

CTA RN Compliance Manager: \_\_\_\_\_

**Adult Day Care Center (ADCC)  
Written Plan of Correction (POC)  
HAR 17-1424**

Name on ADCC Certificate: \_\_\_\_\_  
*(PLEASE PRINT)*

ADCC Physical Address: \_\_\_\_\_  
*(PLEASE PRINT)*

<b>Rule Number</b>	<b>Corrective Action Taken – How was each issue fixed for each violation?</b>	<b>Date each violation was fixed</b>	<b>Prevention Strategy – How will you prevent each violation from happening again in the future?</b>

All items that were corrected are attached to this POC

ADCC Signature: \_\_\_\_\_

ADCC PRINT Name: \_\_\_\_\_ Date: \_\_\_\_\_

CTA has reviewed all corrected items