Washington State Department of Social & Health Services

Transforming lives

Follow Up Visit

ASSISTED LIVING FACILITY NAME			LICENSE NUMBER
FACILITY / LICENSEE'S NAME			DATE OF VISIT
LICENSOR'S NAME	DATE OF ORIGINAL INSPECTION	DATE OF PLAN OF CORRECTION	INTAKE NUMBER

Follow-up Type: ☐ Full inspection ☐ Complaint Investigation ☐ On-Site ☐ Off-site

Issue(s) from Prior Visit	WAC / RCW	Summary of Findings

Additional Comments	Attachment R