

PROVIDER NAME	COMPLAINT INVESTIGATOR / EVALUATOR NAME	PROVIDER / CERTIFICATION NUMBER
DATES FROM: TO:	<input type="checkbox"/> Inspection / evaluation <input type="checkbox"/> Complaint Investigation Intake Number:	



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

RCS CCRSS Infection Prevention and Control (IPC) Assessment Notes

WAC / Concerns	Documentation