## Appendix D – Individual Documentation Audit Findings

(Provide one copy per documenter.)

**Audit Date: Auditor’s Name:**

**Chart/file#: Program:**

**Documentation Strengths:**



**Non-compliance Summary:**

|  |  |
| --- | --- |
| **COMPONENT** | **EVIDENCE FOR NON-COMPLIANCE** |
|  |  |
|  |  |
|  |  |
|  |  |

**Strengths and non-compliances reviewed with staff**:

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

Date Staff Signature Auditor’s Signature

**Actions to be taken**:



Deadline to complete all action items:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action items completed on**:

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

Date Staff Signature Auditor’s Signature