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| Transforming Lives | Attachment R  **Follow Up Visit** | | | | | |
| ASSISTED LIVING FACILITY NAME | | | | | | LICENSE NUMBER |
| FACILITY / LICENSEE’S NAME | | | | | | DATE OF VISIT |
| LICENSOR’S NAME | | | DATE OF ORIGINAL INSPECTION | | DATE OF PLAN OF CORRECTION | INTAKE NUMBER |
| Follow-up Type:  Full inspection  Complaint Investigation  On-Site  Off-site | | | | | | |
| **Issue(s) from Prior Visit** | | **WAC / RCW** | | **Summary of Findings** | | |
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| **Additional Comments Attachment R** | | | | | | |
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