

AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES (RCS) ENHANCED SERVICES FACILITY (ESF)

ESF Follow-Up

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ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER			
FACILITY / LICENSEE'S NAME				DATE OF VISIT
LICENSOR'S NAME		DATE OF ORIGINAL INSPECTION	DATE OF PLA CORRECTION	N OF CD ID NUMBER
Follow-up Type: Full inspection	☐ Complair	nt Investigation	On-Site D	ocument Review
Issue(s) from Prior Visit		WAC / RCW	Sui	mmary of Findings
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Additional Comments	Attachment R