| PROVIDER NAME | COMPLAINT INVESTIGATOR / EVALUATOR NAME | PROVIDER / CERTIFICATION NUMBER |
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| DATESFROM: TO:  | [ ]  Inspection / evaluation[ ]  Complaint Investigation Intake Number:  |
|  | 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** |
| **WAC / Concerns** | **Documentation** |
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