

Provider **MUST** complete in full sentences. Ex: (Provider name) will keep CAP documentation in file cabinet by the kitchen in the home.

PROVIDER NAME: _____

CORRECTIVE ACTION PLAN

PROVIDER ADDRESS: _____

PROVIDER #: _____

PROVIDER D.O.B.: _____

WHAT: are the serious deficiency(ies) (SD) AND the procedures that will be implemented to address the serious deficiency(ies)?	WHO: will address the serious deficiency(ies) items?	WHEN: will the procedures be implemented? (i.e., will the procedure be done daily, weekly, monthly, or annually, and the date it will begin (e.g. 10/1/XX))	WHERE: will the CAP documentation be retained? (The actual location in the home where this documentation will be maintained.)	HOW: will the provider ensure the CAP remains in effect.

Signature of Provider

Date

This corrective action plan **MUST** be RECEIVED (not just postmarked) by the deadline stated in the serious deficiency notice.