
Plans of Correction and 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 that accompanies the SOD sent to the entity. In general, PoCs are used for Standard level deficiencies, while Credible Allegations of Compliance (Credible) are used for Condition level deficiencies. The PoC allows for a "future" date to indicate when compliance will be achieved, while a Credible must indicate a date of compliance *prior to* a specific date.

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 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 Plan of Correction/Credible contains the following elements:

1. Action that has been, or will be, taken to correct each specific deficiency cited.
2. Description of how the action will improve the processes that led to the deficiency cited.
3. The procedure for implementing the plan for each deficiency cited.
4. 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 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 SA, within 90 calendar days (which is split into two 45 day 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 as of the date the letter is signed. Hence, a PoC/Credible indicating that the correction(s) will be made in the future would not be acceptable.

Once the SA receives the Credible, 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 period begins

5. Monitoring and tracking procedures that ensure the PoC/Credible is effective in bringing the facility into compliance, and that the facility remains in compliance with the regulatory requirements.

6. The plan must include the title of the person responsible for implementing the acceptable plan of correction.

7. The administrator's signature, or their designee, and date signed on page 1 of the Form 2567, is mandatory.

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 must be received by the SA **approximately 8 days prior to the date determined by the SA.**

2. The PoC/Credible is submitted approximately 24 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 for submitting 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 unacceptable they will seek an acceptable one from the facility. The facility administrator must sign changes to a PoC/Credible.

When the adjustments required to the PoC/Credible 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 without the facility's concurrence. In these situations, a copy of the revised PoC/Credible is sent to the provider.