Comments: The staff person's medical is incomplete.

Failed - TB Test Date and Results, Staff Checklist — Pending Correction
Comments: The staff person's TB test has not been completed.

Failed - Health and Safety Training, Staff Checklist — Pending Correction
Comments: The health and safety training hours are missing.

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 ___10/21/26_____, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Signature of Facility Representative — Date: 10/7/2026

AJOIA MCGHEE — **10/7/26**

Signature of DHR Licensing Representative — Date

COPIES TO: ___Center_____