

Memorandum

To: Oregon In-home Care Agencies (IHC)

From: In-Home Care (IHC) program

Date: 5/12/2025

Subject: In-Home Care Statement of Deficiency (SOD) and Plan of Correction (POC) Guidance

The purpose of this memo is to provide guidance on interpreting an SOD and preparing a POC for submission to the IHC Program.

Oregon Administrative Rule (OAR) 333-536-0117

Please note that while an IHC agency may disagree with the deficiencies cited in the SOD, the IHC agency must submit a plan to correct the deficiency as identified in the SOD. As noted in OAR 333-536-0017(3), OHA does not treat the signed POC as an admission of the violations alleged in the report.

What happens after a survey?

- An SOD is sent by the state surveyor to the agency (example attached)
 - In most cases, the SOD is sent to the agency within 10 business days of the survey exit date. The SOD will include a cover letter which gives directions (example attached).
- The POC is sent by the IHC agency to the IHC program (example attached)
 - In most cases, the POC must be sent within 10 business days from receipt of the SOD. Include the first page of the SOD, signed by the administrator, with the submitted POC.
 - Each deficiency must be addressed and include the following information:
 - The plan for correcting the specific deficiency;
 - The procedure(s) for implementing the plan for the specific deficiency;

- The monitoring procedure(s) that will be utilized to ensure there are not repeated deficiencies;
- The title of the person designated as responsible for implementing the plan; and
- The completion date for correction of each deficiency cited.

Plan of Correction (POC) tips:

- POC information can be entered directly on the SOD or on a separate piece of paper.
- Always include the first page of the SOD, signed and dated by the agency administrator.
- Ensure you are addressing all five of the required POC elements.
- The POC should address the deficiency, not the findings.
- Do not include revised documents unless requested, instead include the changes made in your POC for that tag.
- If you anticipate needing more time to complete the POC before the deadline, please contact the surveyor for a possible extension.

Per OAR 333-536-0017(2) Upon receipt of a statement of deficiencies, the agency has an opportunity to dispute the Authority's survey findings but must still comply with POC requirements.

If an agency desires an informal conference to dispute the Authority's survey findings, the agency shall advise the Authority in writing within 10 business days after receipt of the statement of deficiencies. The written request must include a detailed explanation of why the agency believes the statement of deficiencies is incorrect.

See memo titled “Informal Conference Request Memo” for instructions and guidance on this process.

The next section of this memo includes an example SOD cover letter, an example SOD, and an example POC. These examples are provided for guidance only; the actual SOD and POC language will vary based on the specific survey conducted and the agency's business practices for addressing the citations.

If you have any questions, please email the IHC Program at mailbox.inhomecare@odhsoha.oregon.gov



Health Facility Licensing and Certification

800 NE Oregon Street, Suite 465

Portland, Oregon 97232

971-673-0540

971-673-0556 (Fax)

Ms. Jane Example, Administrator
Example In Home Care
800 NE Oregon Street
Portland, Oregon 97232

Dear Ms. Example:

Enclosed is the Statement of Deficiencies for the State relicensure survey completed on September 20, 2024.

The IHC may indicate disagreement with the report in the Statement of Deficiencies. Regardless of disagreement, the IHC must submit a plan to correct the deficiency as identified in the report. As noted in Oregon Administrative Rule 333-536-0117(3), OHA does not treat the signed Plan of Correction as an admission of the violations alleged in the report.

You must complete and sign the Statement of Deficiencies and return it to our office within ten (10) business days of your receipt of this letter. Please submit your Plan of Correction and the signed Statement of Deficiencies by sending it via email to mailbox.inhomecare@odhsoha.oregon.gov. Please keep a copy for your files. The plan of correction must include the following information for each deficiency cited:

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice;
2. The procedure(s) for implementing the plan for the specific deficiency;
3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regulatory requirements;
4. The title of the person designated as responsible for implementing the plan for the specific deficiency; and

5. The completion date for correction of each deficiency cited. Although each deficiency should be corrected as soon as reasonably possible, the correction date may be up to sixty (60) days from the survey exit date. Permission to take longer than sixty (60) days to correct deficiencies requiring major construction or remodeling may be granted by this office. A request for such an extension must be submitted in writing and accompany the plan of correction.

Please note that the administrator's signature and the date signed must be recorded on Page 1 of the Statement of Deficiencies.

