



Corrective Action Plan

ID# _____ **Agency:** _____ **Site:** _____

Survey Date: _____

Standard & Intent cited: _____

Deficiencies from the monitoring report: _____

Action Taken: _____

Person(s) Responsible: _____

Time Frame for Implementation: _____

Description of how the Deficient Areas will be incorporated in the QI Monitoring Process:

Standard & Intent cited: _____

Deficiencies from the monitoring report: _____

Action Taken: _____

Person(s) Responsible: _____

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Description of how the Deficient Areas will be incorporated in the QI Monitoring Process:

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