

GENERAL INSTRUCTIONS

- The Plan of Correction (PoC) for the deficiencies must be submitted within **10 calendar days** after receipt of the email with the attached Statement of Deficiencies (FORM CMS-2567 and/or STATE FORM).
- The Statement of Deficiencies (**FORM CMS-2567 and/or STATE FORM**) form must be **SIGNED** by the administrator or other authorized official as indicated (including position and title) and **DATED** on the first page.
- The PoC may be documented on the right side of the Statement of Deficiencies (**or**) submitted as a separate document attachment. Include a projected date of correction. An explicit date must be shown. This date may not exceed 60 days from the exit date of the survey.
- The completed and properly signed/dated PoC can be submitted to HSS either via email (email is the preferred method) or by mail.
 - **HSS Program Mailbox**
Click the following link and select the **HSS Program Mailbox Addresses form** to obtain the email address applicable to your program:
<http://ldh.la.gov/index.cfm/page/3806>
 - **Mailing Address:**
Health Standards Section
P.O. Box 3767
Baton Rouge, LA 70821-3767
 - **Physical Street Address (Package Delivery):**
Health Standards Section
628 N. 4th Street – Bienville Building
Baton Rouge, LA 70802
- Refer to the following section, Required Components for a Plan of Correction, for guidance in developing your PoC. Failure to submit and acceptable PoC by 10 days may result in the imposition of specified remedies.

REQUIRED COMPONENTS FOR A PLAN OF CORRECTION

***An **acceptable** plan of correction **MUST** contain the following **FIVE** components:

1. Address how corrective actions were accomplished for those residents/clients/patients found to have been affected by the deficient practice.
2. Describe how other residents/clients/patients that have the potential to be affected by the deficient practice will be identified; and what will be done for them.
3. The measures that will be put in place or the system changes that will be made to ensure that the deficient practice will not recur.
4. Indicate how the facility plans to monitor its performance to make sure that solutions are **sustained**. The facility must develop a plan for ensuring that correction is achieved and sustained. Indicate how the corrective measures will be monitored. What quality assurance program will be put into place? Monitoring must include **who** (what discipline), **how** (chart audits, direct observations, specific procedures), **how often** (daily, weekly, twice a month), and what will be done if problems are discovered.
5. Include dates when corrective action will be completed.