PROVIDER / FACILITY NAME	LICENSOR / COMPLAINT INVESTIGATOR NAME	PROVIDER / LICENSE NUMBER
DATES FROM: TO:	☐ Inspection / evaluation ☐ Complaint Investigation Intake Number:	

Washington State Department of Social & Health Services
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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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