PLAN OF REMEDIATION

Area Signature, Title & Date POR Submitted and Approved				pproved			Area Signature, Title & Date all Remediation Complete and Verified by Area				
Provider Name:					Provider Number:		Tracking Number(s):			Page Number:	
Action Item Number (sequential)	Discovery Type	QIO Programmatic Item	QIO Deficiency Number Related to Programmatic Item		Corrective Action Required	Accountable Person(s)	Start Date	Due Date	Date Complete	Evidence of Completion	

PLAN OF REMEDIATION

Provider Name:					Provider Number:		Tracking Number(s):			Page Number:
Action Item Number (sequential)	Discovery Type	QIO Programmatic Item	QIO Deficiency Number Related to Programmatic Item	Description of Deficiency or Citation	Corrective Action Required	Accountable Person(s)	Start Date	Due Date	Date Complete	Evidence of Completion

PLAN OF REMEDIATION

Provider Name:					Provider Number:		Tracking Number(s):			Page Number:
Action Item Number (sequential)	Discovery Type	QIO Programmatic Item	QIO Deficiency Number Related to Programmatic Item	I Or Citation	Corrective Action Required	Accountable Person(s)	Start Date	Due Date	Date Complete	Evidence of Completion
			-							

Administrative **Adult Day Training** Behavior Analysis Services **Behavior Assistant Services Companion Services** In-home Support Services Personal Care Assistance Residential Habilitation Respite Care Special Medical Home Care **Support Coordination** Supported Employment Supported Living Coaching **CDC+ Consultant Tool** NA

QIO Alert QIO Deficiency APD Deficiency External Discovery QIO Alert QIO Report Area Monitoring Medicaid Integrity Medicaid Fraud Abuse/Neglect Incident Report Medication Error **Death Report** Restraint and Seclusion Report

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