|  | Assisted Living FacilityExit Preparation Worksheet | Attachment M |
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| ASSISTED LIVING FACILITY NAME |
| LICENSOR NAME | LICENSE NUMBER | INSPECTION DATE |
| Inspection Type: **[ ]**  Initial **[ ]**  Full **[ ]**  Follow up **[ ]**  Monitoring **[ ]**  Complaint: Number   |
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| ISSUES | RESIDENT / STAFF NO. | SCOPE/CONCERNS | WAC/RCW,(CONSULTATION, CITATION) |
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