

Notice of Action - Denial

Name and Address of Provider	Effective Date:		
	Month	Day	Year
Notice of Denial/Revocation/Suspension			
In accordance with the Iowa Administrative Code, Chapter 44124, accreditation is being denied/revoked/suspended for the following reasons:			
Findings of a site visit indicate that there are instances of noncompliance with the standards which were not addressed on the corrective action plan or that you have failed to implement the corrective action plan.			
☐ You have failed to provide information requested.			
☐ You have refused to allow the Division to conduct a site visit.			
☐ The overall compliance level was 69% or below and pervasive and serious deficiencies exist.			
Multiple deficiencies exist that pose real or potential risk to the life, rights, and safety of consumers.			
Other - Explanation of decision. (Attach separate sheet if necessary.)			
You have the right to appeal the denial of accreditation, effective date of the decision, or revocation. You may request a hearing by means of a written request directed to the Division of Behavioral Health of the Department within thirty (30) days after the date this notice was mailed.			
Signature of Division Director	Date		

470-3008 (Rev. 10/24) White: File Yellow: Provider Agency