**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*** | | | | | |
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**Part III**

Approved by:

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Licensing Specialist Date

Reviewed by:

Program Manager Date