



ALPINE TECHNOLOGY
GROUP



NEW YORK STATE

Electronic Plan of Correction System

Welcome to the ePOC Provider Webinar!

July 2013



ePOC Webinar: Information

- Alpine Technology Group presenting
- DOH staff available during webinar
- Participants will be muted
- Questions
 - DOH staff available via Chat
 - Send questions in Chat to ‘All Panelists’
 - After presentation, DOH will provide a Q&A document to participants

ePOC in HCS: My Applications

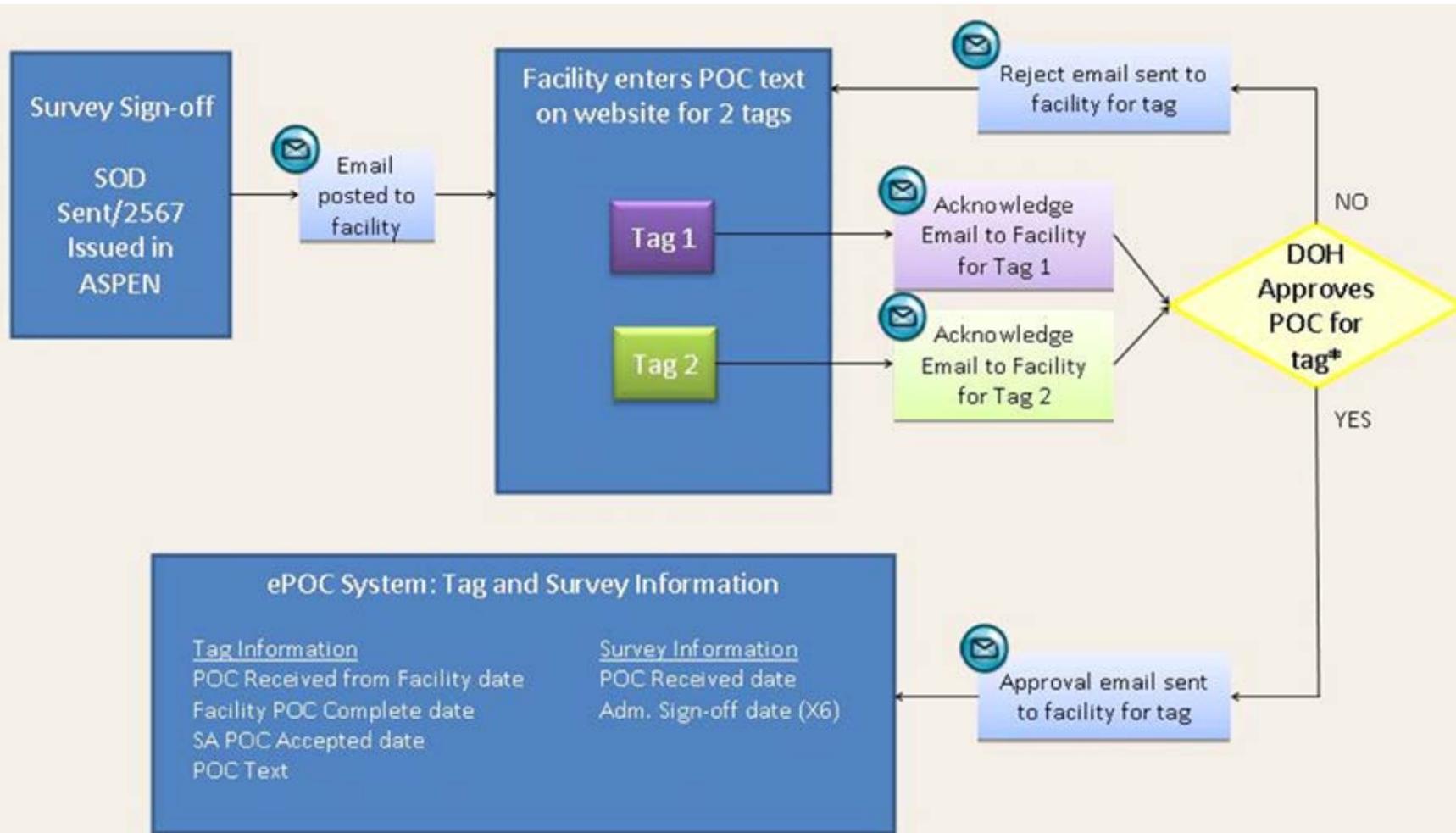
- ePOC accessible via Health Commerce System (HCS)
- ePOC can be added to My Applications (8/1/2013)

