

ePOC

Bureau of Facility Standards

February 18, 2015

What are we thinking now?



POC Process

- Traditional
- ePOC

Accessing ePOC

- **Individual Access** Requesting access to CMS systems requires two steps to obtain two separate login IDs.
- **Step 1:**
 - Use the [CMSNet Online Registration](#) application to request a CMSNet User ID. The CMSNet ID is needed to access secure CMS sites (e.g., submissions pages/reports) unless an otherwise secure connection has been established.
 - [CMSNet Online Registration Instructions](#) [PDF 444 KB]
- **Step 2:**
 - Use the QIES online User Registration tool to obtain a QIES Submission ID. Once you have registered for a CMSNet User ID, you will receive an email from MDCN.mco@palmettogba.com containing your login information. Using this information you will connect through the 'CMS Secure Access Service'.
 - Once securely connected, select the 'CMS QIES Systems for Providers' link to access the QIES online 'User Registration' tool. New users must utilize the online 'User Registration' tool to obtain a QIES Submission login ID (the only exception is Multiple Facility [aka Corporate] accounts).
 - The [Steps to Access ePOC Application](#) document contains detailed information on accessing the ePOC and ASPEN Web applications.
- **Please NOTE:** CMS allows a total of four ePOC user accounts
- **Existing MDS Account:** If you already have an MDS account for your facility and would like to add ePOC access, you may use Access Update to do so. Refer to the [Steps to Access ePOC Application](#) document for further instructions.

QTSO.com CMSNet

- Information page:

<https://www.qtso.com/cmsnet.html>

- CMSNet Help Desk:

888-238-2122

- CMSNet eMail:

mdcn.mco@palmettogba.com

Start Up

- Once log-on credentials have been obtained you must contact the State Agency
- State Agency will then “activate” ePOC for that facility
- ePOC survey history begins with the first survey after initial activation

ePOC Sign-In

CMS QIES National System Login
CENTERS for MEDICARE & MEDICAID SERVICES

Welcome to EPOC

Please enter your User ID and Password

User ID:

Password:

Login

[Unable to login?](#)
[Click here to reset your User ID/Password.](#)

Select Application

The screenshot displays a web application interface. At the top left, there is a logo for 'ASPEN WEB' featuring a yellow leaf icon. At the top right, the 'CMS' logo is visible. The main content area is titled 'Select Application' and contains a single button labeled 'ePOC'. To the right of this button, the text 'ePOC Web Application.' is displayed. Below the main content area, there is an 'Exit' button.

ePOC Toolbar



ePOC Toolbar Menu



Instructions

Users

About ePOC

Procedures Guide

Aspen Web Menu

Log Out (ALANNAH)

Instructions Page

Facility Instructions

Nursing Home Facility

Welcome to the Centers for Medicare and Medicaid Services Facility Site for electronic transmission of the Plan of Correction. The information submitted, following approval by the appropriate state agency, may be placed on a public web site in order to provide consumers with information about the facility.

Acceptable Plan of Correction

The plan of correction serves as the facility's allegation of compliance and, without it, CMS and/or the State have no basis on which to verify compliance. **A plan of correction must be submitted within 10 calendar days from the date the facility receives its Form CMS-2567.** If an acceptable plan of correction is not received within this timeframe, the State notifies the facility that it is recommending to the RO and/or the State Medicaid Agency that remedies be imposed effective when notice requirements are met. The requirement for a plan of correction is in 42 CFR 488.402(d). Further, 42 CFR 488.456(b)(ii) requires CMS or the State to terminate the provider agreement of a facility that does not submit an acceptable plan of correction.

Except in cases of past noncompliance, facilities having deficiencies (other than those at scope and severity level A) must submit an acceptable plan of correction. The requirement for a plan of correction is in 42 CFR 488.402(d). An acceptable plan of correction must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; and
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility in writing. If the plan of correction is acceptable, the State will notify the facility by phone, e-

Survey List View

Survey List

ASPEN Web - Electronic Plan of Correction

Survey List

APEX REHABILITATION & CARE CENTER (CCN: 175202)
78 BIRCHWOOD DR
HUNTINGTON STATION, NY 11746

Survey List

Search: Showing 1 to 1 of 1 entries Back

Event Id	SOD Sent	Exit Date	Type	Status	Category?	# Def	Submitted	Approved/ Unapproved	POC Due Date	Letters	Attachments
F1CN11	06/17/2013	06/11/2013	Health	Open	A	0	0	0/0	06/27/2013	2	0



Categories Information

UNION PARK HEALTH SERVICES (CCN: 175202)

2401 EAST EIGHTH STREET
DES MOINES , IA 50316

Survey List

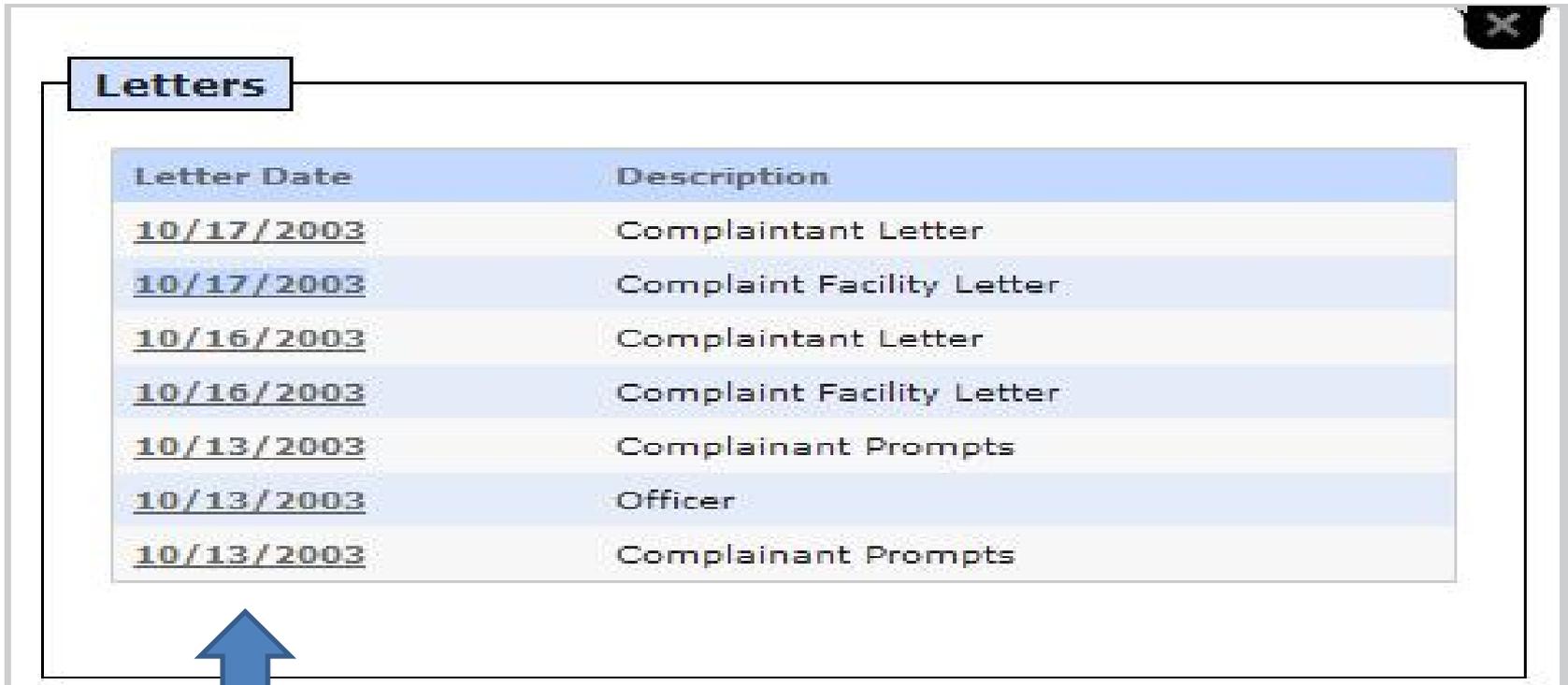
Search: Showing 1 to 5 of 5 entries

Back

Event Id	SOD Sent	Exit Date	Type	Status	Category	# Def	Submitted	Approved/ Unapproved	POC Due Date	Letters	Attachments
HYB211	04/16/2013	04/16/2013	Health	Open	A2		1	0/2	04/26/2013	0	0
5D5M11	04/14/2013	04/14/2013	Health	Open	A		2	1/5	04/24/2013	0	0
2GZ911	04/14/2013	04/13/2013	Health	Open	K2		1	0/4	04/24/2013	0	0
RCJX11	04/10/2013	04/10/2013	Health	Open	A		1	0/5	04/20/2013	0	0
B5Y511	04/01/2013	04/01/2013	Health	Open	I		0	0/0	04/11/2013	1	0

- I - Recertification
- E - Initial Certification
- A - Complaint Investig.
- D - Follow-up/Revisit
- C - Federal Monitoring
- F - Inspection of Care
- G - Validation
- H - Life Safety Code
- J - Sanctions/Hearing
- K - State Licensure
- L - Change of Owner
- B - Dumping Investig.
- M - Other
- 1 - Initial Licensure
- 2 - Re-Licensure
- 3 - Licensure Complaint
- 5 - Add of Specialties
- W - CW Project

Letters View



The screenshot shows a window titled "Letters" with a close button in the top right corner. Inside the window is a table with two columns: "Letter Date" and "Description". The table contains seven rows of data. A blue arrow points to the bottom of the table.

