

Facility Information

Facility Name					
License Number		Investigator Assigned			
Point of Contact				Date Reported	
Phone		Fax		Incident Date	
Address				Authorized Capacity	

Investigation Summary

--	--	--	--	--	--

Deficiencies

Investigation Date	Deficiency Code	Deficiency Type	Status	Corrective Action Taken	Correction Date
--------------------	-----------------	-----------------	--------	-------------------------	-----------------