

SECTION A- IDENTIFYING INFORMATION

SECTION B - DEFICIENCY INFORMATION

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the Department of Human Resources on or before
N/A , as verification that deficiencies have been corrected.

Signature of Facility Representative _____ 5/12/26 _____ Date

CATRESSA ROZELL _____ 5/12/26 _____ Date

Signature of DHR Licensing Representative _____ Date