Attachment L

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ENHANCED SERVICES FACILTY (ESF)

ESF Exit Preparation Worksheet

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	INSPECTION DATE
LICENSOR'S NAME	Inspection Type: ☐ Full ☐ Follow up ☐ Complaint	

ISSUES	RESIDENT / STAFF NUMBER	SCOPE / CONCERNS	WAC / RCW (CONSULTATION, CITATION)

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