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Our Vision - Healthy Kansans living in safe sustainable environments
Statement of Deficiency
Via e-mail
“Surveyor Training & Office Training Module”

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
Oldtown Community - Home Health Agency

STREET ADDRESS, CITY, STATE, ZIP CODE
Main Street
Oldtown, KS 66600

STATEMENT OF DEFICIENCIES

G 000 INITIAL COMMENTS
The following citations represent the findings of the resurvey # ______________

G 145 484.14(g) COORDINATION OF PATIENT SERVICES
A written summary report for each patient is sent to the attending physician at least every 60 days.
This STANDARD is not met as evidenced by:
The agency census totaled __. Based on record review and interview the agency failed to provide the attending physician with a written summary report at least every 60 days for two (#6 and #7) of 11 sampled patients.
Findings included:
- Review of the medical record for patient #6 revealed an admission date of 6/25/03. The medical record lacked a written summary report to the physician. Staff indicated the patient, though requiring a licensed nurse to set up medications weekly paid for the visit themselves. Staff acknowledged on 6/8/04 the agency failed to provide many of the private pay patients with a summary report to the physician every 60 days.
- Non compliance with this requirement also affected patient #7.

G 163 484.18(b) PERIODIC REVIEW OF PLAN OF CARE
G 163 9/1/04

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE

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.

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INTRODUCTION/HISTORY

Health Facility Surveyor’s have been instructed to document the deficient practices that providers are experiencing on a Form CMS-2567(02-99). In most cases the surveyors are instructed to print the form once it is ready to be given to the provider. It is then reviewed with the provider during an exit conference and ultimately they are to respond with what the agency refers to as a plan of correction (POC). In some instances either KDHE or Center for Medicare/Medicaid Services (CMS) may send the form to the provider and request a POC be submitted, the form signed, dated and returned.

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Regardless of how the form gets to the provider, whether that be through a surveyor, Bureau staff or CMS, it has always been delivered to them as a hard copy. The provider has had to type their response on the form, sign, date and return via the mail system as they are not able to place the document on their computer in order to type a response. The process is not only slow and cumbersome but an inefficient use of staff time.

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Providers & suppliers have requested the agency transmit the CMS-2567 to them electronically. Interest has been expressed by other States as well. We have a provider community willing to work with us on change that would certainly benefit all parties.

Our past practice in KANSAS has been to convert the document to WORD and then send to the provider. There has been some criticism that a WORD document could be altered. Also that the process for survey staff is labor intensive. Meaning that mistakes in converting to WORD can and are made.
RECOMMENDATION

KDHE recommends our survey staff convert the CMS-2567 (Statement of Deficiency) from their computers to a Pdf form that surveyors are entering into a computer based system called ASPEN Explore. They would then be able to transmit it to the provider as a document the provider can review. The provider would be instructed to provide a response to the State via e-mail on a separate document provided by the agency.

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This process will permit the provider to detach a form and type their response on their computer file document. Also, it will not require the surveyor to do any formatting of the document to send. It can then be returned to the State via an e-mail attachment. The CMS-2567 cannot be altered when placed in this format.

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Step One:
The first step for the State is to set up e-mails for anyone that will be sending out CMS-2567.

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E-mail content:

The e-mail should contain the same information the State would send to the provider were they sending it via the mail system on letter head. The only difference is that the notice is in e-mail format rather than a letter.

One thing we have found important to include is a notice to the provider to advise the State upon receipt of the e-mail. Thus confirming their receipt of the CMS-2567.

Note sample on next slide.
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 deficiency and how the deficiency was accomplished and how prevention will be achieved. Simply stating that the deficiency has been "corrected" is not an adequate plan of correction. The deficiency is corrected and will not recur.

- Again, please submit a plan of correction for the deficiencies on the form provided within the next 10 business days and return electronically by sending to Anita Hodge at KDHE. If you have any questions or concerns please feel free to call.

