NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY:

FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:

LICENSEE NAME(S):

NAME AND FACILITY NUMBER OF OTHER COMMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FACILITIES FOR THE ELDERLY, OR HEALTH FACILITIES LICENSED TO OR OWNED BY APPLICANT(S) WITHIN THE LAST FIVE YEARS:

A. _____ B. _____ C. _____

D. _____ E. _____ F. _____

DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LICENSING PROGRAM MANAGER:

Present at meeting:

NAME	TITLE

This Noncompliance Conference was called to discuss the following issues or deficiencies:

Licensee agreed to do the following in order to bring the facility into compliance no later than the following dates:

Licensee has been advised that failure to complete the above agreed upon actions by the dates will result in this Department taking the following action(s):

☐ A detailed letter regarding this conference will be mailed to the licensee within 5 calender days.

As the licensee, I understand and will comply with the plan of action described on this form.

LICENSEE SIGNATURE:	DATE:
MANAGER SIGNATURE:	DATE: