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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: | | | | | |
| **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. |