

<b>Condition:</b> <i>Audit Lead will populate the condition number and Language</i>	<b>Needed Corrective Action Language:</b> <i>Audit Lead will populate</i>
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<b>Scope:</b>	Non-compliance identified during this audit was based on a review of a subset of participants and may not be fully representative of all types of non-compliance during the audit review period. The corrective action plan must fully address all non-compliance present during the audit review period (whether identified by the CMS audit team or by other means).
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**PO Instructions:** Respond to the relevant questions in the Corrective Action Tab. Please provide a response in each column related to the noncompliance listed in the corresponding row. *If noncompliance has more than one root cause, please add an additional row such that each row is in relation to a single root cause. Please note that the level of detail necessary to ensure complete and accurate CAPs will be dependant on each individual issue contributing to the non-compliance identified during the audit. The examples provided in tab 2 are intended to serve as a guide and represent the minimum amount of information necessary to fully address the non-compliance.*

- Corrective Action tab:
  - \* Column A - Will be completed by the audit lead.
  - \* Column B - PO will enter each root cause for each issue identified in Column A. If more than one root cause exists for an issue in Column A, please insert an additional row. Please see the example **for more than one root cause** included in the Corrective Action tab.
  - \* Columns C-H - The PO will enter details relating to the Corrective Action of each root cause identified in Column B.

[illegible]

**Full Implementation Date:** CMS expects that PACE organizations correct non-compliance as expeditiously as possible. The PO must plan to achieve regulatory compliance no later than 60 days after CAP acceptance. Failure to correct non-compliance identified during an audit may result in a compliance or enforcement action referral.

**Audit Lead to Populate Column A**

**PO may add additional rows if needed for multiple root causes**

***Example:*** Wound care was not provided as ordered by the PCP.

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<p><b>Please describe the cause(s) that led to the non-compliance.</b> <b>If more than one root cause exists for an issue in Column A, please enter each root cause in a new row by inserting an additional rows.</b></p>
<p><i>The PCP incorrectly entered wound care orders into the EMR.</i></p>
<p><i>PO was under the impression that wound care could be ordered by RNs.</i></p>

**Please identify the specific actions that will be taken to remediate any impacted participants, if remediation is possible.**

*Provider EMR review of all participants receiving wound care to ensure orders are current and aligned with PCP plan of care.*

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<p><b>What specific actions will be taken to address each cause and prevent future non-compliance.</b></p>
<p><i>Provider EMR Training</i></p>
<p>1) RN Scope training</p> <p>2) Wound care policy updates to include all wound care orders will require PCP order or co-signature prior to being executed by nursing staff.</p> <p>3) Policy update indicating verbal orders will not be utilized.</p>

**Please identify the staff responsible for the implementation of the corrective action plan. If multiple actions/changes will be implemented, please identify the staff responsible for implementing each action/change.**

*Medical Director*

*1) Nursing Director*

*2) Nursing Director, Quality Director*

*3) Nursing Director, Medical Director*

**Please identify the specific, objective, and measurable monitoring activities the PO will undertake to evaluate the effectiveness of the changes implemented to prevent future non-compliance. If multiple monitoring activities will be implemented, please identify each monitoring activity.**

*Every two weeks, Medical director will review 5 differing participant charts undergoing wound care to ensure PCP orders are correctly entered.*

*Every two weeks, Nursing Director will review 5 differing participant charts undergoing wound care to ensure nurses are effectuating PCP orders as written.*


**Please identify the staff responsible for monitoring and evaluating the effectiveness of the CAP. If multiple actions/changes will be implemented, please identify the staff responsible for monitoring each action/change.**

*Quality Director, Executive Director*

*Quality Director, Executive Director*



<p>Please describe how the CAP will be integrated into the PO's compliance <b>and/or quality</b> program in order to ensure compliance with CMS requirements. If multiple actions/changes will be implemented, please describe how each action/change will be integrated into the PO's compliance program.</p>
<p><i>Results will be collected, aggregated and analyzed and maintained in ongoing quality review. Results will be reported in monthly quality meeting and quarterly calls with BOD.</i></p>
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