

Residence: Date of review:

Surveyor name:

Name/Position of staff interviewed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Surveyor instructions**:Review of the residence’s QA program includes interviewing the Administrator. The Administrator should be able to demonstrate that the QA program is an active program that includes ongoing monitoring of quality.

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| **QA Committee Membership and Meetings** | **Indicate Compliance** | |
| **Yes (√)** | **No (√)** |
| **Section 2.4.3 (A)(2)** – Committee includes at least the Administrator, Registered Nurse, and a representative of dietary services. |  |  |
| **Section 2.6.2 (M) -**  Limited Health Services **–** If the facility has a limited health services license then the Committee must also include at least one of the following:  • Licensed physician;  • Certified nurse practitioner; or  • Licensed physician assistant. |  |  |
| **Section 2.4.3 (A)(3)**– Committee meets at least quarterly. |  |  |
| **Section 2.4.3 (A)(4)** – Committee reviews the QI Plan at least annually (not to exceed 12 months). |  |  |
| **Surveyor comments** | | |

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| **Required components of written plan Section 2.4.3 (A)(5)(d)** | **Indicate compliance** | |
| **Yes (√)** | **No (√)** |
| Section of written plan describes resident and family satisfaction. |  |  |
| Section of written plan describes medication administration and medication errors. |  |  |
| Section of written plan describes reportable incidents (as specified in Section § 2.4.17) |  |  |
| Section of written plan describes resident falls. |  |  |
| Sections of written plan describes plans of correction in response to RIDOH’s inspection reports. |  |  |
| **Section 2.4.3 (B) – Alzheimer’s Dementia Special Care Unit/Program and/or Limited Health Services**: If the facility has a limited health services license and/or an Alzheimer’s Dementia Special Care Unit, then the QI plan must also include the following three areas:   * Prevention and treatment of decubitus ulcers; * Dehydration, nutritional status, and weight loss/gain; and * Changes in mental status. |  |  |

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| **Date/Time/**  **Source** | **Notes** |
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