QAA/QAPI Meeting Agenda

# <Name of Nursing Home>

# <Date of Meeting>

## Participants

|  |  |
| --- | --- |
| Name | Title |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Updates or Outstanding Items From Last Meeting

|  |  |
| --- | --- |
| Item | Current status |
|  |  |
|  |  |

## 5 Star Rating

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Overall | Health Inspection | Staffing | Quality of Resident Care | Directed Plan of  Correction Issued (Yes or No) | Cited for Abuse  (Yes or No) |
|  |  |  |  |  |  |

Discussion:

Actions:

## Current Quality Assessment and Assurance Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Topic | Champion(s) | Measure | Goal | Current status |
|  |  |  |  |  |

Discussion:

Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Topic | Champion(s) | Measure | Goal | Current status |
|  |  |  |  |  |

Discussion:

Actions:

## Current Performance Improvement Projects

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Improvement Project | Champion(s) | Measure | Goal | Current Status |
|  |  |  |  |  |

Discussion:

Actions:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Performance Improvement Project | Champion(s) | Measure | Goal | Current Status |
|  |  |  |  |  |

Discussion:

Actions:

## Concerns Reported by Residents, Families, or Staff

|  |
| --- |
| Concern |
|  |

Discussion:

Actions:

|  |
| --- |
| Concern |
|  |

Discussion:

Actions:

## New Issues/Opportunities That Need to be Addressed

|  |
| --- |
| Issue |
|  |

Discussion:

Actions:

|  |
| --- |
| Issue |
|  |

Discussion:

Actions:

## Data Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QM/CASPER | Facility Rate | State Rate | National Rate | PIP? Yes or No |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**A picture containing diagram

Description automatically generated**

Type your answer here

## Review of QAPI Plan

* Date of last review:
* Any changes needed to QAPI Plan?

**Review of Facility Assessment**

* Date of last review:
* Any changes needed to Facility Assessment?

**Review of QAPI Self-Assessment**

* Date of last review:
* Any changes needed to QAPI Self-Assessment?