Add *ePOC* to My Applications

The screenshot shows the 'Health Commerce System Applications' page. The browser address bar is https://commerce.health.state.ny.us/hcsportal/hcs_homeportaljssessionid=yXGFRJKpQhwX.... The page has tabs for 'Home', 'Documents', and 'Applications'. A search bar is present with the text 'Welcome Gregory Sw...'. Below the search bar is a table of applications.

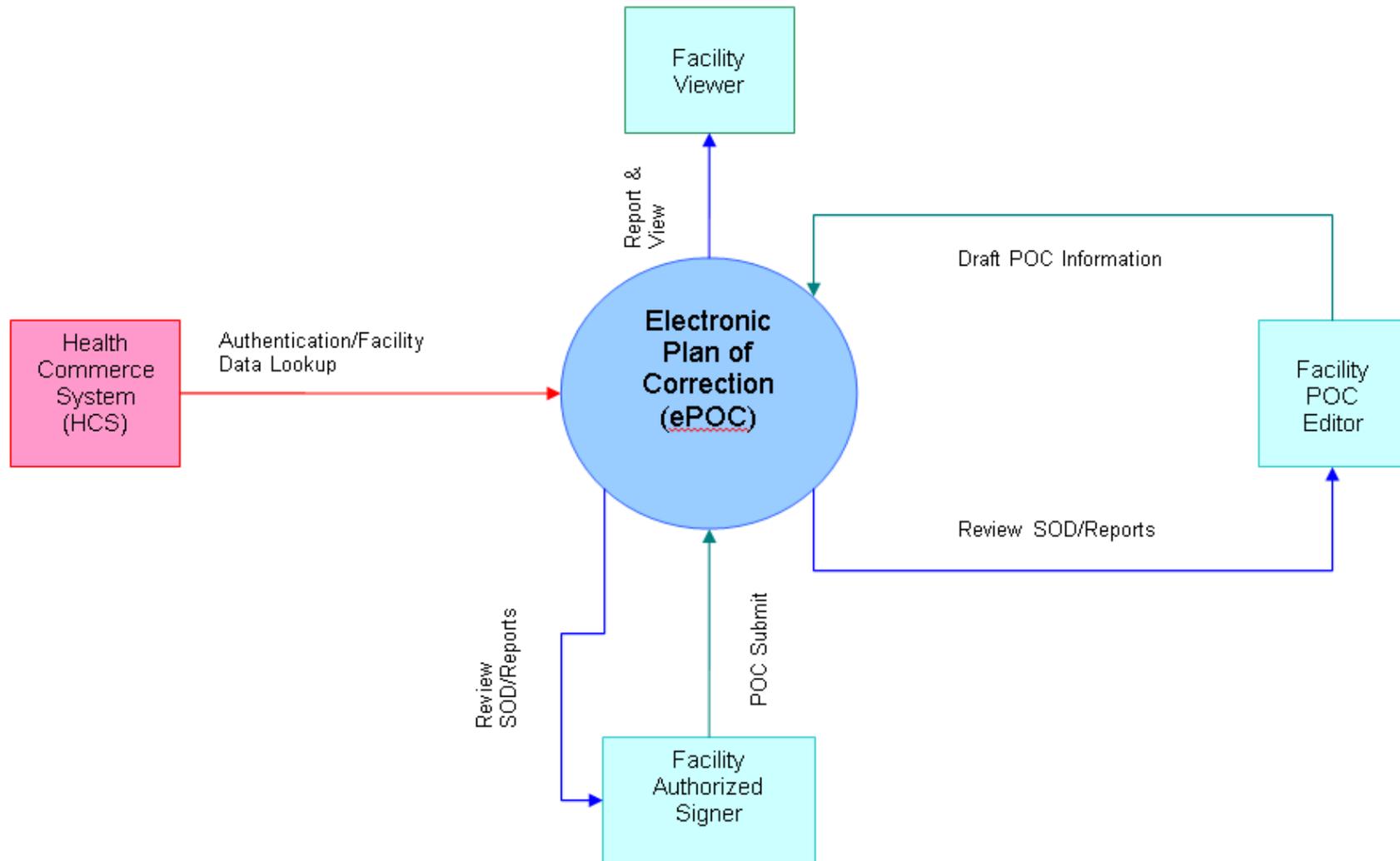
Application Name	Acronym	Profile	Restricted	Add/Remove
National Poison Data System (see Profile for Access Info)		1		
Neonatal Intensive Care Unit	NICU	1		
Nursing Home Rate Reports		1	Yes	
Nursing Home Rate Sheets 4/1/2009 and Forward		1	Yes	
Nursing Home Surveillance and Reporting System		1	Yes	
Nursing Home Trend and Roll Factor Reports		1	Yes	
NYCDOH EBC Submission	NHSRS	1	Yes	

ePOC System: Core Process



**Review and disposition (i.e. Rejection or Approval) occurs independently for each tag*

ePOC: Roles



Viewer (New Role: Operator!)

POC Editor

Authorized Signer

ePOC: Roles by Facility Type

All below roles already available within HCS

	Viewers Read SODs	POC Editors Read/Write & Edit POCs	Authorized Signer Read/Write & Edit POCs & Submit POCs to DOH
Nursing Home	<ul style="list-style-type: none"> ✓ Administrator ✓ Director, Nursing ✓ POC Editor (new role) ✓ Operator (new role) 	<ul style="list-style-type: none"> ✓ Administrator ✓ Director of Nursing ✓ POC Editor (new role) 	<ul style="list-style-type: none"> ✓ Administrator ✓ Director of Nursing
HHA Hospice LHCSA	<ul style="list-style-type: none"> ✓ Administrator ✓ Director, Home Care Patient Services ✓ HPN Coordinator ✓ Governing Body Chair ✓ Governing Body Member ✓ Operator (new role) 	<ul style="list-style-type: none"> ✓ Administrator ✓ Director of Patient Care ✓ HPN Coordinator 	<ul style="list-style-type: none"> ✓ Administrator

Viewer

POC Editor

Authorized Signer

ePOC: Implementation Dates

Abbrev	Implementation Date
NH	8/1/2013
HHA	9/1/2013
Hospice	9/1/2013
LHCSA	10/1/2013

Navigation Pane

- Available on Survey List view
- Provides quick access to facility and survey lists
- Provides quick access to facility-type specific instructions

The screenshot displays a web application interface. On the left is a 'Navigation Pane' with a 'Navigation' section containing links for 'Facility List', 'Survey List', 'Overview', and 'Instructions'. Below this is a 'Filter' section for 'Survey Exit Date' with 'From' and 'To' input fields. On the right, a data table is shown with columns 'Event Id' and 'SOD Sent'. The table contains two rows: one with '2QI011' and '08/09/2012', and another with 'V45Z12' and '07/10/2012'. A red callout box with an arrow points to the 'Facility List' link, containing the text: 'Click on any of these links to navigate to that view'. Above the table, there are controls for 'Show 25 entries' and navigation buttons 'First', 'Previous', '1', and 'Next'.

Event Id	SOD Sent
2QI011	08/09/2012
V45Z12	07/10/2012

Facility List

- Available to facility users with access to multiple facilities only

Facility List

Show entries

Facility ID	Name	Address	City	Facility Type	State Key	State ID	Operating Status
NY119988	A NEW ADULT CARE FACILITY	159 E BROAD STREET	PHILADELPHIA	ACH	392		ACTIVE
270901	ACMH HOSPITAL	ONE NOLTE DRIVE	KITTANNING	HOSP-ACU	1821	270901	ACTIVE
041402	BALA NURSING AND RETIREMENT CE	4001 FORD ROAD	PHILADELPHIA	S/NF DP	392		ACTIVE
021202	BERKS HEIM	1011 BERKS ROAD	LEESPORT	SNF/NF	970		ACTIVE
034102	COUNTRYSIDE CONVAL HOME LTD PA	8221 LAMOR ROAD	MERCER	SNF/NF	145		ACTIVE
440702	GOLDEN LIVINGCENTER-RICHLAND	349 VOTECH DRIVE	JOHNSTOWN	SNF/NF	518		ACTIVE
043502	ORWIGSBURG CENTER	1000 ORWIGSBURG MANOR DR	ORWIGSBURG	SNF/NF	766		ACTIVE
750905	PRIMARY NURSING CARE	50 SNYDER RD	HERMITAGE	HHA-18	892		ACTIVE
050202	SOUDERTON MENNONITE HOMES	207 WEST SUMMIT AVENUE	SOUDERTON	SNF/NF	548		ACTIVE
040202	SPRING CREEK CENTER	1205 SOUTH 28TH STREET	HARRISBURG	SNF/NF	150		ACTIVE

