State Regulations Pertaining to Quality Assurance

Note: This document is arranged alphabetically by State. To move easily from State to State, click the “Bookmark” tab on the Acrobat navigation column to the left of the PDF document. This will open a Table of Contents for the document. The relevant federal regulations are at the end of the PDF.

ALABAMA

420-5-10-.03 Administrative Management

...(40) Quality assessment and assurance. A facility must maintain a quality assessment and assurance committee consisting of:

(a) The director of nursing services;
(b) A physician designated by the facility; and
(c) At least three other members of the facility's staff.

(41) The quality assessment and assurance committee:

(a) Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and

(b) Develops and implements appropriate plans of action to correct identified quality deficiencies.

ALASKA

Alaska regulations do not include specific content for quality assurance.

ARIZONA

R9-10-904. Administration

A. A governing authority shall:

...7. Adopt a quality management program according to R9-10-918;
8. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

E. An administrator shall ensure that:

1. Nursing care institution policies and procedures are established, documented, and implemented that cover:

   ...h. Quality management including incident documentation.

9. The following are conspicuously posted on the premises:

   a. The current nursing care institution license and quality rating issued by the Department.

**R9-10-906. Nursing Services**

A. An administrator shall ensure that:

3. The director of nursing or an individual designated by the administrator participates in the quality management program.

**R9-10-918. Quality Management**

A. A governing authority shall ensure that a quality management program is established and implemented that evaluates the quality of nursing care institution services including contracted services provided to residents.

B. An administrator shall require that:

1. A plan is established, documented, and implemented for a quality management program that at a minimum includes a method to:

   a. Identify, document, and evaluate incidents;

   b. Collect data to evaluate nursing care institution services provided to residents;

   c. Evaluate the data collected to identify a concern about the delivery of nursing care institution services;

   d. Make changes or take action as a result of the identification of a concern about the delivery of nursing care institution services; and

   e. Monitor and evaluate actions taken; and
2. Documentation of the quality management program is maintained on the nursing care institution premises for 18 months and provided to the Department within two hours of the Department's request.
Arkansas regulations do not include specific content for quality assurance.

**California**

s 72525. Required Committees.

...(c) Committee composition and function shall be as follows:

(1) Patient care policy committee.

(A) A patient care policy committee shall establish policies governing the following services: Physician, dental, nursing, dietetic, pharmaceutical, health records, housekeeping, activity programs and such additional services as are provided by the facility.

(B) The committee shall be composed of: at least one physician, the administrator, the director of nursing service, a pharmacist, the activity leader and representatives of each required service as appropriate.

(C) The committee shall meet at least annually.

(D) The patient care policy committee shall have the responsibility for reviewing and approving all policies relating to patient care. Based on reports received from the facility administrator, the committee shall review the effectiveness of policy implementation and shall make recommendations for the improvement of patient care.

(E) The committee shall review patient care policies annually and revise as necessary.

Minutes shall list policies reviewed.

**Colorado**

Part 1. GOVERNING BODY

1.3 QUALITY ASSURANCE. The governing body shall assure that there is an effective quality assurance program to evaluate the availability, appropriateness, effectiveness, and
efficiency of resident care, including without limitation, a continuous program of evaluating medical, nursing care, social services, activities, dietary, housekeeping, maintenance, infection control, and pharmacy services.

1.3.1 The quality assurance plan shall be in writing and shall include objectives; personnel involved; responsibility for reviewing critical incidents; methods for monitoring and evaluating care; and methods for monitoring effectiveness of actions taken to improve quality of resident care.

1.3.2 The facility shall maintain evidence of actions taken in response to quality assurance activity and their effectiveness and shall report annually to the governing body.

CONNECTICUT

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Connecticut regulations do not include specific content for quality assurance

DELAWARE

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Delaware regulations do not include specific content for quality assurance

DISTRICT OF COLUMBIA

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3206 RESIDENT CARE POLICIES

3206.1 There shall be written policies to govern nursing care and related medical and other services provided.

3206.2 These policies shall be developed with the advice of a committee of professional personnel, including the Medical Director, the Director of Nursing and appropriate department heads as deemed necessary by the facility.

3206.3 Policies shall be reviewed by the committee at least annually with written notations, signatures, and dates of review.

3206.4 The Administrator shall be responsible for the execution of these policies.
3215 VENTILATOR CARE SERVICES

3215.6 In order to operate a ventilator unit, a facility shall develop and the Department of Health shall approve, a plan of operation which shall include:

...(d) A quality assurance plan which shall include:

(1) Assignment of responsibility for monitoring and evaluation activities;
(2) Identification of indicators and appropriate clinical critical criteria for monitoring the most important aspects; and
(3) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care.

FLORIDA

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(1) The facility shall maintain a risk management and quality assurance committee as required in Section 400.147, F.S.

(2) The facility shall use AHCA Form 3110-0009, Revised, January, 2002, October, 2001, "Confidential Nursing Home Initial Adverse Incident Report – 1 Day," and AHCA Form 3110-0010, 3110-0010A, and 3110-0010B, Revised, January, 2002, "Confidential Nursing Home Complete Adverse Incident Report – 15 Day," which are incorporated by reference when reporting events as stated in Section 400.147, F.S. These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308.

(3) Each facility shall use AHCA Form 3110-0008, Revised, October 2008, "Nursing Home Monthly Liability Claim Information", which are incorporated by reference when reporting liability claims filed against it as required by Section 400.147(9), F.S. These forms may be obtained from the Agency for Health Care Administration, Long Term Care Unit, 2727 Mahan Drive, MS 33, Tallahassee, FL 32308.

STATUTES:

400.071 Application for license.
(5) As a condition of licensure, each facility must establish and submit with its application a plan for quality assurance and for conducting risk management.

400.118 Quality assurance; early warning system; monitoring; rapid response teams.

(1) The agency shall establish an early warning system to detect conditions in nursing facilities that could be detrimental to the health, safety, and welfare of residents. The early warning system shall include, but not be limited to, analysis of financial and quality-of-care indicators that would predict the need for the agency to take action pursuant to the authority set forth in this part.

(2) The agency shall also create teams of experts that can function as rapid response teams to visit nursing facilities identified through the agency’s early warning system. Rapid response teams may visit facilities that request the agency’s assistance. The rapid response teams shall not be deployed for the purpose of helping a facility prepare for a regular survey.

400.119 Confidentiality of records and meetings of risk management and quality assurance committees.

(1) Incident reports filed with the risk manager and administrator of a long-term care facility licensed under this part or part I of chapter 429, notifications of the occurrence of an adverse incident, and adverse incident reports from the facility are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(2)(a) The meetings of an internal risk management and quality assurance committee of a long-term care facility licensed under this part or part I of chapter 429 are exempt from s. 286.011 and s. 24(b), Art. I of the State Constitution.

(b) Records of those meetings are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(3)(a) If the Agency for Health Care Administration has a reasonable belief that conduct by a staff member or employee of a facility is criminal activity or grounds for disciplinary action by a regulatory board, the agency may disclose records made confidential and exempt pursuant to this section to the appropriate law enforcement agency or regulatory board.

(b) Records disclosed to a law enforcement agency remain confidential and exempt until criminal charges are filed.

(4) Records made confidential and exempt under this section and that are obtained by a regulatory board are not available to the public as part of the record of investigation and prosecution in a disciplinary proceeding made available to the public by the agency or the appropriate regulatory board. However, the agency or the appropriate regulatory board shall make available, upon request by a health care professional against whom probable
cause has been found, any such records that form the basis of the determination of probable cause.

400.147 Internal risk management and quality assurance program.

(1) Every facility shall, as part of its administrative functions, establish an internal risk management and quality assurance program, the purpose of which is to assess resident care practices; review facility quality indicators, facility incident reports, deficiencies cited by the agency, and resident grievances; and develop plans of action to correct and respond quickly to identified quality deficiencies. The program must include:

(a) A designated person to serve as risk manager, who is responsible for implementation and oversight of the facility's risk management and quality assurance program as required by this section.

(b) A risk management and quality assurance committee consisting of the facility risk manager, the administrator, the director of nursing, the medical director, and at least three other members of the facility staff. The risk management and quality assurance committee shall meet at least monthly.

(c) Policies and procedures to implement the internal risk management and quality assurance program, which must include the investigation and analysis of the frequency and causes of general categories and specific types of adverse incidents to residents.

(d) The development and implementation of an incident reporting system based upon the affirmative duty of all health care providers and all agents and employees of the licensed health care facility to report adverse incidents to the risk manager, or to his or her designee, within 3 business days after their occurrence.

(e) The development of appropriate measures to minimize the risk of adverse incidents to residents, including, but not limited to, education and training in risk management and risk prevention for all nonphysician personnel, as follows:

1. Such education and training of all nonphysician personnel must be part of their initial orientation; and

2. At least 1 hour of such education and training must be provided annually for all nonphysician personnel of the licensed facility working in clinical areas and providing resident care.

(f) The analysis of resident grievances that relate to resident care and the quality of clinical services.
(2) The internal risk management and quality assurance program is the responsibility of the facility administrator.

(3) In addition to the programs mandated by this section, other innovative approaches intended to reduce the frequency and severity of adverse incidents to residents and violations of residents’ rights shall be encouraged and their implementation and operation facilitated.

(4) Each internal risk management and quality assurance program shall include the use of incident reports to be filed with the risk manager and the facility administrator. The risk manager shall have free access to all resident records of the licensed facility. The incident reports are part of the workpapers of the attorney defending the licensed facility in litigation relating to the licensed facility and are subject to discovery, but are not admissible as evidence in court. A person filing an incident report is not subject to civil suit by virtue of such incident report. As a part of each internal risk management and quality assurance program, the incident reports shall be used to develop categories of incidents which identify problem areas. Once identified, procedures shall be adjusted to correct the problem areas.

