

| Date Identified<br>(MM/DD/YYYY)<br>(Completed By: The CMS Audit Lead) | Brief Description of Issue<br>(Completed By: The CMS Audit Lead) | Condition Language<br>(Completed By: The CMS Audit Lead) | Detailed Description of the Issue<br>(Specify what happened)<br>(Remaining details to be completed by PACE Organization) | Root Cause Analysis for the Issue<br>(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<br>(MM/DD/YYYY) | Date System/Operational Resolution Completed<br>(MM/DD/YYYY) | Action Taken to Resolve Negatively Impacted Individuals Including System Description and Status | Date Individual Outreach and Resolution Initiated<br>(MM/DD/YYYY) | Date Individual Outreach and Resolution Completed<br>(MM/DD/YYYY) |
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| 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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