PROVIDER NAME		COMPLAINT INVESTIGATOR / EVALUATOR NAME	PROVIDER / CERTIFICATION NUMBER
DATES		☐ Inspection / evaluation	
FROM:	TO:	☐ Complaint Investigation Intake Number:	
566 ***********************************	AGINO	AND LONG-TERM SUPPORTS ADMINISTRATION (AL	TSA)



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CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

RCS CCRSS Infection Prevention and Control (IPC) Assessment Notes

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WAC / Concerns	Documentation				

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