



## RCS Nursing Home Pre-Occupancy Inspection Follow-Up Site Visit

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

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

On \_\_\_\_\_, RCS conducted a scheduled pre-occupancy inspection at the above facility and deficiencies were identified. 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 \_\_\_\_\_, you contacted **Name of FM** and reported all deficiencies have been corrected.

A follow-up inspection site visit was completed on \_\_\_\_\_ by the assigned survey team and all identified deficiencies were corrected:  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**, the following deficiencies have not yet been corrected and must be:

### WAC 388-97-

WAC Number	WAC Requirement	Deficiency Location(s)	Description of Deficiency

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 second follow-up visit.