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|  | RESIDENTIAL CARE SURVEYOR NOTES State Form 53716 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | |
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| Name of facility | | | Facility number |
| Name of surveyor | | Identification number of surveyor | Date(s) of survey *(month, day, year)* |
| Primary diagnosis | | | |
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| **STATE RULES** | | **DOCUMENTATION** | |
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| RESIDENTIAL CARE SURVEYOR NOTES *(continued)* State Form 53716 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | |
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| **STATE RULES** | **DOCUMENTATION** |
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