

CAHC Corrective Action Plans

Frequently Asked Questions



What is a Corrective Action Plan (CAP)?

A Corrective Action Plan is required when one or more CAHC Standards are not met, or are deemed non-compliant, during a survey review. Based on the surveyor's findings, CAHC will determine if a Corrective Action Plan is required and will notify the provider in the results letter. The Corrective Action Plan must be submitted to the CAHC office by a specified date and include:

- The actions taken by the provider to correct the deficiency
- The person(s) responsible for the correction
- The implementation date
- The frequency when corrected actions will be monitored
(It is recommended this be done more frequently than quarterly monitoring)
- A description of how the deficient areas will be incorporated into the PQI monitoring process

Will my Accreditation Certificate be delayed if a Corrective Action Plan is required?

The severity of non-compliance found during the survey determines how accreditation will be impacted. If a corrective Action Plan is required, the following may occur:

- An Accreditation Certificate may be issued along with the requirement(s) to submit a Corrective Action Plan
- The Accreditation Certificate may be held pending review of the submitted Corrective Action Plan
- A follow-up visit may be required in addition to submission of the Corrective Action Plan

When does the Corrective Action Plan need to be submitted?

A Corrective Action Plan must be submitted to the CAHC office by the date indicated in the results letter.

Is there Corrective Action Plan template available?

Yes! CAHC has made the process easier with a template that can be downloaded from the CAHC website. The template is also included in the ZIP file sent with the initial application and the annual monitoring alert letter.

If you have further questions about Corrective Action Plans, call the CAHC office. We're here to help!