(5) For purposes of reporting to the agency under this section, the term “adverse incident” means:

(a) An event over which facility personnel could exercise control and which is associated in whole or in part with the facility's intervention, rather than the condition for which such intervention occurred, and which results in one of the following:

1. Death;
2. Brain or spinal damage;
3. Permanent disfigurement;
4. Fracture or dislocation of bones or joints;
5. A limitation of neurological, physical, or sensory function;
6. Any condition that required medical attention to which the resident has not given his or her informed consent, including failure to honor advanced directives;
7. Any condition that required the transfer of the resident, within or outside the facility, to a unit providing a more acute level of care due to the adverse incident, rather than the resident’s condition prior to the adverse incident; or
8. An event that is reported to law enforcement or its personnel for investigation; or

(b) Resident elopement, if the elopement places the resident at risk of harm or injury.

(6) The internal risk manager of each licensed facility shall:

(a) Investigate every allegation of sexual misconduct which is made against a member of the facility’s personnel who has direct patient contact when the allegation is that the sexual misconduct occurred at the facility or at the grounds of the facility;
(b) Report every allegation of sexual misconduct to the administrator of the licensed facility; and

c) Notify the resident representative or guardian of the victim that an allegation of sexual misconduct has been made and that an investigation is being conducted.

(7) The facility shall initiate an investigation and shall notify the agency within 1 business day after the risk manager or his or her designee has received a report pursuant to paragraph (1)(d). The notification must be made in writing and be provided electronically, by facsimile device or overnight mail delivery. The notification must include information regarding the identity of the affected resident, the type of adverse incident, the initiation of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a potential risk to any other resident. The notification is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall review each incident and determine whether it potentially involved conduct by the health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.

(8)(a) Each facility shall complete the investigation and submit an adverse incident report to the agency for each adverse incident within 15 calendar days after its occurrence. If, after a complete investigation, the risk manager determines that the incident was not an adverse incident as defined in subsection (5), the facility shall include this information in the report. The agency shall develop a form for reporting this information.

(b) The information reported to the agency pursuant to paragraph (a) which relates to persons licensed under chapter 458, chapter 459, chapter 461, or chapter 466 shall be reviewed by the agency. The agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.

(c) The report submitted to the agency must also contain the name of the risk manager of the facility.

(d) The adverse incident report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board.

(9) Abuse, neglect, or exploitation must be reported to the agency as required by 42 C.F.R. s. 483.13(c) and to the department as required by chapters 39 and 415.

(10) By the 10th of each month, each facility subject to this section shall report any notice received pursuant to s. 400.0233(2) and each initial complaint that was filed with the clerk of the court and served on the facility during the previous month by a resident or a resident’s family member, guardian, conservator, or personal legal representative. The report must include the name of the resident, the resident’s date of birth and social security number, the Medicaid identification number for Medicaid-eligible persons, the date or dates
of the incident leading to the claim or dates of residency, if applicable, and the type of injury or violation of rights alleged to have occurred. Each facility shall also submit a copy of the notices received pursuant to s. 400.0233(2) and complaints filed with the clerk of the court. This report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in such actions brought by the agency to enforce the provisions of this part.

(11) The agency shall review, as part of its licensure inspection process, the internal risk management and quality assurance program at each facility regulated by this section to determine whether the program meets standards established in statutory laws and rules, is being conducted in a manner designed to reduce adverse incidents, and is appropriately reporting incidents as required by this section.

(12) There is no monetary liability on the part of, and a cause of action for damages may not arise against, any risk manager for the implementation and oversight of the internal risk management and quality assurance program in a facility licensed under this part as required by this section, or for any act or proceeding undertaken or performed within the scope of the functions of such internal risk management and quality assurance program if the risk manager acts without intentional fraud.

(13) If the agency, through its receipt of the adverse incident reports prescribed in subsection (7), or through any investigation, has a reasonable belief that conduct by a staff member or employee of a facility is grounds for disciplinary action by the appropriate regulatory board, the agency shall report this fact to the regulatory board.

(14) The agency may adopt rules to administer this section.

(15) Information gathered by a credentialing organization under a quality assurance program is not discoverable from the credentialing organization. This subsection does not limit discovery of, access to, or use of facility records, including those records from which the credentialing organization gathered its information.

GEORGIA

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Georgia regulations do not include specific content for quality assurance.

HAWAII

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Hawaii regulations do not include specific content for quality assurance.
Idaho regulations do not include specific content for quality assurance.

ILDINOIS

Section 300.7070 Quality Assessment and Improvement [Alzheimer’s Special Care]

The unit shall have a written plan that is part of the facility’s overall quality assurance plan to assess residents’ quality of care, quality of life, and overall well-being.

a) The licensee shall develop and implement a quality assessment and improvement program designed to meet at least the following goals:

1. Ongoing monitoring and evaluation of the quality of care and service provided at the facility, including, but not limited to:
   
   A) Admission of residents who are appropriate to the capabilities of the facility;
   
   B) Resident assessment;
   
   C) Development and implementation of appropriate individualized, ability-centered treatment plans;
   
   D) Resident satisfaction;
   
   E) Infection control;
   
   F) Appropriate numbers of staff; and
   
   G) Staff turnover.

2. Identification and analysis of problems.

3. Identification and implementation of corrective action or changes

b) The program shall operate pursuant to a written plan that shall include, but not be limited to:
1) A detailed statement of how problems will be identified, including procedures to elicit insights from residents, residents' families, and residents' representatives;

2) The methodology and criteria that will be used to formulate action plans to address problems, which shall include the insights of residents, residents' families, and residents' representatives;

3) Procedures for evaluating the effectiveness of action plans and revising action plans to prevent reoccurrence of problems;

4) Procedures for documenting the activities of the program; and

5) Identifying the persons responsible for administering the program.

c) A copy of the plan shall be provided to residents, residents' families, or residents' representatives.

**INDIANA**

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410 IAC 16.2-3.1-52 Quality assessment and assurance

Sec. 52.

(a) A facility must maintain a quality assessment and assurance committee consisting of

(1) The director of nursing services.

(2) A physician designated by the facility.

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

(b) The quality assessment and assurance committee shall do the following:

(1) Meet at least quarterly to identify issues with respect to which quality assessment and assurance

(2) Develop and implement appropriate plans of action to correct identified issues.

**IOWA**

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58.54(4) Separate written policies and procedures shall be implemented in each CCDI [Special unit or facility dedicated to the care of persons with chronic confusion or a dementing illness] unit or facility. There shall be:

...f. Quality assurance policies and procedures which list the process and criteria which will be used to monitor and to respond to risks specific to the residents. This shall include, but not be limited to, drug use, restraint use, infections, incidents and acute behavioral events. (II, III)

KANSAS

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29-39-163. Administration

...(p) Quality assessment and assurance.

(1) The facility shall maintain a quality assessment and assurance committee consisting of these individuals:

(A) the director of nursing services;

(B) a physician designated by the facility; and

(C) at least three other members of the facility's staff.

(2) The quality assessment and assurance committee shall perform the following:

(A) Meet at least quarterly to identify issues with respect to what quality assessment and assurance activities are necessary; and

(B) develop and implement appropriate plans of action to correct identified quality deficiencies and prevent potential quality deficiencies

KENTUCKY

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Section 15. Administration. [nursing facilities]

...(13) Quality assessment and assurance.

(a) A facility shall maintain a quality assessment and assurance committee consisting of:
1. The director of nursing services;
2. A physician designated by the facility; and
3. At least three (3) other members of the facility's staff.

(b) The quality assessment and assurance committee:

1. Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and
2. Develops and implements appropriate plans of action to correct identified quality deficiencies.

**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:


MARYLAND

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10.07.02.11 .11-1 Medical Director Responsibilities.

...E. Quality Assurance. The medical director shall actively participate in the facility's quality improvement process. Participation shall include:

(1) Regular attendance at, and reporting to, the facility's quality improvement committee meetings; and
(2) Routine participation in ongoing facility efforts to improve the overall quality of the clinical care, including facility efforts to evaluate and address the causes of various care-related problems and deficiencies cited by the Office of Health Care Quality.

...G. Other Related Duties. The medical director shall perform other essential duties related to clinical care and physician practices, including:

... (5) Participating as appropriate in facility committee projects and meetings concerning clinical care and quality improvement that require physician input...

H. Medical Director Oversight Plan.

(1) Based upon physician and medical director responsibilities in nursing facilities, as described in this chapter, the medical director shall develop and implement a plan describing how the medical director will carry out the responsibilities for the:

... (b) Systematic review of the quality of health care, including medical and physician services, provided to the facility's residents.

(3) Documentation Regarding Medical Director Activities.

(c) The documentation required in this subsection shall show evidence of the medical director's interventions and follow-up of the effectiveness of those interventions.

I. Quality Assurance Committee Minutes. Committee minutes shall reflect monthly input from the medical director regarding physician issues and general facility clinical care issues.

**10.07.02.14-1 Special Care Units — General.**

C. The facility shall obtain Departmental approval of the following pertaining to the special care unit:

... (5) A quality assurance plan which includes:

(a) Assignment of responsibility for monitoring and evaluation activities;

(b) Identification of the most important aspects of care provided;

(c) Identification of indicators and appropriate clinical criteria for monitoring the most important aspects of care;

(d) Establishment of thresholds (levels or trends) for the indicators that will trigger evaluation of care;

(e) Monitoring of the important aspects of care by collecting and organizing data for each indicator;

(f) Evaluation of care when thresholds are reached in order to identify opportunities to improve either care or problems;
(g) Taking actions to improve care or to correct the problems;

(h) Assessing the effectiveness of the actions, documenting the improvement in care, and assessing the quality assurance process; and

(i) Communication of the results of the monitoring and evaluation process to relevant individuals or services...

