view. **Your POC must address everything indicated as deficient on the SOF.**

General Instructions

You will have 30 days from the receipt of your SOF to submit your POC and required evidence back to ACHC.

1. The POC must be completed and submitted in Word format.
   a. Do not convert it to a pdf or any other format, or print it, write on it, scan it, and then email/fax it to ACHC.
2. The gray columns on the POC are for ACHC internal use only. Please do not document in or delete anything from these columns.
3. Do not rearrange or delete the standard numbers on the POC. They are in the same order as the standards on your SOF and must all be addressed.
4. You do not need to address anything listed as a Best Practice on your SOF, regardless of whether the standard also has a deficiency.
5. If the SOF indicates that a deficiency was corrected on-site, you still must insert a Process to Prevent Recurrence on the POC. You do not need to insert a plan of correction, date of compliance, or title.

This is the template for the POC. Below the heading of each column is a definition of information to be inserted on your POC template.

ACHC Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Comments (ACHC internal use only)
DO NOT change the order or delete any as they are in the order found on the SOF.	■ Insert a detailed description of your plan to become compliant. ■ Address everything mentioned deficient on the SOF. ■ Provide detail as the POC reviewer does not have intimate knowledge of company operations.	Insert the date you will comply with the standard. (30-45 days of the POC submission, 90 days if needed for purchases, installations, etc.)	Insert the title (not the name) of the person responsible for assuring completion of the corrective action.	■ Insert your plan to prevent falling out of compliance with this standard again. ■ This will be an action different from what was inserted in the Plan of Correction column	DO NOT type in or delete anything from this column	DO NOT type in or delete anything from this column

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EVIDENCE: Evidence is to be submitted along with the POC. You only need to submit evidence for standards on the SOF under the category that has the following label **** Evidence Required on POC ****. The POC will also indicate that evidence is required, you will see it stated under the standard number. No other evidence is required unless specifically requested in the SOF or by ACHC.

1. Evidence does not need to be in Word format, it can be a PDF, picture, scanned document, etc.
2. Label all evidence with the corresponding standard number.
3. Submit evidence documents individually, not as one long scanned document or multi-page packet. They can all be sent in the same email.
4. DO NOT send any PHI or confidential information. It will not be reviewed.

Tips and Reminders

1. Please do not change the title of your POC template. This is generated by our system and allows us to track it accordingly.
2. Standards may appear multiple times on the SOF, this is not an error.
   a. If they do, it is because there were different circumstances surrounding the deficiency
      i. For example, there may have been a deficiency with a policy and also a deficiency with an interview question
   b. Each time it is listed on the POC, you must address the deficiency as it relates to what is stated on the SOF
3. Best practice suggestions never need addressed on the POC.
4. The "Process to Prevent Recurrence" is an action. When explaining how you plan to prevent this deficiency from reoccurring, state the action you will take. For example:
   a. We will audit files...
   b. We will review policies...
   c. We will re-educate personnel annually about...
   d. We will routinely inspect...
5. Evidence is only required for standards on the SOF/POC that indicate evidence is required or when specifically requested in writing by ACHC.
6. Do not document in or delete anything from the gray area on the POC. This is for ACHC use only.
7. If you are asked to revise your POC, please do not delete any entries, insert the date of the new entry, and then complete your entry. This keeps the POC in its entirety on one document.
8. Please reach out to your Account Advisor for guidance
   a. If you do not know how to read your SOF or do not understand something on it
   b. If you have any questions about the completion of your POC or its due date
   c. If you are unsure about what to submit as evidence

We have provided the following examples to help you complete your POC.

EXAMPLE ONE

Deficiency Category - Quality & Supplier		Defi-cient
Standard	**Comments**	
DRX2-2C — Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Standards are distributed to each Medicare recipient of care/service provided.	The organization is providing the DMEPOS Supplier Standards; however, there is not a place on paperwork to acknowledge receipt. Corrective Action: Revise paperwork to document receipt of this information.	X

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DRX2-2C	The delivery ticket has been revised to document receipt of supplier standards. Staff were educated on the revision.	10/1/21	Branch Manager	Patient records will be audited quarterly to assure that receipt of supplier standards is documented.	DO NOT type in or delete anything from this column	DO NOT type in or delete anything from this column

EXAMPLE TWO

Deficiency Category - Quality & Supplier with ** Evidence Required on POC **		Defi-cient
Standard	**Comments**	
DRX6-1D — There is an annual Performance Improvement (PI) report written.	The organization has not completed a written annual PI summary for the following years: 2019 and 2020. Corrective Action: Ensure that the written PI summary is completed annually.	X

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DRX6-1D (**Evidence Required** to Show Compliance)	The summary for 2020 has been completed. The PI Coordinator has added the summary to the annual PI calendar.	10/21/21	PI Coordinator	Leadership meeting minutes now require documentation of review of the PI program, including review of the annual summary	DO NOT type in or delete anything from this column	DO NOT type in or delete anything from this column

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EXAMPLE THREE

Deficiency Category - Interviews/Observations		Defi-cient
Standard	**Comments**	
DRX1-7A The organization is in compliance with all applicable federal, state, and local laws and regulations.	The location did not have a copy of the Fair Labor Standard Act posted. Corrective Action: Corrected on site. Include process to prevent reoccurrence on POC.	X

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DRX1-7A				The annual safety inspection now checks for posting of labor law posters	DO NOT type in or delete anything from this column	DO NOT type in or delete anything from this column

EXAMPLE 4

Deficiency Category - Interviews/Observations		Defi-cient
Standard	**Comments**	
DRX7-5B Written policies and procedures are established and implemented that address the organization's fire safety and emergency power systems.	There is no evidence that emergency power sources have been tested annually or that a fire drill was completed annually with results communicated to personnel. Corrective Action: Implement a process to test emergency power sources (generators, exit lights, server battery backups, etc.) annually. Each year, conduct a fire drill, its evaluation, and communication of results to personnel. Document completion of both.	X

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DRX7-5B	■ We tested our backup power sources the day after the survey. ■ We have scheduled a fire drill for next month.	10/12/21	Office Manager	We instituted a safety checklist which includes backup power tests and fire drills and assigned the manager to complete it annually.	DO NOT type in or delete anything from this column	DO NOT type in or delete anything from this column