



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Hospital Center • Bland Bryant Building

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

TRANSMITTAL

To: All DDA-Licensed Providers
Cc: Michael Chapman, DDA-Regional Office Directors

From: Nancy Grimm, Director *NBG*
Jennifer Baker, Program Manager *JB* Developmental Disabilities Unit
Office of Health Care Quality *JSG*

Date: January 4, 2010

Re: Plan of Correction Review Protocol

Over the course of the past year, the Office of Health Care Quality (OHCQ), in conjunction with the DDA, has continued to review the survey processes utilized by the unit surveying community providers and the subsequent plan of correction review process utilized by all components of the DD Unit (Licensure, Investigations, and Mortality Investigations). In an effort to both increase responsiveness, particularly when serious deficient practices are noted, and to expand implementation procedures for processes deemed quality-driven, feasible, efficient, and fiscally responsible, the attached protocol has been developed. The attached protocol, supported through COMAR 10.22.02.03 and 10.22.02.04, requires the same accountability from OHCQ staff that is expected of provider staff and will decrease the sometimes extended post-survey period. The goal remains for our office to spend less time reviewing provider paperwork and more time focusing on individuals receiving services—and to reduce the time spent per survey to increase the overall number of surveys.

Attached please find the Plan of Correction Review Protocol that will be utilized for all re-licensure surveys, incident investigations, and death investigations effective February 1, 2010.

We are hopeful that this process will decrease the amount of time providers spend revising and surveyors spend reviewing multiple POC submissions and reduce the overall survey time per agency.

Should you have any questions, compliments, or concerns regarding the survey and investigation process, please feel free to contact Ms. Jennifer Baker, DD Program Administrator at jbaker@dhmh.state.md.us, Ms. Mary Graves, Investigations Unit Coordinator, at marygraves@dhmh.state.md.us, or Ms. Cecilia Laurent, Licensure Unit Coordinator, at claurent@dhmh.state.md.us

**Office of Health Care Quality
Developmental Disabilities Unit
PROTOCOL FOR THE REVIEW OF
PLANS OF CORRECTION**

COMAR 10.22.02.04E: The licensee shall submit a plan of correction (POC) at the end of the exit conference, or within 10 working days of receipt of findings of noncompliance. The POC due date may be sooner than 10 working days when the nature of the noncompliance warrants a more immediate response, as determined by the OHCQ. The Director of the OHCQ may grant an extension of not more than 30 days for the submission of the POC.

COMAR 10.22.02.04F: If a POC is deemed unacceptable by the OHCQ, the licensee shall resubmit a revised POC within 10 working days to the OHCQ for approval.

Rationale:

Within ten (10) working days of the Exit Conference Date, the Licensee is expected to have submitted the Plan of Correction (POC) to OHCQ via e-mail to the Program Supervisor and the team leader for the survey. This time frame may vary dependent upon the amount and nature of the deficiencies. If there are urgent matters, such as lack of heat, hot water, unsafe ramps or other environmental issues, health/medical issues, or an excessively high water temperature (over 130° F.), the licensee will have been given an Immediate Notification Deficiency during the course of the survey and should have already responded. The Immediate Notification Deficiency is included as an addendum to the Survey Report. The Licensee should respond to Immediate Notification Deficiencies again in the submitted Plan of Correction to detail their procedure to ensure that the issue(s) do not re-occur. The team leader is responsible for ensuring that the Plan of Correction is fully reviewed.

Scope:

Review of the Plan of Correction will include:

- 1) Ensuring that all deficiencies in the Survey Report are addressed.
- 2) Ensuring that each response from the Licensee includes the required components:
 - What corrective action(s) has been/will be accomplished for those individuals found to have been affected by the deficient practice(s);
 - How will other individuals having the potential to be affected by the same deficient practice(s) be identified and what corrective action(s) will be taken;
 - What measures have been/will be put into place or what systemic changes have been/will be made to ensure that the deficient practice(s) does not recur;

- How will the corrective action(s) be monitored to ensure the deficient practice(s) will not recur, i.e., what quality assurance program(s) will be put into place;
 - Person(s) responsible for completion; and,
 - Completion date or target date for completion.
- 3) Ensuring that the Licensee's proposed target dates for completion of each item are realistic and feasible.
- **Target Date:** the date by which a licensee has stated a cited deficiency(s) was or will be corrected.

Protocol:

- 1) At the Exit Conference, the licensee is provided with the due date for the POC, both verbally and in writing on the signature page. The signature page also contains the statement regarding the licensee's opportunity to engage in an Informal Dispute Resolution Conference (IDR).
- 2) Licensees should e-mail POCs to the attention of the appropriate coordinator (Investigations, Licensure, or Program Manager for Mortality Investigation) and the team leader/investigator of the survey. Appropriate e-mail addresses are provided at the time of the exit conference. If attachments to the POC are required to be submitted, the attachments may be scanned and e-mailed (adobe file only), or mailed/hand-delivered separately.
- 3) Licensees requiring an extension for submission of a POC must contact the appropriate coordinator **prior** to the due date of the POC to request an extension. Contact should be made via e-mail.
- 4) After OHCQ's receipt of the POC, the team leader/investigator will e-mail the licensee acknowledging receipt of the POC and expected date of response.
- 5) Within ten (10) working days of receipt of the POC, the entire document will be reviewed by the investigator or survey team ensuring that all aspects noted in "Scope" above, are addressed. If completion of this review will not be possible within the 10 day timeframe the team leader/investigator will contact their supervising coordinator to determine an acceptable completion date. Upon confirmation of an extended date from the coordinator, the team leader/investigator will e-mail the licensee to provide a date that a response will be provided to them on their submitted POC.
- 6) If the POC is found acceptable, the licensee will receive an e-mail stating that the POC was accepted.
- 7) If the POC is found unacceptable in part or in whole:
 - The licensee will receive via e-mail a document detailing the unacceptable portions of the POC;
 - A new date for resubmission of a revised POC will be included in the e-mail (generally, no more than ten (10) working days).
- 8) After receipt of a resubmission, OHCQ will repeat steps 4 and 5 above.

- 9) If the revised POC is deemed acceptable, the licensee will be notified via e-mail (see #6 above).
- 10) If the revised POC is deemed unacceptable, in whole or in part, the survey team/investigator will discuss the issues with the appropriate coordinator. One of the following actions will occur:
 - If the revisions necessary are minor, one more submission will be allowed by the licensee.
 - a) The Coordinator will notify the licensee of the issues (as provided by the survey team/investigator) and inform the licensee that should the next submission be unacceptable, the imposition of intermediate sanctions will be recommended to DDA.
 - b) A due date for submission of the second revision of the POC will be provided to the licensee by the Coordinator. This due date will generally be no more than five (5) working days.
 - If the revisions necessary are of widespread scope or of moderate severity, and/or appropriate written guidance was provided by OHCQ to aid in the submission of an acceptable POC, the imposition of intermediate sanctions will be recommended to DDA.
 - a) The Coordinator will notify the DD Unit Program Manager of this decision.
 - b) The Program Manager will forward this recommendation to DDA, including the specific recommended intermediate action (as per COMAR 10.22.03.04).
 - c) The Program Manager will inform the licensee of this action via e-mail.
 - d) In conjunction with DDA, and in accordance with regulation, the intermediate sanction activity will be developed and implemented.

