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Responding to Survey Findings: How to Develop a Strong Correction Plan and Knowing Your Options

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HANYS Survey Readiness
Virtual Series 4 of 5

TODAY'S SPEAKERS

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HANYS SURVEY READINESS WEBINAR VIRTUAL SERIES

All Virtual Sessions will be held from 1-2:30 PM EST

Virtual Session 1 • April 2

Survey Readiness 101: Overview and getting started

Virtual Session 2 • April 9

Preparation: How to mitigate risk and prepare for upcoming surveys

Virtual Session 3 • April 16

They're here: Establishing a survey response and management protocol

Virtual Session 5 • April 30

What's next: Leveraging survey findings and strengthening organizational quality and compliance

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LEARNING OBJECTIVES

- Recognize and interpret survey findings across accrediting bodies and regulatory agencies.
- Differentiate between immediate, short- and long-term corrective actions
- Apply best practices in drafting a comprehensive and effective Plan of Correction
- Effectively communicate corrective action plans
- Evaluate the effectiveness of implemented corrective action plans

FINDINGS AND CITATIONS

INFORMAL DISPUTE RESOLUTION (IDR) PROCESS & EXAMPLE

Definition: A formal opportunity for facilities to dispute survey deficiencies without delaying enforcement.

Governing Regulation: 42 CFR § 488.331 – IDR must be requested within 10 calendar days of receiving Form CMS-2567.

- State must complete IDR within 60 days of request.

Key Notes:

- Does not delay enforcement actions; must identify specific citations being challenged.

Example: A nursing home cited for improper restraint use initiated an IDR, arguing the citation was based on a misinterpreted care plan. By submitting additional documentation, the facility successfully had the citation removed.

NYS DOH SURVEY FINDINGS: STATEMENT OF DEFICIENCIES

Statement of Deficiencies: New York Codes Rules and Regulations (NYCRR 10) or Federal Code

Focus areas: infection control, discharge planning, staffing, documentation

Clarify findings informally with the survey team or assigned state contact

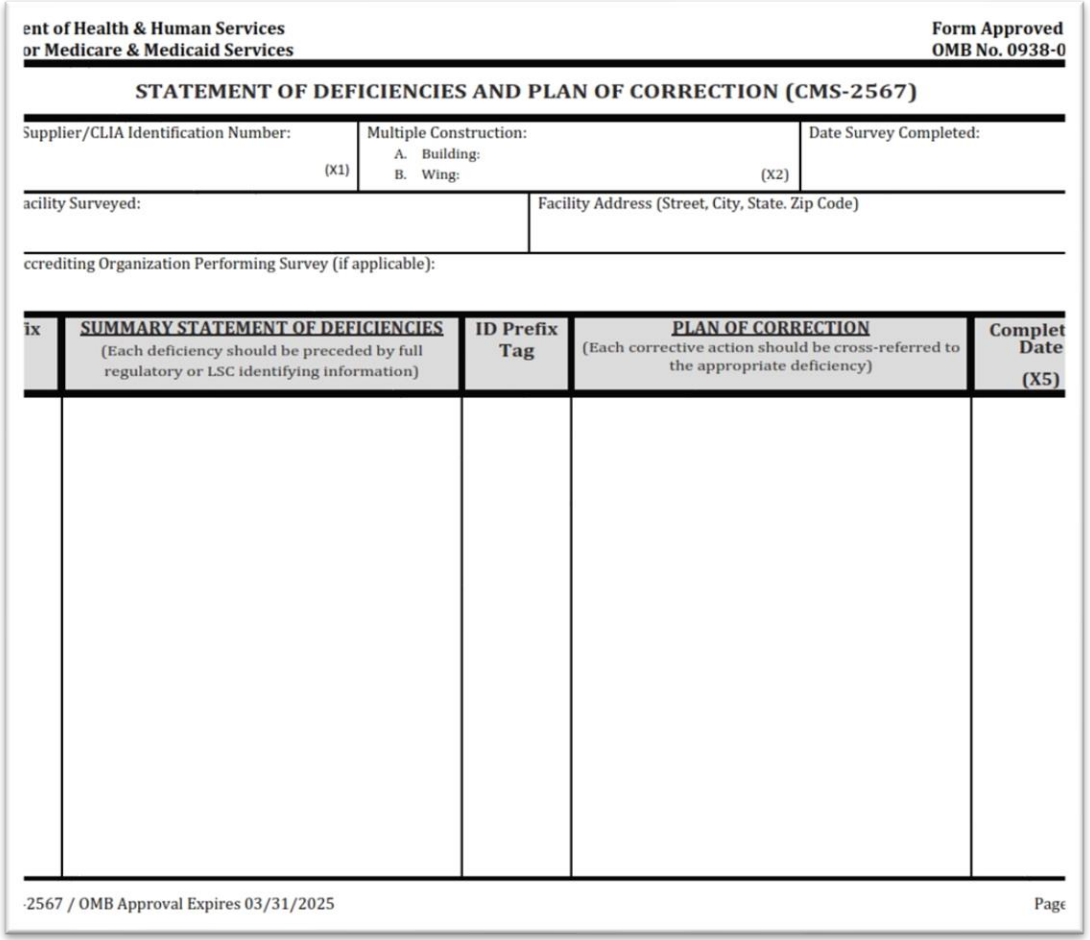
Dispute Process: Informal Dispute Resolution option: Written request with factual rebuttal, but no formal appeal process

Findings can be routine, complaint-based or focused surveys

RCA Tip: DOH often flags **policy-practice disconnects** or inadequate monitoring

CMS SURVEY FINDINGS-FORM 2567: DEFICIENCIES AND TAGS

- **Citations:** Standard Level vs. Condition Level
- **Clarify findings** during the exit conference or via state agency liaison
- **Dispute process**:
  - Informal dispute resolution (IDR) due within 10 calendar days
  - Submit a written rebuttal with supporting evidence
  - Begin root cause analysis immediately after exit



ent of Health & Human Services
or Medicare & Medicaid Services

Form Approved
OMB No. 0938-0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (CMS-2567)

Supplier/CLIA Identification Number: (X1)	Multiple Construction: A. Building: B. Wing: (X2)	Date Survey Completed:
acility Surveyed:	Facility Address (Street, City, State. Zip Code)	

ccrediting Organization Performing Survey (if applicable):

ix	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency should be preceded by full regulatory or LSC identifying information)	ID Prefix Tag	PLAN OF CORRECTION (Each corrective action should be cross-referred to the appropriate deficiency)	Complet Date (X5)

-2567 / OMB Approval Expires 03/31/2025

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NYS CLINICAL STAFFING LAW SURVEY FINDINGS

- **Citations/Violations:** Compliance with the NYS Safe Staffing Act
- **Citations for**:
  - Staffing plans not followed
  - RN coverage non-compliance
  - Inadequate committee engagement and documentation
- **Clarify findings** directly with a surveyor or DOH representative
- **Dispute Process:** No formal IDR process, must respond with strong evidence and internal analysis

RCA should explore staffing models, float pool deployment and unit-level acuity data

TJC FINDINGS: REQUIREMENT FOR IMPROVEMENT (RFIS) AND SAFER MATRIX

- **Findings**: RFIs
- **SAFER matrix**: Tool to prioritize deficiencies:
  - **Likelihood to cause harm** (Low, Moderate, High)
  - **Scope of impact** (Isolated, Pattern, Widespread)
- **Clarification and dispute process**: During the survey, post-survey portal
- **Action Focus**: Systemic issues are flagged in high-harm/widespread RFIs and should be prioritized for root cause analysis and action.

SAFER MATRIX

DNV SURVEY FINDINGS: NONCONFORMITIES

- **Findings Format**: Conformity Assessments
  - **Major Nonconformities** – Violations requiring immediate attention
  - **Minor Nonconformities** – Lesser issues requiring monitoring and correction
- **Standards Referenced**: ISO 9001 and NIAHO frameworks
- **Clarify findings** with the surveyor or regional office after the survey
- **Corrective Action Planning Requirements**
  - Structured RCA within the Quality Management System
  - Cross-functional team input to ensure systemic fixes

RCA should incorporate the QMS framework and cross-functional review

EMTALA SURVEY FINDINGS

- **Findings format:** CMS complaint/focused surveys
- **Common findings**:
  - Delayed or incomplete Medical Screening Exam
  - Inappropriate transfer
  - Failure to stabilize patient
  - Often results in IJ designations
  - Incomplete Documentation (esp. provider to provider acceptance)
- **Clarify findings** with CMS/state surveyor immediately post-survey
- **Dispute Process:** CMS IDR, but correction efforts must begin in parallel

RCA involves ED staffing, triage, registration and provider workflows

IMMEDIATE JEOPARDY: RESPONDING TO CRITICAL RISK

- **IJ means actual or likely serious harm or death**
- **Regulatory Authorities:** CMS, DOH, EMTALA
- **Clarify citations** during or immediately after the survey
  - Know accreditor contract rules and regulatory guidance
- **Resolution** does not remove the IJ — approval of a removal plan is required
- **Escalate** concerns or request documentation through CMS, DOH or accreditor contacts

OTHER SURVEY TYPES WITH CITATIONS

- Life Safety Code / Environment of Care
- Behavioral Health Surveys
- Complaint-Based / Sentinel Events

Accreditor/ Type	Clarification	Dispute	RCA Focus	Facility Types Most Affected
CMS	Exit or with liaison	IDR (10 days)	Clinical, documentation, systemic	SNF, hospitals, HHAs, hospices
DOH	Informally w/ surveyor	Written IDR	Policy gaps, documentation	SNFs, hospitals, adult care
TJC	During/after survey	Clarification letter	High-risk RFIs, SAFER Matrix	Hospitals, behavioral health, ambulatory care
DNV	Post-survey	Rebuttal letter	Process & QMS	Hospitals, surgical centers
EMTALA	Immediately	IDR	Triage, ED flow	Hospitals with EDs
CSL	DOH	No formal process	Staffing, compliance	General Acute Hospitals
Other surveys	As soon as survey ends	Varies	Depends on focus	All facility types depending on trigger
IJ situations	Immediate	None; act first	Immediate mitigation, parallel RCA	All settings

CORRECTIVE ACTION DIFFERENTIATION

POLLING QUESTION #1

How does your organization currently categorize and implement corrective actions? Select one:

1. Consistent use of immediate, short and long-term categories
2. Implement but don’t formally categorize
3. Dependent on the plan writer
4. Now creating a structured approach

CORRECTIVE ACTION ALIGNMENT WITH ACCREDITOR EXPECTATIONS

Type	Implementation	Expected by	Submission Deadlines
Immediate	Within 0–3 days	CMS, DOH, TJC, DNV	CMS: 10 calendar days (POC)
			DOH: 10 calendar days
			DNV: 10 business days
			TJC: 60 calendar days (ESC)
Short-Term	Within 4–30 days	All accreditors	Same as above
Long-Term or Systemic	31–90+ days	All accreditors	Same as above

CORRECTIVE ACTION TIMELINES

CMS Timeline

- Submit POC within 10 calendar days of receipt of Form 2567
- Internal actions start on the day of the survey exit
- Immediate and short-term fixes often implemented **before** POC submission

TJC Timeline

- 60 calendar days from the date the SAFER Matrix is posted in the portal
- Immediate risk mitigation is still expected within the first few days
- Long-term planning and monitoring often ongoing before ESC submission

Start corrective planning during or immediately after the survey.
Do not wait for the report to arrive.

BEST PRACTICES

STRONG CORRECTIVE ACTION PLANS

Core Elements

- Specific to each deficiency
- SMART goals, timelines, roles and monitoring
- Immediate, short and long-term steps
- Aligns with accreditor expectations and formats

What Drives Approval

- Multidisciplinary input (Quality, Ops, Risk, IT, HR)
- Leadership sponsorship (CNO, CMO, CEO)
- Engaging staff and documenting training
- P&P updates and sustainability measures
- Systemic fixes

