Sample Plan of Correction: worked example

Facility: Maple Ridge Care Center (fictional)
Survey: Standard health survey (fictional)
CMS-2567 received: 2026-03-16 (fictional)

Fictional facility created for illustration. It is not a real facility, and any resemblance to a real facility is coincidental. This is a teaching example, not legal or clinical advice, and not text to submit as written.

F686 Treatment/Services to Prevent/Heal Pressure Ulcer (scope/severity G)

CITATION (SAMPLE TEXT)
Based on observation, record review and staff interview, the facility failed to ensure that a resident at risk for pressure injury received repositioning as specified in the care plan. Resident 4 was observed in the same position during two observations approximately two hours apart, and the care plan called for repositioning every two hours. Resident 4 had a stage 2 pressure injury identified on the sacrum.

CORRECTIVE ACTION
Resident 4 was reassessed by the wound nurse and the care plan was updated with a written repositioning schedule and an appropriate support surface. All other residents with a pressure injury or a high risk score were reviewed by the DON and unit managers, and any resident without a current repositioning plan received one.

SYSTEMIC FIX
Repositioning is now a standing item at each shift huddle, and the turning schedule is posted at the point of care. Nursing staff were retrained on the repositioning procedure and on documenting it. The pressure injury risk assessment policy was reviewed and reissued.

MONITORING PLAN
The DON or designee audits repositioning on every unit once a week, covering a sample of at-risk residents across all shifts. Results go to the QAPI committee monthly. Audits continue until the committee agrees compliance is sustained, then move to a quarterly check.

COMPLETION DATE
2026-04-10 (example date)

F880 Infection Prevention and Control (scope/severity E)

CITATION (SAMPLE TEXT)
Based on observation and staff interview, the facility failed to ensure staff followed hand hygiene practices during care. A nursing assistant was observed to provide care to one resident and then care for a second resident without performing hand hygiene between the two.

CORRECTIVE ACTION
The staff member was coached immediately and completed hand hygiene competency validation. The infection preventionist reviewed whether the residents involved showed any signs of infection and found none requiring follow-up.

SYSTEMIC FIX
All direct-care staff will complete hand hygiene training and competency validation. Hand hygiene supplies were checked at every point of care and restocked where needed. The infection prevention policy was reviewed against current guidance.

MONITORING PLAN
The infection preventionist performs hand hygiene observations on each unit weekly across all shifts, using the facility audit tool. Findings are reported to the QAPI committee monthly until the committee agrees compliance is sustained.

COMPLETION DATE
2026-04-03 (example date)

Every plan must be written for your own facility, reviewed by your clinical team, and checked against your notice letter before submission. Generate a starter template at https://getpoc360.com/tools/plan-of-correction-generator