



AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA)
RESIDENTIAL CARE SERVICES (RCS)
ASSISTED LIVING FACILITY (ALF)

Attachment R

ALF Follow Up Visit

ASSISTED LIVING FACILITY NAME		LICENSE NUMBER
FACILITY / LICENSEE'S NAME		DATE OF PLAN OF CORRECTION
LICENSOR'S NAME	DATE OF VISIT	CD ID NUMBER

Follow-up Type: ☐ On-Site ☐ Off-site

Issue(s) from Prior Visit	WAC / RCW	Summary of Findings (steps taken to verify)	Corrected
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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