



Facility Information

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

Investigation Summary

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Deficiencies

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