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|  | | Aging and Long-Term Support Administration (ALTSA)  Residential Care Services (RCS)  **RCS Nursing Home Pre-Occupancy Inspection Site Visit**  **Initial Findings** | | |  |
| Date |
| **Long-Term Care (LTC) Facility** | | | | | |
| Facility Name | | | Facility Address | | |
| Facility Phone Number (including area code) | | | Administrator’s Name | | |
| LTC facilities are responsible for ensuring compliance with all applicable state and federal laws and regulations. A state license cannot be issued until all licensing requirements are fully satisfied.  On , RCS conducted a scheduled pre-occupancy inspection at the above facility.  At that time, **Facility Name** was found to be in substantial compliance with all applicable physical plant laws and regulations:  Yes  No   * **If yes,** to enable the survey team to complete the initial certification survey, a few residents must be admitted to the facility. Medicare / Medicaid reimbursement will not be available for services provided to these residents prior to the certification effective date. * **If no,** during the inspection, non-compliance with the following Rule requirement(s) was identified and must be corrected: | | | | | |
| **WAC 388-97-** | | | | | |
| **WAC Number** | **WAC Requirement** | | **Deficiency Location(s)** | **Description of Deficiency** | |
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| Please contact **Name of Assigned FM** at **FM Phone Number** or **FM Email Address** with any questions or concerns.  When all the deficiencies have been corrected, please contact **Name of Assigned FM** to schedule a follow-up visit. |