DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

ACCREDITED HOSPITAL ALLEGATION(S) REPORT

1. NAME AND ADDRESS OF HOSPITAL

2. PROVIDER NUMBER

3. HOSPITAL ACCREDITED BY

☐ JCAHO ☐ AOA

4. DATE ALLEGATION REPORTED TO CMS

5. DATE CASE CLOSED

6. SOURCE OF ALLEGATION (CHECK ALL APPLICABLE BOXES)

- ☐ CONGRESSIONAL INQUIRY
- ☐ PATIENT OR PATIENT'S FAMILY
- ☐ HOSPITAL OR EX-HOSPITAL STAFF
- ☐ NEWS MEDIA
- ☐ LICENSURE REPORT
- ☐ STATE INSURANCE COMMISSIONER
- ☐ MEDICAID REPORT
- ☐ MEDICARE INTERMEDIARY
- ☐ PEER REVIEW ORGANIZATION (PRO)
- ☐ OTHER (SPECIFY) _____

7. REGIONAL OFFICE SCREENING AND REFERRALS (CHECK ALL APPLICABLE BOXES)

- ☐ NO INVESTIGATION WARRANTED
- ☐ REFERRED FOR INVESTIGATION
  - ☐ STATE AGENCY (COMPLETE ITEM 8)
  - ☐ PRO
  - ☐ MEDICARE INTERMEDIARY
  - ☐ STATE LICENSURE
  - ☐ INSPECTOR GENERAL
  - ☐ DEPARTMENT OF JUSTICE
  - ☐ OTHER _____

8. AREA OF STATE AGENCY INVESTIGATION (CHECK ALL APPLICABLE BOXES)

- ☐ FEDERAL, STATE, AND LOCAL LAWS
- ☐ GOVERNING BODY
- ☐ QUALITY ASSURANCE
- ☐ MEDICAL STAFF
- ☐ NURSING SERVICES
- ☐ MEDICAL RECORD SERVICES
- ☐ PHARMACEUTICAL SERVICES
- ☐ RADIOLOGIC SERVICES
- ☐ LABORATORY SERVICES
  - ☐ FATAL TRANSFUSION REACTION
- ☐ FOOD AND DIETETIC SERVICES
- ☐ UTILIZATION REVIEW
- ☐ PHYSICAL ENVIRONMENT
  - ☐ LSC
- ☐ INFECTION CONTROL
- ☐ SURGICAL SERVICES
- ☐ ANESTHESIA SERVICES
- ☐ NUCLEAR MEDICINE SERVICES
- ☐ OUTPATIENT SERVICES
- ☐ EMERGENCY SERVICES
- ☐ REHABILITATION SERVICES
- ☐ RESPIRATORY CARE SERVICES

9. FINDINGS

a. ☐ IN COMPLIANCE WITH CONDITION(S) OF PARTICIPATION

b. ☐ OUT OF COMPLIANCE WITH CONDITION(S) OF PARTICIPATION

1. ☐ HOSPITAL PLACED UNDER STATE AGENCY SURVEY JURISDICTION

2. ☐ TERMINATION IN PROGRESS

10. REMARKS

11. SIGNATURE OF REGIONAL REPRESENTATIVE

12. REGION

13. DATE

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