Use this template to complete the final focused review report. Type the information into each section.

**Hospital:**

**Date of Original Site Visit:**

**Date of Focused Review Visit:**

**Designation Level:**

**Date of Report:**

**Reviewers:**

**Corrective Actions**

*Note identified deficiency(ies) from original site visit and document how the facility has taken corrective actions. (Please format each deficiency as follows):*

**Deficiency:**

**Corrective Action(s):**

**Reviewer Comments/Recommendations:**

**Case Summaries**

**Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please format case summary as follows):*

**Date of Service: Admission Service (if applicable):**

**Level of Activation: Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (levels of review, issues, plans & implementation, loop closure):**

**Reviewer Comments:**

**Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please format case summary as follows):*

**Date of Service: Admission Service (if applicable):**

**Level of Activation: Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (levels of review, issues, plans & implementation, loop closure):**

**Reviewer Comments:**

**Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please format case summary as follows):*

**Date of Service: Admission Service (if applicable):**

**Level of Activation: Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (levels of review, issues, plans & implementation, loop closure):**

**Reviewer Comments:**

**Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Please format case summary as follows):*

**Date of Service: Admission Service (if applicable):**

**Level of Activation: Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (levels of review, issues, plans & implementation, loop closure):**

**Reviewer Comments:**

**Closing Comments**

**Areas of Opportunity:** (If applicable)

*(Note discussion related to areas of opportunity.)*

***COVID Implications:*** (if applicable)

*By signing this report, I certify that I have reviewed the facility’s PRQ, original site visit report, and verification/designation criteria.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Lead Author Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*Co-Reviewer Signature*