



Office of Risk Management Plan of Correction Training

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Training Purpose

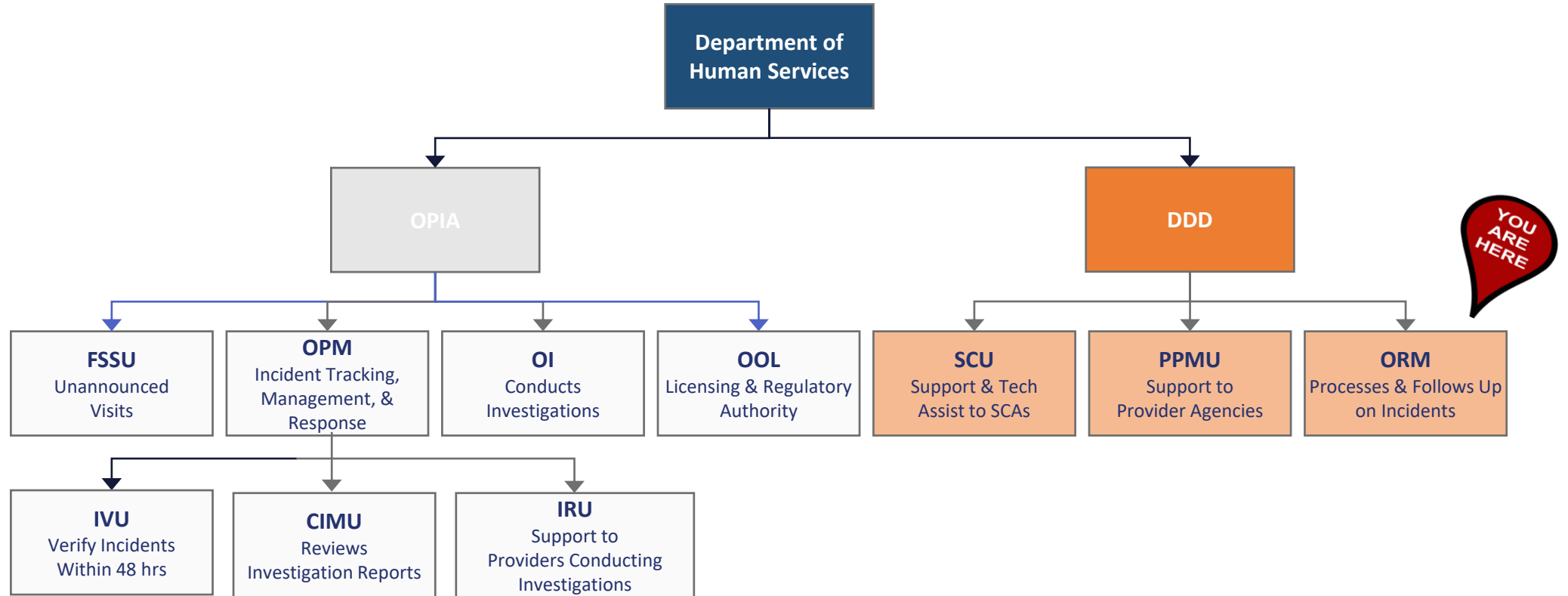
Introduction- Risk Mitigation Team

- Work under the Office of Risk Management for the Division of Developmental Disabilities
- Conduct a quality review of the Office of Investigations (OI) reports and outcome letters. This includes monitoring provider's Plans of Correction (POC) to ensure it addresses the OI findings and/or concerns
- Analyze alleged Danielle's Law (DL) violation cases to determine whether the incident met the criteria for a life-threatening emergency

Our Team

- Katharine “Katie” Neve, Chief of Data & Quality
- Tashay Tolbert, Supervisor, Quality Assurance Coordinator
- Kimberly Ellis, Quality Assurance Specialist
- Lynielle Moore, Quality Assurance Specialist
- Melissa Henderson, Quality Assurance Specialist
- Alaina Fulcher, Quality Assurance Specialist

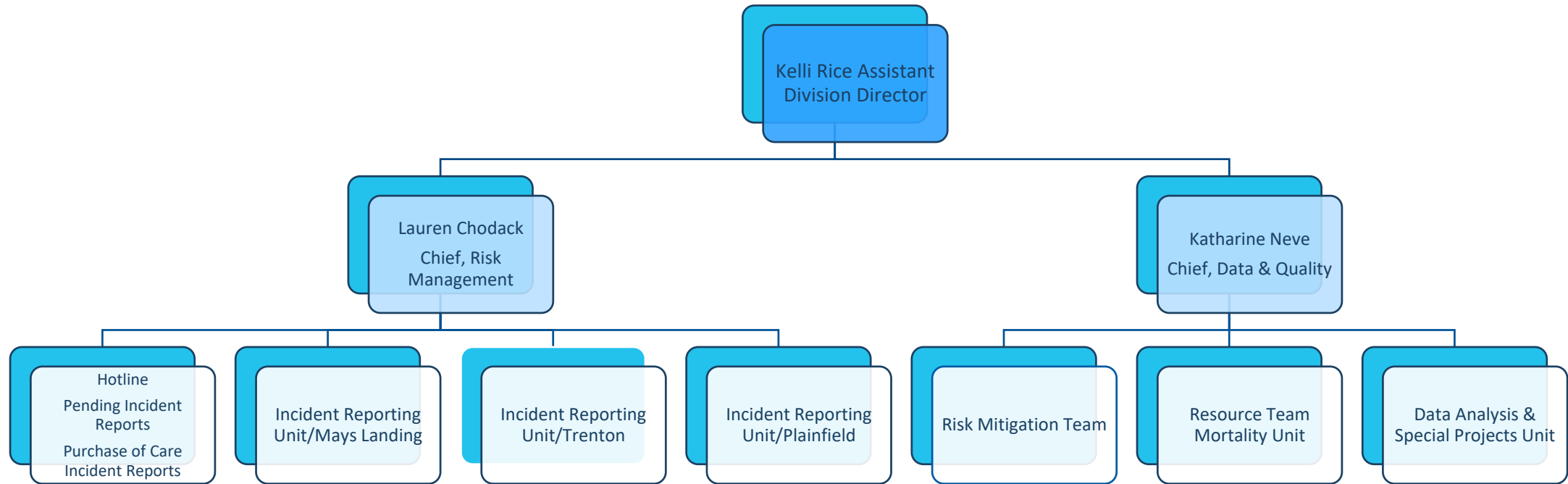
DHS Structure



- OPIA - Office of Program Integrity and Accountability
- FSSU - Field Safety and Services Unit
- OPM - Office of Performance Management
- CIMU - Critical Incident Management Unit
- IVU - Incident Verification Unit
- IRU - Investigative Resource Unit
- OI - Office of Investigations
- OOL - Office of Licensing

- DDD - Division of Developmental Disabilities
- SCU - Support Coordination Unit
- PPMU - Provider Performance Monitoring Unit
- ORM - Office of Risk Management

Office of Risk Management



New Jersey Statutes

- Division Circular 15
- N.J.S.A. 30: 6D-76 et seq
- N.J.S.A. 30:1-12.1
- N.J.A.C. 10:44A-1.11
- N.J.S.A. 30:6D-17
- A.O. 2:05



*For more information on these statutes, please go to the State of NJ DHS Website:
<https://www.state.nj.us/humanservices/>*

Administrative Order: 2:05

- OI issues individual case findings and cites concerns
- Corrective actions are required in response to allegations or events.
- Providers plans should include appropriate actions and follow-up.

What is a Plan of Correction (POC)

- A formal plan developed by a provider
- May be referred to as a corrective action plan, OI Follow Up, or agency response.
- The purpose of the POC is to prevent recurrence of said incidents/events and promote quality care.
- The plan lists corrective actions for concerns that were identified by OI and/or substantiated findings

When is a POC Required

- If an OI investigation has identified concerns
- If allegations of abuse, neglect, exploitation, and other serious events have been substantiated by OI

Receipt of OI Closure Letter



At the conclusion of the OI investigation, Agency Executive Directors, alleged perpetrators, victims and/or their guardians will be apprised of investigative findings via OI closure letter. If concerns were identified by the investigator, they will be documented in the closure letter to the agency and also relayed to DDD.

Sample OI Closure Letter



PHILIP D. MURPHY
Governor

State of New Jersey
Department of Human Services
Office of Program Integrity and Accountability
P.O. Box 700
Trenton, NJ 08625-0700

SARAH ADELMAN
Commissioner

TAHESHA L. WAY
Lt. Governor

DEBORAH ROBINSON
Director

May 16, 2023

Ms. Training Purposes, Chief Executive Officer
Community Provider Agency
123 Road Ct.
Mays Landing, NJ 08330
trainingpurposes@communityprovideragency.org

Re: Substantiated physical abuse, no injury; Substantiated neglect, no injury;
Unsubstantiated verbal/psychological abuse
Involving individual served: John Doe
Alleged perpetrator(s): Ms. Jane Doe
Date of incident: 09/28/21
IRMS#: 22-1234567
Agency VID #: GH123

Dear Ms. Purposes:

Pursuant to N.J.S.A. 30:1-12.1, the New Jersey Department of Human Services (DHS), Office of Investigations (OI), is authorized to conduct civil investigations of serious unusual incidents and allegations involving individuals receiving services from DHS and its providers.

The OI has completed its investigation into the above-referenced incident/allegation. The following is a summary of our findings:

Based upon a preponderance of the testimonial and documentary evidence obtained, the allegation that Mr. John Doe, an individual receiving services from the Division of Developmental Disabilities (DDD), was physically abused by Community Provider Agency, residential assistant, Ms. Jane Doe, is substantiated.

The OI noted the following related concerns:

- It is of concern that the agency investigation and training records were requested to be provided to the OI Investigator and have not been received.

A determination of placement of the substantiated caregiver's name on the DHS Central Registry of Offenders against Individuals with Developmental Disabilities is pending administrative review. You will be notified in writing when that determination has been made. Please note that the aforementioned substantiated finding may also have consequences in other areas, such as contracting or licensing.

DHS/OPIA/OI-CLO-2 (05/22)

Ms. Training Purposes, Chief Executive Officer
Community Provider Agency
May 16, 2023
Page 2

The OI has forwarded its investigation report to the Division of Developmental Disabilities (DDD) for further review and follow-up, as necessary.

DDD's Office of Risk Management will review the agency corrective actions taken in response to this investigation. Documentation of agency corrective actions is required within 30 days for all substantiated cases of abuse, neglect, and/or exploitation, and for any cases wherein the OI has raised concerns.

Please send documentation of agency corrective actions to Tashay Tolbert, Quality Assurance Coordinator. For Ms. Tolbert, documentation can be sent through one of the following methods:

- By web-based application UPDOC, contact 1-609-414-7163, for instructions, if needed;
- By facsimile (fax) to 1-609-341-2344;
- By mail to the following mailing address:

New Jersey Department of Human Services
Division of Developmental Disabilities
Office of Risk Management
P.O. Box 726
Trenton, NJ 08625-0726

If you have any questions or concerns regarding the OI investigation, please address all correspondence to Steven Rusin, Regional Chief of Investigations, Central. Please forward all correspondence to the following address:

New Jersey Department of Human Services
Office of Program Integrity and Accountability
Office of Investigations
P.O. Box 700
Trenton, NJ 08625-0700

Thank you for your cooperation and assistance throughout the investigation process. If you have any other questions or concerns, please contact me at 1-609-292-2102.

Sincerely,

Steven Rusin, Chief of Investigations
Central
Office of Investigations

C: File


Cortney Componile, Investigator, OI
OOL

DHS/OPIA/OI-CLO-2 (05/22)

Submitting the Plan of Correction

A person wearing a dark blue suit jacket is shown from the side, typing on a silver laptop. The background is a warm, brownish-gold color. Floating around the person and the laptop are various white, hand-drawn digital icons, including envelopes, @ symbols, and abstract shapes, suggesting a digital or online process. The overall scene is clean and professional.

5 Ways to Submit a Plan of Correction

1. Updoc: <https://secureupload.dhs.state.nj.us/updoc/> select drop down “OI POC” for the OI Follow up, Danielle’s Law Unit.
2. Email: ddd-co.oqm-uirs@dhs.nj.gov
3.  Documents section in NJIRMS and **alert the mailbox**
4. By facsimile (fax) to 1-609-341-2344
5. By mail to the following mailing address:

New Jersey Department of Human Services
Division of Developmental Disabilities
Office of Risk Management
P.O. Box 726
Trenton, NJ 08625-0726

What to include in an Acceptable Plan of Correction “ACT”

Add the OI identified Concern or substantiated allegation(s)

Counter each concern individually by clearly explaining how the concern has been addressed

Target date should be provided indicating when the actions were taken or addressed; this includes retraining, revisions to plans, disciplinary actions, etc.

*Use of this POC template is optional. The POC template can be found on the DDD Incident Reporting Website:
<https://nj.gov/humanservices/ddd/providers/staterequirements/incidentreporting/>*

Plan of Correction Template

When provider agencies receive the OI Findings Letter from the Department of Human Services, Office of Investigations (OI), provider agencies are required to provide corrective actions within 30 business days; this is formally referred to as a Plan of Correction (POC). The POC should include all of the actions taken to address each of OI’s concerns AND substantiated findings. The POC must be forwarded to the DDD Office of Risk Management, Plan of Correction Unit not OI.

If your agency does not have a POC template, please copy and paste the below template onto your agency letter head and include a cover letter to provide additional actions taken by your agency to address substantiations. Fill out the below and forward to: ddd-co.oqm-uirs@dhs.nj.gov or send to the CO-OQM Unit via Updoc <https://secureupload.dhs.state.nj.us/updoc/> select drop down “OI POC” for the Office of Risk Management Unit.

Agency Name: Click or tap here to enter text.

Incident # Click or tap here to enter text.

Date of Incident: Click or tap to enter a date.

Description of Concern(s) <i>(Copy & paste each OI concern)</i>	Corrective Actions <i>(Summarize the actions taken to address concerns)</i>	Date Completed <i>(If action not completed, note reason and proposed completion date)</i>

Plan of Correction Template

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Agency Name: Community Provider Agency

Incident # 22-1111111

Date of Incident: 5/16/2022

Description of Concern(s) <i>(Copy & paste each OI concern)</i>	Corrective Actions <i>(Summarize the actions taken to address concerns)</i>	Date Completed <i>(If action not completed, note reason and proposed completion date)</i>
<p>It is of concern that the medication administration record (MAR) was not signed by Mr. Training Purposes. It is of further concern, when interviewed, Mr. Purposes stated he did not sign the MAR because the individual refused the medication. Mr. Purposes did not complete an internal report indicating the medication refusal per agency protocol.</p>	<p>Mr. Purposes was suspended from administering medications on 5/18/2022 pending MAR retraining. On 6/15/2022, staff member Mr. Purposes received retraining on Medication Administration by Group Home Manager Ms. Doe. Mr. Purposes also received a verbal write up on 6/17/2022 due to his failure to document the medication refusal. Our records show Mr. Purposes previously received MAR training on 2/1/2022.</p>	<p>Suspended from med. Pass 5/18/22</p> <p>Retraining- 6/15/2022</p> <p>Disciplinary Actions- written reprimand- 6/17/2022</p>
<p>Next OI Concern</p>		

Responding to OI Concerns & Substantiated Findings

Sufficient Responses

- Addresses all OI Concerns or substantiated allegations
- Links the agency response(s) with the OI concern(s)
- Clearly indicates the corrective actions that were taken
- Provides confirmation that actions were taken and includes the date completed

Poor Responses

- Unclear which response is associated with the OI concern
- The agency's responses are vague and do not include the actions taken to address the OI concern or substantiated allegations
- Completion dates were either not provided or dates are proposed with no confirmation that the action was completed

Acceptable Corrective Actions



Concern: Unclear Supervision Level in NJISP

Acceptable Corrective Actions

- IDT Meeting held
- Updated NJISP
- Staff training/retraining completed
- Disciplinary actions, if applicable
- **Include Dates all Actions were Completed**



Concern: Diet not followed

Acceptable Corrective Actions

- IDT Meeting held
- Updated NJISP
- Staff training/retraining completed
- Disciplinary actions, if applicable
- **Include Dates all Actions were Completed**



Substantiated findings- Abuse, Neglect, or Exploitation

- Retraining
- Disciplinary Actions
- List Protective Measures for Abuse & Neglect
- Reimbursement & Protocol Changes for Financial Exploitation
- **Include Dates all Actions were Completed**

Concerns that involve former/terminated staff members

Acceptable Corrective Action



- Include the reason for termination-related or unrelated to incident
- Provide Agency Policy
- Identify how issue would typically be addressed
- List proactive measures taken

**Sample Concern: It is of concern that the agency's investigation report was not submitted as per the OI investigator's request.
Which is an acceptable response?**

Response 1

- See the attached agency investigation report for your review. All staff were advised to partake in the OI investigative process.

Response 2

- On 5/16/2022, Community Provider Agency addressed this concern with the Jane Doe who was the Group Home Manager responsible for submitting the investigation report to OI. Community Provider Agency advised the manager that all staff are required to cooperate with state investigations and comply with all requests. Please see the attached investigation report for review.



Correct!

Response 2 not only addresses the OI concern by including the investigation report but also explains the corrective actions that were taken by identifying who was responsible, how their actions were addressed, and providing dates of retraining or review.

Now let's do one more!



Sample Concern: It is of concern that behavioral data sheets do not have data recorded for first shift from 5/16/2022 through 5/26/2022 however, Ms. Purposes reported that individual Mr. Doe had a behavioral incident on 5/17/2022.

Which is an acceptable response?

Response 1

- The agency concurs with OI's concerns and notes that documentation was not completed as required. On 7/23/2022, all first shift staff received retraining on the importance of documenting target behaviors on Mr. Doe's behavioral data sheets. On 7/30/2022, a new manager was hired and received training on GH123 resident's behavior plans including mandatory documentation and daily administrative review for Mr. Doe's behavioral data sheets.

Response 2

- Staff did not consistently document data as required during first shift. Additionally, administrative oversight was inconsistent therefore data sheets were not reviewed daily as required. A new manager will be covering this group home.

Response 1 is the best response because the agency acknowledged the deficiency and noted that additional training was implemented to prevent reoccurrence.



POC Deadline

- Agencies are required to submit a formal Plan of Correction within 30 business days of the OI closure letter mailing date



POC Extension Request

If an extenuating circumstance occurs, prior to the POC due date, the provider can request an extension via email:

ddd-co.oqm-uirs@dhs.nj.gov



Noncompliance Reminder Letter

- The Risk Mitigation Team will forward reminder letters to provider agencies when POCs are not submitted by the due date.
- Provider Agencies will have 15 business days to submit the corrective actions.



PHILIP D. MURPHY
Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities
P.O. Box 726
Trenton, NJ 08625-0726

SARAH ADELMAN
Commissioner

JONATHAN S. SEIFRIED
Assistant Commissioner

9/19/2023

Mr. Training Purposes, Chief Executive Director
Community Provider Agency
1223 Road Ct.
Mays Landing, NJ 08330

Incident # 22-1234567

Dear: Mr. Purposes,

The Division of Developmental Disabilities Office of Risk Management (ORM) is responsible for the review of corrective actions taken by providers in response to the Department of Human Services Office of Investigations (OI) findings and concerns outlined in the letter your agency received from OI on **May 16, 2023**. To date, ORM has not received documentation noting the corrective actions your agency has taken to address the substantiated findings and/or concerns noted by OI regarding the above referenced incident.

It is of concern that the agency investigation and training records were requested by the OI investigator but was not received.

Please submit your corrective actions, within 15 business days, to Tashay Tolbert, Quality Assurance Coordinator, ORM. The documentation can be sent by the web-based application UPDOC. Please select the **OI POC option of ORM**. In the event that you require a copy of the letter, please reach out to Tashay Tolbert with that request.

If you require additional time, please reach out with that request, and we can discuss an alternative due date.

Please feel free to contact DDD-CO.OQM-UIRS@dhs.nj.gov, with any questions or concerns.

Sincerely,

Tashay Tolbert
Quality Assurance Coordinator
Office of Risk Management

C: file

Failure to Comply Status

- POCs or requested information not submitted by the deadline will be in failure to comply (FTC) status
- Agencies will receive a letter advising of their failure to comply
- The Provider Performance Monitoring Unit (PPMU) & Office of Licensing (OOL) will be alerted of provider agency noncompliance and face possible disciplinary actions.



PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Developmental Disabilities
P.O. Box 726
Trenton, NJ 08625-0726

SARAH ADELMAN
Commissioner

JONATHAN S. SEIFRIED
Assistant Commissioner

9/19/2023

Mr. Training Purposes, Chief Executive Director
Community Provider Agency
1223 Road Ct.
Mays Landing, NJ 08330

Incident # 22-1234567

Dear: Mr. Purposes,

I am writing as a follow up to the findings letter you received from the Office of Investigations (OI) staff, Carol Dowd as well as a reminder letter you received from the Office of Risk Management (ORM) staff Lymielle Moore on June 23, 2023.

On May 16, 2023 OI sent a letter addressed to you that requested a Plan of Correction be submitted to the ORM within 30 days. In the absence of a response, the ORM sent you a reminder on June 23, 2023 requesting the documentation within 15 days.

To date, ORM has not received documentation noting the corrective actions your agency took to address the substantiated findings and/or noted concerns by OI in the above referenced incident. Therefore, the case is now in failure to comply status. In the event that the Plan of Correction is sent to ORM, we will update the incident report accordingly. The Division of Developmental Disabilities, Provider Performance and Monitoring Unit will be informed of your failure to comply in this matter, as well as the Department of Human Services Office of Licensing.

Please feel free contact DDD-CO.OQM-UIRS@dhs.nj.gov, with any questions or concerns.

Sincerely,

Tashay Tolbert

Quality Assurance Coordinator
Office of Risk Management

c: file
cc: DDD/PPMU
DHS/OOL
Katie Neve, ORM Chief of Data and Quality

Quick Recap of Do's & Don'ts

- Do follow the **NJ Statutes & Division Circulars**
- Do observe when a POC is required and **submit the plan by the deadline**
- Do consider creating an organizational tool to **track when your agency POCs are due**
- Don't **fail to comply and face Administrative review** and risk your agency's license/contract with the Division
- Don't forget the importance of developing a **quality plan of correction that includes corrective actions equipped with completion dates**

Contact Us

Email: ddd-co.oqm-uirs@dhs.nj.gov

To speak to someone directly, contact Tashay Tolbert, Office of Risk Management Supervisor
Phone: (609) 414-7163

For the POC template and POC Training PowerPoint Slide Deck:
<https://nj.gov/humanservices/ddd/providers/staterequirements/incidentreporting/>