**Instructions for responding with a plan of correction from deficiencies cited on the CMS-2567:**

1. **Detach the PDF form of the CMS-2567 below, 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.**

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

**Follow the Guide below:**

- **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>>
Kansas has designed a specific set of instructions that is attached to the provider/supplier e-mail that gives them further instructions as to how this process works. It is something Kansas designed in Power point and then saved it as a pdf form. The following page is a sample.

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INSTRUCTIONS to Provider/Supplier on Detaching the CMS-2567 to your computer

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If you have questions regarding your plan of correction, contact the following staff:

* Hospitals, Ambulatory Surgical Centers, LTCU, Birthing Centers - Contact: State Survey Manager at 785-296-0127

*HHA, Rural Health Clinic, Hospice, OPPT, ESRD, X-RAY, CORF - Contact: Certification Coordinator at 785-296-1263

FAX NUMBER: 785-291-3419

Checklist

Before submitting your plan of correction, please use the checklist below to prevent delays.

- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date in the right-hand column?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- Has the administrator or another authorized official signed and dated the first page of the Statement of Deficiencies?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated? If you included exhibits, have they been so identified?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines. Note: Failure to submit an acceptable plan of correction could result in the revocation and end of your facility's Certification in Medicare/Medicaid, State License or both.

Statement of Deficiencies and Plan of Correction

Instructions regarding the submission of a plan of correction (POC) for

Resurvey’s, Revisit’s and Complaint Survey’s

Kansas Department of Health and Environment
Bureau of Child Care & Health Facilities, Health Facilities Program
1000 SW Jackson, Suite 200, Topeka KS 66612-1365
FAX (785) 291-3419

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### Initial Comments

The following citations represent the findings of the resurvey #. The agency census totaled ___. Based on record review and interview the agency failed to provide the attending physician with a written summary report at least every 60 days for two (#6 and #7) of 11 sampled patients.

Findings included:
- Review of the medical record for patient #6 revealed an admission date of 6/25/03. The medical record lacked a written summary report to the physician. Staff indicated the patient, though requiring a licensed nurse to set up medications weekly paid for the visit themselves. Staff acknowledged on 6/8/04 the agency failed to provide many of the private pay patients with a summary report to the physician every 60 days.
- Non compliance with this requirement also effected patient #7.

### Periodic Review of Plan of Care

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>G 163</td>
<td>484.18(b)</td>
<td>9/1/04</td>
</tr>
</tbody>
</table>

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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.
The provider will be instructed in their 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 the provider is instructed to FAX a copy of the signature page.

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A form will be attached to the e-mail that will give the provider a form on which to respond with their POC:

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

The provider would need to fill in their own name and address here.

They would also fill in their own Federal ID # and date of survey from their CMS-2567.

This area will word wrap so that providers can make their response as lengthy as necessary to indicate their Plan of Correction.
Here is a sample of how that might appear when completed by the provider:

<table>
<thead>
<tr>
<th>PLAN OF CORRECTION (SAMPLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider/Supplier Name: Oldtown Community Hospital</td>
</tr>
<tr>
<td>Survey Date: 05/21/2009</td>
</tr>
<tr>
<td>STREET ADDRESS, CITY, ZIP: 321 Main Street, Oldtown 66600</td>
</tr>
<tr>
<td>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 17- 1981</td>
</tr>
<tr>
<td>(X4) ID PREFIX TAG</td>
</tr>
<tr>
<td>PROVIDER'S PLAN OF CORRECTION</td>
</tr>
<tr>
<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
<tr>
<td>(X5) COMPLETION DATE</td>
</tr>
</tbody>
</table>

**A043**
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. 05/22/2009

**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. 06/19/2009
The survey staff will leave an instruction booklet with the provider 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).
INSTRUCTIONS to SURVEY STAFF
How to send a CMS 2567.
STEP ONE:
Setting up your stationary e-mail:
Step one:
Set up your e-mail so that you have “stationary” to attach the CMS-2567 to each time. The top portion of the e-mail sent to you should look like this:

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 785-291-3418 and e-mail everything else to Anita Hedge. 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 deficient practice to prevent recurrence. The Plan of Correction must address how the deficiency was corrected, the completion date the correction was accomplished or will be accomplished and how possible recurrence will be prevented. Simply stating that the deficiency has been “corrected” is not acceptable. 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.

Again, please submit a plan of correction for the deficiencies on the form provided within the next 10 days and return electronically by sending to Anita Hedge at KQHE. If you have any questions or concerns please feel free to call.

Instructions for responding with a plan of correction from deficiencies cited on the CMS-2567:

1. Detach the PDF form of the CMS-2567 below, sign and date the first page after responding to each of the deficiencies.
2. Use the attached Plan of Correction (FOC) form for providing a response to the deficiencies. Detach the form to your computer, respond and return the FOC to KQHE by e-mail.
3. When returning the e-mail with your FOC remember to FAX a copy of the signature page.

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The bottom portion of your email will have the attachments and should look like this:

Follow the Guide below:

Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx

Also, PDF instructions for POC>> CMS-2567 by E-Mail.ppt

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

Surveyor inserts 2567 HERE

Use ONE of the following forms when responding to the CMS-2567 (Statement of Deficiencies)

(choose one)>> Providers POC.xlsx  other version>> Providers POC 97.xlsx

Sample POC>> Sample POC.xlsx

Return to:
Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

785-296-0127 Desk Phone
785-291-3419 FAX
ahodge@kdhe.state.ks.us

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At the very bottom of your e-mail there will be information about who to call for assistance:

Return to:
Anita Hodge RN, State Survey Manager
Bureau of Child Care and Health Facilities
1000 SW Jackson, Suite 200
Topeka, KS 66612-1365

785-296-0127 Desk Phone
785-291-3419 FAX
ahodge@kdhe.state.ks.us

If you are needing assistance with any of the forms or documents, please contact Charles Moore at 785-296-0131.

The provider will be instructed to call me should they have any problems with printing the document, detaching, how to return, etc.
Hi-light the document sent to you by our office and copy to your stationary:

**The Individual to whom this is addressed is to confirm receipt to send...**

Attached is a copy of the results from the state Licensure and Federal Certification survey completed CMS-2567 attached below by inserting your plan(s) of correction on the form provided at the bottom indicated below, sign and date first page and **FAX the signature page to 785-291-3419**, and e-mail e need to mail any documents.

The Plan of Correction must include a description of the methods used to correct each deficiency. Although instruction or information on the deficiencies was corrected, the condition has not been accomplished and how the correction was accomplished. Reviewing that the deficiency has been documented to ensure the plan of correction is correct.

Again, please submit all deficiencies on the form provided within the next 10 days to Anita Hodge at KDHE.

**Instructions for respondents:**

1. Detach the PDF and sign and date the first page after responding to deficiencies cited on the CMS-2567.
2. Use the attached instructions for providing a response to the deficiencies.
3. When returning the e-mail with your POC remember to FAX a copy of the signature page.

**Follow the Guide below:**

Statement of Deficiency and POC Instructions HEALTH 10-12-09.docx

Also PDF instructions for POC of Deficiencies attached.

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Go to the Stationary Tab and left click:

First, click on “stationary and then…”

…click on “New Stationary”.

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... and when you click on “memo stationary” the following should appear:

Our Vision – Healthy Kansan's living in safe sustainable environments.
Our Vision – Healthy Kansan's living in safe sustainable environments.
The copied e-mail should appear on the screen with all the attachments. SAVE!

Click on “save”.

The Plan of Correction must provide a step-by-step description of the methods used to correct the deficiency.

The Plan of Correction must address how the deficiency was corrected, the completeness of the correction, how the correction was accomplished and how possible recurrence will be prevented. Simply stating that the deficiency was corrected is not enough. Although instruction or in service to staff may be necessary, it is not an adequate plan. The plan must be documented to ensure the deficiency is corrected and will not recur.

Again, please submit a plan of correction for the deficiencies on the CMS-2550. Please be sure to contact the agency listed on the CMS-2550 form or to Anita Hodge at KDHE. If you have any questions or concerns please feel free to call 785-291-3495.
Save the document with a name you will recognize whenever you open your stationary:

Title
Stationary
and then ...
You only need to create the document one time. From this point forward you can use the “stationary” over and over on each new provider needing a CMS-2567

You are now ready to save a copy of the CMS-2567 to your file so that you can e-mail it to the provider.

