

### Quality Assessment and Assurance (QA&A) Review

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

*The surveyor assigned to this task reviews Ombudsman complaints/concerns (obtained during offsite preparation). During the Entrance Conference, the team coordinator requested the following information about the Quality Assessment and Assurance (QAA) committee:*

1. *Name of QAA contact person*
2. *Names of QAA committee members*
3. *Frequency of QAA committee meetings.*

**Part 1:** *Complete for all facilities. Determine through interview and review of the information requested during the Entrance Conference whether the facility has a functioning QA&A committee. The assigned surveyor interviews the QAA contact person to obtain information needed for this determination.. During team meetings, the team discusses identified concerns about facility compliance.*

**Part 2:** *Complete only if the survey team has identified actual or probable noncompliance during Stage I or Stage II. The goal of Part 2 is to determine whether the facility's QA&A committee effectively identifies quality deficiencies (quality problems) and deals with them, and that staff know how to access the QA process.*

*Note: The surveyor(s) should not conduct a review of the minutes of the QAA committee, as the regulation does not require the facility to disclose these records. The facility may choose to provide these records; however, surveyors should not review the records until after the team completes their investigations. QAA records should not be used as a source to identify concerns for investigation and cannot be used to cite deficiencies unrelated to the QAA committee requirement.*

Review	Notes
<b>Part 1: Complete for all facilities</b>	
<p>Review information provided by the facility and interview the QAA contact person to determine:</p> <p><input type="checkbox"/> Whether the facility has a functioning QAA committee;</p> <p><input type="checkbox"/> Who participates on the committee;</p> <p><input type="checkbox"/> Who leads the committee; and</p> <p><input type="checkbox"/> How often the committee meets.</p> <p><i>Note: The medical director may be the designated physician who serves on this committee.</i></p> <p>1. <b>Does the facility have a QAA committee that consists of at a minimum, the director of nursing, a physician designated by the facility and 3 members of the facility staff?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F520</b></p> <p>2. <b>Does the facility have a QAA committee that meets at least quarterly?</b>      <input type="checkbox"/> Yes   <input type="checkbox"/> No   <b>F520</b></p>	

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<b>Part 2: If actual or probable quality deficiencies are identified anytime during Stage I or Stage II of the survey</b>	
<p><i>Note: The surveyor must be able to identify the relationship between the facility's noncompliance cited at other regulatory tags and the failure of the QAA Committee to function effectively.</i></p> <p><input type="checkbox"/> Interview QAA contact person to determine:</p> <ul style="list-style-type: none"> <li>• How the QA&amp;A committee identifies issues to be addressed by the QAA program (e.g., trends, patterns, positive and negative outcomes);</li> <li>• The methods the committee uses to develop action plans</li> <li>• How current action plans are being implemented</li> </ul> <p><input type="checkbox"/> Interview staff in various departments to determine whether they know how to bring an issue to the attention of the QAA committee.</p> <p><input type="checkbox"/> If the team identifies concerns that reflect actual or probable noncompliance, the surveyor should interview the QAA contact person to determine whether:</p> <ul style="list-style-type: none"> <li>• The committee knew or should have known about the concerns;</li> <li>• The committee had considered the quality deficiency;</li> <li>• The committee determined that an action plan was needed;</li> <li>• The committee made a good faith effort to develop and implement any action plans to address the concerns; and</li> <li>• The staff are providing care according to the directives of these action plans.</li> </ul> <p><i>Note: The survey team may look for evidence of the QAA committee's plans and strategies through: observations of the facility's implementation of policies, procedures, and plans of care, staff interviews; resident interviews; and other sources of information. If the desired outcomes are not achieved, look for evidence that the facility revises the plan or strategy, or reaffirms the continued appropriateness of current approaches.</i></p> <p><input type="checkbox"/> Observe care delivery for evidence that staff follows defined protocols and determine whether practices and processes reflect issues identified through the QAA process.</p> <p><input type="checkbox"/> Ask facility staff to demonstrate how they developed, implemented, and revised appropriate corrective actions.</p>	

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<p>3. Does the facility have a QAA committee that identifies issues that require quality assessment and assurance activities? <input type="checkbox"/> Yes <input type="checkbox"/> No F520</p> <p>4. Does the facility have a QAA committee that has developed and implemented appropriate plans of action to correct identified quality deficiencies? <input type="checkbox"/> Yes <input type="checkbox"/> No F520</p>	