

Plan of Improvement Directions

Hurray! You have received your licensing report electronically! Below are some helpful tips to remember when writing and finishing your corrections:

- You can download your POI to your computer and then type your POI information right into the document and create as much space as you need to write your corrections.
- Once you have completed your POI, you may sign it electronically by typing your name in the provider signature section on the last page as well as entering in the date in the same line.
- When sending in a completed POI, please send it to your county CDDP that is cc'd in the letter you receive in your report packet as well as to the DD licensing unit at dd.licensing@dhsosha.state.or.us in either Word Document or RTF file format. If you have any supporting documentation to add, please add them as individual attachments in the email with your POI.

We have also included a POI example below that explains the new POI Form and highlights some important information to help you correctly write your corrections.

DD Provider Plan of Improvement (POI)

| | | |
|---|---------------------------------------|---|
| Provider name: SAMPLE | | Provider number: DD000 |
| Visit Purpose: State Licensure, re- Licensure | Inspection date: 09/28/2018 | Report #: 45C611 |
| Tag: St - B - 0000 - - Initial Comments <div style="border: 1px solid black; background-color: yellow; padding: 5px; margin-top: 10px; width: fit-content;"> This section lists all of the tags cited during your review. Below is break down of a citation. </div> | | Correct by: 10/16/2018 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> This is the date you must turn your POI in. If you need an extension, please email the DD Licensing unit at dd.licensing@dhsosha.state.or.us </div> |
| St - B - 0102 - Oar 411-325-0120(2)(b)(c) - Health: Physician's Orders S-S= E <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Citation tag number</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">OAR number being cited</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Severity code</div> </div> | | |
| Description of violation: <div style="border: 1px solid black; background-color: #add8e6; padding: 5px; margin-top: 10px; width: fit-content;"> This section details the citations that are listed above. See below for more information. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Initial comments explain the status of the review regarding compliance with the OARs and whether or not a follow-up visit is required. </div> | | |
| 0000-Initial Comments The Office of Developmental Disabilities Services conducted a licensing review at 1234 Orchard Lane, Oregon on 11/16/2018. It was determined that Sample Provider, Inc. was in compliance with OARs Chapter 411, Division 325, 24 Hour Residential Settings for Children and Adults with Intellectual or Developmental Disabilities and Chapter 411, Division 318 Individual Rights, Complaints, Notification of Planned Actions and Contested Case Hearings for Developmental Disability Services and a Home and Community Based Services (HCBS) review. A Plan of improvement is required and a follow-up visit will not be conducted. | | |

0102-Health: Physician's Orders OAR 411-325-0120(2)(b)(c)

The based on statement describes the violation in general terms with the scope of how many individuals were reviewed and how many were effected.

Based on record review, it was determined the program did not ensure physician orders were implemented as directed for two of two individuals. Findings include:

This is an example of what a citation will look like based on the OAR that is cited it will be specific to an individual and the OAR violation.

(2)(c) P4's physician orders were not implemented as required. On 07/09/18 the physician ordered "if no urination in 7-8 hours start pushing more fluid and use warm compress to support urination". No documentation was found to indicate that the agency had implemented these orders.

This is space, under the citation, where you will write your plan of improvement. You can type directly underneath each citation and use as much space as you need. **Please use a different font or type in bold text so we can easily identify your corrections.** You must address each example with the following information:

- Action to be taken to correct the rule violation for individual(s) cited;
- Action to be taken to prevent the occurrence for other individuals;
- People responsible to ensure actions are completed;
- Dates when corrective action will be completed; and
- How plan of improvement issues will be monitored by agency to prevent reoccurrence

Provider signature:

Date signed:

Reminder: Your Statement of correction must be submitted to the licensing authority no later than the "Correct by" date at the top of this form.

Licensing Authority Use Only

Acceptable

Unacceptable

Date:

Licensors: