4.H. QUALITY ASSURANCE COMMITTEE

All nursing facilities must maintain a quality assurance committee, which may act as a committee of the whole, and which reports to the administrator or the Governing Body.

4.H.1. Composition of Committee

a. The Director of Nursing Services;

b. The Medical Director;

c. A Pharmacist;

d. At least three (3) other members of the facility staff.

4.H.2. Responsibilities of the Committee

a. Meet at least quarterly;

b. Monitor the quality, quantity and necessity of services. Identify and document problems or deficiencies.

c. Develop and implement appropriate plans of action to correct identified problems or deficiencies which shall be available for review upon request of the Department.

4.H.3. Components and Functions of the Committee

a. Infection Control. Assure policies and procedures are based upon current standards and Centers for Disease Control guidelines for:

   a. Prevention of infection;

   b. Universal precautions;

   c. Employee and resident infections;

   d. Linen handling;

   e. Food handling;


b. Accident Prevention. Monitor and analyze incident reports and recommend policies and procedures for accident prevention.
c. Pharmaceutical Services. Monitor pharmaceutical practices, identify concerns, and recommend changes, when necessary.

d. Utilization Review. Establish and monitor a Utilization Review plan that shall include:

1. Monitoring of admissions (regardless of payment source), and necessity of services;

2. Review of all residents (regardless of payment source), continued stays and discharge planning; and

3. Review the implementation of monitoring of appeal rights and the process of transfer and discharge notice.

4.I. Complaints

4.I.2. A system must be established for the review, within forty-eight (48) hours, of each complaint received by the administrator and/or any designated member of the facility staff. A report of findings and action taken shall be prepared and submitted to the Quality Assurance Committee, and be available for review upon request of the Department.

5.A. PROFESSIONAL POLICY GROUP

5.A.1. Requirements

Each facility shall have written policies which govern all areas of services provided and are developed with the advice of, and with provisions for, annual review by a group of professional personnel including the administrator, Director of Nurses, a physician, a registered pharmacist, and such other professional personnel as necessary.

5.A.2. Meetings

The professional policy group shall meet as necessary, but at least annually, to review written policies and reports of the Quality Assurance and other Committees. All members of the group should be present or have input and minutes of meetings shall be recorded and reflect the activities.

5.A.3. The professional policy group meetings may be incorporated within the Quality Assurance Committee.

5.B. WRITTEN POLICIES

5.B.1 The written policies of each facility shall be consistent with State licensing and Federal certification requirements and shall include:

...d. Provision for implementation of policies and training of staff;

5.B.2. Policies shall address all areas of services provided and facility practices regarding:

f. The Quality Assurance Committee;
17.C. SUPERVISION OF DRUGS AND BIOLOGICALS

17.C.2. Responsibilities of the Pharmacist Consultant:

...i. Participates in the Professional Policy Committee and Quality Assurance Committee meetings to review and make recommendations relating to pharmaceutical services.

17.H. Reporting of Medication Errors and Adverse Reactions

17.H.3. Incident Reports

There shall be an incident report made out for each medication error and/or adverse reaction. These reports shall be kept together on the premises of the facility, reviewed by the Quality Assurance Committee and be made available for review by representatives of the Department.

19.C. MISCELLANEOUS RECORDS

19.C.1. Miscellaneous records shall be maintained and retained as follows:

g. Quality Assurance Committee and utilization review reports - keep together for 12 months and retain for 5 years.

19.G. Incident and Accident Records

19.G.5. All incident and accident reports shall be kept on the premises of each facility and shall be reviewed at each meeting of the Quality Assurance Committee. The minutes of these meetings shall be available for review by Department personnel.

20.O. HOUSEKEEPING

20.O.3. Infection Control

The facility shall provide a hygienic environment for residents and staff by having procedures for:

...e. Maintaining liaison with the Quality Assurance Committee as necessary;

21.A. INFECTION CONTROL
The facility must establish an active program for the prevention, control, and investigation of infection according to current standards and Center for Disease Control (CDC) guidelines, which includes: