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