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| A picture containing text, clipart  AI-generated content may be incorrect. | | 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 C. | | | |
| ASSISTED LIVING FACILITY NAME | | | | | LICENSE NUMBER |
| ENTRANCE DATE | | | LICENSOR NAME | | |
| Inspection Type:  Full  Follow up  Complaint: Number | | | | | |
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| ROOM NUMBER | RESIDENT NAME | | | NOTES | |
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