CORRECTIVE ACTION PLAN
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

| License/Registration Number: | Facility Name: | | Date of Violations |
|--|--|---|--------------------|
| | | | |
| Violated Rule | How Compliance Will Be Achieved, Monitored a | nd Maintained | Timeframe |
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| Registrant/Licensee/Designee/Program Director Name | | Registrant/Licensee/Designee/Program Director Signature | Date |
| LARA LICONSING AND REGULATION AFFAIRS | | | |
| LARA is an equal opportunity employer/program. | | | |

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BCAL-1894 (Rev. 12-15) Previous edition may be used. MS Word

Registrant/Licensee/Designee/Program Director Licensing Consultant Distribution: Yellow:

White: