

<p>Lancaster County Drug & Alcohol Commission</p>	<p><i>Universal #1a</i></p> <p><i>Policy: Instructions for Writing A Corrective Action Plan (CAP)</i></p>
<p><i>Most Current Revision: 08122022</i></p> <p><i>Effective Date: 03112022</i></p>	<p><i>Page: 1 of 1</i></p>

Purpose

To provide a procedural policy to write/create an acceptable Corrective Action Plan (CAP)

I. Policy

Per written notification from LCDAC, the contracted service provider must prepare a corrective action plan (CAP) to address all findings of noncompliance or internal control weaknesses identified during the annual Monitoring Site Visit and/or following a complaint investigation and/or following a visit by LCDAC staff.

For each deficiency identified, a CAP must include the following:

1. Name of the facility
2. Facility #
3. Name and title of the contact person responsible for the CAP;
4. Email of the Person Responsible for the CAP
5. Specific Deficiency as Listed on the Written Notification from LCDAC
6. Itemized action steps with time frames to be taken to correct the situation as well as the persons responsible for the action steps (if different than person identified above) OR reason(s) why corrective action is not necessary:
7. A description of HOW monitoring to be performed to ensure that the steps are taken
8. Relevant MISC information

The completed CAP must be submitted in its entirety with the LCDAC written notification identifying the deficiencies.

Each completed CAP is to be submitted by the date/time identified on the LCDAC written notification identifying the deficiencies.

Each completed CAP is to be submitted on a LCDAC *Universal 1b CAP form*.

Approved By:  08122022
Rick Kastner LCDAC Executive Director Date