|  | ADULT FAMILY HOME’S (AFH) NAME | | LICENSE NUMBER | |
| --- | --- | --- | --- | --- |
| PROVIDER / LICENSEE’S NAME | | INSPECTION DATE | |
| LICENSOR’S NAME | | | |
| ATTACHMENT R  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ADULT FAMILY HOME (AFH)  **Exit Preparation Worksheet** | | | | |
| SCANNED documents are stored on the local field office shared drive.  COPIED documents are stored in the local field office paper file.  No documents were scanned or copied during this inspection. | | PROVIDER CONTACT (IF FURTHER INFORMATION REQUIRED) | | |
| TIME OF EXIT  AM  PM | | |
| **RESIDENT / STAFF NUMBER** | **ISSUE / CONCERNS SUMMARY OF FINDINGS** | | | **WAC / RCW** |
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