| 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:** |
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| **Notes** | | | | | |

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