



Long Term Care Provider Portal

Entering and
Submitting a
Plan of Correction



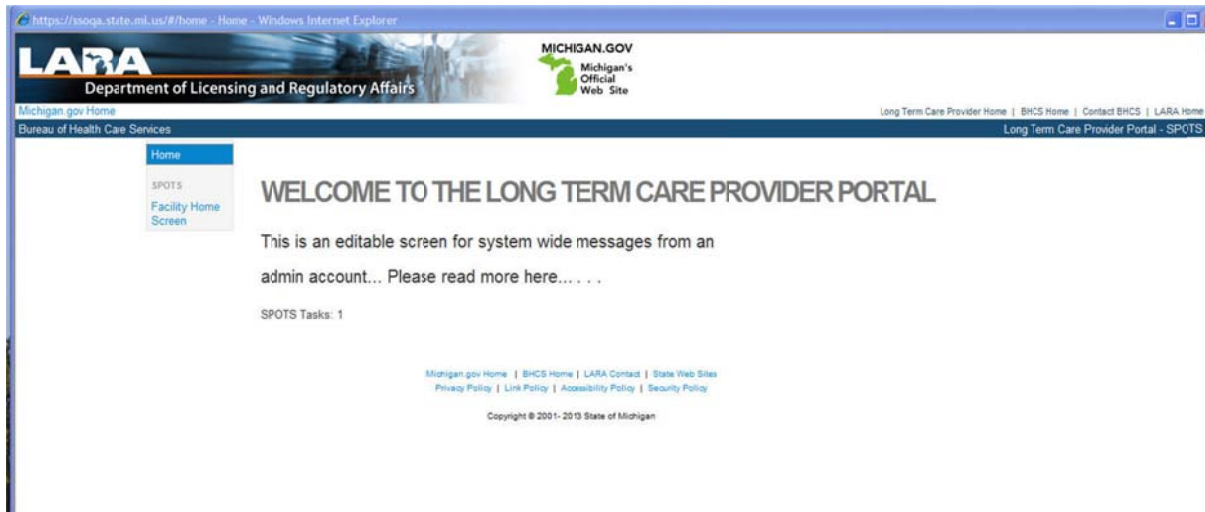
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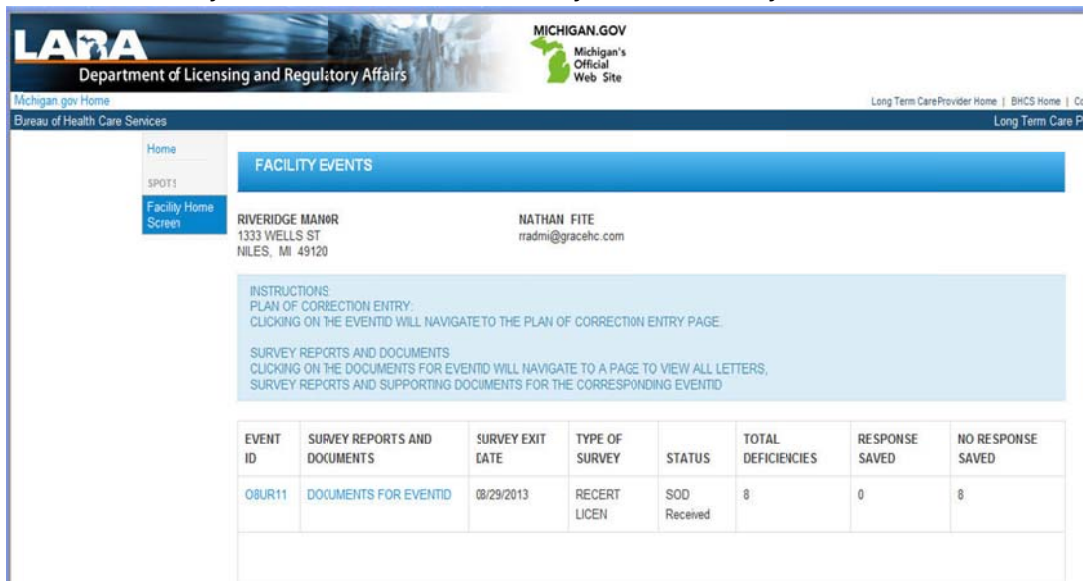


LTC PROVIDER PORTAL – ENTERING/ SUBMITTING A PLAN OF CORRECTION (POC)

LOGIN TO THE SSO PORTAL AND SELECT
LTCPP/ LONG TERM CARE PROVIDER PORTAL



- 1) Left click – Facility Home Screen – this will take you to the Facility Events Screen



- 2) Left click on the 'Documents for EventID to see the Statement of Deficiency, GRID and Enforcement Letter.
- 3) To enter Plan of Correction entry screen – Click on the 6 character Event ID.



- 4) Left Click on the Tag number on the left to select a tag to enter your POC. To see the Deficiency Statement, click the blue Regulatory citation reference; to close the deficiency text view, click the Regulatory citation reference again.

- 5) You have three options to enter your POC a) Click in the Green area and type in your response OR b) Upload a file by clicking the Browse button to find your file and click the Upload All button OR c) Open a Word document and do a copy and paste into the Green POC area

NOTE: The document with your POC response to each tag must be in .txt or .rtf format in order to properly upload. IF YOU UPLOAD A TXT OR RTF FILE, YOU CANNOT EDIT IT ONCE IT IS IN THE GREEN POC AREA.

The upload function is for entering POC text only. It is **NOT** for attaching documents to your POC. Contact your Licensing Officer if additional documentation needs to be submitted with your POC.

- 6) Enter the Completion date for the POC for the tag by clicking in the box next the calendar and select your correction date or type in the date
- 7) If you plan to submit an IDR for the deficiency, click the check box. Email or send your IDR materials to your Licensing Officer. Do NOT attempt to attach those to your POC.



- 8) Click the blue **Save Response** button. You must click this after entering the POC and date for each citation.
- 9) Click on the next tag number you want to work on and repeat steps 5-8.
- 10) After you have responded to all Tags, you will see a Green button "Finalize Plan of Correction".

Michigan.gov Home | Bureau of Health Care Services | Screen | EVENT ID: 02L012 | EXIT DATE: 07/23/2013 | Long Term Care Provider Home | BHCS Home

THIS PLAN OF CORRECTION HAS A RESPONSE TO ALL DEFICIENCIES. IF READY TO FINALIZE, CLICK [HERE](#) OR SELECT A DEFICIENCY NUMBER BELOW TO EDIT/UPDATE A RESPONSE.

[Click to toggle instructions for use.](#)

[Click to show plan of corrections guidelines.](#)

CLICK ON DEFICIENCY BELOW TO VIEW OR BEGIN PLAN OF CORRECTION ENTRY

S0000 UPDATING DEFICIENCY: 0000 DATE THIS CORRECTIVE ACTION WILL BE COMPLETED: 10/31/2013

F0000

+ Add files...

☐ Check box if an IDR will be submitted for this deficiency

TO VIEW ENTIRE DEFICIENCY STATEMENT FOR THIS DEFICIENCY CLICK TEXT BELOW:
[INITIAL COMMENTS/STAT...](#)

Optional POC entered

[Save Response](#)

[FINALIZE PLAN OF CORRECTION](#)

Michigan.gov Home | Bureau of Health Care Services | Home | SPOTS | Facility Home | Screen | PLAN OF CORRECTION REVIEW & SUBMIT | EVENT ID: 08UR11 | Long Term Care Provider Home | BHCS Home

INSTRUCTIONS
 Click the "View Plan of Correction pdf" link below to view the pdf version of your finalized plan. If you are satisfied with the plan, check the electronic signature checkbox and then click "Submit Plan of Correction". After that point you will no longer be able to edit your plan of correction and it will be sent to the state for review.

[View Plan of Correction pdf](#)

Please enter your full name

☐ I certify that the information provided for the Plan of Correction meet the requirements as defined in 42 CFR 488.402(d) of the Centers for Medicare and Medicaid Services (CMS) and Public Act 368 of 1978 as amended.

I further understand that the information submitted to the State Agency (Bureau of Health Care Services, Department of Licensing and Regulatory Affairs) is subject to review by the State of Michigan and the Centers for Medicare and Medicaid Services (CMS). I realize falsification of data, reports, and information provided or fraudulent alterations of these materials may result in civil or criminal prosecution.

☐ Check this box if you request Administrative Review in lieu of revisit survey to determine compliance.
 This is only applicable when a facility with deficiencies at levels D, E or F (without substandard quality of care) wishes to participate as a Medicare skilled nursing facility.

[Submit Plan of Correction](#) [Return to POC Entry](#)

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