survey/solutions

Understanding CMS-2567

SurveyTools™

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

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FORM APPROVED
2567-I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1)PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER	(X2)MULTIPLE CONSTRUCTION	(X3)DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER		A. BUILDING _____	

If the provider does not comply with one or more applicable requirements, the CMS-2567 must include the specific regulatory citations of noncompliance.

Surveyor Requirements

Provider Requirements

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DE... (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	...VIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

The CMS-2567:

- Must indicate a requirement as "NOT MET" even if, during the survey, the provider corrects the situation that resulted in the deficiency.
- Must document how the provider failed to comply with the regulatory requirements, not how it failed to comply with the guidelines for the interpretation of those requirements.
- Should not include consultation, advice, directions or remarks. "Findings" or "deficiencies" are not reported in the absence of the citation.

The statement of the evidence for a citation should begin with language that identifies the specific practice that the provider implemented or failed to implement in relation to what is stated by the regulatory requirement.

Deficient Practice:

- Whenever possible, each statement of deficient practice should include a measure of the extent of the deficiency (e.g., recipients, record entries, observations). This would describe the total number of cases relevant to the deficiency.
- Each case found to be deficient should describe the information necessary to evaluate the context of the problem, and the coding system used to indicate the residents should be decipherable by the provider.
- Each statement of deficient practice should include an identification of the source(s) through which the evidence was obtained, i.e., from direct observation, interview, or review of records or other documents.
- If the evidence for one deficiency is to serve as the evidence for a deficiency of another requirement, a cross-reference may be used only if the evidence written at one requirement indicates a direct relationship to ALL applicable parts of the requirements that are deficient.

Statements of findings should

- Include the facts to support the deficiency. When reviewing the CMS-2567, look for relevant facts that provide answers to basic questions – who?, what?, when?, where?, and how?
- Specify the outcomes observed or reported that have resulted from the provider's deficient practice, the potential that existed for an adverse outcome, or the fact of the entity's noncompliance.
- Specify the date, times and locations of the observations. It should specify the entry or document by date and type of document, if record, or document review was the source of the information.

The plan of correction must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- Address how the facility will identify other residents having the potential to be affected by the deficient practice.
- Address what measures will be put into place or procedural changes made to ensure that the deficient practice will not recur.
- 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. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system. At the revisit, the quality assurance plan is reviewed to determine the earliest date of compliance. If there is no evidence of quality assurance being implemented, the earliest correction date will be the date of the revisit.
- Include dates when a corrective action will be completed. These corrective action completion dates must be acceptable to the state. If the plan of correction is unacceptable for any reason, the State will notify the facility in writing. If the plan of correction is acceptable, the State will notify the facility by phone, e-mail, etc. Facilities should be cautioned that they are ultimately responsible for their own compliance, and that responsibility is not achieved in cases where notification about the acceptability of their plan of correction is not made in a timely manner. The plan of correction will serve as the facility's allegation of compliance.

LABORA... 6) DATE

Any deficiency statement ending with an aste... safeguards provide sufficient protection to th... correction is provided. If deficiencies are cited, ...rection providing it is determined that other ...ng the date of survey whether or not a plan of ... program participation.

The CMS-2567 should be written in a concise, specific and easy-to-understand fashion.

FORM CMS-2567L

Writing the Plan of Correction

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	A. BUILDING _____ B. WING _____	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F309 SS=L	483.25 Requirement QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well being, in accordance with the comprehensive assessment and plan of care. The requirement is **NOT MET** as evidenced by: Based upon a review of 32 clinical records, observation of residents, as well as interviews with residents, families, and staff, it was determined that the facility failed to provide adequate care and treatment as evidenced by serious medication errors, failure to provide basic nursing care, and failure to follow physicians' orders. This overall lack of care has placed the health and safety of residents in immediate jeopardy, as evidenced by the following: Residents #89 and #61, who both have a diagnosis of insulin-dependent diabetes mellitus, received double doses of insulin on December 2, 3, and 4, 2001. These serious errors were not discovered until December 4, 2001, the physicians were not notified of the errors until December 16, 2001, and there was no nursing documentation describing the residents' conditions for these days. Resident #22 was found to have a painful right arm, which was difficult to move, on November 5, 2001. On November 6, 2001, an x-ray revealed a left shoulder dislocation, which was recommended to be placed in a sling. Upon return to the nursing home, the sling was not ordered and no treatment for pain control or comfort measures was initiated. Approximately one month later, on December 3, 2001, a sling and Tylenol 500 mg. were ordered by the nurse practitioner. When questioned, staff were unable to locate the sling and the resident was observed on all four days of the survey to be without the sling. Four residents, #11, #27, #44, and #81, were being treated for thrombophlebitis, and were ordered to receive Coumadin (blood thinner) therapy to reduce the risk of blood clots. During the four days of the survey, residents received laboratory tests to monitor the safety and effectiveness of this medication, and laboratory values were noted to be 6.1, 9.3, 5.4, and 3.9 respectively, evidencing abnormally high Coumadin levels. The physicians for these residents were not notified, Vitamin K was not given as indicated, and Resident #27 was noted to have hemorrhaged on December 4, 2001, at 3:00 a.m. and was transferred to the emergency room for treatment. *Scope and Severity equal "L" on the scope and severity scale		**Write statements in this order:** **How will corrective action be accomplished for those residents found to have been affected by the deficient practice?** 1 (Title of responsible corrector) **will implement corrective actions for residents** (insert resident identifier numbers) **affected by this practice,** including: (List specific corrective actions for each resident. **How will the facility identify other residents having the potential to be affected by the same deficient practice?** 2 (Title of responsible corrector) **will assess residents having the potential to be affected by this practice,** including: (List specific corrective actions for other residents at risk) **What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur?** 3 (Title of responsible corrector) **will implement measures to ensure that this practice does not recur,** including: (List specific corrective actions for system changes) **How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?** 4 (Title of responsible corrector) **will monitor corrective actions to ensure the effectiveness of these actions,** including: (List specific corrective actions for monitoring activities) **Sample Corrective Actions** • Performing new assessments • Seeking resident council input • Revising/updating care plans • Conducting resident/family interviews • Performing in-service training • Increasing staffing • Writing/revising policies and procedures • Purchasing ancillary services/products • Obtaining consulting assistance **Sample Monitoring Activities** • Observing staff performance • Conducting resident/family interviews • Conducting floor rounds • Performing mock surveys • Completing checklists • Performing quality assurance surveys • Reviewing reports • Reviewing inventory levels • Auditing records	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.