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	Was There a Service Delivery Request by the Participant/ Caregiver/ Participant Representative? (Y/N)	Were the Assessments Documented in the Medical Record? (Y/N)	List Each Type of Service NOT Provided by the PO.	Date the Services Should Have Started? (MM/DD/YY)	How Long Were Services NOT Provided?	In What Setting(s) Would the Services Have Been Provided?	Reason the Services Were NOT Provided.	Was the Service a Medicare Covered Service? (Y/N)	Were There any Negative Participant Outcomes? (Y/N)	If Yes, Describe the Negative Outcomes.	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)