

Date Identified (MM/DD/YYYY) (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 (Specify what happened) (Remaining details to be completed by PACE Organization)	Root Cause Analysis for the Issue (Specify why it happened)	Methodology - Describe the process that was undertaken to determine list of individuals (e.g. participants) impacted	# of Individuals Impacted	Action Taken to Resolve System/Operational Issue	Date System/Operational Resolution Initiated (MM/DD/YYYY)	Date System/Operational Resolution Completed (MM/DD/YYYY)	Action Taken to Resolve Negatively Impacted Individuals Including System Description and Status	Date Individual Outreach and Resolution Initiated (MM/DD/YYYY)	Date Individual Outreach and Resolution Completed (MM/DD/YYYY)

Employee First Name	Employee Last Name	Job Title	Job Description	Date of Hire (MM/DD/YY)	Date of Termination (MM/DD/YY)	Type of Employment	Direct Participant Contact (Y/N)	License (Y/N)	Was a Background Check Performed on the Employee Prior to Hiring? (Y/N)	Was the Employee Ran Through the OIG Excluded Provider List? (Y/N)	Were Competency Evaluations Conducted for the Employee? (Y/N)	Was OSHA Training Provided to the Employee? (Y/N)	For Those Staff that Have direct Participant Contact, Was the Individual Medically Cleared for Communicable Diseases Before Engaging in Direct Participant Contact? (Y/N)	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)
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