RALF Informal Dispute Resolution Request

Facility Name: ___________________________ Survey Exit Date: _____________________

Type of Hearing requested: _______ In Person _______ Phone _______ Mail

Legal Counsel will be present: _______ Yes _______ No

Please use a separate form for each rule in dispute. Give the rule number, the number(s) of the example(s) in dispute, and a brief summary of the facts that you believe refute the deficiency findings. Attach additional pages, if necessary.

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<th>Rule No.:</th>
<th>Example Nos.:</th>
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Facts that refute the deficiency findings:

________________________________________________________________________________
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Facility Contact Person: _________________ Date: _______________ Phone #: _________________

Please attach relevant documentation, INCLUDING A COPY OF THE DISPUTED DEFICIENCIES FROM THE SURVEY REPORT.

IDR RESULTS

Deficiency is: _______ Supported in Full _______ Amended _______ Deleted

Reason: ____________________________________________
________________________________________________________________________________
________________________________________________________________________________

Chair’s Signature: ___________________________ Date: ___________________