

**Assisted Living Optional Plan of Correction Form**

**Customer Feedback**

**Did you find the assisted living optional plan of correction form and instructions helpful?**

**Yes 🞏**

**No 🞏**

**Did not use 🞏**

**What about the form or instructions did you find or not find helpful?**

**Please let us know if there is anything you would like to see changed or improved on the form or instructions.**

**Please return with your plan of correction or fax to 405.271.2206 or email to** **LTC@health.ok.gov****. Thank you for your feedback.**