Oregon Administrative Rule (OAR) 333-536-1117(2)(a) permits an IHC agency to request an informal conference to dispute the Division's survey findings. For instructions on requesting an informal conference, view the memo online titled "Informal Conference Request for Statement of Deficiencies," or contact our office.

If you have any questions, please call our office at (971) 673-0540 or email mailbox.inhomecare@odhsoha.oregon.gov. Thank you for your cooperation.

Sincerely,

HFLC IHC Program Client Care Surveyor
Oregon Health Authority
Public Health Division
Health Facility Licensing and Certification

Enclosures

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY (971) 673-0372

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15-0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Example In Home Care			STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232		
(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	
A 000	Initial Comments On 09/16/2024, an announced, on-site relicensure survey was conducted. The agency was evaluated for compliance with the applicable Oregon Administrative Rules for "In-Home-Care Agencies" Chapter 333, Division 536. The following deficiency was identified:	A 000			
A 675	OAR 333-536-0085 (1-3) Client Records Maintenance & Contents (1) A client record shall be maintained for every client served by an agency, unless the client receives only housekeeping or support services, and shall be maintained in the agency ' s office. (2) A legible, reproducible client record which is easily accessible and readily available, shall include at least the following: <ol style="list-style-type: none"> 1. Identification data; 2. Referral; 3. Start-of-service date; 4. Disclosure documents and documentation required by these rules; 5. Clients' rights documentation required by these rules; 6. All client evaluation and assessment documentation; 7. Client service plan and updates;(h) Documentation of all services provided, including daily caregiver notes recording a summary of the tasks completed, observation of the client, and observed or reported concerns; (i) Service and financial agreement signed by a client or a client's representative before the initiation of services that specifies the services to be provided in accordance with the service plan, and the costs for those services; ⇒ End-of-services date; and ⇒ End-of-service summary, including the dates of service and the disposition of the client.	A 675			

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15-0000	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER EXAMPLE IN HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 800 NE OREGON ST PORTLAND, OR 97232	
(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)
A 675	<p>Continued From page 1</p> <p>(3) All entries and documents in the record must be recorded in ink, typescript, or computer-generated.</p> <p>Statutory/Other Authority: ORS 443.340 Statutes/Other Implemented: ORS 443.340</p> <p>This Rule is not met as evidenced by: Based on interview and review of client records (Clients 1, 2, 3, 4 and 5), it was determined the agency failed to ensure each client record included documentation of all services provided, including daily caregiver notes recording a summary of the tasks completed, observation of the client, and observed or reported concerns.</p> <p>Findings include:</p> <p>Review of agency records for Clients 1, 2, 3, 4 and 5, revealed the agency failed to ensure the caregivers documented daily caregiver notes recording a summary of the tasks completed, observation of the client, and observed or reported concerns.</p>	A 675	
A9999	<p>Other Applicable State and Local Laws</p> <p>This information was presented to the Agency Administrator during an exit conference on 09/20/2024, and the agency was provided an opportunity to submit additional documentation.</p>	A9999	



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Portland, Oregon 97232

971-673-0540

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Example In-Home Care Plan of Correction

October 10, 2024

TAG 0675 Client Records Maintenance & Contents (333-536-0085)

1. The plan for correcting the specific deficiency. The plan should include specific corrective actions and should address the processes that caused or contributed to the deficient practice:

I did not change the policy regarding documentation of services when the new rules went into effect 2021. Consequently, the agency was following the old policy which does not require daily caregiver notes. Caregivers were not always including daily caregiver notes on the services checklist when providing services for clients. Example In-Home Care will ensure that caregivers are including daily caregiving notes for every day they provider services for a client that include a summary of the tasks completed, observation of the client, and observed or reported concerns.

2. The procedure(s) for implementing the plan for the specific deficiency:

The procedures to correct this error include editing the current policy and procedure to state that all caregivers must include daily caregiving notes for every day they provider services for a client. The documentation of services checklist form will be edited to include a section for daily notes. Additionally, caregivers who use the electronic system will now be prompted to provide notes when entering the documentation of services provided to the client. The agency is going to conduct an all staff meeting to discuss the change.

3. The monitoring procedure(s) to ensure the plan of correction for the specific deficiency is effective in achieving and maintaining compliance with the regularity requirements:

The administrator must review all documentation of services for caregiver notes. The agency is going to audit the notes monthly and incorporate the findings into the quality improvement program.

4. The title of the person designated as responsible for implementing the plan for the specific deficiency:

The agency administrator

5. The completion date for the correction of each deficiency cited:

10/10/2024