



# Quality Improvement in HCBS Services: Discovery, Remediation & Improvement Tool

Discovery			
Date	Description of Concern (Including Who Made Discovery)	Person Notified	Date & Time of Notification

Remediation			
Date	Description of Corrective Action Steps	Staff Responsible for Remediation	Notation Made in Personnel File (Yes/No) if No Explain Why

Improvement			
Date	Description of Actions to Revisit/Confirm Remediation is Continuously Effective	Staff Responsible for Improvement Action	Details on When to Revisit Improvement Action & Why

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signatures Denote Approval of Discovery, Remediation and Improvement Tool According to Organization Policy and Procedures.