| PROVIDER NAME | | | COMPLAINT INVESTIGATOR / EVALUATOR NAME | PROVIDER / CERTIFICATION NUMBER |
| --- | --- | --- | --- | --- |
| DATES  FROM: 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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