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|  | | RESIDENTIAL CARE ROSTER / SAMPLE MATRIX State Form 53718 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | | | | | |
|  | | | | | | | | | | |
| Name of facility | | | | | | | Facility number | | | |
|  | | | | | | | | | | |
| **Resident Number** | **Resident Room** | | **Surveyor Assigned** | **Name of Resident** | **Observation** | **Record**  **Review** | | **Interview** | **Closed**  **Record** | **Infection**  **Control** |
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