***DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES***
***CORRECTIVE ACTION PLAN***



Investigation ID: **31**
License #: **1217-14-012**
Organization Name: **ELK HILL FARM, INC.**

Date of Inspection: **04-07-2023**
Program Type/Facility Name: **14-012 Massie Cottage**

# No Violation

**General Comments / Recommendations:**

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

| Amber Nesbitt, Licensing Specialist | (Signature of Organization Representative) | Date |
|---|---|---|

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined