



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

November 16, 2017

AL TSA ICF/IID #2017-010
S&C: 17-34-ALL NEW GUIDANCE FOR THE
FORMATTING OF THE PLANS OF CORRECTIONS

Dear ICF/IID Superintendents and Administrators:

The Centers for Medicare & Medicaid Services (CMS) has provided new guidance which allows providers the option of submitting their Plan of Correction (PoCs) as a separate document attachment versus writing the PoC on CMS form 2567.

If you choose to provide a PoC as a separate attachment, please consider the following:

1. You must still sign and return the original SOD, CMS form 2567, with the PoC attachment;
2. On the original SOD, **POC on separate document** must be written either under the signature line or the space normally used for the PoC (the blank right hand side of CMS 5726, page 1);
3. In order for your PoC to be accepted as a separate document it must be in the following format (see sample):
 - a. The PoC must have a page header on each page that includes:
 - Name of Facility;
 - The statement: *POC for SOD (date) and Aspen Event ID # _____*.
SOD date is found in the top right section of the SOD CMS Form 2567
ASPEN Event ID # is found on the bottom center of the SOD Form 2567
 - b. The body of the PoC includes the Tag number followed by the regulation and the specific PoC elements;
 - c. The bottom of each PoC page has page numbers in x of xx page format;
 - d. The PoC has a signature line with Title, Signature and Date (on page 1 only).

Additional information and the S&C 17-34-ALL memo can be found [here](#)

Thank you for your continued commitment to the health and safety of the residents of the Intermediate Care Facilities.

If you have any questions, please contact Gerald Heilinger, Field Manager, (360) 725-2484.

Sincerely,

Candace Goehring, Director
Residential Care Services

"Transforming Lives"

TAG W103

The facility must identify an individual or individuals to constitute the governing body of the facility.

1. Explain the process that lead to this deficiency.
 2. How the facility will correct the deficiency as it relates to the resident.
 3. How the facility will act to protect residents in similar situations.
 4. Measures the facility will take or the systems it will alter to ensure that the problem does not recur.
 5. How the facility plans to monitor its performance to make sure that solutions are sustained.
 6. Dates when the corrective action will be completed (no more than 45 days from the last day of inspection for an ICF/IID that carries an Assisted Living or Nursing Home license and 60 days for a state Residential Habilitation Center (RHC).
 7. The title of the person or persons responsible to ensure correction for each deficiency.
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TAG W120

The facility must assure that outside services meet the needs of each client.

1. Explain the process that lead to this deficiency.
2. How the facility will correct the deficiency as it relates to the resident.
3. How the facility will act to protect residents in similar situations.
4. Measures the facility will take or the systems it will alter to ensure that the problem does not recur.
5. How the facility plans to monitor its performance to make sure that solutions are sustained.
6. Dates when the corrective action will be completed (no more than 45 days from the last day of inspection for an ICF/IID that carries an Assisted Living or Nursing Home license and 60 days for a state Residential Habilitation Center (RHC).
7. The title of the person or persons responsible to ensure correction for each deficiency.

Title

Signature

Date