ROOT CAUSE ANALYSIS AND SYSTEMIC ISSUES

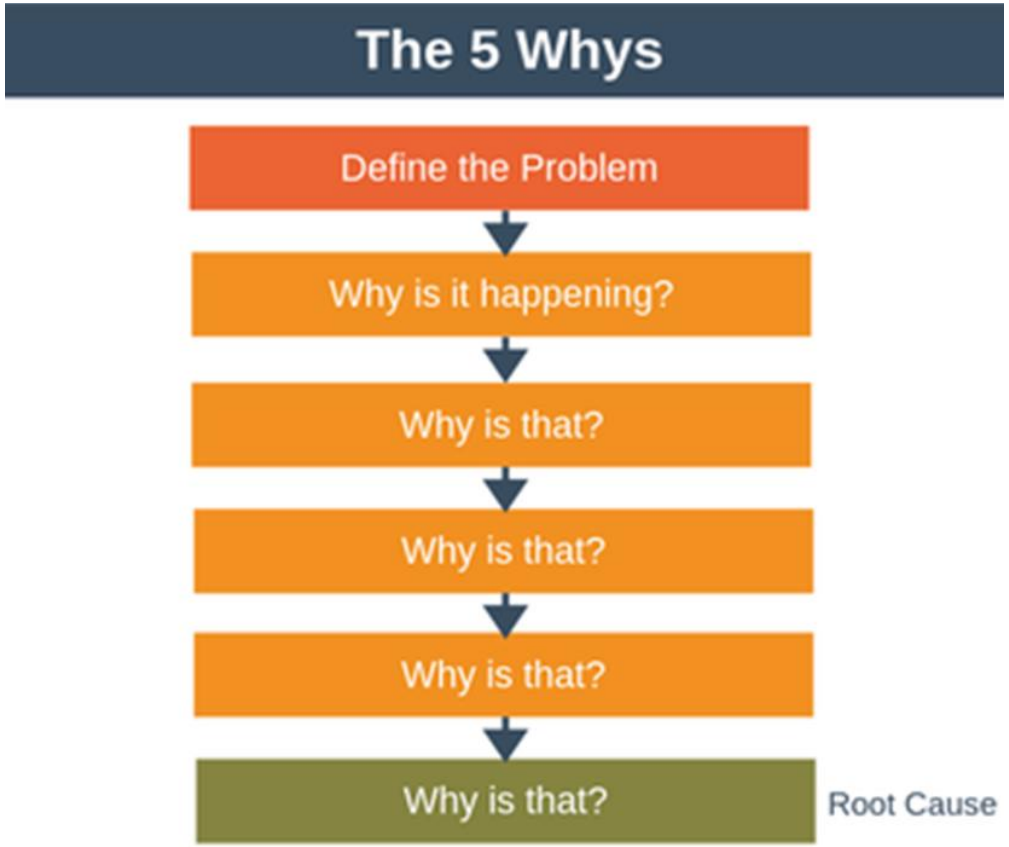
Start RCA during initial findings review. Don't wait to draft the POC

