

Quality Assurance Status of Review

The concerns listed below are preliminary findings from the current quality assurance visit. The findings below may not be all inclusive. Documentation to remediate findings must be submitted as noted below. Please send any remediation to the quality assurance email.

Provider: _____ Site/Setting: _____ Date of Review: _____

Quality Assurance's Name: _____ Quality Assurance's Phone No.: _____

Quality Assurance's FAX No.: _____ Quality Assurance's Email: _____

Staff Present: _____

Arrive: _____ AM PM Depart: _____ AM PM

At the conclusion of this review, the vendor was given the opportunity to ask questions and provide documentation regarding the status of review.

Date: _____ Name: _____ Signature: _____

Quality Assurance Status of Review- Continuation Page

At the conclusion of this review, the vendor was given the opportunity to ask questions and provide documentation regarding the status of review.

Date: _____ Name: _____ Signature: _____

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