J. Quality Assurance Program. The facility shall:

(1) Develop a quality assurance plan to monitor and evaluate the care provided in each special care unit; and

(2) Monitor and evaluate the quality and appropriateness of care provided by the special care unit as part of the facility's overall quality assurance program.

10.07.02. 14-2 Special Care Units—Respiratory Care Unit.

...G. Contractual Services. When any respiratory care services are provided by an outside contractor, the facility shall:

...(2) Ensure that all contractors:

... (e) Participate in the monitoring and evaluation of the appropriateness of services provided as required by the facility's quality assurance program.

10.07.02.45 Quality Assurance Program.

A. By January 1, 2001, each nursing facility shall establish an effective quality assurance program that includes components described in this regulation and Regulation .46 of this chapter.

B. The nursing facility shall appoint a qualified individual to manage quality assurance activities within the nursing facility.

C. The nursing facility shall establish a quality assurance committee that includes at least:

(1) A director of nursing;

(2) An administrator;

(3) A social worker;

(4) A medical director;

(5) A dietitian; and

(6) A geriatric nursing assistant of the facility.
D. The Quality Assurance Committee. The quality assurance committee shall:

(1) Designate a chairperson to manage committee activities;

(2) Meet monthly to accomplish quality assurance activities;

(3) Assist in developing and approve the facility's quality assurance plan;

(4) Submit the quality assurance plan to the Department's Office of Health Care Quality at the time of licensure or at the time of license renewal;

(5) Submit any change in the quality assurance plan to the Office of Health Care Quality within 30 days of the change;

(6) Review and approve the facility's quality assurance plan at least yearly; and

(7) Prepare monthly reports for the ombudsman, family council, and residents' council.

E. Quality Assurance Records. For the purposes of ensuring implementation and effectiveness of the quality assurance program, the facility shall make quality assurance records and documents available to the Office of Health Care Quality.

10.07.02.46 Quality Assurance Plan.

A. The facility's quality assurance committee shall develop and implement a quality assurance plan that includes procedures for:

(1) Concurrent review;

(2) Ongoing monitoring;

(3) Patient complaints;

(4) Accidents and incidents; and

(5) Abuse and neglect.

B. Concurrent Review. The quality assurance plan shall include:

(1) The procedures for conducting concurrent review of each resident including:

(a) Criteria to determine any change in a resident's condition;

(b) A method to document the concurrent review; and

(c) Identification of the licensed nurse or nurses conducting the concurrent review;

(2) The procedures to evaluate clinical data for any resident with a change in condition including at least:

(a) Medications;
(b) Laboratory values;
(c) Intake and output;
(d) Skin breakdown;
(e) Noted weights;
(f) Appetite;
(g) Injuries resulting from accidents or incidents; and
(h) Any other relevant parameters that may affect the resident’s physical or mental status;

3) Procedures to take action when there is a change in the resident’s condition; and

4) Procedure for referral of data to the quality assurance committee, when appropriate.

C. Ongoing Monitoring. The quality assurance plan shall include:

1) A description of the measurable criteria for ongoing monitoring of all aspects of resident care including:

(a) Medication administration;
(b) Prevention of decubitus ulcers, dehydration, and malnutrition;
(c) Nutritional status and weight loss or weight gain;
(d) Accidents and injuries;
(e) Unexpected death; and
(f) Changes in physical or mental status;

2) The methodology for collection of data;

3) The methodology for evaluation and analysis of data to determine trends and patterns;

4) A description of the thresholds and performance parameters that represent acceptable care for the measured criteria;

5) Time frames for referral to the quality assurance committee;

6) A description of the plan for follow-up to determine effectiveness of the recommendations; and

7) A description of how the quality assurance activities will be documented.

D. Patient Complaints. The quality assurance plan shall include:

1) A description of a complaint process that effectively addresses resident or family concerns including:
(a) The designated person or persons and their phone numbers to receive complaints or concerns;
(b) The method to be used to acknowledge complaints received; and
(c) The time frames for investigating complaints dependent upon the nature or seriousness of the complaint;

(2) A description of a logging system that will be used including the:
(a) Name of the complainant;
(b) Date the complaint was received;
(c) Nature of the complaint; and
(d) Date that the complainant was notified of the disposition or resolution of the complaint; and

(3) The procedures for:
(a) Notifying residents of their right to file a complaint with the Office of Health Care Quality;
(b) Informing residents, families, or guardians of the complaint process upon admission; and
(c) Posting the complaint process or making it available without the need to request it.

E. Accidents and Injuries. The quality assurance plan shall include:

(1) A definition of accident and injury that is appropriate to the type of resident served by the nursing home;

(2) A description of the process for reporting accidents and injuries including:
(a) Who shall report incidents;
(b) The time frame for reporting incidents; and
(c) The procedure for reporting incidents;

(3) A policy statement that includes a provision that reporting incidents can be done without fear of reprisal;

(4) A description of how internal investigations of accidents and injuries will be handled including:
(a) Assessment of any injury;
(b) Interview of the resident, staff, and witness;
(c) Review of any relevant records including the resident's medical records, discharge summary, hospital records, etc.; and

(d) Time frames for conducting the investigation;

(5) A description of the process for notifying family or guardian about the incident;

(6) A description of a process for the ongoing evaluation of accidents and injuries to determine patterns and trends; and

(7) A description of how relevant information will be referred to the quality assurance committee.

