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| --- | --- | --- | --- | --- | --- |
|  | Attachment R  AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES (RCS)  ASSISTED LIVING FACILITY (ALF)  **ALF Follow Up Visit** | | | | |
| ASSISTED LIVING FACILITY NAME | | | | LICENSE NUMBER | |
| FACILITY / LICENSEE’S NAME | | | | DATE OF PLAN OF CORRECTION | |
| LICENSOR’S NAME | | | DATE OF VISIT | CD ID NUMBER | |
| Follow-up Type:  On-Site  Off-site | | | | | |
| **Issue(s) from Prior Visit** | | **WAC / RCW** | **Summary of Findings (steps taken to verify)** | | **Corrected** |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
|  | |  |  | | Yes  No |
| **Notes Attachment R** | | | | | |
|  | | | | | |