



Pennsylvania

## Department of Human Services

## BUREAU OF HUMAN SERVICES LICENSING Effective Plan of Correction Guide

Plans of Correction (POCs) are due within 10 calendar days of receipt of your Licensing Inspection Summary (LIS) in the SansWrite Portal. The LIS will be available in the SansWrite Portal approximately 2-3 weeks from the date of your exit conference. Please ensure the Department has current email addresses for the administrator and legal entity and look for an email notification from NoReply@Sanswrite.com confirming the LIS is available in the SansWrite Portal.

Corrective actions should be implemented immediately upon notice provided at the inspection and should not be delayed until receipt of the LIS.

### 1. IMMEDIATE CORRECTIVE ACTION

- a. For each violation, action should be taken to correct the area of non-compliance as quickly as possible. List each specific corrective action, including the date of completion and title of the person responsible.

### 2. QUALITY IMPROVEMENT AND ON-GOING COMPLIANCE

- a. Determine the root cause of the violation and consider what actions are required to prevent future occurrences. Review policies, procedures, trainings, and monitoring to assure the issue is addressed to prevent future occurrences.
- b. For each specific corrective action, include the date of completion and title of the person responsible

### 3. EVIDENCE OF COMPLETION

- After you have received notice that the Plan of Correction has been approved by the Department, documented evidence of compliance must be submitted through the Sanswrite Portal. **Evidence of documentation submitted with the initial submission of the Plan of Correction cannot be processed by BHSL and will need to be uploaded again after the Plan of Correction is approved.**
- All documentation should be maintained for verification and review by licensing staff, upon request.
- Examples of documentation of corrective actions include training sign-in sheets, staff meeting minutes, monitoring forms, updated policies or procedures, copies of invoices for work completed, and photos or videos of physical site corrections.

### 4. ACCEPTABLE PLAN OF CORRECTION

- a. An acceptable Plan of Correction will include both immediate corrective actions to correct the violation and long-term quality improvement actions, with each element including **who** is responsible, **when** it will be done, and **what** action has been or will be taken.
- b. If a POC is determined to be unacceptable due to missing information, or if the action is deemed insufficient to address the violation, the POC will be returned in the SansWrite Portal with comments explaining what corrections are needed for the plan to be acceptable.
- c. **Do not** include the names of staff or residents in the Plan of Correction.

More information on how to submit an acceptable Plan of Correction can be found at [PCH/ALR Home](#) under Plans of Correction.

For technical assistance at any point in the process, please contact your regional office to schedule an appointment.



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## Sample Acceptable Plans of Corrections

2600.82(a) Poisonous materials shall be stored in their original, labeled containers.

### Description of Violation

On 1/5/22, at 10:30 a.m., there were (10) 550ml clear spray bottles in the housekeeping storage room, labeled by staff in permanent marker, as follows: (6) bottles containing a yellow liquid, labeled 'peroxide cleaner' and identified by staff to be Peroxide Multi Surface Cleaner and Disinfectant (4) bottles containing a white liquid, labeled Oda-Ban. The original product labeling indicates, "contact poison control if swallowed."

### Plan of Correction

- The cleaning products were discarded from the spray bottles on 01/05/2022 by Maintenance Technician.
- An audit was conducted on 01/06/2022 by Executive Director to ensure that all poisonous materials are stored in their original labeled containers with no additional findings. (See attached completed audit)
- Current staff will be educated by Executive Director on Regulation 82.a Poisonous materials shall be stored in their original product manufacturer's labeled containers by 01/24/2022.
- The monthly maintenance checklist has been updated to review poisonous materials monthly to ensure they continue to be stored in their original, labelled containers. Audits will be reviewed at monthly QI meetings.

Completion Date: 01/24/2022

2600. 85(a) Sanitary conditions shall be maintained.

### Description of Violation

On 01/09/2022, at 04:32 PM, staff person A used resident #1's glucometer to check the blood sugar level of resident #2.

### Plan of Correction

- Director of Nursing provided verbal education to staff member A via telephone on 02.10.2022 regarding the prohibition on using shared glucometers.
- Director of Nursing updated accu-check orders to include a required nurse task to prompt the verification and recording of a residents' name as printed on an individual glucometer being used for a residents' test. The order updates will be completed by 02.11.2022.
- Assistant Director of Nursing will provide LPN/RN nursing staff education which includes that each resident has their own individualized glucometer which is not to be shared with others and details of newly added nurse task prompts required at the time a glucometer reading is being gathered. The education will be completed by 02.25.2022.
- Assistant Director of Nursing will audit 25% of resident glucometers once a month to ensure that nursing staff is accurately utilizing and recording the appropriate resident glucometer while obtaining blood glucose readings. The audits will begin by 3/1/22.

Completion Date: 3/1/22