F. Abuse and Neglect. The quality assurance plan shall include:

(1) The process for implementing COMAR 10.07.09.15 concerning abuse of residents;

(2) A description of the process for providing immediate notification to the family, guardian, or responsible party about the incident;

(3) A description of the process for the ongoing evaluation of validated incidents of abuse and neglect to determine patterns and trends; and

(4) A description of how relevant information will be referred to the quality assurance committee.

MASSACHUSETTS

150.014: Utilization Review

(A) Facilities that provide Level I or II care shall review the services, quality of care and utilization of their facilities as detailed below.

(B) The utilization review process or activity shall include a review of all or a sample of patients to determine appropriateness of admissions, duration of stays by level of care, professional services and other relevant aspects of care and services provided by the facility.

(C) Utilization review shall be conducted by one or a combination of the following:

(1) By a utilization review committee, which is multidisciplinary and consists of at least two physicians or physician-physician assistant teams or physician-nurse practitioner teams, a registered nurse and, where feasible, other health professionals.
(2) By a committee or group outside the facility which may be established by the following on the approval of the Department:

(a) By a medical society.

(b) By some or all of the hospitals and extended care facilities in the locality.

(c) By other health care facilities in the locality in conjunction with at least one hospital.

(3) When the above alternatives are not feasible, by a committee sponsored and organized in such a manner as to be approved by the Department.

(4) No member of the utilization review committee shall have a proprietary interest in the facility.

(D) Medical Care Evaluation Reviews (Special Studies).

(1) Reviews shall be made on a continuing basis of all or a sample of patients to determine the quality and necessity of care and services provided and to promote efficient use of health facilities and services. Such studies shall be of appropriate type and duration, and at least one study shall be in progress at all times.

(2) Such studies shall emphasize identification and analysis of patterns of care and services.

(3) The reviews of professional services furnished shall include such studies as types of services provided, proper use of consultation, promptness of initiation of required nursing and related care, the study of therapeutic misadventures (adverse reactions) and other such studies.

(4) Data and information needed to perform such studies may be obtained from statistical services, fiscal intermediaries, the facility’s records and other such sources.

(5) Studies and service shall be summarized and recommendations formulated and presented to the administration and other appropriate authorities.

(6) Reviews shall be made of continuous extended duration.

(a) An initial review of patient needs and length of stay by level of care shall be made at an appropriate interval after admission. This interval shall not be longer than 30 days following admission for facilities that provide Level I or II care and 90 days following admission for facilities that provide Level III care. Subsequent reviews shall be made periodically at designated intervals that are reasonable and consonant with the diagnosis and overall condition of the patient.

(b) No physician or physician-physician assistant team or physician-nurse practitioner team shall have review responsibility for any case in which he was professionally involved.

(c) If physician or physician-physician assistant team or physician-nurse practitioner team members of the committee decide, after opportunity for consultation with the attending physician, that further stay in a given level of care is not medically necessary, there shall be
prompt notification (within 48 hours) in writing to the facility, the physician responsible for the patient's care and the patient or his next of kin or sponsor.

(E) To facilitate review, the utilization review committee shall use the complete medical record or a summary of the record and shall use such methods as a utilization review checklist and interviews with the attending physicians or physician-physician assistant teams or physician-nurse practitioner teams as indicated.

(F) The facility shall have in effect a currently applicable written plan for utilization review which applies to all patients in the facility, and a copy of the current plan shall be filed with the Department.

(1) The plan shall be approved by the governing body and the medical staff, if any.

(2) The development of the plan shall be a responsibility of the medical profession and the administration.

(3) A written plan for utilization review activities shall include:

(a) The organization, objectives and composition of the committee(s) responsible for utilization review.

(b) Frequency of meetings

(c) The type and content of records to be kept.

(d) Description of the method to be used in selecting cases for special studies.

(e) A description of the method utilized to determine periodic reviews.

(f) Procedures to be followed for preparing committee reports and recommendations including their dissemination and implementation.

(G) Administrative Responsibilities.

(1) The administration shall provide support and assistance to the utilization review committee in: assembling information, facilitating chart reviews, conducting studies, exploring ways to improve procedures, maintaining committee records, promoting the most efficient use of available health services and facilities and in planning for the patient's continuity of care upon discharge.

(2) The administration shall act appropriately upon recommendations made by the utilization review committee.

(3) In order to encourage the most efficient use of available health services and facilities, assistance to the physician or physician-physician assistant team or physician-nurse practitioner team in timely planning for alternate or post-facility care shall be initiated as promptly as possible, either by the facility's staff, or by arrangement with other agencies. For this purpose, the facility shall make available to the attending physician or physician-physician assistant team or physician-nurse practitioner team current information on resources available for continued post-discharge care for patients and, shall arrange for
prompt transfer of appropriate medical and nursing information in order to assure continuity of care upon discharge or transfer of a patient.

(H) Records, reports and minutes shall be kept of the activities of the utilization review committee, and they shall be complete, accurate, current and available within the facility.

(1) The minutes of each meeting shall include:

(a) A summary of the number and types of cases reviewed and findings.

(b) Committee actions and recommendations on extended stay cases and other types of cases.

(c) Interim reports, final conclusions and recommendations resulting from medical care evaluation reviews (special studies).

(2) Reports shall regularly be made by the committee to the medical staff (if any), the administration and the governing body. Information and reports shall be submitted to the Massachusetts Department of Public Health as may be required.

MICHIGAN

Downloaded January 2011

R 325.21204 Utilization review; quality control.

Rule 1204. For purposes of certification, the home shall carry out such utilization review and quality control programs and activities as may be required by the federal certification standards for skilled nursing and intermediate care facilities.

333.20171 Rules implementing article; rules promulgated under § 333.21563.

Sec. 20171.

...(3) The rules shall establish standards relating to:

...(g) Fiscal and medical audit.

(h) Utilization and quality control review.

...(j) Arrangements for the continuing evaluation of the quality of health care provided...

MINNESOTA

Downloaded January 2011
4658.0070 QUALITY ASSESSMENT AND ASSURANCE COMMITTEE.

A nursing home must maintain a quality assessment and assurance committee consisting of the administrator, the director of nursing services, the medical director or other physician designated by the medical director, and at least three other members of the nursing home’s staff, representing disciplines directly involved in resident care. The quality assessment and assurance committee must identify issues with respect to which quality assurance activities are necessary and develop and implement appropriate plans of action to correct identified quality deficiencies. The committee must address, at a minimum, incident and accident reporting, infection control, and medications and pharmacy services.

MISSISSIPPI

Downloaded January 2011

Mississippi regulations do not include specific content for quality assurance.

MISSOURI

Downloaded January 2011

19 CSR 30-82.080 Nursing Facility Quality of Care Improvement Program

PURPOSE: This rule explains the requirements for receiving funding from the Nursing Facility Quality of Care (NFQC) Fund to improve the quality of service the facility provides to its residents.

(A) Qualified facilities may submit a written request to the department for funds from the Nursing Facility Quality of Care (NFQC) Fund to pay for QIPMO assistance and support. The department will provide a written response to the qualified facility’s request approving or disapproving the use of NFQC funding for QIPMO assistance. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per request. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per request must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(B) Qualified facilities may also submit to the department proposals describing implementation of a quality improvement program, in lieu of the QIPMO Program. Such proposals
shall address areas of noncompliance that have been cited in the notice of noncompliance issued in the past twelve (12) months. Upon approval of the proposal by the department, the department may use funds in the NFQC Fund that have been collected from state civil money penalties to fund the qualified facility’s proposal. In the absence of extraordinary circumstances, a qualified facility shall receive no more than one thousand dollars ($1,000) per proposal. A qualified facility which wishes to receive more than one thousand dollars ($1,000) per proposal must separately justify reimbursement in excess of one thousand dollars ($1,000) by setting forth the extraordinary circumstances justifying reimbursement in excess of one thousand dollars ($1,000). The department may, in its sole discretion, approve reimbursement in excess of one thousand dollars ($1,000).

(C) The department may impose upon a qualified facility a directed plan of correction, as set forth in section 198.066, RSMo, which includes QIPMO consultation. Funding for the QIPMO consultation may be taken from the NFQC Fund, not to exceed one thousand dollars ($1,000), unless the department, in its sole discretion, determines reimbursement in excess of one thousand dollars ($1,000) is justified by extraordinary circumstances.

(3) The qualified facility will submit to the department the paid invoice(s) for the QIPMO consultation or other quality improvement program. The department will reimburse the qualified facility for the amount granted.
Montana regulations do not include specific content for quality assurance.

Nebraska

12-006.01 Licensee Responsibilities: The licensee of each facility must assume the responsibility for the total operation of the facility. The licensee may appoint a governing body. Licensee responsibilities include:

...3. Periodically reviewing reports and recommendations regarding the quality assurance/performance improvement program and implementing programs and policies to maintain and improve the quality of resident care and treatment;

12-006.02 Administration. The administrator is responsible for:

...9. Ensuring the establishment of a quality assurance/performance improvement committee and that the recommendations of the committee are addressed.

12-006.07 Quality Assurance/Performance Improvement: The facility must have a quality assurance/performance improvement committee responsible for identifying issues which necessitate action, development and implementation of action plan to correct problems and reevaluation of the problem to promote quality care and treatment provided to residents.

12.006.07A Committee Participants: The facility must ensure the following individuals serve on the quality assurance/performance improvement committee:

1. Director of Nursing Services;
2. Medical Director or designee; and
3. At least three other members of the facility’s staff.
12-006.07B Other Participants: The facility must request participation of other members of the facility staff as well as consultants on the quality assurance/performance improvement committee as necessary to identify issues which necessitate action and to participate in development and implementation of action plan to correct the problem and reevaluation of the problem.

