Date Identified (MM/DD/YY) (Completed By The CMS Audit Lead)	Brief Description Of Issue (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)	Root Cause Analysis for the Issue (Explain why it happened)	Methodology - Describe the process that was undertaken to determine the # of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/ Operational Issues	Date System/ Operational Remediation Initiated (MM/DD/YY)	Date System/ Operational Remediation Completed (MM/DD/YY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach Description and Status	Date Individual Outreach and Remediation Initiated (MM/DD/YY)	Date Individual Outreach and Remediation Completed (MM/DD/YY)

Participant First Name	Participant Last Name	Participant ID	If Hospitalized, Most Recent Date of Hospitalization. (MM/DD/YY)	If Participant Went to the Emergency Room, Most Recent Date of Emergency Room Visit. (MM/DD/YY)	Describe the Change in the Participant's Condition.	Did the Change Require an Assessment by One or More Members of the IDT? (Y/N)	IDT Members Who Completes Assessments.	Were the Assessments Documented in the Medical Record? (Y/N)	Were Assessments Completed in Person? (Y/N)	Did the Change Require an Update/ Revision to the Plan of Care? (Y/N)	Was the Participant's Plan of Care Updated/ Revised? (Y/N)	Date the Plan of Care Was or Should Have Been Completed or Revised by the IDT. (MM/DD/YY)	If the Change in the Participant's Condition Did NOT Require an Assessment Was a Progress Note Documented? (Y/N)	IDT Member Who Completed Progress Notes?	Were There Any Negative Participant Outcomes? (Y/N)	If Yes, Describe the Negative Outcomes.	[Other Data Requested]	[Other Data Requested]	[Other Data Requested]