

CTA RN Compliance Manager: _____

**Case Management Agency (CMA)
Written Plan of Correction (POC)
HAR 11-800**

Name on CMA License: _____
(PLEASE PRINT)

CMA Address: _____
(PLEASE PRINT)

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

All items that were corrected are attached to this POC

CMA Signature: _____

CMA Printed Name: _____ Date: _____

CTA has reviewed all corrected items