|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Exit Preparation Worksheet** | | | | Attachment L |
| --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | LICENCE NUMBER | ENTRANCE DATE |
| LICENSOR’S NAME | | Inspection Type:  Full  Follow up  Complaint: | | | |
| ISSUES | | RESIDENT / STAFF NUMBER | SCOPE / CONCERNS | | WAC / RCW (CONSULTATION, CITATION) |
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