

Nursing Care Quality Assurance Commission

 P.O. Box 47864

 Olympia, WA 98504-786
360-236-4703

Nursing Program Plan of Correction

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| Name of Program:       | Name and Title of Person Completing Plan:       |
| Signature of Program Director:  | Date: Click here to enter a date. |
| WAC Deficiency  | Identify Contributing FactorsConduct an assessment of the factors leading to the deficiency | Identify the plan of action to correct the problem(s)1. Identify specific interventions that will be implemented to address the identified problem(s); and
2. How and when this will be reevaluated.
 | Identify how the program will ensure on-going compliance with the changes. Include specific examples | Name the person or persons responsible to implement the action plan | Date of Implementation |
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