Letter Date	Description
<u>10/17/2003</u>	Complainant Letter
<u>10/17/2003</u>	Complaint Facility Letter
<u>10/16/2003</u>	Complainant Letter
<u>10/16/2003</u>	Complaint Facility Letter
<u>10/13/2003</u>	Complainant Prompts
<u>10/13/2003</u>	Officer
<u>10/13/2003</u>	Complainant Prompts

Attachments

✕

Attachments

File Name	Description	Delete
<u>Tulips.jpg</u>	sidewalk	

Add an Attachment

* To protect patient confidentiality, please do not include any personal, identifiable medical or personal information about the patient in any attachments to the plans of correction. Documents that may include such information should be faxed or mailed to the appropriate state agency or CMS regional office.

File:

Description:

Survey Detail View

DESERET HEALTH AND REHAB AT COLBY LLC (CCN: 175202)
105 EAST COLLEGE DRIVE, COLBY, KS 67701

Survey Detail

Submit All Pending

2567

Back

Deficiencies

-  F154 - Pending
-  F158 - Submitted
-  F224 - Pending
-  F243 - Approved

 =IJ/Substandard Quality of Care

 =Past noncompliance

Event Id: I53S11 Survey Date: 11/04/2013 Status: Open

<p>F154 S/S: E</p>	<p>483.10(b)(3), 483.10(d)(2) INFORMED OF HEALTH STATUS, CARE, & TREATMENTS The resident has the right to be fully informed in language that he or she can understand of his or [MORE]</p> <p>Observations: The resident has the right to be fully informed in language that he or she can understand of his or [MORE]</p>	<p>Plan of Correction: pending</p>	<p>Completion Date (X5): Status: Pending Date: 11/12/2013</p>
<p> F158 S/S: K</p>	<p>483.10(c)(1) RIGHT TO MANAGE OWN FINANCIAL AFFAIRS The resident has the right to manage his or her financial affairs, and the facility may not require [MORE]</p> <p>Observations: The resident has the right to manage his or her financial affairs, and the facility may not require [MORE]</p>	<p>Plan of Correction: pending</p>	<p>Completion Date (X5): 11/12/2013 Status: Submitted Date: 11/12/2013</p>
<p> F224 S/S: K</p>	<p>483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, [MORE]</p> <p>Observations: The facility must develop and implement written policies and procedures that prohibit mistreatment, [MORE]</p>	<p>Plan of Correction: pending</p>	<p>Completion Date (X5): Status: Pending Date: 11/12/2013</p>
<p> F243 S/S: C</p>	<p>483.15(c)(1)-(5) RIGHT TO PARTICIPATE IN RESIDENT/FAMILY GROUP A resident has the right to organize and participate in resident groups in the facility; a resident' [MORE]</p> <p>Observations: A resident has the right to organize and participate in resident groups in the facility; a resident' [MORE]</p>	<p>Plan of Correction:</p>	<p>Completion Date (X5): 11/12/2013 Status: Approved Date: 11/12/2013</p>

POC Entry Page



Home > Survey List > Survey Detail > Plan of Correction

SAVANNAH COVE (CCN: 105886)
1301 W MAITLAND BLVD, MAITLAND, FL 32751

Plan of Correction

Event Id: SCY211 Survey Exit: 12/16/2013 POC Due: 01/03/2014 Survey Posting: 12/23/2013 POC Status: No POC [Back](#)

Statement of Deficiency

▼ **Tag 0167 - 483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE (LONG TERM CARE FACILITIES)**

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

▼ **Observations**

A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.

The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.

Facility Response

▶ **POC Instructions**

POC Description:

The Plan of Correction (POC) must include the following:

- The provider or supplier's planned action(s) to correct the deficiency, which should include a thorough description of specific and realistic steps that will be taken to address the deficiency
- An expected completion date which must be approved by the State as acceptable based on the level of deficiency (if corrective actions are complete, provide the date they were completed)

Completion Date (X5):

[Save as Pending](#) [Submit as Final](#)

Acknowledgements

Facility Response

Since this citation has a scope/severity level of A, entry of a Plan of Correction is not required. Select the Acknowledge button to continue.

Acknowledge

Facility Response

Since this citation has Past Non-Compliance (PNC), entry of a Plan of Correction is not required. Select the Acknowledge button to continue.

