

---

## **Plans of Correction/Credible Allegations of Compliance**

---

Plans of Correction (POC) and/or Credible Allegations of Compliance identify how the facility plans to correct or has corrected non-compliance as identified in the Statement of Deficiencies (SOD) on the CMS or State form 2567. General requirements and time lines are described below. Requirements and time lines related to a specific survey are included in the cover letter which accompanies the SOD that is sent to the provider.

### **What is the purpose of a Plan of Correction/Credible Allegation of Compliance?**

The Plan of Correction/Credible Allegation of Compliance, in combination with the Statement of Deficiencies, will become the survey report disclosed to the public. The SOD identifies areas of non-compliance cited during the survey process. The POC/Credible Allegation identifies how the facility plans to or has corrected the non-compliance.

### **What criteria are required for the development of a Plan of Correction/Credible Allegation of Compliance?**

An acceptable POC/Credible Allegation contains the following elements for each deficiency:

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. A completion date for correction of each deficiency cited must be included (42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted).

**However, if you are submitting a plan for Condition level findings, correction must already be achieved.** When a Condition level finding without an Immediate Jeopardy situation has been identified, the facility has the opportunity to make corrections for those deficiencies which led to the findings of non-compliance with the Condition(s). Such corrections must be achieved and compliance verified by the State Agency (SA) within 90 calendar days which is split into two 45 day time periods. The facility must make the necessary corrections and compliance must be verified by the SA within **45 calendar days** of the survey exit date. Therefore, any Condition level findings must indicate that the identified problems have been corrected. Hence, a POC/Credible Allegation indicating that the correction(s) will be made in the future would not be acceptable.

Once the SA receives the Credible Allegation and is invited back to the facility, an unannounced follow up survey could be made at the facility at any time. If the provider is unable to correct the non-compliance within the first 45 days, a second 45 day time period begins.

6. The administrator's signature and the date signed on page 1 of the Form CMS-2567.

### **Is there a specific time line to submit a Plan of Correction/Credible Allegation of Compliance?**

Yes. Timeframes vary based on the level of citation as follows:

1. If Immediate Jeopardy **was** identified and **not** abated at the time of survey, the SA is required to mail the provider a copy of the SOD, CMS 2567, within **2 working days** after the survey. The provider has one opportunity to make corrections and thus avoid termination of the facility's provider agreement and approval

to participate in the Medicaid Program. The facility may be given up to a maximum of 23 days to correct based on the SA's recommendation and CMS's concurrence. Correction of those deficiencies which led to the Immediate Jeopardy situation must be achieved and a follow-up survey must be conducted to verify compliance prior to the date determined by the SA (a maximum of 23 days). Therefore, to allow time for a follow up survey, to verify corrections prior to that date, the POC/Credible Allegation must be received by the SA **approximately 8 days prior to the date determined by the SA.**

2. The POC/Credible is submitted approximately 23 days following a survey for all Condition and Standard level findings. If Immediate Jeopardy **was** identified and abated at the time of the survey, a Condition Level finding still exists.

When a Condition or Standard level deficiency is cited the SA is required to mail the provider a copy of the SOD, CMS 2567, within **10 working days** after the survey.

The facility administrator is responsible to submit a plan of action to correct the deficiency(ies) and the expected date of completion is within **10 calendar days** from the date the SOD is received.

### **Are Plans of Correction/Credible Allegations of Compliance rejected?**

Yes, occasionally, if the SA finds a POC/Credible Allegation unacceptable they will seek an acceptable one from the facility. The facility administrator must sign changes to a POC/Credible Allegation.

When the adjustments required to the POC/Credible Allegation are minor in nature (e.g., date of completion, entity responsible for monitoring), the SA may contact the provider by telephone, make the necessary adjustments on the form, and submit the changes. The SA does not amend a POC/Credible Allegation without the facility's concurrence. In these situations, a copy of the revised POC/Credible is sent to the provider.