OMB Control Number: 0938-TBD (Expires: TBD)

Date Identified (MMDDPYY) (Completed By The CMS Andiz Lend)	Brief Description Of Iosse (Completed By The CMS Audit Lead)	Condition Language (Completed By The CMS Audit Lead)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE. Organization)	Reet Cause Analysis for the Ione (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	8 of Individuals Impacted	Action Taken to Recover System/ Operational Ionus	Date System' Operational Remediation Initiated (MM/DB/YY)	Date System' Operational Remodistics Completed (MMEDIVY)	Actions Taken to Resolve Negatively Impacted Individuals Including Ostroach Description and Status	Date Individual Outreach and Remediation Indiated (MM/DD/YY)	Date Individual Outruch and Remediation Completed (MMD0/TV)

	Participant First Name	Participant Last	Partidpant ID	Was There a Service Delivery Request by the Participant/ Caregiver/ Participant Representative? (Y/N)	Were the Assessments Documented in the Medical Record? (Y/N)	List Each Type of Service NOT Provided by the PO.	Date the Services Should Nave Started? (MM/DD/YY)	How Long Were Services NOT Provided?	In What Setting(s) Would the Services Have Been Provided?	Reason the Services Were NOT Provided.	Was the Service a Medicare Covered Service? (Y/N)	Were There any Negative Participant Outcomes? (Y/N)	If Yes, Describe the Negative Outcomes.	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)
--	---------------------------	------------------	---------------	--	--	--	---	---	--	--	---	---	--	------------------------	---------------------------	---------------------------