Acknowledge

Attestation Page View

DESERET HEALTH AND REHAB AT COLBY LLC (CCN: 175202)
105 EAST COLLEGE DRIVE, COLBY, KS 67701

Attest

Attestation of POC Submittal Terms and Conditions

A Plan of Correction for the following tag is being submitted:

- Tag 0224 - PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN (Long Term Care Facilities) - Completion Date (X5) 11/13/2013

As an authorized signer for a Plan of Correction (POC) form for DESERET HEALTH AND REHAB AT COLBY LLC, you may sign this affirmation. The authority to sign this attestation on your behalf may not be delegated to an unauthorized person. By electronically submitting this Plan of Correction (POC) for the facility today (11/13/2013), you attest that you understand that submitting this POC in this manner is the legal equivalent of having placed your handwritten signature on the submitted record/document and, by this affirmation, you attest to the truth of the information contained therein under federal requirements to submit a Plan of Correction. Review these requirements carefully.

Electronic Signature

Do you accept the terms of the Attestation of POC Submittal?



I, CHERYLW, agree to the Attestation of POC Submittal. I certify that I intend my electronic signature to be the legally binding equivalent of my traditional handwritten signature.

Continue

Back

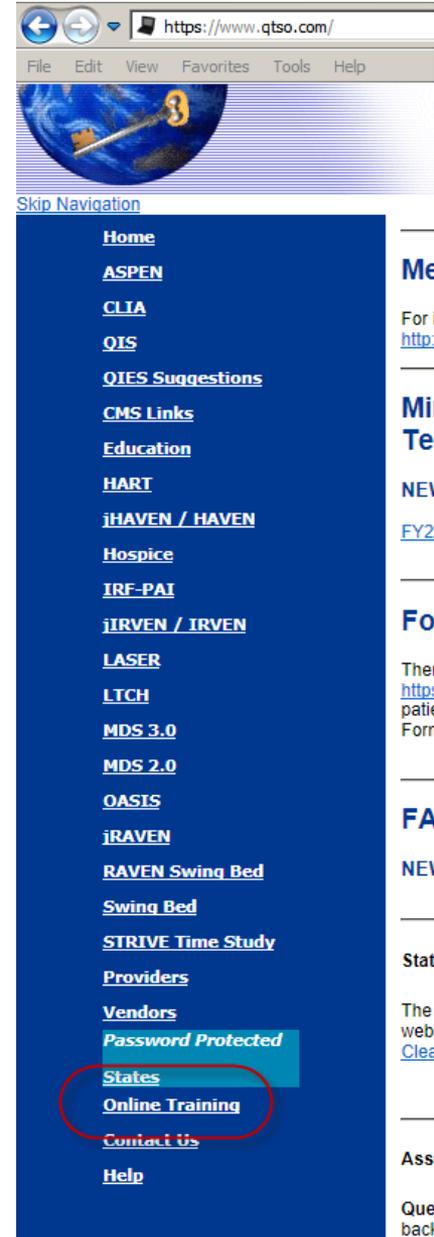
E-Signature Instructions

To e-sign the Plan of Correction (POC) information, follow the steps below.

1. Review all POC information prior to e-signing.
2. Review the Attestation of POC Submittal Terms and Conditions.
3. Acceptance of the Attestation of POC Submittal Terms and Conditions is a requirement to e-sign.

Resources

- On-line training site
- <https://www.qtso.com/>



Getting to the program



QTSO e-

Select a category to view available training sessions.

- [ACTS](#)
- [AEM](#)
- [ASPEN](#)
- [ASSURE](#)
- [AST](#)
- [CLA](#)
- [ePOC](#)
- [Hospice](#)
- [IRF](#)
- [LTCH](#)
- [MDS](#)
- [OASIS](#)
- [OLAP](#)
- [Pathlore](#)
- [Reg Manager](#)
- [Reporting](#)



QTSO e-Uni

Name:

Email:

Enter your name and email address

Activate Session



QTSO e-University

How to access Captions in a Windows Media File: [Closed Captioning Instructions](#)

Please contact the QTSO Help Desk at 800-339-9313 for assistance with passwords or

If you have additional comments or suggestions, please submit them via the [QIES Sug](#)

View the list of archived recordings for this category: [EPOC Recordings List](#)

 [ePOC Provider Webinar](#) (recording) ePOC Provider Webinar
(53 minutes) September 2013
(This file requires a password to view.)

 [ePOC State/RO Webinar](#) (recording) ePOC State/RO Webinar
(82 minutes) September 2013
(This file requires a password to view.)



Name:

Email:

Password:

Password is:
epocpvr

Contact/Resource Information

- Telephone Assist (for issues after successfully logging into the site) Mon-Fri 7 AM – 4 PM MT
(208) 334-6626 Option 5
- eMail: FSB@dhw.idaho.gov
- Long Term Care website:
<http://idaholtc.dhw.idaho.gov>

Now, what are we thinking?

