



RCS Nursing Home Pre-Occupancy Inspection Site Visit Initial Findings

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|------|
| Date |
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Long-Term Care (LTC) Facility

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|---|----------------------|
| Facility Name | Facility Address |
| Facility Phone Number (including area code) | Administrator's Name |

LTC facilities are responsible for ensuring compliance with all applicable state and federal laws and regulations. A state license cannot be issued until all licensing requirements are fully satisfied.

On _____, RCS conducted a scheduled pre-occupancy inspection at the above facility.

At that time, **Facility Name** was found to be in substantial compliance with all applicable physical plant laws and regulations:

Yes No

- **If yes**, to enable the survey team to complete the initial certification survey, a few residents must be admitted to the facility. Medicare / Medicaid reimbursement will not be available for services provided to these residents prior to the certification effective date.
- **If no**, during the inspection, non-compliance with the following Rule requirement(s) was identified and must be corrected:

WAC 388-97-

| WAC Number | WAC Requirement | Deficiency Location(s) | Description of Deficiency |
|------------|-----------------|------------------------|---------------------------|
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Please contact **Name of Assigned FM** at **FM Phone Number** or **FM Email Address** with any questions or concerns.

When all the deficiencies have been corrected, please contact **Name of Assigned FM** to schedule a follow-up visit.