Tools

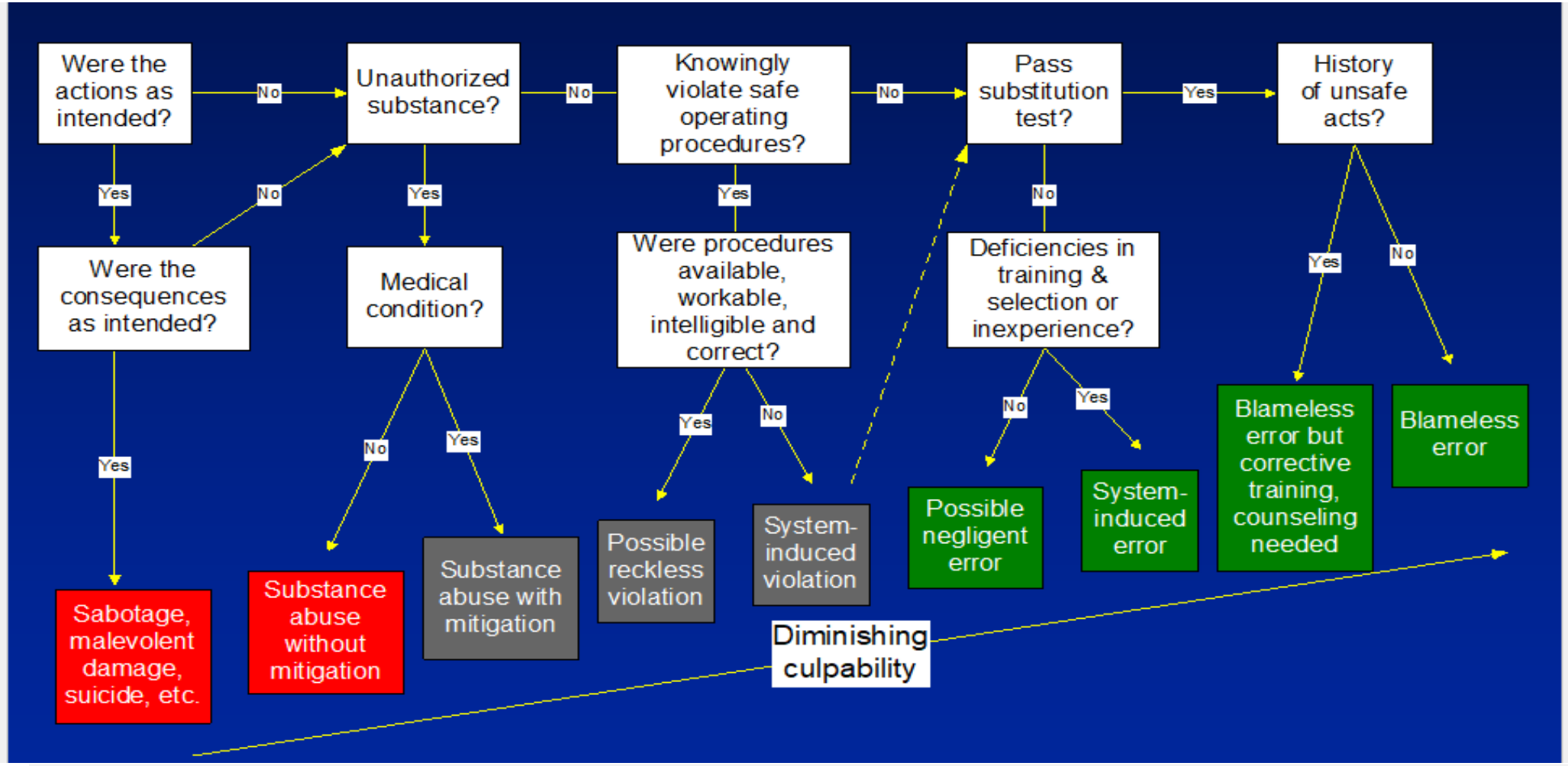
- 5 Whys
- Fishbone or Ishikawa
- FMEA

Systemic issues

- Training gaps
- Workflow design flaws
- Policy-practice mismatch
- Technology barriers



DETERMINING CULPABILITY



Reason, J., Managing the Risks of Organizational Accidents

WRITING CMS/DOH POCS FOR EMTALA & IJ CITATIONS

1. Review the Statement of Deficiencies (Form CMS-2567)
2. Assign a responsible party
3. Immediate Actions (especially for IJ or EMTALA)
4. Corrective Steps for Each Deficiency
5. Systemic Changes
6. Sustainability
7. Submit the POC via CMS/DOH portals

STRONG CMS/DOH POC EXAMPLE:
IJ FAILURE TO MAINTAIN EMERGENCY SERVICES

Poor POC: "We talked to the staff and told them to follow the policy. We will make sure it doesn't happen again."

Good POC

- "On [Date], the ER director immediately removed staff from clinical duties and initiated EMTALA training within 24 hours."
- "A revised EMTALA policy was implemented on [Date], with approval from legal and compliance."
- 100% of ER staff received documented training by [Date].
- Weekly unannounced audits of EMTALA logs and patient transfers began [Date].
- ER compliance committee will review trends monthly and report to hospital leadership.
- Responsible: ER director and compliance officer.

WRITING TJC-EVIDENCE OF STANDARDS COMPLIANCE (ESCS)

1. Review the SAFER Matrix citation

2. Identify the Elements of Performance that require action

3. Write ESC per EP: Who (Responsible party), What (Corrective action), When (Implementation date), How (Method of implementation), Monitoring: Frequency and duration of compliance monitoring, Documentation (Attach policies, training logs, audit results as applicable)

4. Submit in Joint Commission Connect Portal

WRITING A STRONG TJC POC

Example: Moderate Risk Finding (Failure to maintain equipment logs)

Poor POC: “We will fix the logs and make sure everyone does their job.”

Good POC:

- On [Date], Biomed created a centralized digital log for equipment checks.
- Staff trained on use of new system from [Date]–[Date].
- Daily reviews by Biomed Tech II until [Date], then weekly spot audits.
- Department manager will verify logs weekly and report to Environment of Care Committee.
- Documentation: Policy update, training sign-in sheets, sample logs attached.

