**PROVIDER CORRECTIVE ACTION PLAN and OLM RESPONSE**

**OFFICE OF LICENSING AND MONITORING**

**Part I**

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| Name of Facility:  | Current License Number:  |
| Address:  |  |
| Inspection Date(s): | Licensing Coordinator:  |
| Program Administrator:  | Signature of Program Administrator or Designee:  |

**Part II**

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| **COMAR Citation** | **OLM Findings** | **Corrective Action** | **Target Date** |
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| **Dispute of the COMAR Citation** |
| To dispute the citation, please provide an explanation below and attach supporting documentation |
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| ***For OLM Use Only*** |
| ☐ CAP Item Accepted ☐ CAP Item not accepted ☐ Citation Withdrawn ☐ Citation Upheld | **CAP Item Status****Date Reviewed:** ☐ Completed☐ In Progress☐ No Action | **CAP Item Status****Date Reviewed:** ☐ Completed☐ In Progress☐ No Action |
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**Part III**

Approved by:

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Licensing Specialist Date

Reviewed by:

Program Manager Date