California Department of Social Services
Community Care Licensing

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

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FACILITY:	LICENSEE:						
FACILITY NUMBER:	ADDRESS:						
TYPE:		CAPACITY:					
A. SUMMARIZE NONCOMPLIANCE PROBLEMS: (Include potential risk to clients)							
B. DESCRIBE RECOMMENDED COURSE OF ACTIO	N: LPA:						
	DATE:						
C. DATE LPM or RM DISCUSSED WITH LEGAL CON	SULTANT:AT	TORNEY:					

State of California – Health and Human Services Agency	California Department of Social Service
D. DATE REVIEWED BY LPM:	LPM:
Comments and course of action recommended by LPM:	
E. DATE REVIEWED BY RM:	RM:
Comments and course of action recommended by RM:	