



**Facility Information**

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

**Investigation Summary**

**Deficiencies**

<b>Investigation Date</b>	<b>Deficiency Code</b>	<b>Deficiency Type</b>	<b>Status</b>	<b>Corrective Action Taken</b>	<b>Correction Date</b>
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