|  | Assisted Living FacilityExit Preparation Worksheet | | | Attachment M | |
| --- | --- | --- | --- | --- | --- |
| ASSISTED LIVING FACILITY NAME | |
| LICENSOR NAME | | | | LICENSE NUMBER | INSPECTION DATE |
| Inspection Type:  Initial  Full  Follow up  Monitoring  Complaint: Number | | | | | |
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| ISSUES | | RESIDENT / STAFF NO. | SCOPE/CONCERNS | | WAC/RCW,(CONSULTATION, CITATION) |
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