

Communicable Disease Unit Prevention Program

340B Medication Program

Corrective Action Plan

The purpose of the Corrective Action Plan (CAP) is for the facility that has become noncompliant with the Prevention Program rules and regulations regarding the 340B Medication Program, to provide the Communicable Disease Unit (CDU) with a plan of action to solve the noncompliance issue.

1. Facility Name:

2. Facility Contact Person:

3. Facility Address:

4. Facility Telephone Number:

5. Describe noncompliance issue:

6. CAP (must include specific actions, activities, and deadlines to correct the identified noncompliance issue):

7. List individuals, as well as their role and responsibilities, related to the implementation of the CAP:

8. Progress Report (to be filled in 30 days after implementation of the CAP):

For Internal Use (CDU) Only

Date CAP Submitted:

Review and Approval of CAP (CDU Staff and Date):

Date Progress Report Submitted:

Review and Approval to exit CAP (CDU Staff and Date):

Comments: