

**Western Highlands Network
Plan of Corrective Action Submission Form**

Provider: _____

Provider Number: _____

Date Plan of Corrective Action submitted to WHN: _____

Performance Indicator Out of Compliance	Policy # that Addresses the performance indicator (please attach)	Procedure to implement the performance indicator (please attach)	Timeline of implementation for policy and procedure	Training Plan for staff for policy and procedure implementation	Internal Procedure to measure effectiveness of implementation	Process to provide WHN of verification of staff training and results of internal review

Staff Signature/Position/Date