Preliminary Licensing Summary 2015

Individual/LS Provider:

Site Review Date: Record Review

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECORD REVIEW**

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**UPCOMING TASKS**

**SITE REVIEW**

Non-Compliance

Citation Number Note area of Non-Compliance

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**Plan of Correction- If non-compliance not able to be corrected**

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