Showing 1 to 10 of 10 entries

Survey List

- Accessed from Facility List for multiple facility users
- Displayed after login for single facility users

Survey List

Show entries

Event Id	SOD Sent	Exit Date	Type	Status	Category Description	# Def	Submitted	Approved/ Unapproved	POC Due Date
BN4X11	08/06/2012	✉ 08/06/2012	Health	Open	LICEN, RELIC	2	1	0 / 2	09/05/2012
NY2D11	08/06/2012	✉ 08/06/2012	Health	Open	LICEN, RELIC	2	0	0 / 2	09/05/2012
4UPQ11	08/03/2012	✉ 08/03/2012	Health	Closed	LICEN, RELIC	0	0	0 / 0	09/02/2012
FUNL11	08/02/2012	✉ 08/02/2012	Health	Open	INLIC	2	1	0 / 2	09/01/2012

Showing 1 to 4 of 4 entries

Survey List (Cont)

- Displays all qualifying surveys for the facility
- SOD Letter from ASPEN available
- Filter and Sort Options

Survey List

Show entries

Event Id	SOD Sent		Exit Date	Type	Status	Category Description	# Def	Submitted	Approved/ Unapproved	POC Due Date
BN4X11	08/06/2012	✉	08/06/2012	Health	Open	LICEN, RELIC	2	1	0 / 2	09/05/2012
NY2D11	08/06/2012	✉	08/06/2012	Health	Open	LICEN, RELIC	2	0	0 / 2	09/05/2012
4UPQ11	08/03/2012	✉	08/03/2012	Health	Closed	LICEN, RELIC	0	0	0 / 0	09/02/2012
FUNL11	08/02/2012	✉	08/02/2012	Health	Open	INLIC	2	1	0 / 2	09/01/2012

Showing 1 to 4 of 4 entries

Click here to view SOD letter (points to envelope icon)

Click on column headers to sort by that column (points to Exit Date, Status, Category Description, and POC Due Date headers)

Survey Detail (Deficiency) List

- Accessed from Survey List

Navigation

- Facility List
- Survey List
- Overview
- Instructions

Deficiencies

- F000 - No POC
- F153 - Rejected
- F157 - Approved
- F204 - Rejected
- F208 - Approved

■ =IJ/Substandard Quality of Care

COUNTRYSIDE CONVAL HOME LTD PA
8221 LAMOR ROAD
MERCER , PA 16137

Survey Detail

Event Id: X0JE11 Survey Date: 07/13/2012 Status: Open

SOD Letter Print Back

F000	INITIAL COMMENTS	Plan of Correction:	Completion Date (X5):
S/S:	<p>Observations: init comments</p>		<p>Status: No POC</p> <p>Date:</p>
■ <u>F153</u>	<p>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility.</p> <p>Observations: tag 0153</p>	<p>Plan of Correction: poc for tag 0153</p>	<p>Completion Date (X5): 08/31/2012</p> <p>Status: Rejected</p> <p>Date: 07/16/2012</p>
■ <u>F157</u>	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to</p>	<p>Plan of Correction: poc for tag 0157</p>	<p>Completion Date (X5): 09/14/2012</p> <p>Status: Approved</p> <p>Date: 07/16/2012</p>

Survey Detail (Cont)

- Displays all tags for qualifying surveys
- SOD Letter from ASPEN available
- 2567 Report available

Navigation

- Facility List
- Survey List
- Overview
- Instructions

Deficiencies

- F000 - No PDC
- F153 - Rejected
- * F157 - Approved
- F204 - Rejected
- F208 - Approved

