

Action Taken by Provider: _____

Evaluation

Were Policies and Procedures Followed? If no, explain. _____

Were Policies and Procedures Adequate? If no, explain. _____

Need for Additional Staff Training? If yes, explain the training. _____

Is the reported event similar to past events with the vulnerable adult or the services involved?
If yes, explain past event and how similar. _____

Is there a need for corrective action by the license holder to protect the health and safety of vulnerable adults? If yes, describe the corrective action and how it will be implemented.

Need for any Further Action to Protect the Health and Safety of the Vulnerable Adult:

Completed by:

Date

