(Ca	Date Mentified (MMADDrYY) ompleted By The CMS Audit Lead)	Brief Description Of Jone (Completed By The CMS Andit Lead)	Contition Language (Completed By The CMS Audit Leady	Detailed Description of the Issue (Explain what happened) (Remaining fields to be Completed by PACE Organization)	Reet Cause Analysis for the Issue (Exploin why it happened)	Methodology - Describe the percess that was undertaken to determine the # of Indeviduals (e.g. participante) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational loans	Daie System/Operational Remolation Initiated (MMDD/YY)	Date System Operational Remediation Completed (MM/DD/hY)	Actions Taken to Beneber Negatively Impacted Individuals Including Outwach Description and Status	Date Individual Outreach and Remediation Initiated (MMDD/YY)	Date Individual Outreach and Remediation Completed (MMIDD/Y)

Participant First Name	Participant Last Name	Participant ID	If Hospitalized, Most Recent Date of Hospitalization. (MM/DD/YY)	The Reason(s) or Symptom(s) that Caused the Participant or Caregiver to Seek Emergency Services.	Contact the PO Before Seeking	Was Emergency Care Provided? (Y/N)	Where Was the Emergency Care Provided?	Date Emergency Care Was Provided. (MM/DD/YY)	Time the Emergency Care Was Provided. (HH:MM:SS)	Was the Participant Held Harmless for Utilization of Emergency Care Services? (Y/N)	(Other Data Requested)	(Other Data Requested)