Home and Community Support Services Agencies (HCSSA) Program

Enforcement Interoffice Memorandum

To: Name of Enforcement Unit Manager

Regulatory Services Enforcement Coordinator/Consultation Unit Manager

From: Name of Regional Director or Designee

HCSSA Region # ( ) _____

Subject: Enforcement Action Recommendation

Date:

Agency Name: _____

Address: _____

City/State/ZIP code: _____

Agency's Former Name(s): _____

License Number: _____

Provider Number: _____

Categories of Services: _____

Medicare Certification Termination Actions: _____

Contracts: _____

Accreditation Status: _____

Enforcement Recommendation: _____

Surveyor: _____

Surveyor Date: _____ Survey Type: _____

Agency Census: _____

Date Statement of Deficiencies was: _____ to Agency _____
(mailed/faxed/hand-delivered)

Basis for Recommendation:

Listing of violations: Z tag numbers **and** TAC numbers with narrative description and separated by levels.