

**Technical Assistance Unit
2008 QA Survey**

Code	Description
45.A	Established by Jan 1, 2001
45.B	Appoint qualified manager
45.C	Establish QA Committee with at least the following:
45.C.1	DON
45.C.2	Administrator
45.C.3	Social Worker
45.C.4	Medical Director
45.C.5	Dietitian
45.C.6	GNA
45.D	QA Committee shall:
45.D.1	Designate a chairperson
45.D.2	Meet monthly
45.D.3	Assist in developing the QA plan
45.D.4	Submit plan to OHCQ at time of licensure or licensure renewal
45.D.5	Submit changes to plan w/ 30 days
45.D.6	Review plan yearly
45.D.7	Prepare monthly reports for ombudsman, family council, residents' council
45.E	QA reports are made available to OHCQ
46	QA Plan
46.A	QA Plan shall include procedure for:
46.A.1	Concurrent review
46.A.2	Ongoing monitoring
46.A.3	Resident complaints
46.A.4	Accidents and injuries
46.A.5	Abuse and neglect
46.B	Concurrent Review
46.B.1	Procedures for conducting the review shall include:
46.B.1a	Criteria to determine a change in resident's condition
46.B.1b	Method to document the concurrent review
46.B.1c	Identification of the licensed nurses completing the review
46.B.2	The clinical data evaluated should include at least the following:
46.B.2a	Medications
46.B.2b	Lab values
46.B.2c	Intake and Output
46.B.2d	Skin breakdown
46.B.2e	Weights
46.B.2f	Appetite
46.B.2g	Injuries
46.B.2h	Accidents
46.B.2i	Other related parameters that may affect the resident's physical/mental status
46.B.3	Procedures to take when there is a change in condition
46.B.4	Procedure for referral of data to QA committee
46.C	Ongoing Monitoring - The QA plan shall include:

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46.C.1	Description of measurable criteria for ongoing monitoring aspects of resident care, including:
46.C.1a	Medication administration
46.C.1b	Prevention of Pr sores, dehydration, malnutrition
46.C.1c	Nutritional status, weight loss/gain
46.C.1d	Accidents/injuries
46.C.1e	Unexpected death
46.C.1f	Changes in physical/mental status
46.C.2	Methodology of data collection
46.C.3	Methodology of evaluation and analysis of data to determine trends and patterns
46.C.4	Descriptions of thresholds and performance parameters that represent acceptable care for measured criteria
46.C.5	Timeframes for referral to QA Committee
46.C.6	Description of the plan for follow up to determine the effectiveness of the recommendations
46.C.7	Description of how the QA activities will be documented
46.D	Resident Complaints The QA plan shall include:
46.D.1	Description of the complaint process that include:
46.D.1a	Designated person(s) and their phone number to receive complaints
46.D.1b	Methods used to acknowledge complaints are received
46.D.1c	Time frames for investigation of complaints dependent on the nature of the or seriousness
46.D.2	Description of a logging system that will be used including:
46.D.2a	Name of complainant
46.D.2b	Date complaint received
46.D.2c	Nature of complaint
46.D.2d	Date complainant notified of disposition
46.D.3	The procedures for:
46.D.3a	Notifying residents of their right to file a complaint with OHCQ
46.D.3b	Informing residents, families, and guardians of the complaint process on admission
46.D.3c	Posting the complaint process
46.E	Accidents and Injuries The plan shall include:
46.E.1	Definition of accidents and injuries
46.E.2	Description of the reporting process
46.E.2a	Who shall report
46.E.2b	Time frame to report
46.E.2c	Procedure for reporting
46.E.3	Policy statement that includes a provision that reports can be made without fear of reprisal
46.E.4	Description of how internal investigations of accidents and injuries will be handled
46.E.4a	assessment of injury
46.E.4b	interview of resident, staff, and witness
46.E.4c	review of relevant records
46.E.4d	time frame for conducting the investigation
46.E.5	Description for notifying family or guardian about the incident
46.E.6	Description of a process for ongoing evaluation of accidents and injuries to determine a pattern
46.E.7	Description of how relevant info will be referred to QA Committee

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46.F.	Abuse and Neglect The QA Plan shall include
46.F.1	The process for implementing the Bill of Rights
46.F.2	The process for immediate notification of family, guardian or responsible party
46.F.3	The process for ongoing evaluation of validated incidents of abuse or neglect to determine a pattern
46.F.4	A description of how relevant info will be referred to the QA committee
47	Relocation of Residents
47.A	The facility shall develop a plan to provide for transfer of residents if it closes
47.B.	The plan shall include:
47.B.1	How residents, families, guardians will be notified
47.B.2	Sample letters that will be used
47.B.3	Procedures for notifying Medicaid and other payment sources
47.B.4	Procedures for notifying OHCQ
47.B.5	Mechanism to ensure safe and orderly transfer of residents that takes into account:
47.B.5a	Roommates, medical care, religious affiliation, geographical location, and payer source
47.B.5b	Proper assessment and identification of any special needs
47.B.5c	Transfer of medical information and records
47.B.5d	Transfer of personal property
49	Posting of Staffing
49.A	A nursing home shall post on each floor or unit, for each shift, a notice that explains the ration of licensed and unlicensed staff to residents
49.B.	The posting on each floor shall include:
49.B.1	Names of staff members on duty and the room numbers of residents that each is assigned
49.B.2	Name of the Charge Nurse or person in charge of the unit
49.B.3	Name of the Medicine Aide or person responsible for medicine administration
49.B.4	The posting shall be on a form provided or approved by OHCQ