

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILTY (ESF)

Attachment L

ESF Exit Preparation Worksheet

ENHANCED SERVICES FACILITY NAME			LICENCE NUMBER	ENTRANCE DATE
LICENSOR'S NAME	Inspection Type	: 🗌 Full 🔲 Folic	ow up 🔲 Complaint:	
ISSUES	RESIDENT / STAFF NUMBER	SCOPE	/ CONCERNS	WAC / RCW (CONSULTATION, CITATION)



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