TEXAS Health and Human Services

Form 5011
July 2007-E

Guardianship Program

Statement of Deficiencies and Plan of Corrections

Contractor No.	Monitoring Visit Dates (MM/DD/YY) From to

Type of Review

☐ Complaint Investigation ☐ Annual Compliance Review ☐ Follow Up Review ☐ Other (please specify): _____

Name of Contracted Agency	Address (Street, City, State, ZIP Code)

Condition Statement and Standard Number	Summary Statement of Deficiencies (Each deficiency should be preceded by full condition statement and standard.)	Plan of Correction (Each corrective action should be cross-referenced to the appropriate deficiency.)	Completion Date and Responsible Party

Contractor Signatory Authority/Designee	Title	Date