쀘	Washington State Department of Social & Health Services
Trans	forming lives

Assisted Living Facility Exit Preparation Worksheet

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Transforming lives Exit Preparation Worksheet						
LICENSOR NAME		LICENSE NUMBER	INSPECTION DATE			
Inspection Type:						
ISSUES	RESIDENT / STAFF NO.	SCOPE/CONCERNS	WAC/RCW, (CONSULTATION, CITATION)			

ASSISTED LIVING FACILITY NAME

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Assisted Living Facility Exit Preparation Worksheet

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LICENSOR NAME		LICENSE NUMBER	INSPECTION DATE	
Inspection Type:	☐ Full ☐ Foll	ow up Monitoring Complaint: Number		
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ASSISTED LIVING FACILITY NAME