



# Nevada Office of HIV/AIDS Ryan White Part B Program Corrective Action Plan

<i>Page to be completed by OHA-RWPB Monitoring Staff</i>			
<b>Subrecipient Name:</b>		<b>OHA-RWPB Staff:</b>	
<b>Monitor Date:</b>			
<ul style="list-style-type: none"> <li>&gt; <b>Code A:</b> Requires a Corrective Action Plan completed at Exit Interview and issue addressed by the end of the next business day.</li> <li>&gt; <b>Code B:</b> Requires a Corrective Action – satisfactory correction must be made by the end of the grant year.</li> <li>&gt; <b>Code C:</b> Requires a Corrective Action – must be corrected before the next Annual monitor visit.</li> </ul>			
<i>Administrative Site Visit Survey</i>			
<b>Code A</b>			
<b>Code B</b>			
<b>Code C:</b>			
<i>Programmatic Site Visit Survey</i>			
<b>Code A</b>			
<b>Code B</b>			
<b>Code C:</b>			
<i>Fiscal Site Visit Survey</i>			
<b>Code A</b>			
<b>Code B</b>			
<b>Code C:</b>			
<i>Quality Management Site Visit Survey</i>			
<b>Code A</b>			



**Nevada Office of HIV/AIDS  
Ryan White Part B Program  
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<b>Code B</b>	
<b>Code C:</b>	



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Subrecipient Corrective Action Plan Table – Aggregate Responses								
#	Deficiency Description	Actions to be taken (Prospective & Preventative)	Indicator the Deficiency is Resolved	Status Tracking and Reporting	Resources	Staff Lead	Planned Complete Date	Completion Confirmed Review Date

*(add more lines as necessary)*