



Aging Division, Community Living Section
2300 Capitol Avenue, 4th Floor
Cheyenne, WY 82002
Phone (307) 777-7995 • 1-800-442-2766
Fax (307) 777-5340 • wyaging@wyo.gov
www.health.wyo.gov



Stefan Johansson
Director

Mark Gordon
Governor

Corrective Action Plan (CAP)

Name of Organization: Senior Center name

Deficiency (ies) being addressed: Eg. AGNES missing for eligible participant who received services

Person completing form: Director Name

All areas below must be addressed

Identify problem: Briefly describe the problem related to the deficiency.

Define Scope of problem: Has the organization received a deficiency of this nature or similar, in the past two years?

Eg. AGNES missing for eligible participant

Identify a solution: What will the organization do to solve the deficiency?

Education needs: Is there any training/education/policy(ies) your organization need to address to ensure compliance?

Monitoring or Tracking needs: How will the organization monitor to ensure compliance; who will be responsible for it?

Date of Compliance: When will the Community Living Section (CLS) be able to follow-up to ensure deficiency is closed?

Corrective Action Plan (CAP) can be in a narrative form but will need to address all the above items. If the organization receives multiple deficiencies, they can use the same page for multiple CAPs. The organization has fifteen (15) working days, from receipt of the on-site review report, to create the CAP.