| PROVIDER / FACILITY NAME | LICENSOR / COMPLAINT INVESTIGATOR NAME | PROVIDER / LICENSE NUMBER |
| --- | --- | --- |
| DATESFROM: 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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