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|  |  Aging and Long-Term Support Administration (ALTSA) Residential Care Services (RCS) **RCS Nursing Home Pre-Occupancy Inspection  Follow-Up Site Visit** |  |
| Date |
| **Long-Term Care (LTC) Facility** |
| Facility Name | Facility Address |
| Facility Phone Number (including area code) | Administrator’s Name |
| On , RCS conducted a scheduled pre-occupancy inspection at the above facility and deficiencies were identified.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 , you contacted **Name of FM** and reported all deficiencies have been corrected.A follow-up inspection site visit was completed on  by the assigned survey team and all identified deficiencies were corrected: [ ]  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,** the following deficiencies have not yet been corrected and must be:
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| **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 second follow-up visit. |