



Substance Use Treatment Services

Quality Improvement and Data Support

**CORRECTIVE ACTION PLAN (CAP)**

**SUTS QI AUDIT March – April 2018**

**Q2 Oct 2017 – Dec 2017**

**Provider Name:**

**Facility Address:**

**L-Code:**

<b>Profiler / Unicare #</b>	<b>Audit Item #</b>	<b>Deficiency</b>	<b>Specific detailed description of how the deficiency will be corrected</b>	<b>Staff name &amp; title who will ensure</b>	<b>Target date for implementation</b>	<b>Documentation of correction</b>

**Program Manager:**

**CAP Prepared by:**

**CAP submitted date: 4/10/18**

**SUTS QI Reviewer:**

**Reviewed date: 4/10/18**

**Sent to Steve Lownsbery, CSC date: 4/10/18**

**QI Response to program PM date: 4/10/18**

**Corrections received date: 4/10/18**

**Updated date: 4/10/18**