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



AGING AND LONG-TERM SUPPORTS ADMINISTRATION (ALTSA)
RESIDENTIAL CARE SERVICES (RCS)
CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS)

## RCS CCRSS Infection Prevention and Control (IPC) Assessment Notes

Roo Goldon meetion i revention and Goldon (ii G) Assessment Notes					
WAC / Concerns	Documentation				
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<b>262</b> ***********************************		AGING	AND LONG-TERM SUPPORTS ADMINISTRATION (AL	TSA)

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