

Corrective Action Plan - CMS 2728 Form

Facility Name: _____ Facility Provider #: _____

SECTION A

Questions 1 - 12 (demographics)

Name and position of staff completing questions 1-12: _____

Alternate staff person (when primary not available): _____

Questions 13 - 19 (medical data)

Name and position of staff completing questions 13-19 e: _____

Alternate staff person (when primary not available): _____

TIP: Contact the hospital as "the Doctors Office" or type a memo and have Dr sign

SECTION B

Questions 20 - 27 (initiation & referral data)

Name and position of staff completing questions 20-27: _____

Alternate staff person (when primary not available): _____

SECTION C

Questions 28-37 (transplant data)

Name and position of staff completing questions 28-37: _____

Alternate staff person (when primary not available): _____

TIP: Contact the Network for transplant history of patient

SECTION D

Questions 38 - 43 (Self training data)

Name and position of staff completing questions 38-43: _____

Alternate staff person (when primary not available): _____

SECTIONs E & F

Name and position of staff who will obtain signatures: _____

Alternate staff person (when primary not available): _____

TIP: Pat can sign form when signing HIPAA and admission forms

TIP: Give 2728 to Docor to sign (and diagnosis) during rounds

TIP: If your patient is deceased or refuses to sign the 2728, please note on line #54