(The top section and sections A & B to be completed by the LPA. Section C to be completed by LPS or DOM. Section D to be completed by DOM.)

FACILITY COMPLIANCE PLAN

FACILITY:	LICENSEE:

ADDRESS:

TYPE:	CAPACITY:

A. SUMMARIZE NONCOMPLIANCE PROBLEMS: (Include potential risk to clients)

B. DESCRIBE RECOMMENDED COURSE OF ACTION:

LPA: _____

C. DATE LPS or DOM DISCUSSED WITH LEGAL CONSULTANT:_____ATTORNEY:_____

COURSE OF ACTION RECOMMENDED BY ATTORNEY:_____

D. DATE REVIEWED BY LPS: _____ LPS: _____

Comments and course of action recommended by LPS:

E. DATE REVIEWED BY DOM: _____ DOM: _____

Comments and course of action recommended by DOM:

F. DATE REFERRED TO REGIONAL MANAGER FOR REVIEW: _____