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|  | | Attachment C  **CONFIDENTIAL INFORMATION – DO NOT DISCLOSE  NOT FOR PUBLIC DISCLOSURE**  **Assisted Living Facility  Resident List**  Not required if facility uses its own list or Attachment D. | | | |
| ASSISTED LIVING FACILITY NAME | | | | | LICENSE NUMBER |
| INSPECTION DATE | | | LICENSOR NAME | | |
| Inspection Type:  Initial  Full  Follow up  Monitoring  Complaint: Number | | | | | |
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| ROOM NUMBER | RESIDENT NAME | | | NOTES | |
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