|  | AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  ENHANCED SERVICES FACILTY (ESF)  **ESF Exit Preparation Worksheet** | | | | | **Attachment L** |
| --- | --- | --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | LICENSE NUMBER | INSPECTION DATE | |
| LICENSOR’S NAME | | | | Inspection Type:  Full  Follow up  Complaint | | |
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| ISSUES | | RESIDENT / STAFF NUMBER | SCOPE / CONCERNS | | WAC / RCW (CONSULTATION, CITATION) | |
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