**Agency Name**

**STREET ADDRESS, CITY, ZIP**:

**Provider Number**

**Required:**

**Signature & Date**

**STATE PLAN OF CORRECTION ADDENDUM**

**Exit Date**

**PROVIDER’S PLAN OF CORRECTION**

(EACH CORRECTIVE ACTION SHOULD BE CROSS‐ REFERRENCED TO THE APPROPRIATE DEFICIENCY)

**Tag**

**Number**

**(X5)**

**COMPLETION**

**DATE**

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