

# The Pulse

Hospital Education



**August 2022**

## Quick reference guide for writing plans of correction

A plan of correction (PoC) is a plan developed by the facility and approved by the Centers for Medicare & Medicaid Services (CMS) or the state survey agency that describes the actions the facility will take to correct deficiencies and specifies the date by which those deficiencies will be corrected.

There are three different types of plans of corrections outlined below that are used for hospitals: standard level, condition level, and Emergency Medical Treatment and Labor Act (EMTALA).

Plans of correction must include the following.

### For standard-level deficiencies

1. Who (by job title) is responsible for correcting the deficiency
2. Specifically, how the deficiency will be corrected
3. A realistic date of correction by month, date, and year
4. A process to ensure the deficiency remains corrected
5. Who (by job title) is responsible for monitoring to ensure the

## Emergency Medical Treatment and Labor Act (EMTALA) deficiencies

Below are examples of citations **A2400** – Compliance with 489.24, and **A2406** – Medical Screening Exam, from recent EMTALA deficiencies:

1. A patient arrived at the emergency department (ED) by emergency medical services (EMS) due to complaints of pain. The patient's medical record lacked evidence the hospital's ED staff reassessed the patient following the administration of a potent muscle-relaxing medication before being released from the hospital.

Additionally, the records lacked evidence that the ED staff examined the patient sufficiently to identify the presence of a pressure wound, despite the patient's medical record that outlined a non-healing surgical wound as a medical problem, and a treatment listed on their home medication list.

The patient returned to the ED four days later by EMS due to weakness and recent change of condition. The patient had tested positive for COVID-19 prior to the ED visit. The ED physician ordered a chest x-ray and basic blood tests to check for an infection.

Laboratory test results indicated that the patient had an elevated white blood cell count, low potassium, and was malnourished. The ED physician ordered oral potassium and documented the patient be released to return home.

deficiencies remain corrected

6. A plan for how long the monitoring will occur to ensure the deficiencies stay corrected

#### For condition-level deficiencies

1. The specific nature of the corrective actions for each deficiency
2. Reasonable completion dates for all deficiencies prior to the listed termination date, unless an extension is requested and approved
3. How the corrective action plan will prevent recurrence for the deficiency cited
4. The title (not the name) of the person responsible for implementing and monitoring the plan of correction for future compliance with the regulations

#### For EMTALA deficiencies

1. The plan for correcting each specific deficiency cited
2. The plan for improving the processes that led to the cited deficiencies, including how the hospital is addressing improvements in its systems in order to prevent the likelihood of recurrence of the deficient practices
3. A completion date for correction of each cited deficiency
4. The monitoring and tracking procedures that will be implemented to ensure that the PoC is effective and that the specific cited deficiencies remain corrected and in the compliance with the regulatory requirements

The following day, the patient presented to a different ED several miles away, where the ED staff noted the patient was lethargic, confused, and had an infected stage IV pressure wound.

2. A patient was 29 weeks pregnant with a history of anemia and asthma, and arrived at the obstetrics (OB) department. The patient presented with a cough, fever, leg cramps, and a high heart rate.

Approximately 45 minutes later, an OB physician ordered fetal heart tone monitoring, Tylenol, and COVID-19 testing over the phone to the registered nurse (RN) who was providing care.

Approximately 40 minutes later, the RN documented that they provided an emergency medical screening examination and updated the OB physician. The RN received orders to discharge the patient from the hospital.

Three and a half hours after the discharge, the hospital lab staff completed the COVID-19 testing for the patient, which was positive. Medical records lacked evidence that the patient received a medical screening examination to determine the cause of the patient's fever besides the COVID-19 testing.

### Quarterly lunch and learn

**Topic:** Abuse in hospitals

**Presenter:** Jamie West, J.D., compliance officer with the Health Facilities Division of DIA

**When:** Sept. 14, 2022

**Time:** 11:30 a.m.

You can join the quarterly lunch and learn via Google Meets.

- **Video link:** [meet.google.com/txr-avgp-euj](https://meet.google.com/txr-avgp-euj)

## Health facilities website

In May 2021, DIA's Health Facilities Division launched a new web application. The new application features a user-friendly interface not only for accessing records for health facilities and submitting self-reports, but also for the Iowa Direct Care Worker Registry for CNAs.

In the new system, entity administrators will need to request access to the new application. Once the administrator's access is approved, the administrator will be able to approve any other authorized facility users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college users are able to manage their own accounts, including making changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.
- Each user should be assigned only one role. If a user is assigned multiple roles, the system may not work properly.
- Users should use **the email address associated with their place of employment** to create their Google or Microsoft account (see PDF guide below).

The new website for the application is [dia-hfd.iowa.gov](http://dia-hfd.iowa.gov).

### Additional resources

- [DIA Health Facilities Database User Guide \(PDF\)](#)

- **Call-in number:**  
470-242-8482  
PIN: 323 126 459#

If there are specific topics you would like addressed in future lunch-and-learn sessions, contact **Megan Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or **515.249.9648**.

### Contact us

If you have any questions or concerns, or if there are topics you would like to see covered in this newsletter or at a future lunch-and-learn, please contact **Megan Montalvo** at [megan.montalvo@dia.iowa.gov](mailto:megan.montalvo@dia.iowa.gov) or **515.249.9648**.



- [DIA's Health Facilities Database: Entity Sign-In \(YouTube video\)](#)
- [DIA's Health Facilities Database: Approving Entity Users \(YouTube video for administrators\)](#)

## Employee spotlight

**Lori**

**Brown** started with the Iowa Department of Inspections and Appeals in January 2014 as the administrative



assistant with the Medicare Services Bureau. She has worked for the State of Iowa since 1990, serving in positions in several other departments including the departments of General Services, Public Health, Agriculture and Land Stewardship, and Corrections.

Lori is a lifelong "eastsider" (resident of the east side of Des Moines), and in her spare time enjoys spending time with her family that includes three children and two grandchildren. She also enjoys traveling, camping, "tearing up lakes" on her jet ski, and attending live music events with friends

whenever she gets a chance. Lori lives in Des Moines with her husband, Darwin.

**Iowa Department of Inspections and Appeals**

Health Facilities Division | 321 East 12th St | Des Moines, Iowa 50319 | 515.281.4115 | FAX 515.281.5022