|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Notes / Worksheets** | | | | Attachment K |
| --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | LICENSE NUMBER | ENTRANCE DATE | |
| LICENSOR’S NAME | | Inspection Type:  Full  Follow up  Complaint: Number | | | |
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