|  | Attachment P  AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA)  RESIDENTIAL CARE SERVICES (RCS)  ENHANCED SERVICES FACILITY (ESF)  **ESF Follow-Up** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES 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)** | | | **Correction** |
|  | |  |  | | | 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 |
| **Additional Comments Attachment P** | | | | | | |
|  | | | | | | |