WRITING DNV: CORRECTIVE ACTION PLANS (CAPS)

1. Review Nonconformity Reports: Identify minor (Category B) vs major (Category A) nonconformities

2. Describe Containment (if needed): What was done immediately to mitigate the risk?

3. Write a CAP with these components: RCA, corrective action (specific, measurable steps), implementation timeline, responsible parties, follow-up plan (e.g., internal audits)

4. Submit via DNV's Synergi platform: Often due within 10 calendar days

WRITING A STRONG DNV CAP: CATEGORY A EXAMPLE

Poor CAP: "We told the nurses to wear PPE. Everyone should know this."

Good CAP:

- Root Cause: Policy was outdated and not reinforced during annual training.
- Action: Updated Infection Control Policy to reflect current CDC guidance (effective [Date]).
- Training: All staff re-educated during staff meetings between [Date] and [Date].
- Monitoring: Monthly audits using standardized PPE checklist.
- Responsibility: Infection control nurse and unit manager.
- Verification: CAP closure report will be submitted with training rosters, audit tools and results.

DNV NONCONFORMITY LIFE SAFETY EXAMPLE

What

- Portable oxygen (O_2) cylinders—both full and empty—were stored together in an unsecured corner of a clean utility room. .
- Tanks were not separated, labeled, or restrained..

Why

- Violates PE.2 of the DNV NIAHO Standard, which incorporates the 2000 NFPA 101 Life Safety Code and NFPA 99 Health Care Facilities Code.
- Requirements mandate secure, labeled, and segregated storage for gas cylinders”

Impact

- Safety Hazard: Risk of tipping, leakage, or explosion.
- Regulatory Noncompliance: Improper storage can escalate from a minor to a significant nonconformity depending on volume and location.
- Operational Risk: Unsafe environment for staff and patients, especially in emergency situations.

WORD CLOUD

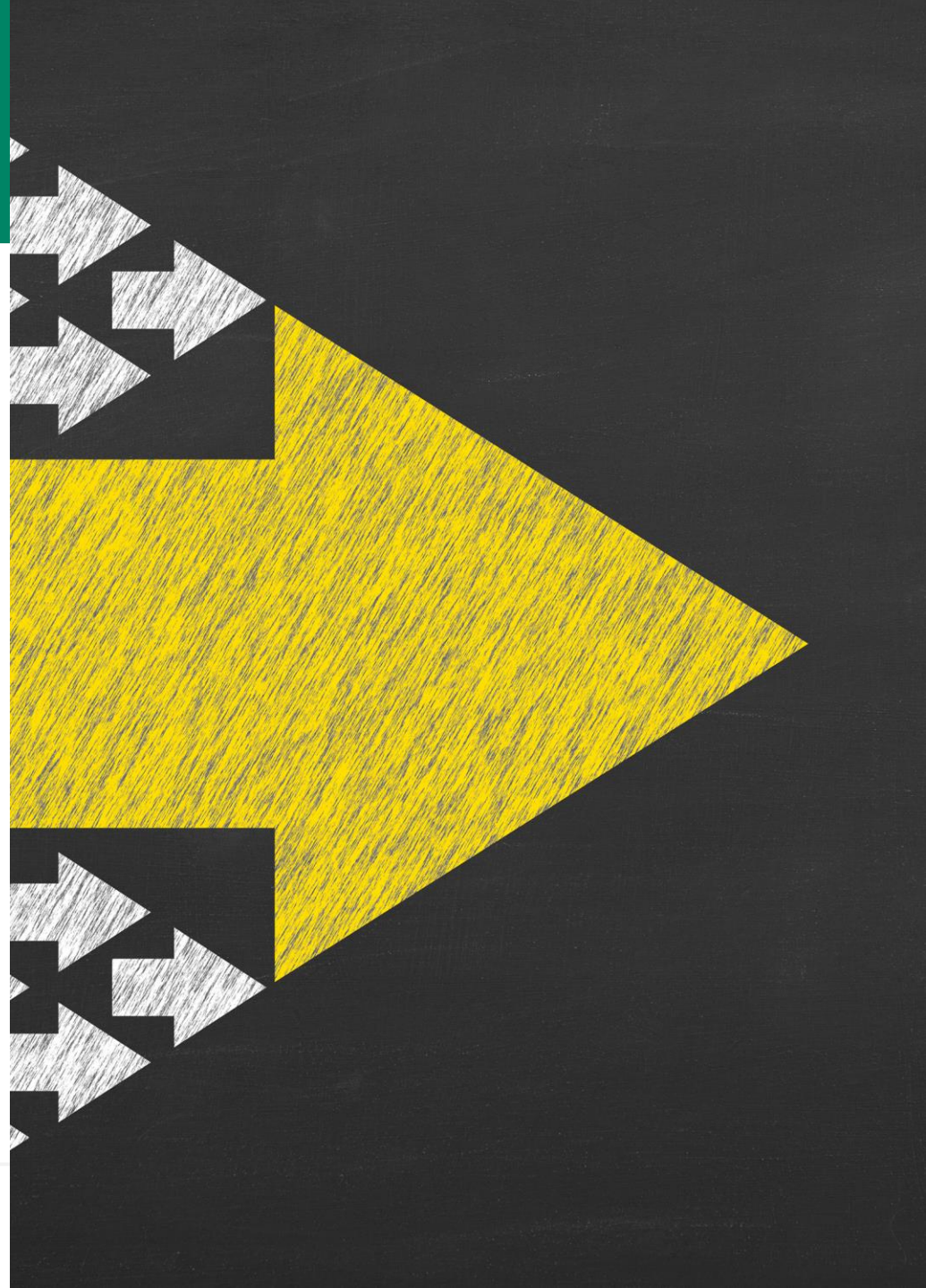
Word Cloud: What are key characteristics of a strong plan of correction?

