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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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