

The Survey and Statement of Deficiency/Plan of Correction Process

The purpose of the facility survey is to ensure that the standards established for facilities meet the requirements of the Montana Code Annotated (MCA) and Administrative Rules of Montana (ARM), prior to the Licensure Bureau issuing a facility license or to maintain the current license if the facility is being investigated for a complaint.

Routine licensure surveys are conducted every 1 to 3 years. This is usually done approximately 120 to 60 days prior to the licensure expiration date. The survey is unannounced and conducted by a health care facility surveyor from the Licensure Bureau or an independent contractor. The survey process takes from 1 to 4 days, dependent upon the size and type of facility.

The survey tool consists of the applicable ARMs and MCAs. It is formatted in a table for easier understanding and application. The survey tool can be found on the Internet at <http://www.dphhs.mt.gov/programsservices/assistedliving/pcpacket.shtml>

The surveyor documents relevant findings including observations, interviews and record review information obtained during the survey. Once a survey has been completed, the surveyor will conduct an exit interview with the administrator or designated staff. During this exit interview, the surveyor will review the findings of the survey and the rule number, title, and subsection of the citation, if the rule was not met and why it was not met.

The surveyor submits a **STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION (POC)** to the Licensure Bureau, Health Care Facility Manager, for review using the form below.

STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION

Name of Facility Administrator: Date/s of Survey Facility ID # Address: City: Zip Phone Number	Surveyor: Date/s of Survey: Facility type: Task Order # Type of Survey: [<i>Licensure/Complaint</i>]	
Deficiency	Plan of Correction	Completion Date

Return completed **Plan of Correction** to:
 DPHHS Division of Quality Assurance
 Licensure Bureau
 2401 Colonial Drive, 2nd Floor
 P.O. Box 202953
 Helena, Montana 59620-2953

SIGNATURE _____ **Title** _____ **Date** _____

The Health Care Facility Program Manager will send this form to the facility administrator. The **Deficiency Column** will state the ARM number, title, and subsection of the citation, if the rule was not met, and the reason the rule was not met.

Upon receiving the **STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION**, the facility administrator has ten (10) working days to submit a written response. The POC must identify the steps to attain compliance with the regulation and the date the correction will be achieved. PLEASE USE THE **STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION** FORM PROVIDED, otherwise, the POC will be returned. See sample below.

Deficiency	Plan of Correction	Completion Date
<p><u>37.106.2866 CONSTRUCTION, BUILDING and FIRE CODES</u></p> <p><i>(8) An employee and resident fire drill is conducted at least two times annually, no closer than four months apart and includes residents, employees and support staff on duty and other individuals in the facility. A resident fire drill includes making a general announcement throughout the facility that a resident fire drill is being conducted or sounding a fire alarm.</i></p> <p><i>(9) Records of employee and resident fire drills are maintained on the premises for 24 months from the date of the drill and include the date and time of the drill, names of the employees participating in the drill and identification of residents needing assistance for evacuation.</i></p> <p>THE INTENT OF THIS RULE IS NOT MET.</p> <p>AS EVIDENCED BY: surveyor record review. The facility has no record of a fire drill being conducted within the last 2 years.</p>	<p><i>A fire drill will be conducted at least two times annually. A record of the fire drill will be kept in the Construction, Building and Fire Code File for a period of 3 years.</i></p> <p><i>A policy addressing fire drill procedure and reporting requirements will be written</i></p> <p><i>All staff will be oriented to this policy</i></p> <p><i>A Fire drill has been scheduled.</i></p> <p><i>A copy of the drill report will be sent to the department. This report will include the date and time of the drill, names of the employees participating in the drill, identification of residents needing assistance for evacuation, and a critique of the drill with recommendations.</i></p>	<p><i>07-12-03.</i></p> <p><i>07-19-03.</i></p> <p><i>07-21-03.</i></p> <p><i>07-23-03</i></p>

Note: If no deficiencies have been cited, a **STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION** will be sent stating that all requirements have been met. This will be included with the license.

Guidelines for Developing an Acceptable Written POC

1. Response should be objective, specific, realistic, and complete.
2. Identify the nature of the corrective action, not only current concern, but also other situations where there is a potential for noncompliance with the deficiency.
3. Identify what changes will be made to ensure that the deficient practice will not re-occur.
4. Identify how the facility will monitor its corrective action to ensure that the deficient practice is corrected.
5. Identify the date of completion or the expected date of completion (reasonable time period).
6. Deficiencies related to direct patient care should be corrected immediately and noted as such in the POC.
7. Sign and date the *STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION*.
8. **MAKE A COPY for your files** of the *STATEMENT OF LICENSING DEFICIENCIES AND PLAN OF CORRECTION*.
9. Return the Written POC to:

DPHHS Division of Quality Assurance
Licensure Bureau
P.O. Box 202953
Helena, MT 59620-2953

The POC will be reviewed by the Health Care Facility Program Manager. If the POC is accepted, an acknowledgment letter of approval will be sent with the new license. If the POC is not accepted, the facility administrator will be contacted by either mail or phone requesting further clarification, documentation, or additional action.

Duration of License

License duration range from Provisional to 3 (three) years.

A Provisional license of up to 364 days can be issued for any of the following reasons:

- New facility is pending initial on-site licensure survey,
- Licensure Bureau staff are unavailable to conduct an on-site survey prior to licensure expiration date,
- Pending administrative review or closure,
- Time for facility to complete POC (this is limited to urgent and unusual situations only), and/or
- Deficiencies related to fire, life, safety.

Regular licenses can be issued for 1 (one) to 3 (three) years. Duration of the license is dependent upon the number and type of deficiencies. If there are any deficiencies relating to the health, safety and welfare of a resident, a Provisional or a one year license will be issued.