Welcome to the ePOC Provider Webinar!
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)
ePOC System: Core Process

Survey Sign-off
- SOD
- Sent/2567
- Issued in ASPEN

Facility enters POC text on website for 2 tags
- Tag 1
- Tag 2

Reject email sent to facility for tag

Acknowledge Email to Facility for Tag 1

Acknowledge Email to Facility for Tag 2

DOH Approves POC for tag*
- NO
- YES

ePOC System: Tag and Survey Information
- Tag Information
  - POC Received from Facility date
  - Facility POC Complete date
  - SA POC Accepted date
  - POC Text

- Survey Information
  - POC Received date
  - Adm. Sign-off date (X6)

Approval email sent to facility for tag

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

- Health Commerce System (HCS)
  - Authentication/Facility Data Lookup

- Facility Viewer
  - Report & View

- Electronic Plan of Correction (ePOC)
  - POC Submit
  - Facility Authorized Signer
  - Draft POC Information
  - Review SOD/Reports

- Facility POC Editor

Viewer (New Role: Operator!)
POC Editor
Authorized Signer
## ePOC: Roles by Facility Type

*All below roles already available within HCS*

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Viewers</th>
<th>POC Editors</th>
<th>Authorized Signer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Read SODs</td>
<td>ReadWrite &amp; Edit POCs</td>
<td>ReadWrite &amp; Edit POCs &amp; Submit POCs to DOH</td>
</tr>
</tbody>
</table>
| **Nursing Home** | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director, Nursing  
 ![check](https://i.imgur.com/1fJ.png) POC Editor (new role)  
 ![check](https://i.imgur.com/1fJ.png) Operator (new role) | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director of Nursing  
 ![check](https://i.imgur.com/1fJ.png) POC Editor (new role) | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director of Nursing |
| **HHA Hospice** | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director, Home Care  
 ![check](https://i.imgur.com/1fJ.png) Patient Services  
 ![check](https://i.imgur.com/1fJ.png) HPN Coordinator  
 ![check](https://i.imgur.com/1fJ.png) Governing Body Chair  
 ![check](https://i.imgur.com/1fJ.png) Governing Body Member  
 ![check](https://i.imgur.com/1fJ.png) Operator (new role) | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director of Patient Care  
 ![check](https://i.imgur.com/1fJ.png) HPN Coordinator | ![check](https://i.imgur.com/1fJ.png) Administrator |
| **LHCSA** | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director, Home Care  
 ![check](https://i.imgur.com/1fJ.png) Patient Services  
 ![check](https://i.imgur.com/1fJ.png) HPN Coordinator  
 ![check](https://i.imgur.com/1fJ.png) Governing Body Chair  
 ![check](https://i.imgur.com/1fJ.png) Governing Body Member  
 ![check](https://i.imgur.com/1fJ.png) Operator (new role) | ![check](https://i.imgur.com/1fJ.png) Administrator  
 ![check](https://i.imgur.com/1fJ.png) Director of Patient Care  
 ![check](https://i.imgur.com/1fJ.png) HPN Coordinator | ![check](https://i.imgur.com/1fJ.png) Administrator |
### ePOC: Implementation Dates

<table>
<thead>
<tr>
<th>Abbrev</th>
<th>Implementation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH</td>
<td>8/1/2013</td>
</tr>
<tr>
<td>HHA</td>
<td>9/1/2013</td>
</tr>
<tr>
<td>Hospice</td>
<td>9/1/2013</td>
</tr>
<tr>
<td>LHCSA</td>
<td>10/1/2013</td>
</tr>
</tbody>
</table>
Navigation Pane

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

- Available to facility users with access to multiple facilities only

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Facility Type</th>
<th>State Key</th>
<th>State ID</th>
<th>Operating Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NY119988</td>
<td>A NEW ADULT CARE FACILITY</td>
<td>159 E BROAD STREET</td>
<td>PHILADELPHIA</td>
<td>ACH</td>
<td>392</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>270901</td>
<td>ACMH HOSPITAL</td>
<td>ONE HOLETE DRIVE</td>
<td>KITTANNING</td>
<td>HOSP-ACU</td>
<td>1821</td>
<td>270901 ACTIVE</td>
<td></td>
</tr>
<tr>
<td>041402</td>
<td>BALA NURSING AND RETIREMENT CE</td>
<td>4001 FORD ROAD</td>
<td>PHILADELPHIA</td>
<td>S/NF DP</td>
<td>392</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>021202</td>
<td>BERKS HEIM</td>
<td>1011 BERKS ROAD</td>
<td>LEBFORT</td>
<td>SNF/NF</td>
<td>570</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>034402</td>
<td>COUNTRYSIDE CONVAL HOME LTD PA</td>
<td>9221 LAMOR ROAD</td>
<td>MERCEI</td>
<td>SNF/NF</td>
<td>148</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>440702</td>
<td>GOLDEN LIVINGCENTER-RICHLAND</td>
<td>345 VOTECH DRIVE</td>
<td>JOHNSTOWN</td>
<td>SNF/NF</td>
<td>510</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>043502</td>
<td>ORWIGSBURG CENTER</td>
<td>1000 ORWIGSBURG MAJOR DR</td>
<td>ORWIGSBURG</td>
<td>SNF/NF</td>
<td>766</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>750005</td>
<td>PRIMARY NURSING CARE</td>
<td>50 SNYDER RD</td>
<td>HERMITAGE</td>
<td>HHA-18</td>
<td>592</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>059202</td>
<td>SOUDERTON MENNONITE HOMES</td>
<td>207 WEST SUMMIT AVENUE</td>
<td>SOUDERTON</td>
<td>SNF/NF</td>
<td>548</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>049202</td>
<td>SPRING CREEK CENTER</td>
<td>1205 SOUTH 28TH STREET</td>
<td>HARRISBURG</td>
<td>SNF/NF</td>
<td>150</td>
<td>ACTIVE</td>
<td></td>
</tr>
</tbody>
</table>

