Sponsor Name and/or Logo

Street Address

City, State, Zip

Phone

Email

Date

Provider Name

Street Address

City, State, Zip

Email Address

VIA: Select Method of Notice Delivery

**ADDITIONAL SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION**

The following paragraphs detail each serious deficiency and the corrective action required.

1. Choose an item.

**Serious Deficiency Details:** Insert discussion of serious deficiency

**Required Corrective Action:** Insert Require Corrective Action

1. Choose an item.

**Serious Deficiency Details:** Insert discussion of serious deficiency

**Required Corrective Action:** Insert Require Corrective Action

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