



**CMS 2567 PLAN OF CORRECTION
DEVELOPMENT
June 27, 2018**



Why does an RHC need to be licensed or certified?

- “**Certification**” process was developed as a measure to ensure consistent quality of care.
- Federal certification is required of all RHC clinics to approved as an RHC and to maintain RHC designation.
- Licensure is a **State** (California) regulatory process.
 - RHCs are ***not*** required to be licensed in California. Freestanding.
 - RHCs owned by hospitals (**provider/hospital based**) must be licensed ***and*** certified.
- ***§ 491.4*** *Even though a Rural Health Clinic is not licensed, compliance with all applicable federal, STATE and LOCAL laws is required.*

Why is Certification important?

- *Failure* to meet the Rural Health Clinic regulations, and failure to maintain compliance of those regulations, will ultimately result in the clinic not being Certified by CMS ***and*** the provider not being reimbursed for care provided.



Definitions

- **Statement of Deficiencies**

- The report from CMS listing the regulatory deficiencies cited.

- **CMS 2567**

- The number of the form that the Statement of Deficiencies is written on.

- **Plan of Correction**

- The provider's formal written plan to correct deficiencies.

- **POC**

- Short for Plan of Correction

What is a POC?

- A “POC” (aka plan of correction) is defined as a ***systematic*** method of eliminating or minimizing the reoccurrence of an out of compliance regulatory finding.
- Bottom line—POC’s focus is to improve patient safety and care provided.



Reviews That May Result In a CMS 2567 Issued

- Initial Rural Health Certification survey.
- Survey related to complaint investigation
- Re-certification survey
 - Full survey requested by CMS based on complaint investigation outcome.
 - Clinic has not been surveyed in many years
- Survey related to a Change of Ownership

Who Can Issue a formal CMS 2567 Statement of Deficiencies?

- Center for Medicare and Medicaid Services (CMS).
 - Their regulations
 - Their form
- California Department of Public Health (CDPH)
 - Contract with CMS to survey on behalf of CMS, and to use their forms.
- Other States who contract with CMS to conduct surveys.

Private Organizations

- Private organizations approved by CMS may also conduct Certification Surveys and will issue their own Plan of Correction document and forward will that document on to CMS.
 - Contract with CMS to conduct surveys for CMS.
 - Survey to CMS regulations.
 - All require the same POC information as specified by CMS.
 - Joint Commission, AAASF, the Compliance Team, and possibly others.....updating all the time.

What happens if the surveyors state you have deficiencies?

- Try to correct deficiency before they leave—may not write it. Sometimes the taking of a picture or faxing of a document to their office the following day, proving the deficient issue was resolved, may be enough on an Initial Survey so that the deficiency will not be written.
- If a deficiency **is written**, immediately respond to the deficiency by closely following the format stated on the cover letter on how they want you to state the resolution.

What if the surveyors state you have deficiencies during an Initial survey?

- Goal is that there should NOT be any deficiencies!
- Again, try to correct deficiency before they leave—may not write it. Sometimes the taking of a picture or faxing of a document to their office the following day, proving the deficient issue was resolved.
- If Conditions of Participations are identified as not met during the initial survey, you may not get a chance for a POC. You may be denied and have to reapply.
- This will be the decision of CMS based on the egregiousness of the issue.

What does a CMS 2567 form look like?

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

FORM APPROVED
OASIS NO. 1908-0001

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____

(G2) MULTIPLE CONSTRUCTION
A. BUILDING _____
B. WING _____

(G3) DATE SURVEY COMPLETED: _____

NAME OF FACILITY: _____ STREET ADDRESS, CITY, STATE, ZIP CODE: _____

(K4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY SHOULD BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(K5) COMPLETION DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further 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 listed, an approved plan of correction is required to maintain program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: _____ TITLE: _____ (K6) DATE: _____

FORM CMS-2567 (02/99) Previous Versions Obsolete

If continuation sheet Page ____ of ____

What will the 2567 look like when we receive it?

- Standardized cover letter will accompany the Statement of Deficiencies outlining the POC requirements.
- The regulation violated will be cited and the violation observed will be listed on the left hand side of the 2567.
- You have 10 calendar days, not work days, to have the POC returned.
- There are no surprises—you should have already been notified of the deficiencies during the survey EXIT.
- You should have already been making plans for resolution.

Federal Deficiencies

- **Deficiency levels** are:
 - **Condition of Participation** (made of standards and elements)
 - **Standard** (individual requirement of a Condition)
 - **Element** (individual requirements of a Standard)
- Any **Condition** Level deficiency can result in immediate denial of or revocation of RHC certification.
- A **Standard or Element** deficiency will not result in denial or revocation of RHC certification if the issue is resolved to the satisfaction of the surveying agency.

What Must be included a POC?

- ✓ Action taken to correct each specific deficiency cited.
- ✓ Description of how the actions will correct the process that led to the deficiency cited.
- ✓ Procedure for implementing the corrective action.
- ✓ Date the correction completed for each deficiency.
- ✓ Monitoring & tracking procedure to ensure that the action is effective & deficiency will remain corrected. **Tie in to QA.**
- ✓ The title of the person responsible for implementing the acceptable each deficiency cited in the POC.
- ✓ **Administrator's signature and date on page 1.**

Where do we begin?





Where do we begin?

- **Don't panic!**
- Identify the key individuals to take action.
- Appoint ONE person to proof read and to coordinate the gathering of support documents.
- Write ONE draft, and then walk away—give it a day. Second draft should be the final.

Tips on the Writing of POCs

- Response can be typed on the CMS2567 document on the right hand side of the form, ***OR attached separately (AFL17-23)***.
- Type the TAG or Regulation number on line above the individual POC response.
- PROOF—attach copies of staff meeting minutes, pictures, QA data collection documents for each correction.

Tips on the writing of POCs

- When Conditions of Participation are cited--write plans of correction for individual Standards first. Combine all Standard correction statements in the section where the Condition was cited.
- Referring to the topic guidelines listed in the cover letter help keep you on track to cover all points of correction.
- Do not be argumentative in your response. State the facts in ***non-emotional*** terms.
- HIPAA—do not include names or protected health information in the POC.

What do we do if we do not agree with the deficiency cited?

- **It happens.** Communication between the surveyor and staff may not have been clear. Staff may not have understood a question or what was requested.
- Record your objections to cited deficiency on the CMS2567. In the space for the specific deficiency POC, list the objection and attach documented evidence supporting your claim.
- CMS will review, and if they accept your rebuttal, they will ask CDPH to revise the CMS 2567.
- If CMS does not accept your rebuttal, you will be notified that a POC for that deficiency will need to be provided.

Disclaimers

- The statements made on this Plan of Correction are not an admission and do not constitute agreement with the alleged deficiencies herein.
- This plan of correction constitutes the facility's written credible allegation of compliance for the deficiencies noted.

CANDLE SCANDAL



Candle Scandal

- J0010 § 491.5 Compliance with Federal, State and local laws.
 - Life Safety Code , local fire jurisdiction.
- J0040 § 491.6 Physical Plant and Environment
 - J0041(a). ..maintained in a manner to ensure patient access and safety of patients and personnel.

Preparing for a survey:

- Do your homework
- READ the regulations (www.cms.hhs.gov)
- Review the Rural Health Clinic Survey Report (CMS30)
- Review the condition of the clinic's physical environment—you don't get a 2nd chance to make a 1st impression!!
- ***You cannot do it alone***

Day Of Survey

- Discuss the role of staff when the surveyor arrives.
- Greet them with a smile and thank them for coming.
- Escort them into a room with a table where they may put down their coats, brief cases, etc.
- Offer them water and coffee.
- Have documents ready for them: Policy and procedure manuals, schedule, staff personnel records and job descriptions, physician credentialing files, contracts binder, sample of clinical record contents.

When the surveyor is on site:

- Ask them where they would like to start their tour.
- If you do not know the answer to a question, state “let me research that.”
- Always escort the surveyor when they are in the clinic. This allows staff the opportunity to offer clarification or to respond to questions immediately.
- ***Never argue with surveyor.***
- Be proud of your clinic as you would be of your home. Smile, be professional.



© RAVI PATEL

Non-compliances that will cause you to fail your initial RHC survey:

- ***Schedule not posted indicating Mid-Level practitioner on the schedule at least 50% of the time the clinic is opened.***
- Clinic is not under the direction of physician.
- Policy & Procedure Manual not organized. No organizational chart, No scope of services provided, No statement of who is in charge of the clinic, policies not approved by medical staff and Board.
- Medications not secured or logged out when used.
- ***Staff have not been trained in emergency response.***

And.....

- **NO HOT WATER** in handwashing sinks.
- No heating or air conditioning.
- Facility lacks ADA handrails and space in the bathroom, sloped sidewalks at entry, handicapped parking identified.
- No emergency medications (E Kit).
- No fire extinguishers, no Fire Exit signs.
- Electrical patient care equipment in poor repair, frayed wiring.
- Hazardous substances not secured/children present.
- Oxygen not available or NOT stored in a safe manner.
- Physician and staff files lack evidence of current licensure.
- No plan for QA or an annual evaluation.

J 0135

- RHC does not perform the mandatory waived lab tests “within the clinic” which are:
 - Urine and ketones
 - H&H
 - Blood glucose
 - Stool specimens for occult blood
 - Pregnancy tests (Hcg)
 - Primary culturing and transporting to lab
- ***“show me how machines are calibrated and cleaned”***

Most Frequently Cited During Initial Certification Survey

- 481.6 Physical Plant and Environment

- Failure to be clean
- No Preventative Maintenance Program
- Hazards (electrical, oxygen not secured)
- Infections Control (cleaning, sterilization)
- Staff emergency preparedness training.

- 481.8 Staffing and Staff Responsibilities

- MD responsibilities for oversight not clearly defined.

- 481.9(b) Provision of Services

- No scope of services

- 481.9(3) Provision of Services

- Emergency medications outdated, oxygen not stored safely, no hand washing, no QA or annual review, medications not secured or accounted for.

How do we keep compliant after survey?

- Rural Health Clinics should be re-surveyed every 3 years. The reality is that re-surveys are not being done every 3 years due to budget and staffing lapses.
- But, if you have never been resurveyed in many years, gear up for a survey. They are happening.
- Complaints against an RHC will trigger a survey.
- An adjunct to maintaining compliance is through a good QA program and a periodic review of the regulations.



What Are The Hot Topics?

■ Infection Control

- Proposed regulations will require clinics to “maintain and document an infection control process that follows accepted standards of practice to prevent the transmission of infectious and communicable diseases.
- Infection Control must be incorporated into a QA program.
- *This is currently a **big focus** of CMS and the CDC for all healthcare entities. We need to push our thinking in that direction in advance. (hand-washing, instrument sterilization, sanitization of exam rooms)*

What are surveyors looking for concerning Infection Control?

Surveyors are ***watching*** staff clean services with sanitizing solution. They will ask the staff member what solution they are using, and how do they know the solution is working?

- **Kill Time.** Staff need to be able to state how long the surface they cleaned needs to remain “wet” to ensure the surface is sanitized. CaviWipes, “kill time” is 2 minutes.
- **Wearing proper protection. Staff protected** when cleaning instruments prior to sterilization.
- **MSDS.** Staff need to know location and how to use the manual. All ties in with use of sanitizing solutions.
- **Handwashing.** Watching for staff hand-washing compliance.

More expectations and cautions:

- If you structurally expand an RHC, you will need to get a building permit, which will mandate an upgrade to current ADA building standards—***Federal Law***.
- If you are a Californian hospital-based RHC, you will need to be in an OSHPD 3 certified structure.
- Do not “dose off”—keep up to date with new regulations.
- Annually review the RHC regulations to “remind” yourself of the basic requirements.
- **With surprise CMS revisits, surveyors are surprised at the level of noncompliance they are finding.**

BEA'
“YOU HAVE GOT
TO BE KIDDNG
GALLERY’

Waiting Room Remodel



Bathroom expansion



Never store under anything under the sink.....



.....because sinks leak!



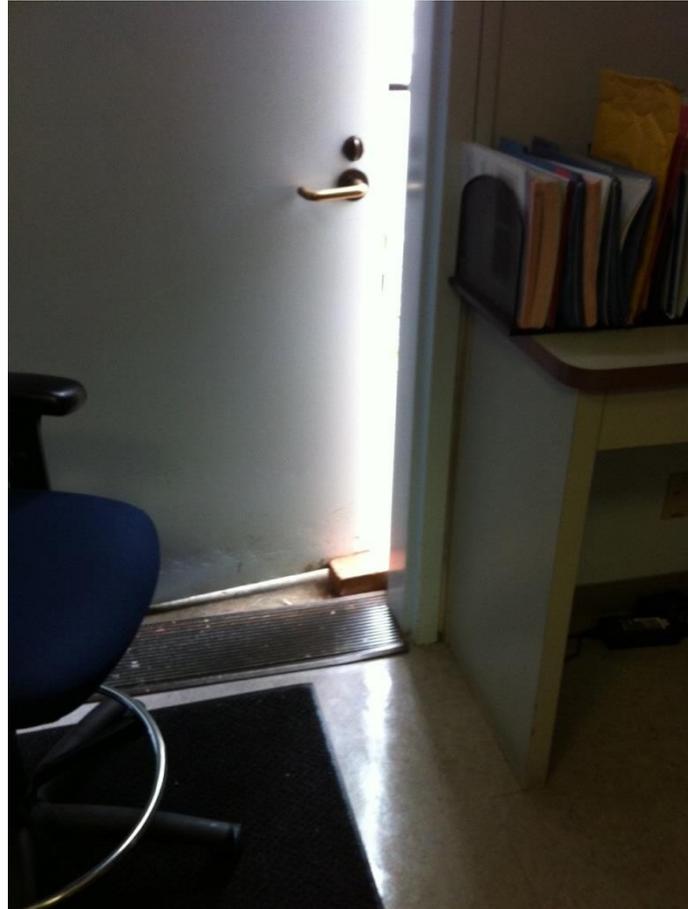
Oxygen storage, who looks where they are stored anyway?



**Just put those old batteries any
where.....**



Better ventilation? Just crack the back door a little.....



Room view on the left



Room view on the right!



Myles and Maddox Hensleit 2013





QUESTIONS

Thank you, have a great day!