Our Vision - Healthy Kansans living in safe sustainable environments
**Plan of Correction**

**Provider/Supplier Instructions**

by Charles Moore

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**Our Vision**

- Healthy Kansans living in safe sustainable environments.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**CENTER FOR MEDICARE & MEDICAID SERVICES**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**[X1] PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:**

**[X2] MULTIPLE CONSTRUCTION B. WR**

**[X3] DATE SURVEY COMPLETED**

**[X4] ID**

**[X5] COMPLETION DATE**

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**NAME OF PROVIDER OR SUPPLIER**

Oldtown Community - Home Health Agency

**STREET ADDRESS, CITY, STATE, ZIP CODE**

Main Street
Oldtown, KS 66600

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**(X1) ID**

**PREFIX**

**TAG**

**SUMMARY STATEMENT OF DEFICIENCIES**

(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>G 000</td>
<td>INITIAL COMMENTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G 145</td>
<td>484.14(g) COORDINATION OF PATIENT SERVICES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G 163</td>
<td>484.18(b) PERIODIC REVIEW OF PLAN OF CARE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

**[X6] DATE**

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
Responding with a Plan of Correction

In an effort to simplify the process of responding to a “statement of deficiency” (SOD), the State of Kansas is providing you with a copy of the SOD along with a plan of correction (POC) form on which to respond.

In this is addressed is to confirm receipt to sender:
- From the state Licensure and Federal Certification survey completed at your facility.
- Inserting your plan(s) of correction on the form provided at the bottom of this e-mail.
- FAX the signature page to 785-291-3419 and e-mail everything first page.
E-mail content:

The e-mail will contain the same information the State would have sent you had we sent to you via the mail. The only difference is that the notice is in e-mail format rather than on our letterhead.

One thing we have found important to include is a notice to you is a statement that you respond to the State upon receipt of the e-mail. Thus confirming your receipt of the CMS-2567.

Note sample on next slide.

Our Vision – Healthy Kansans living in safe sustainable environments.
NOTE: Individual receiving e-mail is asked to notify the State upon receipt of this e-mail.

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Sample of how our e-mail would appear to the provider:

- **The Individual to whom this is addressed is to confirm receipt to sender:**

- Attached is a copy of the results from the state Licensure and Federal Certification survey completed at your facility. Please respond to the CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom of this e-mail. Print a copy of the CMS-2567 indicated below, sign and date first page and **FAX the signature page to 785-291-3419 and e-mail everything else to Anita Hodge. There is no need to mail any documents.**

- The Plan of Correction must provide a step-by-step description of the methods used to correct each of the deficiencies cited. Describes how the deficiency was accomplished and how the recurrence was prevented. Simply stating that the deficiency has been "corrected" is not an adequate plan of correction. Although instruction or in-service to staff may be necessary, it is not an adequate plan of correction by itself. Additional steps must be documented to ensure the deficiency is corrected and will not recur.

- **The Statement of Deficiencies would appear here. The provider can print this attachment. Thus eliminating mailing costs by the state.**

- **Follow the Guide below:**

- Detach the PDF form of the CMS-2567 below, sign and date the first page after responding to each of the deficiencies.

- Use the attached Plan of Correction (POC) form for providing a response to the deficiencies.

- When returning your e-mail with your POC remember to FAX a copy of the signature page.

- You will be given a form that could be detached and used as your response to the statement of deficiencies.

- **The following is a copy of your CMS-2567 (Statement of Deficiency) to which you must provide a Plan of Correction:**

- (Surveyor will insert CMS2567 in pdf form and label with provider name and survey date)

- **Use the following form when responding to the CMS-2567 (Statement of Deficiency):**

- **Sample POC>>**
You will be instructed in your e-mail to respond as follows:

1. Detach the PDF form of the CMS-2567 from the e-mail, sign and date the first page after responding to each of the deficiencies.

2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer & respond. Return the POC to KDHE by e-mail.

3. When returning the e-mail with the POC you will be instructed to FAX a copy of the signature page.

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The survey staff will leave an instruction booklet with you as well as a sample of how the POC is to be completed. The e-mail will also contain the instructions and sample form(s).

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INSTRUCTIONS to Provider/Supplier on Detaching the CMS-2567 to your computer
To detach attachment to your computer...

Place the cursor on the document to be detached, left click and then ....

....click on "detach".
Save document to your computer:

A screen should appear that will give you some choices where to save the document. Such as the “C” drive under a particular title.
The document below is what should appear on your computer.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider/Supplier Name:</td>
<td>STREET ADDRESS, CITY, ZIP:</td>
<td>Survey Date</td>
</tr>
<tr>
<td>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17:</td>
<td>(X4) ID</td>
<td>COMPLETION DATE</td>
</tr>
<tr>
<td>PROVIDER'S PLAN OF CORRECTION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will need to fill in your own name and address here.

You will also need to fill in your own Federal ID # and date of survey from their CMS-2567.

This area will word wrap so that you can make your response as lengthy as necessary to indicate your Plan of Correction.
Here is a sample of how that might appear when completed. Be sure to save your work.

<table>
<thead>
<tr>
<th>Provider/Supplier Name:</th>
<th>Oldtown Community Hospital</th>
<th>Survey Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS, CITY, ZIP:</td>
<td>321 Main Street, Oldtown 66600</td>
<td>05/21/2009</td>
</tr>
</tbody>
</table>

**PLAN OF CORRECTION (SAMPLE)**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>17: 1981</th>
</tr>
</thead>
</table>

**A043**

<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keys were hung on 5/11/09; however, the locks were then removed from the obstetrics department. The Maintenance Supervisor will conduct inspections to ensure that locks are not replaced. The Safety Committee Chairperson will also conduct inspections to verify the locks have not been replaced. The Board will continue to conduct quarterly inspections of the facility.</td>
<td>05/22/2009</td>
<td></td>
</tr>
</tbody>
</table>

**A144**

| Education will be provided to staff members will include Policy MS 2168, Decubitus Ulcer Prevention. **See attached Policy MS2168.** Patients admitting with risk under “skin” will have an air mattress applied. Patients admitting with risk of pressure sores who are unable to reposition themselves will be placed on turning schedule. The Charge Nurse will monitor patients admitted during shift for any infectious processes and will initiate the appropriate precautions to control the spread of infection. Each Med/Surg nurse will be responsible to monitor the Turn Schedule Sheet during their shift, as assessments warrant. The Med/Surg Manager will be responsible for monitoring patients with risk under “skin” or pressure sores. The Chief Nursing Officer will ensure appropriate precautions are taken by monitoring activity. | 06/21/2009 |

**A263**

| We will have implemented a hospital-wide quality program involving continuous measurement of quality and improvement. We will be using the model used by the Rural America, the Multi-State Rural Hospital Quality and Performance Improvement Project. We will be using QA Calendars to monitor adverse patient events and other aspects of our hospital’s services. The Director of Quality Assurance will monitor departmental quality assurance which will include each department of the hospital, including but not limited to Maintenance and Health Information. The Chief Executive Officer will conduct inspections to ensure follow through of program. | |
Once you have responded to each of the deficiencies your POC is ready to send to the State:

This indicates who the CMS-2567 should be addressed to.

Send all responses via e-mail to ahodge@kdheks.gov.
At this time you should re-check the steps to be certain you have completed all the requirements.

1. Detach the PDF form of the CMS-2567 from the e-mail, sign and date the first page after responding to each of the deficiencies.

2. Use the attached Plan of Correction (POC) form for providing a response to the deficiencies. Detach the form to your computer & respond. Return the POC to KDHE by e-mail.

3. When returning the e-mail with the POC the provider is instructed to FAX a copy of the signature page.
Needing more information?

Contact:

Charles Moore, Director Medical Services
Bureau of Child Care & Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612

e-mail: cmoore@kdhe.state.ks.us

Desk Phone: 785-296-0131
FAX: 785-291-3419

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