**State of Maryland, DHMH**
**Office of Health Care Quality – Technical Assistance Unit**
**2008 Annual QA Survey**

Facility Name: _____

Date: _____ Surveyor: _____

Administrator time in position: _____ DON time in position: _____

QAC Name: _____ Job combined with ICC? Y N

QAC hrs per wk: _____ QAC time in position: _____

ICC hrs per week: _____ ICC time in position: _____

Basic IC Course completed? Y N

Last Annual Survey: _____Dates of subsequent Complaint Investigations (with deficiencies):
_____
_____
_____
_____
_____

| | Y | N | Comments/Missing Components |
|---|---|---|---|
| P.O.C addresses all required components | | | |
| POC audit results reflected in QA minutes | | | |
| Documentation reflects appropriate actions | | | |
| Documentation reflects evaluation of effectiveness and continued follow up until problem resolved | | | |
| | | | |