

(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.)

**FACILITY COMPLIANCE PLAN**

FACILITY:	LICENSEE:	
FACILITY NUMBER:	ADDRESS:	
TYPE:		CAPACITY:

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

B. DESCRIBE RECOMMENDED COURSE OF ACTION:	LPA: _____
	DATE: _____

C. DATE LPM or RM DISCUSSED WITH LEGAL CONSULTANT: _____ ATTORNEY: _____
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D. DATE REVIEWED BY LPM: \_\_\_\_\_ LPM: \_\_\_\_\_

Comments and course of action recommended by LPM:

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E. DATE REVIEWED BY RM: \_\_\_\_\_ RM: \_\_\_\_\_

Comments and course of action recommended by RM: