



**PLAN OF CORRECTION**  
 DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 DEVELOPMENTAL DISABILITIES  
 SFN 1556 (2-2023)

Completion of this Plan of Correction must be accomplished within ten (10) days of receipt and should outline the necessary action(s) to be undertaken. Specific time frames for completion of each action to accomplish compliance with each deficiency as listed on this form are necessary.

Agency
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DEFICIENCY STATEMENT	PLAN OF CORRECTION	COMPLETION DATE

A typed signature is legally binding and equivalent to a handwritten signature.

Signature	Title	Date
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