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 (Cont)

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

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

Showing 1 to 4 of 4 entries

Click here to view SOD letter
Click on column headers to sort by that column
Survey Detail (Deficiency) List

- Accessed from Survey List
Survey Detail (Cont)

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

<table>
<thead>
<tr>
<th>Event Id: X0JE11</th>
<th>Survey Date: 07/19/2012</th>
<th>Status: Open</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Deficiency Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>F000</td>
<td>INITIAL COMMENTS</td>
</tr>
<tr>
<td>F133</td>
<td>483.10(b)(2) RIGHT TO ACCESS/PURCHASE COPIES OF RECORDS</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Observations:</td>
</tr>
<tr>
<td></td>
<td>F157</td>
</tr>
<tr>
<td></td>
<td>A facility must immediately inform the resident, consult with the resident's physician, and if known, notify the</td>
</tr>
</tbody>
</table>

Plan of Correction:
- For tag 0153
- For tag 0157

Completion Date (X):
- Status: No POC
- Date: 08/31/2012
- Status: Rejected
- Date: 07/16/2012
- Status: Rejected
- Date: 09/14/2012
Plan of Correction Entry Page

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

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

Observation Text

Facility Response

POC Description:
This is the POC information to be submitted for this tag.

Enter POC Text here

To submit to DOH, click this button.
NOTE: Only POC Submitter can use this button.

Completion Date (X5): 08/31/2012
POC Completion Date entered here

To Save information, click this button.
NOTE: Only POC Submitter and POC Editor can use this button.

Save  Submit
Attestation of POC Submittal

- Required for each POC submittal
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)

#### New York State Department of Health

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**IN PROVIDER/SUPPLIER IDENTIFICATION NUMBER:**

396076

**DATE SURVEY FIELDS R04:** 68292012

**NAME OF PROVIDER OR SUPPLIER:**

Bala Nursing and Retirement Center

**STREET ADDRESS, CITY, STATE, ZIP CODE:**

4001 Ford Road, Philadelphia, PA 19131

<table>
<thead>
<tr>
<th>Z.000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Based on an Abbrivated Survey in response to two complaints completed on October 19, 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Z.001</th>
<th>12345 TEST TAG 0001</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This CONDITION is not met as evidenced by:</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

**Findings include:**

- Review of Resident R1’s diagnosis list revealed the diagnosis of stroke, high blood pressure, heart disease and asthma 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 98.6 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 70-100) |

**LABORATORY DIRECTORS OR PROVIDER/REPRESENTATIVE’S SIGNATURE:**

**TITLE:**

**DATE:**
Deficiency-Free Survey

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

---

**Survey Detail**

<table>
<thead>
<tr>
<th>Event Id: C70213</th>
<th>Survey Date: 03/30/2010</th>
<th>Status: Open</th>
</tr>
</thead>
<tbody>
<tr>
<td>INITIAL COMMENTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observations:</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Plan of Correction:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completion Date (X’s):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Status: No POC</td>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>

---

Back
POC Rejected

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

<table>
<thead>
<tr>
<th>Observation Text</th>
<th>Facility Response</th>
</tr>
</thead>
</table>
| deficiency test for tag 0161 k level x/x | POC Description:  
The deficiency for this citation will be corrected by the facility immediately. |

Completion Date (X5): 07/15/2013

Reject Reasons

<table>
<thead>
<tr>
<th>Rejection Description</th>
<th>Rejection Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not contain elements detailing how the facility will correct the deficiency as it relates to the individual.</td>
<td>Additional rejection comments for 1st rejection reason.</td>
</tr>
<tr>
<td>Does not indicate how the facility will act to protect residents in similar situations.</td>
<td>rejection comments for 2nd rejection reason</td>
</tr>
</tbody>
</table>
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.
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