Instructions:
1. Training will only be considered if:
   • Training was completed after the violation was cited;
   • Training was specific to the violation; and
   • The Department has determined the violation is corrected and facility has continued to remain in compliance with the regulations cited.
2. Submit a copy of the completed training, include:
   • Outline/Agenda;
   • Date(s) and Time(s) of Training;
   • Staff Attendance/Sign-in sheets; and,
   • Trainer’s name and resume or CV
2. Complete the information below for the penalty recommendation.
3. Attach a separate cover page for each penalty recommendation submitted.
4. 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.)
5. Use Resident Identifiers used in the Statement of Deficiencies.
6. Mail a copy of the information with the completed cover page to:
   Adult Care Licensure Section
   ATTN: Joseph Branch
   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: ____________________

DHSR/AC 4700 NCDHHS (Rev 07-2017)