

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH SYSTEMS
INDEPENDENT INFORMAL DISPUTE RESOLUTION REQUEST
CIVIL MONEY PENALTY**

Send this form (typed/printed) with documentation to: Alicia Wilcox, LARA, BHS, Operations, Enforcement Unit,
IIDR Request, P.O. Box 30664, Lansing, MI 48909.

This IIDR is reviewed by: Michigan Peer Review Organization

Facility:	Survey Exit Date:	<input type="checkbox"/> Standard
		<input type="checkbox"/> Abbreviated
1. Tag No(s):		
2. Citation fact(s)/statement(s) requested for review:		
3. Factual evidence that you believe refutes the above fact(s)/statement(s): (pages should be numbered; for example, 1 of 20, 2 of 20, etc.)		
4. Explain if the above evidence was not available at time of survey:		
Facility Contact Person:	Date:	Phone #:
MPRO's REVIEWER RESPONSE		
Deficiency is:	<input type="checkbox"/> Supported in full	<input type="checkbox"/> Amended
		<input type="checkbox"/> Deleted
Reason:		
Code/s: 1 2 3 4 5 6 7 8 9 10 11		
Reviewer ID #:		Date:

BHS-111 (01/12)
Authority: P.A. 368 of 1978 as amended

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