* =IJ/Substandard Quality of Care

COUNTRYSIDE CONVAL HOME LTD PA
8221 LAMOR ROAD
MERCER, PA 16137

Survey Detail

Event Id: X0JE11 Survey Date: 07/13/2012 Status: Open

SOD Letter
Print
Back

F000	INITIAL COMMENTS	Plan of Correction:	Completion Date (X5):
S/S:	Observations: init comments		Status: No POC Date:
F153	483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS S/S: D The resident or his or her legal representative has the right upon an oral or written request, to access all records pertaining to himself or herself including current clinical records within 24 hours (excluding weekends and holidays); and after receipt of his or her records for inspection, to purchase at a cost not to exceed the community standard photocopies of the records or any portions of them upon request and 2 working days advance notice to the facility. Observations: tag 0153	Plan of Correction: poc for tag 0153	Completion Date (X5): 08/31/2012 Status: Rejected Date: 07/16/2012
* F157	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) S/S: J A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the	Plan of Correction: poc for tag 0157	Completion Date (X5): 09/14/2012

Click here for 2567 report

↓

Plan of Correction Entry Page

Plan of Correction
Tag Z001 - TEST TAG 0001 (Z Test State Regs) Back

Survey Exit: 08/08/2012	POC Due: 08/15/2012
Survey Posting: 08/08/2012	POC Status: No POC

Observation Text	Facility Response
tag 0001	<p>POC Description:</p> <div style="border: 1px solid gray; padding: 5px; min-height: 150px;">This is the POC information to be submitted for this tag.</div> <p style="text-align: center; border: 1px solid red; color: red; padding: 2px;">Enter POC Text here</p>
<p style="border: 1px solid red; color: red; padding: 2px; margin: 5px;">To Save information, click this button. NOTE: Only POC Submitter and POC Editor can use this button.</p> <p style="border: 1px solid red; color: red; padding: 2px; margin: 5px;">To submit to DOH, click this button. NOTE: Only POC Submitter can use this button.</p>	<p>Completion Date (X5): <input style="width: 100px;" type="text" value="08/31/2012"/> POC Completion Date entered here</p> <p style="text-align: center;"><input type="button" value="Save"/> <input type="button" value="Submit"/></p>

Back

Attestation of POC Submittal

- Required for each POC submittal

Attestation of POC Submittal
Tag Z001 - TEST TAG 0001 (Z Test State Regs)

[Back](#)

I DEV User, *Administrator* agree, and it is my intent, to sign this record/document and affirmation by electronically submitting this Plan of Correction (POC) form for ACMH HOSPITAL. I understand submitting this POC form in this fashion is the legal equivalent of having placed my handwritten signature on the submitted record/document and *by* this affirmation. I am thereby *attesting* to the truth of the information contained therein under federal and state requirements to submit a Plan of Correction.

[I Agree](#) [I Disagree](#)

2567 Report Form

- Available from Survey Detail List and POC Entry Page
- Displays “POC Not Final” watermark until the POCs for all tags are approved

