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# Action Plan

## Instructions to Provider:

Corrective actions shall be appropriate to the effects of the nonconformities encountered. Significant no. of major non-conformities impacting the process shall result in a follow-up audit on the clinical coding process review.

All the corrective actions mentioned for minor non-conformities will be evaluated during the next audit. Minor non-conformities not fixed by corrective actions shall be graded as major during the next audit.

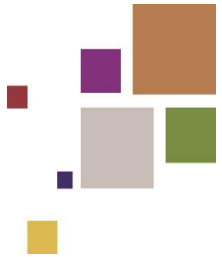
An action is required to be developed as explained below.

a) Review the nonconformities
b) Determine the causes of nonconformities
c) Evaluate the need for action to ensure that nonconformities do not recur
d) Determine and plan to implement actions needed
e) Record the results of actions taken and
f) Review the effectiveness of the corrective action taken

Please complete the Corrective action plan in the below table.

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# Corrective Action Plan

**In response to Audit for JAWDA Data Certification Conducted on** Select a Date

| **Facility Name:** | | | | **HAAD License No:** | |
|---|---|---|---|---|---|
| **Impact Rating** | **Non-Conformity** | **Root Cause** | **Corrective Action** | **Responsible Person** | **Target Date** |
| (Major/ Minor) | | | | | Click to select a date |
| | | | | | Click to select a date |
| | | | | | Click to select a date |
| | | | | | Click to select a date |
| | | | | | Click to select a date |

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| Impact Rating | Non-Conformity | Root Cause | Corrective Action | Responsible Person | Target Date |
|---|---|---|---|---|---|
| (Major/ Minor) | | | | | Click to select a date |
| | | | | | Click to select a date |
| | | | | | Click to select a date |
| | | | | | Click to select a date |

The instructions for Action plan have been carefully read and understood by our team and this form is filled with complete knowledge and understanding of the requirements.

Date: Signature of CEO:

Date: Signature of Audit Representative/Compliance Officer .....