**Instructions**: (**1**) Use only one grid per cited deficiency/violation. (**2**) Ensure that your plan of correction is Specific, Measureable, Attainable, Reasonable, and Time sensitive (SMART). (**3**) Ensure that each box is complete, including the signature of the Program Administrator. (**4**) Return the completed form(s) to your Licensing Coordinator by email in a .pdf format. **(5)** For additional grids, cut and paste the last grid to the end of the document.

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| **Name and Address of Facility:** | | | | **Current License Number:** | | |
| **Inspection Date(s):** | | | **Licensing Coordinator:­** | | | |
| **Name of Program Administrator or Designee:** | | | **Signature of Program Administrator or Designee:** | | | |
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| **COMAR Citation** | **Deficiency/Violation Summary** | **Plan of Correction**  **(Include a step-by step plan to correct the specific violation, as well as a plan to ensure that the deficiency/violation does not recur.)** | | | **Target Date** | **CAP Accepted?**  **OLM USE ONLY** |
|  |  |  | | |  | Yes No  Date:  LC Initials: |
| **Dispute of the COMAR Citation** | | | | | | |
| **This section may be used by providers to document disagreement related to the aforementioned citation. In the event that your organization disagrees with the citation, please provide an explanation below and attach associated supporting documentation.** | | | | | | |
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| **For OLM Use Only.** | | | | | | |
| **Evidence of Completion  Reason CAP not accepted  Citation withdrawn  Citation upheld** | | | | | | |
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