TIPS FOR WRITING A SOLID PLAN OF CORRECTION (CMS-2567)

If a long-term care facility were to be sued, one of the documents most likely to be scrutinized and used as supporting documentation in a lawsuit would be the CMS-2567 statement of deficiencies and Plan of Correction (POC). Administrators need to be aware that writing a POC is more than just a formality; it is a legal document that can be used in litigation.

Beyond that, it is a public document, available to consumers who quite likely will build their first impression of the facility by reading it before ever stepping foot on the facility’s ground. A poorly written POC can not only strengthen an attorney’s case against a facility, it can also cause consumers to look elsewhere for the services they desire.

Common mistakes in a poorly written POC include the following:

- Stating that an employee was “disciplined” which implies guilt.
- Excluding language that would support and/or defend the facility’s approach.
- Insufficient response to the basic federal requirement of a POC.

Contrarily, a well-written POC addresses these issues head-on, while supporting the hard work performed on a daily basis. The following items are a few tips for writing a strong Plan of Correction:

- Write a disclaimer on the front page of the CMS-2567 to remind readers that there are two sides to every story. Here is a sample disclaimer that is commonly used:

  This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law.

- Write a facility policy statement in reference to the cited deficiency, and thoroughly outline the corrective action. For example, in response to a surveyor’s observation that a resident was transferred from the wheelchair to the bed without a transfer belt (gait belt), one could say the following:
Describe how other residents potentially affected were identified. This is an example of the same alleged deficiency:

Because all residents receiving physical assistance with transfers are potentially affected by the cited deficiency, on (date), the director of nursing reviewed the CNA assignment sheets for those residents to ensure that gait belts were addressed. In addition, a supply of gait belts was made readily available for staff members that needed them. The nurse supervisors observed that all resident transfers involving staff assistance were conducted with the use of a gait belt. No other residents were affected.

Detail any specific measures or systematic changes implemented to prevent reoccurrence. This is an example of the same alleged deficiency:

To enhance currently compliant operations and under the direction of the director of nurses, on (date) all nursing staff will receive in-service training regarding state and federal requirements for minimizing accidents. The training will emphasize the importance of using gait belts as indicated on the resident’s care plan and assignment sheet.

Discuss quality-assurance monitoring plans. This is an example of the same alleged deficiency:

Effective (date), a quality-assurance program was implemented under the supervision of the director of nurses to monitor resident transfers requiring staff assistance. The director of nurses or designated quality-assurance representative will perform the following systematic changes: randomly checking, or weekly checking residents who require assistance with transfers to ensure gait belts are being utilized. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action.

The recommended frequency of quality-assurance monitoring depends upon the severity of the cited deficiency. The quality-assurance committee has the authority to discontinue these types of checks monitors once they are confident that the deficiency is resolved. However, it is wise to perform follow-up monitoring both three months and six months after discontinuing the original monitor.

These tips and sample Plan of Correction format can be used to respond to any deficiency.