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

Facility License Number:	Facility Name:	Date of Violations
Violated Rule	How Compliance Will Be Achieved, Monitored and Maintained	Timeframe

Licensee/Designee/Program Director Name

Licensee/Designee/Program Director Signature

Date



LARA is an equal opportunity employer/program.

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