NONCOMPLIANCE CONFERENCE SUMMARY

NAME AND ADDRESS OF FACILITY:					
FACILITY LICENSE NUMBER:	EFFECTIVE DATE OF LICENSE:	LICENSE CAPACITY:	STATUS:	FACILITY TYPE:	
LICENSEE NAME(S):					
THE LAST FIVE YEARS:	IMUNITY CARE, CHILD DAY CARE, RESIDENTIAL CARE FAC	ILITIES FOR THE ELDERLY, OR HEALTH	FACILITIES LICENSED TO OR C	WITHIN	
A	B	()		
D	E	F			
DATE OF CONFERENCE:	LICENSING PROGRAM ANALYST:	LIC	LICENSING PROGRAM MANAGER:		
	Present a	t meeting:			
NAME		TITLE			
This Noncompliance Confer	ence was called to discuss the follow	wing issues or deficiend	cies:		

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.

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LICENSEE SIGNATURE:	DATE:
MANAGER SIGNATURE:	DATE: