

DEFICIENCY or TAG NUMBER: list which tag number the POC is being written for	
1) Address how corrective action will be accomplished for those residents/patients/items/locations found to have been affected by the deficient practice.	<p>1.</p> <p>What did we do immediately to fix the problem identified? Whether it is for a resident; a location; an item; For example: mat found with mold was disposed of immediately upon notification by the surveyor on (date); Resident (number) received a PT/OT consult to ensure that positioning was correct; Exit sign on specific exit was fixed on (date); Cooler temperature was corrected on(date) and work order was placed on (date) to check cooler thermostat function Any consults, work orders, written narrative of what was done in this section must be turned into Administrator to have as evidence that what we say we were going to do, we did. Surveyors will ask to see all documentation. Completion date:</p>
2) Address how the facility will identify other residents/patients/items/locations having the potential to be affected by the same deficient practice.	<p>2.</p> <p>What are we doing to ensure there is no place else in the facility that has the same problem or could be exposed to same deficient practice? What are we doing to ensure that no other residents in the facility are being exposed to the same deficient practice? INCLUDE: who will be responsible for audits (title not name) and corrections and who it will be reported to For example: "A/an (name) audit of" : all tub room mats; all residents with this diagnosis or this specific problem; all exit signs; all coolers and refrigerators; THEN: what did you do to fix those found in this audit? i.e. dispose of all mats; get PT/OT consults; fix all exit signs; work orders placed for all coolers/fridges found to be out of correct values Any consults, work orders, written narrative of what was done in this section must be turned into Administrator to have as evidence that what we say we were going to do, we did. Surveyors will ask to see all documentation. Completion date:</p>
3) Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. (e.g. in-service training, use of consultants, physical environment enhancements)	<p>3.</p> <p>What P&P need reviewed and updated? (Review policies even if not making changes and change reviewed date on them) New forms, logs, etc? What education will be provided? INCLUDE: who will be responsible for what and who it will be reported to Ensure that all departmental employees sign that they received education; copy of all</p>

	names/signatures needs to be given to administrator for evidentiary purposes upon revisit Completion Date:
4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The plan of correction must be integrated into the quality assurance system.	4. How often audits will be done? Usual routine is monthly times 3, then quarterly x 3 (to equal a full year's worth of auditing) When those audits will be presented to QAA (usually the next QAA meeting, there are occasional special circumstances)? Completion date: <i>Note: If the results are not found to be satisfactory or sustained the audits will be continued every month. If the results of the monthly audits are still not satisfactory the Quality Assessment and Assurance (QAA) Council may authorize a Performance Improvement Project (PIP) charter to more deeply analyze the lack of improvement.</i>
5) Include dates when corrective action will be completed. This date should include any training and other final steps that are required to complete response to deficiency. (Note: Date cannot be same as date on statement of deficiencies or longer than 60 days from date of exit.)	5. State when facility will be in compliance and re-state all other completion dates. Dates all steps are completed: Step 1: Step 2: Step 3: Step 4: Step 5: