


 Regulatory Services  
**Amelioration Request**
**Form 3708**  
 December 2006

Amelioration is not offered: (1) more than three times in a two-year period; or  
 (2) more than one time in a two-year period for the same or similar violation.

**Section 1 — Facility Information — Complete all items**

Facility Name			Facility ID Number		Inspection Exit Date	
Physical Address — Street			City		State	ZIP Code
Facility Administrator's Name						
Facility Area Code and Telephone Number - -				Facility Fax Area Code and Telephone Number - -		

**Section 2 — Legal Entity/Owner Information/License Holder — Complete all items**

Name of Legal Entity/Owner/License Holder		Contact Person's Name				
Contact Person's Area Code and Telephone Number - -				Contact Person's Fax Area Code and Telephone Number - -		

**Disclosure Information:** How do you plan to fund this proposal? Provide information on the source and availability of funds to carry out your proposed plan (e.g., description of available funds on hand and/or lines of credit that are available to you).

**Section 3 — Violation and Administrative Penalty Information**

Refer to your administrative penalty imposition letter. In this section, list the violation(s) and administrative penalty(ies) for which amelioration is being requested. For each violation listed below, submit an amelioration plan in Section 4 of this request form. (**Note:** HHSC, at its discretion, may allow the combination of violations to count as one “amelioration” for the purpose of applying the biennial limit.)

Violation	Dates Imposed	Penalty Amount	Amount to Ameliorate
<b>Totals:</b>			

**Section 4 — Amelioration Plan**

Submit an amelioration plan for each violation or group of violations listed in Section 3 of this request form. (**Note:** Make copies of this page as needed.)

Violation	Dates Imposed	Penalty Amount	Amount to Ameliorate

**At a minimum, an amelioration plan must:**

1. Propose changes to the management or operation of the facility that will improve services or quality of care for residents and identify the specific minimum licensure requirements that the plan exceeds. (**Note:** HHSC requires that an amelioration plan propose changes that would result in conditions that exceed the minimum requirements for facility licensure.)
2. Establish a timeline, such as a Gantt chart, for implementing the proposed changes that includes a date by which the plan will be completed.
3. Establish clear goals to be achieved through the proposed changes and identify how the goals exceed the requirement.
4. Identify specific actions, such as a budget, necessary to implement the proposed changes.
5. Identify, through measurable outcomes, the ways in which and the extent to which the proposed changes will improve services or quality of care for residents.
6. Provide a budget for implementing this proposal with proof of projected product and/or labor costs.

**Describe the amelioration plan below. Please number the plan description 1 through 6 to correspond with the minimum amelioration plan requirements listed above.**

Empty space for describing the amelioration plan.

**Section 5 — Optional Supporting Comments**

Completion of this section is optional. HHSC encourages providers to promote the participation of residents, responsible parties, resident councils, family councils, advocates, and ombudsmen in the development of amelioration proposals. You may submit letters of comment, endorsement, or support from your stakeholders.

**Section 6 — Attestation Statement**

I understand that approval of an amelioration plan is in lieu of payment of an administrative penalty.

If our amelioration plan is approved, I agree to implement the initiatives listed in each amelioration plan. I agree that if HHSC determines that one or more of the initiatives listed in the approved amelioration has not been implemented or has not been completed, payment of the full amount of the administrative penalty may become due.

If our plan is approved, I agree to waive appeal rights to an administrative hearing under Section 242.068, 252.067, or 247.0454 of the Health and Safety Code. Upon approval of the plan, HHSC will dismiss a pending request for a hearing submitted under Section 242.067(d), 252.066(b), or 247.0453 of the Health and Safety Code.

The information provided in this request is true and correct. I understand that submission of false information in this request will constitute grounds for denial of the amelioration plan.

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Person

**Submit your amelioration request to:**

Texas Health and Human Services Commission  
Regulatory Services  
Provider Licensing Enforcement Unit – E-351  
P. O. Box 149030  
Austin, TX 78714-9030

**Or overnight to:**

Texas Health and Human Services Commission  
Regulatory Services  
Provider Licensing Enforcement Unit – E-351  
701 West 51st St.  
Austin, TX 78751