Corrective Action Plan

<table>
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<tr>
<th>Provider Name</th>
<th>Component Code</th>
<th>Contract No.</th>
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- Initial
- Annual Certification
- Intermittent
- Follow-up

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<th>Section of Rule Cited</th>
<th>Date of Citation</th>
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Provider’s Corrective Action Plan for this Citation

1. State action that has been completed or is planned to correct this non-compliance. Indicate targeted completion date. (Correction must be completed within 90 days of review exit.)

2. Describe the monitoring system you will implement to ensure this non-compliance has been corrected.

Signature of Provider’s Representative

Date

Approved by review facilitator

Facilitator’s Signature

Date

Instructions to Providers

1. Complete one Corrective Action Plan form for each principle designated as “Out of Compliance at Exit.”
2. Return Corrective Action Plan forms to review facilitator within 14 calendar days of receiving the review report from DADS.
3. Certification/re-certification will be initiated by the review facilitator after accepting the Corrective Action Plan.
4. Providers will be notified by letter from DADS of certification dates.