| CCRSS PROVIDER NAME | CERTIFICATION NUMBER |
| --- | --- |
| RCS REGULATOR NAME | FOLLOW-UP DATE(S) |
| Text  Description automatically generated |  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:  |
| Follow-up visit method: [ ]  On-site [ ]  Off-site |
| **Issue(s) from Prior Visit** | **WAC** | **Summary of Findings** | **Corrected:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Notes** |

|  |
| --- |
|  |