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Step Two – Saving the CMS-2567 to a PDF form so that it can be mailed to the provider electronically.

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The following instructions are to be followed by survey staff when “exporting” the 2567 to their computer:

Surveyor first opens ASPEN Explore, finds the facility and opens survey and clicks on print forms.

Although an ACO screen is shown here, the same process will work in Aspen Explore.

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... then select print form 2567 and click “OK”.
Be sure to un-check the box indicating surveyor names/numbers. Then press OK.

When State tags are indicated, be certain to check this box so that state deficiencies appear.
A 2567 like this should appear. Right click and select “export”. Be certain to export all CMS-2567’s (state and federal).

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The box indicated should appear that indicates the form will be formatted to a Pdf document. Click OK.
Check OK.
The surveyor will select a file where they want the document saved on their computer. The name of the file will appear as “02567.pdf”. Surveyors should give the file a unique extension such as the provider name and date of survey as indicated below. This way the file can be easily identified. Note how entry is made.

02567.pdf Oldtown Hospital 10-23-08
When there is a federal CMS-2567 to send the provider and a State “Statement of Deficiencies” to be sent, it would be helpful to indicate which you are attaching. Note sample.....

02567.pdf Federal-Oldtown Hospital 10-23-08

Note that we have inserted the word “federal” so that the provider will know this is for a federal survey.

This STANDARD is not met as evidenced by: Based on observation and interview the Critical Access Hospital (CAH) failed to ensure a clean and orderly premises. This deficient practice had the potential to affect all current and future patients of the CAH.

Findings included:
- Observation on 10/20/08 between 1:15pm and 2:15pm of the operating rooms #1, #2 and #3 revealed a portable stereo sitting on a cart in each room, the openings in the operating rooms.
The file is now ready to be attached to the surveyor's e-mail that is to be sent to the provider.

This is just the lower portion of the e-mail showing where the surveyor inserts the PDF document (i.e. the CMS-2567) from their computer.

As noted in previous slides, there may be occasions when you are sending both a federal and a State “Statement of Deficiency”. Be certain to include both for the provider in one email.

The guide will appear above the CMS-2567 and the POC form to be used by the provider will appear on the e-mail each time it is sent.
STEP THREE: Sending the CMS-2567 to the provider.
Type in the providers e-mail address.

Type in e-mail address of provider first. Usually this is the administrators e-mail.

Subject: This should be specific. Indicate something like “Hometown Hospital Survey of 10-23-07”
Hi-light portion indicated for CMS-2567:

Step #1: Hi-light where 2567 is to be pasted.

Step #2: Click on “File Attach”.

Step #3: Locate files to be attached.

Surveyor inserts 2567 HERE

Use ONE of the following forms when responding to the CMS-2567 deficiencies:

(choose one) Providers POC.xlsx other version Providers POC-97.xlsx
Hi-light what you want to attach to e-mail:

...and then click on create.
The documents in your file should appear on the e-mail.

The files should appear in the e-mail.

Follow the Guide below:

Statement of Deficiency and POC Instructions HEALTH 10-1 2008.docx  Also, PDF instructions for POC>> CMS-2567

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

larned state hospital state 6-08.doc  larned state hospital federal 6-08.rtf

Use ONE of the following forms when responding to the CMS-2567 (Statement of Deficiencies):

(choose one)>> Providers POC.xlsx  other version>> Providers POC-97.xls

Sample POC>> Sample POC.xlsx
Click **SEND** and be happy!

You did it!

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CMS-2567 is complete and is sent to Provider

At this point the response to the CMS-2567 in the form of a plan of correction is in the providers court.

The State should set up a system by which to follow up with providers to insure the POC’s are returned.

Upon receipt of the POC they should be processed in accordance with CMS directives, approved and then attached to ACO by the Topeka office as follows:

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STEP FOUR: “How to Attach POC to ACO”

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Assuming the provider had returned their POC by e-mail, the staff would detach and attach to a file on their computer.

