



Assisted Living Facility Exit Preparation Worksheet

Attachment M

LICENSOR NAME		ASSISTED LIVING FACILITY NAME
		LICENSE NUMBER
		INSPECTION DATE

Inspection Type: Initial Full Follow up Monitoring Complaint: Number _____

ISSUES	RESIDENT / STAFF NO.	SCOPE/CONCERNS	WAC/RCW, (CONSULTATION, CITATION)

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LICENSOR NAME		ASSISTED LIVING FACILITY NAME	
		LICENSE NUMBER	INSPECTION DATE
Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Monitoring <input type="checkbox"/> Complaint: Number _____			