

Cover Page

Submission of Additional Information for Penalty Recommendation

Instructions:

1. Complete the information below.
2. Attach a separate cover page for each penalty recommendation submitted.
3. Redact any resident names or confidential information from the information submitted. (If resident names or confidential information are not redacted, information will not be considered.)
4. Use Resident Identifiers used in the Statement of Deficiencies.
5. Mail a copy of the information with the completed cover page to:

Adult Care Licensure Section
ATTN: Marcella Crocker
2708 Mail Service Center
Raleigh, NC 27699-2708

(Fax and email are not accepted.)

Facility Name:

License Number:

County:

Survey Date on the Statement of Deficiencies:

**Rule Area and G.S. of
Violation:**

Name of person to contact and contact number, if questions:
