

STATEMENT OF CORRECTION
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Adult Foster Care and Homes for the Aged Licensing

To: _____, Licensing Consultant/Staff
 From: _____, Licensee/Licensee Designee/Authorized Representative

Facility Name	License Number
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This letter confirms the correction of the following area(s) of non-compliance as cited in the:

<input type="checkbox"/> Report dated:	<input type="checkbox"/> Fire safety inspection report dated:	<input type="checkbox"/> Environmental health report dated:
<input type="checkbox"/> Other	Dated:	

***The following rules are now in compliance:**

RULE	METHOD OF COMPLIANCE

Signature (Licensee/Licensee Designee/Authorized Representative)	Date
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Check if supporting documentation is enclosed

LICENSING RESPONSE

The above corrective action has been reviewed. The follow-up action will be:

- On-site inspection for verification
- Verify at next licensing inspection
- No further action needed; documentation submitted demonstrates compliance

Licensing Consultant/Staff Signature	Date
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*For additional space, see reverse side.

