

## Outcome Based Corrective Action Plan (CAP) (Template)

<b>Contract #:</b>		<b>Program/Facility:</b>	
<b>Provider Name:</b>		<b>Type of Service:</b>	
<b>Date of Monitoring:</b> _____			
The Department's acceptance of this corrective action plan is an acknowledgement the provider's proposed Plan may resolve the identified deficiency. This approval shall not be construed as a waiver by the Department of any right, power, or remedy under the contract or Florida law.			

<b>Finding # (Reference # in Monitoring Report)</b> _____
<b>Root Cause:</b> _____
<b>Process Measure/Outcome:</b> _____
<b>Specific Actions:</b> _____