



# OHIO DEPARTMENT OF HEALTH

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Columbus, Ohio 43215

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John R. Kasich / Governor

Theodore E. Wymyslo, M.D. / Director of Health

**DATE: September 28, 2012**

**TO: Nursing Home and Residential Care Facility Providers**

**FROM: Dustin M. Ellinger, Chief  
Bureau of Long Term Care Quality  
Ohio Department of Health**

**RE: Effective Date for Online Management of Survey Reports and Plans of Correction**

This memo is to advise you of the impending transition to an online process for management of survey reports and plans of correction via the ODH Enhanced Information Dissemination and Collection (EIDC) system. The goal of this online initiative is to improve efficiency and automate paper-intensive processes through the expanded use of web-based applications.

**All nursing home and residential care facility surveys with exit dates of October 1, 2012 or later will be processed via the online system. All surveys with exit dates prior to October 1, 2012 will be mailed using the traditional process, which will require submission of a paper plan of correction when applicable.**

**Online Survey Process Features:**

- Accessible 24 hours / 7 days per week
- Access services from ANY computer with internet connection
- Receive electronic copies of survey reports and notice letters
- Submit plans of correction and receive ODH approvals
- Submit waiver and Informal Dispute Resolution (IDR) requests

To access new survey reports via the online system, you must have an active EIDC account. Please go to <http://publicapps.odh.ohio.gov/eid> and select **EIDC User Account Request** to request a new account or make changes to an existing account. A "2567/Plan of Correction" link will be available through your EIDC account on October 1, 2012. Once available, please access this link to submit an updated e-mail address associated with the facility so you can receive alerts when new survey information is available for your review.

If you have questions regarding the online survey process, please contact Hanh Le at [BLTCQ@odh.ohio.gov](mailto:BLTCQ@odh.ohio.gov) or 614-752-9524. For technical questions or issues regarding EIDC, please e-mail [liccert@odh.ohio.gov](mailto:liccert@odh.ohio.gov) or contact the EIDC helpdesk at 614-995-4263. Thank you for your assistance as we work to provide more efficient and accessible services.

## 2567/Plan of Correction (POC) USER GUIDE 2012

1. To access the Enhanced Information Dissemination and Collection (EIDC) system, go to <https://odhgateway.odh.ohio.gov>. Type in your username and password, then click on **“Login.”** If you have forgotten or lost your username and/or password, click on the **“I forgot my password”** or **“I forgot my user name”** link.

**ODH Application Gateway**

**Login:**

Welcome to the Ohio Department of Health's (ODH) Application Gateway. This Gateway is provided to allow a single point of access to all ODH applications.

Please enter your identity information on the right and click on the "Login" button to access your applications.

**\* User name:**

**\* Password:**

Login

[I forgot my password](#)

[I forgot my user name](#)

\* Indicates required field

2. Click on **“2567/Plan of Correction.”**

Division of Quality Assurance

Enhanced Information Dissemination & Collection

Home

Update Information

License Renewal Program

Re-approval

Nurse Aide Information

Self Reported Incident

**2567 / Plan of Correction**

Administration

Reports

FAQs

Download Forms


Notifications/Alerts & Bulletin Board

DQA Event Registration

Contact ODH

Change Provider

Division of Quality Assurance



Enhanced Information Dissemination & Collection

### 3. Click on your facility name.

Division of Quality Assurance  
Enhanced Information Dissemination & Collection

Home  
Update Information  
License Renewal/Program Re-approval  
Nurse Aide Information  
Self-Reported Incident  
2567 / Plan of Correction  
Administration  
Reports  
FAQs  
Download Forms  
Notifications/Alerts & Bulletin Board  
QQA Event Registration  
Contact ODH  
Change Provider

Facility Name	Address	Additional Information
ABC Nursing Home	1234 Test Street Columbus, OH 43215	SNF/NF DUAL CERT
		SNF/NF DUAL CERT
		SNF/NF DUAL CERT

(Currently the Ohio Department of Health accepts Plan of Correction (POC) statements for Nursing Homes, Residential Care Facilities, TCHRO and NATCEP Facility Based Programs.)

### 4. From this screen, you can update your email address in the highlighted field to receive notifications. Click on the survey event ID to open up the POC.

ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215

Type: SNF/NF DUAL CERT

Please indicate below the facility's primary email address to which notifications will be sent. The Ohio Department of Health highly recommends that each facility identify an email address that is assigned to the facility rather than one individual, as this will be the email address in which Statement of Deficiencies are sent out.

Email Address:  [Update Email Address](#)

(Select Survey to see Statement of Deficiencies and Submit POC.)

Status	Event ID	Survey Year	Survey Date	Exit Date	SOD Sent	POC Submitted	POC Due	POC Approved	Additional Details
	BPQR21	2012	08/07/2012	08/07/2012					Life Safety Code Survey (Deficiency Count 22, POC Provided 0, Waiver Requests 0, IDR Requests 0)

**Graphics Key**

- = 2567 Available for Review
- = Pending ODH Approval
- = More Information Required
- = POC Not Accepted
- = Approved by ODH

**Please Note:** All yellow highlighted field boxes are required fields.

### 5. Please review/click on the “Notice Letter” and **Check** the box in the **status column**. Then click “**I acknowledge I have read the above documents.**” You may also review/print the 2567 State and Federal forms under this tab.

ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215

Type: SNF/NF DUAL CERT

**Plan of Corrections**

Survey Event ID: 0YZN11 (Survey Date: 08/29/2012)

Below is the Statement of Deficiencies document. If there were any letters that were emailed to you, they are also listed below. Please acknowledge below that you have reviewed these document(s) before proceeding to the plan of correction submission.

Status	Letter Date	Document Name	Sent Date	Acknowledge Date	Acknowledged By
<input type="checkbox"/>	09/27/2012	2567 Federal Form	09/27/2012 03:37:38		
<input type="checkbox"/>	09/27/2012	2567 State Form	09/27/2012 03:37:38		
<input type="checkbox"/>	09/13/2012	Notice Letter	09/27/2012 03:37:06		

Guidelines for writing an acceptable plan of correction

☐ I acknowledge I have read the above documents.

6. You should see the green check mark, the acknowledge date, and acknowledged by with your initials. Next, click on the **“Statement of Deficiencies”** tab.

ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215

Type: SNF/NF DUAL CERT

Survey Event ID: RPQR21 (Survey Date: 08/07/2012)

Below is the Statement of Deficiencies document. If there were any letters that were emailed to you, they are also listed below. Please acknowledge below that you have reviewed these document(s) before proceeding to the plan of correction submission.

Status	Letter Date	Document Name	Sent Date	Acknowledge Date	Acknowledged By
✓	08/20/2012	2567 Federal Form (BLD 91)	09/24/2012 03:28:30		
✓	08/20/2012	Notice Letter	09/24/2012 03:27:32	09/24/2012 03:36:17	HLE

[Guidelines for writing an acceptable plan of correction](#)

☐ I acknowledge I have read the above documents

7. You can view the deficiency(ies) by selecting the appropriate tag(s) located on the left hand side under **Survey Tags** or by clicking on the down arrow key for **“Select Tag to enter/edit POC.”**

Division of Quality Assurance  
Enhanced Information Dissemination & Collection

ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215

Type: SNF/NF DUAL CERT

Survey Event ID: XNWP11 (Survey Date: 08/21/2012)

Select Tag to enter/edit POC: F - 0226 E

Statement of Deficiency: F - 0000 - Initial Comments

183.19(c) DEVELOP/2567 F - 0279 D POLICIES

The facility must develop and implement policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. F - 0281 D

This STANDARD is not F - 0309 G

Plan or Correction: N - 0000 - Initial Comments

Completion Date: 1

Legend:  
✓ = POC Entered  
⏸ = Pending ODH  
✓ = Accepted  
● = Need more info  
X = Tag Denied  
W = Waiver Request  
I = IDR Request  
Request Waiver  
IDR

**Please note:** If a POC is not required, the field to enter the POC will not be available. For state licensure citations, only submit a POC when directed by the state agency.

8. Enter in your plan of correction under the (1) **“Plan of Correction”** highlighted field box for the appropriate tag. Enter in the (2) **Completion Date**. Click (3) **“Save.”** Select (4) **“Next Tag”** or click on the appropriate tag under (4) **“Survey Tags”** and enter in the plan of correction for that tag. Continue until you have completed the plan of correction for all appropriate tags.

**Please Note:** At this time, you may also request a **“Waiver”** or **“Informal Dispute Resolution (IDR)”** by clicking on the appropriate box.

9. If you are requesting a **Waiver** or **IDR**, an additional text box will appear for data entry.

10. Once you have data entered the plan of correction for the appropriate tags, click on the **“POC Documentation”** tab. This tab will allow you to upload documents to support your POC/Waiver/IDR request. Once you have completed the POC, click on the **“Verify and Submit”** tab.

11. Complete the highlighted fields as instructed. **Please Note:** The latest **Allegation of Compliance Date** will be populated under this tab. Please click on **“Yes, I agree”** before hitting the submit button to submit the POC to the state agency.

12. You should see the screen below with the appropriate status key after submitting the POC.

Status	Event ID	Survey Year	Survey Date	Exit Date	SOC Sent	POC Submitted	POC Due	POC Approved	Additional Details
	XNWP11	2012	08/21/2012	08/21/2012					Health Survey (Deficiency Count: 5, POC Provided: 5, Waiver Requests: 0, IDR Requests: 0)

13. If more information is required or the POC is not approved, the provider will be notified by e-mail to log into the system and submit the additional information. There may be remarks within each tag that specify what information is required.


ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215






Type: SNF/NF DUAL CERT

Please indicate below the facility's primary email address to which notifications will be sent. The Ohio Department of Health highly recommends that each facility identify an email address that is assigned to the facility rather than one individual. Statement of Deficiencies are sent out.  
Email Address:  [Update Email Address](#)

(Select Survey to see Statement of Deficiencies and Submit POC.)

Status	Event Id	Survey Year	Survey Date	Exit Date	SOD Sent	POC Submitted	POC Due	POC Approved	Additional Detail
	<a href="#">PTNP11</a>	2012	08/16/2012	08/24/2012	08/27/2012				Health Survey (Deficiency Count:6, POC Provided:6, Waiver Requests:1, IDR R

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14. The POC will be reviewed after it is submitted. Once the POC is approved, the provider will receive e-mail notification to log into EIDC. The status will show as approved.


ABC Nursing Home

Provider Name: ABC Nursing Home  
Address: 1234 Test Street  
Columbus, OH 43215






Type: SNF/NF DUAL CERT

Please indicate below the facility's primary email address to which notifications will be sent. The Ohio Department of Health highly recommends that each facility identify an email address that is assigned to the facility rather than one individual. Statement of Deficiencies are sent out.  
Email Address:  [Update Email Address](#)

(Select Survey to see Statement of Deficiencies and Submit POC.)

Status	Event Id	Survey Year	Survey Date	Exit Date	SOD Sent	POC Submitted	POC Due	POC Approved	Additional Detail
	<a href="#">XNWP11</a>	2012	08/21/2012	08/21/2012					Health Survey (Deficiency Count:5, POC Provided:5, Waiver Requests:0,

**Graphics Key**

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-  = Approved by ODH