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)	Type of Documentation Not Present in the Participant's Medical Record (e.g. plan of Care, Progress Notes, Lab Results, etc.).	Date of Visit/ Consultation/ Hospitalization/ etc. (MM/DD/YY)	Reason the Information Was Not Documented.	Staff Member Responsible For Entering the Documentation into the Medical Record.	Was the Information Lost, Deleted, Destroyed, etc.? (Y/N)	If Yes, Date of Incident?	Action Taken by PO to Recover Loss, if Any? (Y/N)	Were There Any Negative Outcomes? (Y/N)	If Yes, What Were the Negative Outcomes?	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)