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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** |
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