| PROVIDER / FACILITY NAME | | | LICENSOR / COMPLAINT INVESTIGATOR NAME | PROVIDER / LICENSE NUMBER |
| --- | --- | --- | --- | --- |
| DATES  FROM: TO: | | | Inspection / evaluation  Complaint Investigation Intake Number: | |
|  | AGING AND LONG-TERM SUPPPORT ADMINISTRATION (ALTSA)  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** | | |
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