2567 Report Form (Cont)

PRINTED: 08/29/2012
FORM APPROVED

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 396076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2012
NAME OF PROVIDER OR SUPPLIER BALA NURSING AND RETIREMENT CE		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 FORD ROAD-- PHILADELPHIA, PA 19131		
(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) COMPLETE DATE
Z 000	INITIAL COMMENTS Based on an Abbreviated Survey in response to two complaints completed on October 10, 2010, it was determined that Bala Nursing and Retirement Center was not in compliance with the following requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	Z 000		
Z 001	12345 TEST TAG 0001 This CONDITION is not met as evidenced by: Based on clinical record review, facility and hospital documentation and staff interviews it was determined that the facility failed to identify, treat and monitor one of three residents reviewed with the diagnosis of diabetes resulting in harm to Resident R1. Findings include: Review of Resident R1's diagnosis list revealed the diagnosis of stroke, high blood pressure, heart disease and anemia and that the resident was admitted to the facility in April 2007. Nursing progress notes dated October 10, 2010 revealed that the resident complained that she was not feeling well and was very tired, the resident's temperature was 94 degrees Fahrenheit, normal is 98.0 degrees Fahrenheit, the physician was notified and ordered the resident to be sent to the hospital. Further review of Resident R1's clinical record revealed that blood sugars (normal is 70-99	Z 001	All Residents at Bala Nursing and Retirement Center, upon admission, will continue to be assessed for high risk for falls and appropriate safety measures will be implemented. Resident R2 was assessed and care planned as a high risk for falls. All care staff are oriented to utilize the Resident Status Sheets, which reflects the plan of care for residents. Employee E3 choose not to follow the guidelines of the Residents plan of care and the resident status sheet. Resident R2 was care planned for a three person transfer. Employee E3 admitted knowledge of that information but independently elected to transfer resident R2 by herself, resulting in resident R2 having to be lowered to the floor during the transfer by employee E3. Employee E3 was disciplined on April 4, 2010 upon nursing management being made aware of incident. Employee E3 was reeducated on Resident Status Sheets, residents plan of care and a plan for improvement completed. Resident R3's plan of care revealed safety measures to prevent falls, which included the use of a low bed and that the bed was	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Deficiency-Free Survey

- Must be acknowledged for all facility types except ACF
- Acknowledge SOD button on Survey Detail List

Survey Detail			
Event Id: C70213 Survey Date: 03/30/2010 Status: Open		<input type="button" value="Acknowledge SOD"/> <input type="button" value="Print"/> <input type="button" value="Back"/>	
G000 S/S:	INITIAL COMMENTS Observations: An On site, follow-up survey was conducted on March 30, 2010, and found that Primary Nursing Care had corrected the deficiency cited under 42 CFR, Part 484, Subparts B and C, Conditions of Participation: Home Health Agencies. The deficiency was cited as a result of a Medicare Recertification Survey completed on November 6, 2009.	Plan of Correction:	Completion Date (X5): Status: No POC Date:
<input type="button" value="Back"/>			

POC Rejected

- When a POC is rejected by DOH, reject reasons and text are displayed on POC Entry page

Observation Text	Facility Response
deficiency text for tag 0161 k level s/s	<p>POC Description:</p> <p>The deficiency for this citation will be corrected by the facility immediately.</p> <p>Completion Date (X5): 07/15/2013</p> <p><input type="button" value="Save"/> <input type="button" value="Submit"/></p>
Reject Reasons	
Rejection Description	Rejection Comments
Does not contain elements detailing how the facility will correct the deficiency as it relates to the individual.	Additional rejection comments for 1st rejection reason.
Does not indicate how the facility will act to protect residents in similar situations.	rejection comments for 2nd rejection reason

Survey Results Posted Email

- Sent to facility users when survey is posted to ePOC website

SUBJECT: Statement of Deficiencies (SOD) Posted: Y7KP11 - BALA NURSING AND RETIREMENT CE(Survey Completed 12/07/2012)

The SOD for the survey completed at your facility on 12/07/2012 has been posted on the EPOC website (<https://commerce.health.state.ny.us>). Please login to review SOD Cover Letter and the deficiencies, and to enter Plan of Correction (POC) information, if required.

You may contact your area office representative with any questions regarding this matter.

Please do not reply to this message.

Thank you

Survey Results Re-Posted Email

- Sent to Facility Users when survey is changed and re-posted on ePOC web site

SUBJECT: Statement of Deficiencies (SOD) Re-Posted: 76YY11 - COUNTRYSIDE CONVAL HOME LTD PA (Survey Completed 12/05/2012)

The results of the DOH survey completed at your facility on 12/05/2012 have been revised and re-posted on the EPOC web site (<https://commerce.health.state.ny.us>). Please login to reprint the SOD survey report (2567) which reflects changes made to the following citations: 0152/RIGHTS EXERCISED BY REPRESENTATIVE.

You may contact your area office representative with any questions regarding this matter, or to determine if a new POC is needed for these changes.

Please do not reply to this message.

Thank you

Facility POC Submitted Email

- Sent to Facility Users when a POC for a tag is submitted to DOH

SUBJECT: POC Acknowledgement: for Tag 0030 - ZWF612 - BALA NURSING AND RETIREMENT CE (Survey Completed 08/03/2012)

Your Plan of Correction (POC) for Tag: 0030/Sexual Abuse has been received via the ePOC web site (<https://commerce.health.state.ny.us>).

