Corrective Action Plan: Template

Submitted By: Date of Plan: Date Reviewed: Facility/Unit:

USE ONE CORRECTIVE ACTION PLAN FOR EACH PROCESS AND ITS INDICATORS								
Area Reviewed	Indicator	Statement of Finding	Plan/Actions Taken	Person(s) Responsible for Action	Date CAP Started	Target Date	Date CAP last updated	Completion Date

Indicators: 1) Access to care standards, 2) policy adherence, etc.