



AGING AND LONG-TERM SERVICES ADMINISTRATION (AL TSA)
 RESIDENTIAL CARE SERVICES (RCS)
 ENHANCED SERVICES FACILITY (ESF)

ESF Follow-Up

ENHANCED SERVICES 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)	Correction
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
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			<input type="checkbox"/> Yes <input type="checkbox"/> No



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Additional Comments **Attachment P**