PROVIDER / FACILITY NAME			LICENSOR / COMPLAINT INVESTIGATOR NAME	PROVIDER / LICENSE NUMBER
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ADULT FAMILY HOME (AFH)
ASSISTED LIVING FACILITY (ALF)
ENHANCED SERVICES FACILITY (ESF)

RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Assessment Notes

WAC / Concerns	Documentation
TITLE / CONCOUNTS	

PROVIDER / FACILITY NAME		LICENSOR / COMPLAINT INVESTIGATOR NAME	PROVIDER / LICENSE NUMBER	
DATES			☐ Inspection / evaluation	
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Session of State Department of Social & Health Services Transforming lives			ONG-TERM SUPPPORT ADMINISTRATION (ALTSA) ADULT FAMILY HOME (AFH) ASSISTED LIVING FACILITY (ALF)	

RCS (AFH, ALF, ESF) Infection Prevention and Control (IPC) Assessment Notes

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