Laboratory name

CLIA number

Address

Document

IR-04 Plan of Correction Template

Plan of Correction Template

Document no.	Version	Effective date	Supersedes	Approved by (laboratory director)
IR-04	1.4			

How to use this document. Use one block per deficiency cited on the Form CMS-2567. Read the cover letter that came with the form for the deadline and the elements your State agency requires. Write what was done, with dates, not what you intend in general.

Survey date	
Date Form CMS-2567 received	
Response due date	

Deficiency

Tag number and regulation cited	
Finding, in the surveyor's words (short)	
1. What was done to correct the problem for the patients or records cited	
2. How other patients or records that could be affected were identified, and what was done for them	
3. What was changed in the system so the problem does not recur	
4. How the correction will be monitored, by whom, and how often	
Completion date	
Title of the person responsible	

Attach evidence for each item: the revised procedure, training sign-in sheet, completed forms or logs.

Signatures

Role	Printed name	Signature	Date
Laboratory director			

Template notice. Checked against 42 CFR Part 493: 16 November 2026. This template is a starting point, not regulatory or legal advice. State, local and accreditation requirements may be stricter than CLIA.