**Plan of Action to Address Areas of Concern(s) with the ABN Administrative Code Chapter 610-X-3**

**Standards for Approval**

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**A nursing education program that receives Areas of Concern(s) from the Board shall establish a written plan within the specified time and provide reports to the Board, if requested, to document progress in resolving concern (s).**

**First Plan of Action submission**

**Please provide a brief narrative describing the evolution of the area(s) of concern. Identify actions being implemented within the following categories to address the area(s) of concern(s).**

**Subsequent Plan of Action submission(s), if applicable**

**Please resubmit the previous Plan of Action and complete the evaluation of the actions taken.**

**Identify any additional actions being implemented within the following categories to address the area(s) of concern(s).**

| **Identified Concern:** | **Individual(s) Accountable for Resolving Concern:** | **Goals for Improvement:** | **Corrective Action Steps** | **Monitoring and Evaluation:**  | **Preventive Actions:** | **Timeline for Implementation** **of Corrective and Preventative Actions:** | **Documentation:** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Clearly state each issue/ concern identified by the regulatory body or agency.** | **Name /title of the responsible party(ies):** | **Specific objective related to issue/ concern.** | **Outline specific steps to address each concern.****Be detailed and precise in describing the actions to be taken.** | **Describe the process for monitoring the implementation of corrective actions.****Specify the frequency and methods of monitoring.****Outline the criteria for evaluating the effectiveness of the corrective actions.****Detail the process for documenting the monitoring and evaluation activities.** | **Identify potential root causes of the issue.****Develop strategies to prevent similar issues from recurring in the future.****Implement new policies, procedures, or training programs to address the root causes.** | **Provide a detailed timeline for the implementation of corrective and preventive actions.****Include specific dates for completing each step.** | **Describe the documentation requirements for tracking the implementation of the POA.****Specify the types of documents to be maintained and the retention period.** |

| **Identified Concern:** | **Individual(s) Accountable for Resolving Concern:** | **Goals for Improvement:** | **Corrective Action Steps** | **Monitoring and Evaluation:**  | **Preventive Actions:** | **Timeline for Implementation** **of Corrective and Preventative Actions:** | **Documentation:** |
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