If you ever receive this notification when you have not submitted a Plan of Correction for this citation, contact your office representative immediately.

You may contact your area office representative with any questions regarding this matter.

Please do not reply to this message.

Thank you

POC Approval Email

- Sent to Facility Users when DOH approves the POC for a tag

SUBJECT: POC for Tag# 0104 Approved: IX5811 - A NEW ADULT CARE FACILITY
(Survey Completed 08/10/2012)

Your Plan of Correction (POC) for Tag: 0104/INTRODUCTION. has been approved by the Department of Health.

You may contact your area office representative with any questions regarding this matter.

Please do not reply to this message.

Thank you

POC Rejected Email

- Sent to Facility Users when DOH Rejects the POC for a tag

SUBJECT: POC for Tag #0153 Rejected: 2QI011 - BERKS HEIM (Survey Completed 08/09/2012)

Your Plan of Correction (POC) for Tag: 0153/RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS has been rejected for the following reason(s):

Does not include the measures the facility will take or the systems it will alter to ensure that the problem does not recur.
(Additional comments may be posted in ePOC.)

Please submit a revised POC via the ePOC website <https://commerce.health.state.ny.us> as soon as possible or by a date that may be specified in comments in ePOC.

You may contact your area office representative with any questions regarding this matter.

Please do not reply to this message.

Thank you

SOD Acknowledgement Required Email

- Sent to Facility Users when a deficiency-free survey has not been acknowledged by the POC Due Date

SUBJECT: Statement of NO Deficiencies - Acknowledgement Required: QV0D11 - THE HOME CARE NETWORK JEFFERSON HOME HEALTH SYSTEM (Survey Completed 03/15/2010)

Please note that the deficiency-free outcome of this survey requires you to acknowledge receipt and review of the survey results (form 2567). This acknowledgement should be made immediately via the ePOC web site on the Survey Detail page (<https://commerce.health.state.ny.us>).

Please do not reply to this message.

Thank you

Final POC Accepted Email

- Sent to Facility Users when all POCs for a survey have been approved

SUBJECT: Final POC Accepted: IX5811 - A NEW ADULT CARE FACILITY (Survey Completed 08/10/2012)

The Plans of Correction for all tags on this survey have been accepted by the NYS Department of Health (the Department). Please continue implementation as the Department will monitor effectiveness during future surveillance activities.

You may contact your area office representative with any questions regarding this matter.

Please do not reply to this message.

Thank you

No Response Emails

- Sent to Facility Users when SOD has not been responded timely either for original posting or for rejected POCs

SUBJECT: Plan of Correction (POC) Overdue: DXR611 - GOLDEN HILL NURSING HOME, INC (Survey Completed 07/12/2012)

Please note that POC(s) are overdue for the following citation tags. The POC(s) should be submitted immediately on the ePOC web site (<https://commerce.health.state.ny.us>):

- Citation 0000-INITIAL COMMENTS
- Citation 0154-INFORMED OF HEALTH STATUS, CARE, & TREATMENTS

Please do not reply to this message.

ePOC System: Core Process

1. All facility users related to the pertinent facility (based on HCS settings and roles) receive “Survey Posted” email with survey identifying information.
2. Facility user logs in to ePOC.
3. Facility user selects pertinent facility, if applicable.
4. Facility user selects pertinent survey record based on exit date and unique ID (Event ID).
5. Facility user reviews Statement of Deficiencies (SOD) and DOH-provided letter.
6. For each tag, facility enters plan of correction (POC) text and completion date.
7. Facility user submits POC to DOH.
8. Facility users receive “Acknowledgement” email to indicate successful POC submission.
9. If DOH approves the tag’s POC, facility users receive “Approved” email.
10. If DOH rejects the tag’s POC, facility users receive a “Rejected” email, listing the reasons for rejection. Facility may then revise and re-submit the tag’s POC.
11. Upon DOH approval of the survey’s unapproved tag, facility users receive “Final Approval” email.
12. Facility user may print the survey report (2567 form).



Questions

- Please send any questions you may have after the session is finished to:

epoc@health.state.ny.us