Attached you will find Lawrence Memorial Hospital's Corrective Action Plans. Please contact me with response. Thank you.

Amber Styles
Director of Quality Services
Lawrence Memorial Hospital
325 Maine Street
Lawrence, KS 66044
P: 785-840-3157
F: 785-840-3149

Note: Provider has attached their POC and has opted to return it via e-mail.
Once the document has been detached from the providers e-mail and placed on the staff’s computer, it is ready to be attached to ACO for future reference.

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This is where the State would attach the POC’s in ACO ……

#1 The POC returned to the State is entered under the “attachments” in ACO. Click on attachments and enter description.

#2 Enter the corresponding description already in ACO for the attachment name …i.e. “03QK11”.

#3 The description of “03QK11” will identify the survey.
The intent in labeling the attachments in this manner will be to make retrieval of the CMS-2567 and the providers POC as easy as possible.

Staff will be instructed to insert the attachment returned to the State here. It will be labeled with the provider name followed by the letters POC.
Should the provider send their POC by mail, staff can scan and add to the “Attachments” in ACO. Scanning will look something like this...

Staff can add to ACO in this manner or change name to make it easier to find.
To change name, hi-light the number only and name the file.

It would look something like this.

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How it should in ACO...

Attach the providers POC that you scanned and renamed here. Also, remember to add the wording state and federal when there are two POC’s.

As indicated previously, add the survey identifier in the description column.

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Here is what the scanned attachment should look like......

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**PLAN OF CORRECTION**

**Provider/Supplier Name:** Skin & M.O.H. Surgery Center, Inc.

**Address:** 11360 Granada Lane, Leawood, KS 66210

**Survey Date:** 10/21/2009

**Provider/Supplier/CLIA Indentification Number:** 17-126-0010680

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>Corrective Action Should Be Cross-Referenced To The Appropriate Deficiency</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q105</td>
<td>10/24/09 Nurse administrator contacted vendors for ordering information. 10/24/09 Consulted with an anesthesiologist regarding proper equipment needed to perform an emergency tracheostomy. 10/27/09 Nurse administrator met with medical director to discuss purchase selection. 10/30/09 Selected equipment to be ordered. 11/5/09 Equipment is expected to arrive next week by Nov 13. 10/26/2009 Policy regarding required emergency equipment revised. 11/6/09 Policy to be presented for approval by the policy and procedure committee. Nurse administrator will be responsible for plan of correction. To ensure the deficiency does not recur, the log of all emergency equipment will be updated to include the ventilator and emergency tracheostomy kit. This will be checked daily by an RN and recorded on the log. In addition, training will be provided by the supplier for all required staff.</td>
<td>11/20/2009</td>
</tr>
</tbody>
</table>

10/27/09 Practice administrator notified staff, effective immediately, all Kansas records on Missouri patients will be scanned into the electronic health record and labeled ASC Leawood. This will occur immediately for all patients currently scheduled. Historical records currently maintained at the off-site location will be scanned as quickly as possible. The goal is to be completed by November 20, 2009, however, due to many illnesses among staff, we have been unable to dedicate appropriate staff to this. When we have all staff working, someone will be dedicated to ensure this project is complete.
Finished....?

Depending on what other processes the State might wish to add, at this point the process should be complete.

- The CMS 2567 is in ACO under the survey tab.

- The providers POC is attached under the tab for attachments in ACO.

- The State now has a permanent record of both that can easily be detached and e-mail to any requester meeting the appropriate open records request.

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For a copy of these slides and other information, go to www.kdheks.gov/bhfr/index.html and click on FORMS

Statement of Deficiency/Plan of Correction Forms and Instructions:

- Statement of Deficiency Instructions for State Agencies
- Instruction Pamphlet
- POC Instructions for Providers & Suppliers
- Providers POC Form
- Sample POC

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Needing more information?

Contact:

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Our Vision – Healthy Kansan's living in safe sustainable environments.
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