

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

**Case Management Agency (CMA)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

Name on CMA License: \_\_\_\_\_  
(PLEASE PRINT)

CMA Physical 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 fixed are attached to this CAP

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

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

CTA has reviewed all corrected items