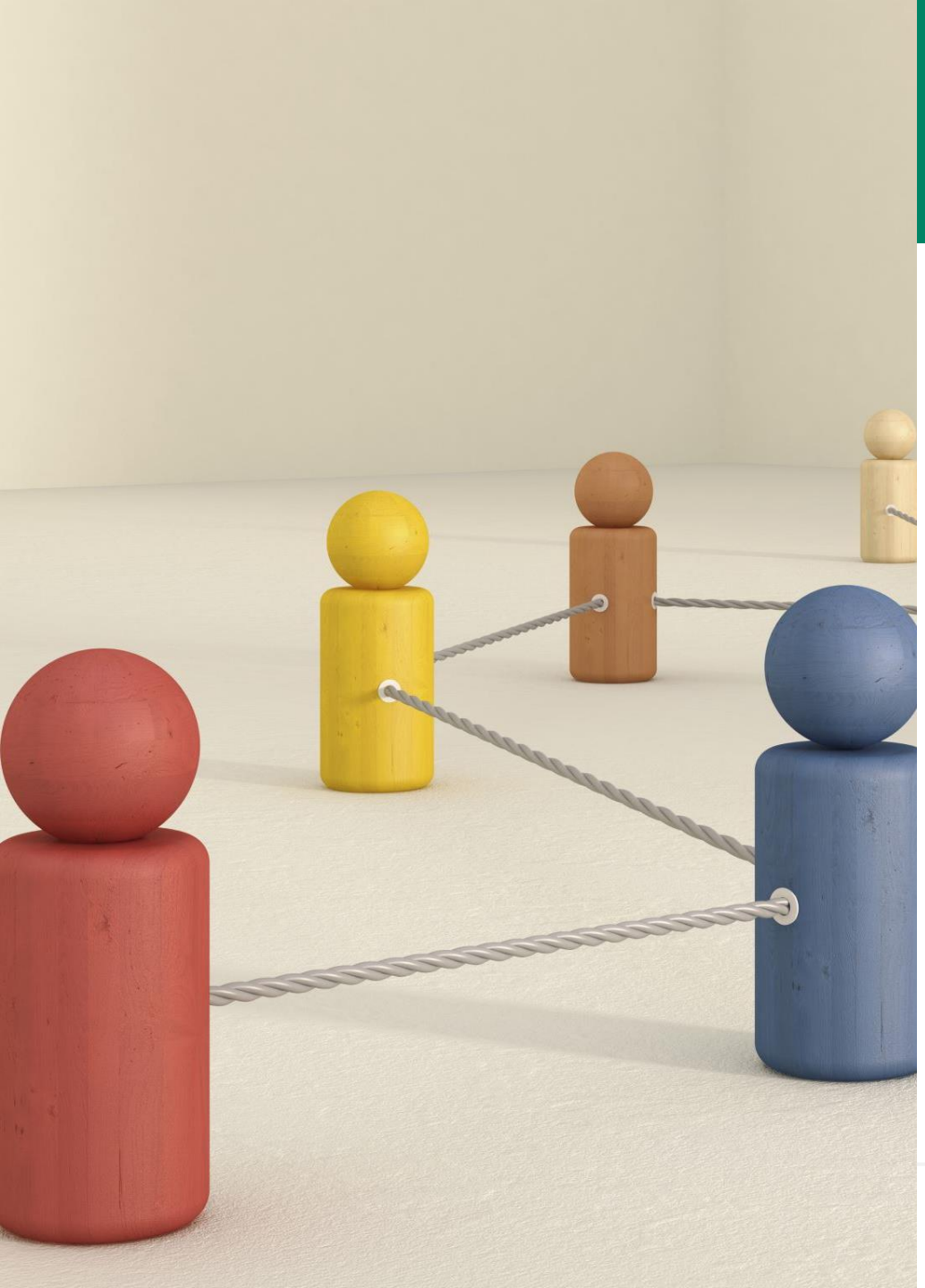
COMMUNICATE THE PLAN

START WITH LEADERSHIP

Setting the Tone

- Inform key executives immediately
- Designate a leader to sponsor the plan
- Align corrective action with organizational goals
- Report progress regularly



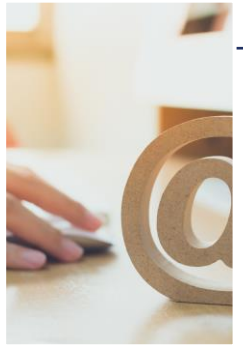


MULTIDISCIPLINARY OWNERSHIP

Engage Stakeholders

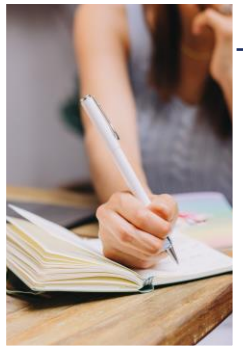
- Include department heads, managers, frontline reps
- Use collaborative RCA and planning session
- Assign action items by title/role
- Build transparency into updates and decisions

CASCADE THE MESSAGE: ALL STAFF, ALL ROLES



Use tiered communication: huddles, email, town halls

Tailor messaging by audience (clinical, support, admin)



Reinforce expectations with signage, training, checklists

Ensure access to updated policies and procedure

EMBED IT INTO CULTURE: SUSTAIN THROUGH COMMUNICATION

- Share wins and progress
- Recognize staff contributions
- Use surveys, audits and rounding to reinforce
- Make transparency part of your operating rhythm

POLLING QUESTION #2

Where does your team have the biggest opportunity to improve follow-up readiness?

Select one:

1. Consistent auditing or monitoring
2. Keeping policies and procedures aligned
3. Communicating actions clearly to all staff
4. Preparing proactively for validation surveys

EVALUATE THE EFFECTIVENESS OF IMPLEMENTED CORRECTIVE ACTIONS

