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

Bidef Description Of Issue (Completed By The CMS Audit Lead)	Detailed Description of the Iosse (Explain what happened) (Romaining 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	Action Taken to Resulve System/ Operational Iomes	Date System/ Operational Remediation Initiated (MM-DD/YY)	Date System/ Operational Remediation Completed (MMDD/YY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outroach Description and Status	Date Individual Outreach and Remediation Indiated (MM/DD(YY)	Date Individual Outroch and Remodiates Completed (MMDD/YY)

Participant First Name	Participant Last Name	Participant ID	Type(s) of infection(s).		Source of the Infection(s) (e.g. Food Bourne Illness, Hospital Acquired, Outbreak in PACE Center).		Prior to the Date(s) the	intection(s) were	Were Any Local, State,	Were Incident(s) of Infection Investigated? (Y/N)	Were Incident(s) of Infection Analyzed? (Y/N)	Were Any Trends Identified? (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)	
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