

Quality Assessment & Assurance Committee Investigation and Action Plan

Issue (Potential or Actual Quality Deficiency)–Describe:

Identified through: QAA Committee Data Analysis
 Consultant Report DHS/CMS Survey/Complaint Visit
 Complaint (Resident/Family-RP/Physician)
 Ombudsman Other:

Date Identified:
 _____ / _____ / _____

Investigation Plan–Describe:

Date Initiated:
 _____ / _____ / _____

Person(s) Responsible:

Date Completed:
 _____ / _____ / _____

Quality Deficiency Confirmed: No Yes

If Yes, describe Route Cause:

Action Plan–Describe (Include Implementation Method):

Date Initiated:
 _____ / _____ / _____

Person(s) Responsible:

Date Completed:
 _____ / _____ / _____

Monitoring Plan:

1st Quarter Monitoring Results:

Date Initiated:
 _____ / _____ / _____

Person(s) Responsible:

Date Completed:
 _____ / _____ / _____

2nd Quarter Monitoring Results:

Date Initiated:
 _____ / _____ / _____

Person(s) Responsible:

Date Completed:
 _____ / _____ / _____

3rd Quarter Monitoring Results:

Date Initiated:
 _____ / _____ / _____

Person(s) Responsible:

Date Completed:
 _____ / _____ / _____