CCRSS PROVIDER NAME			CERTIFICATION NUMBER	
RCS REGULATOR NAME		FOLLOW-UP DATE(S)		
ATTACHMENT S AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) RESIDENTIAL CARE SERVICES CERTIFIED COMMUNITY RESIDENTIAL SERVICES AND SUPPORTS (CCRSS) CCRSS Follow-Up Visit				
Follow-up to: Certification Evaluation Complaint Investigation Other:				
Latest Plan of Correction date: CD ID for Original Visit:				
ollow-up visit method: On-site Off-site				Compostody
Issue(s) from Prior Visit	WAC	Summary of Findin	ıgs	Corrected:
Notes				

