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|  |  Attachment C **CONFIDENTIAL INFORMATION – DO NOT DISCLOSE NOT FOR PUBLIC DISCLOSURE** **Assisted Living Facility Resident List** Not required if facility uses its own list or Attachment D. |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER |
| INSPECTION DATE | LICENSOR NAME |
| Inspection Type: **[ ]**  Initial **[ ]**  Full **[ ]**  Follow up **[ ]**  Monitoring **[ ]**  Complaint: Number   |
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