EVALUATING THE EFFECTIVENESS OF CORRECTIVE ACTIONS

Why it Matters

- Confirms if the fix worked and prevents repeat findings
- Demonstrates readiness for follow-up surveys
- Builds trust and internal accountability

Evaluation Tools

- Targeted audits and observational rounds
- Outcome metrics and dashboards
- Staff feedback and behavior change, staff education plan
- Updated and retrained policies

Sustainability

- Set 30/60/90-day review cycles
- Align with QAPI and compliance tracking
- Document version control and training logs

STRENGTHENING WEAK ACTIONS FOR LONG-TERM IMPACT

Strength of Action

- *Weak*: Retraining without system change
- *Intermediate*: Policy revision without monitoring
- *Strong*: System redesign with automation or accountability layers

Improve It

- Turn retraining → into redesign (e.g., equipment upgrade)
- Turn memos → into tech solutions (e.g., barcode scanning)
- Avoid relying on reminders or double-checks alone

SUSTAINABILITY

Staff

- Training and Involvement
- Behaviors
- Senior leaders
- Clinical leaders

Organization

- Infrastructure
- Fit with goals and culture of organization

Process

- Monitoring progress
- Adaptability
- Benefits beyond helping patients
- Credibility of the benefits

QUESTIONS

REFERENCES

CMS COPs

CMS EMTALA Guidance

TJC Framework for RCAs and Corrective actions

NYS DOH IDR Form

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