12-006.07C Committee Responsibilities: The quality assurance/performance improvement committee is responsible for:

1. Identifying issues that necessitate action by the committee;
2. Developing and implementing plans of action to correct identified problems;
3. Monitoring the appropriateness and effectiveness of corrective actions and
4. Reevaluating corrective actions, revising of plans of corrective action, and revising facility policies and clinical policies as necessary.

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NEVADA

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NAC 449.74419 Committee for quality assurance. (NRS 449.037)

1. A facility for skilled nursing shall establish a committee for quality assurance.

2. The committee must be composed of:

(a) The chief administrative nurse;

(b) A member of the staff who is a physician and appointed by the administrator; and

(c) At least three other members of the staff who are appointed by the administrator.

3. The committee shall:

(a) Meet at least quarterly to identify problems and concerns related to the care provided to patients for which corrective actions are necessary; and

(b) Adopt and carry out appropriate plans of action to correct the problems and concerns that are identified.

4. The Bureau may not require the disclosure of the records of the committee unless such disclosure is required to ensure compliance with the provisions of this section.

5. Good faith efforts made by a committee to identify problems and concerns related to the care provided to patients and to correct the problems and concerns that are identified may
not be used as grounds for imposing administrative sanctions against a facility for skilled nursing.

NEW HAMPSHIRE

He-P 803.24  Quality Improvement.

(a) The nursing home shall establish an interdisciplinary quality improvement committee which:

(1) Shall have a minimum of 3 members, including the medical director, an individual representing nursing and an individual representing administration;

(2) Shall meet at least quarterly to evaluate quality improvement activities; and

(3) Shall make recommendations to the administrator to improve the quality of care.

(b) The quality improvement committee shall be responsible for:

(1) Identifying whether actual or potential quality deficiencies are present that require action;

(2) Developing plans of action to correct the deficiencies identified in (1) above; and

(3) Monitoring the effect of the corrections to assure that they remediate the deficiencies identified in (1) above.

NEW JERSEY

SUBCHAPTER 29. MANDATORY PHARMACY

8:39-29.4  Mandatory pharmacy control policies and procedures

...(d) The consultant pharmacist shall:

...2. Periodically, as determined by the quality assurance program, observe a medication pass and review the crediting system...
8:39-29.8 Mandatory pharmacy quality assurance

The pharmacy and therapeutics committee shall review reports of medication errors and suspected adverse drug reactions and shall summarize these reports yearly.

8:39-31.3 Mandatory quality assurance for housekeeping

Facilities that contract with a housekeeping service shall use quality assurance measures to ensure that the housekeeping requirements of this chapter are met.

SUBCHAPTER 33. MANDATORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-33.1 Mandatory quality assessment and/or quality improvement structural organization

(a) Quality assessment and/or quality improvement procedures shall be developed and implemented through a written plan that specifies time frames.

(b) Responsibility for the quality assessment and/or quality improvement program shall be assumed by designated individuals, who shall include the director of nursing services, a physician or advanced practice nurse, and at least three other staff members, and who shall report directly to the administrator.

(c) Summary findings of the quality assessment and/or quality improvement program shall be submitted in writing to the administrator and the administrator shall take action that includes staff education or training on the basis of the program's findings.

(d) The quality assessment and/or quality improvement program shall review at least inventory control, maintenance inspections and reports, procedures for reporting incidents and hazards, and procedures for emergency response to incidents and hazards.

(e) Quality assessment and/or quality improvement program findings shall be presented to the administrator with recommendations for corrective actions to address problems.

8:39-33.2 Mandatory quality assessment and/or quality improvement policies and procedures

(a) The quality assessment and/or quality improvement program shall identify problems in the care and services provided to the residents and shall include the audit of medical records.

(b) The quality assessment and/or quality improvement program shall monitor the performance of each service.

(c) The quality assessment and/or quality improvement program shall monitor trends in the following:
1. The prevalence of pressure sores and skin breakdowns;
2. Psychoactive drug use;
3. Transfers to hospitals;
4. Medication errors;
5. Catheterization rates and catheterization care;
6. Weight loss and fluid intake;
7. Infection rates in all residents;
8. Resident depression;
9. Restoration of function following specific types of events, such as hip fractures;
10. Use of restraints;
11. Resident falls resulting in injury;
12. Incidents of abuse, neglect or misappropriation of resident property; and
13. Other possible indicators of level of quality care not listed in this subchapter.

(d) The quality assessment and/or quality improvement program shall develop and implement a system to measure the effectiveness of the reassessment process with respect to: frequency, comprehensiveness, accuracy, implementation, and interdisciplinary approach.

8:39-33.3 Mandatory quality assessment and/or quality improvement of resident services

The quality assessment and/or quality improvement program shall include the gathering of resident care information from residents and visitors.

8:39-33.4 Mandatory quality assessment and/or quality improvement of staff education and training

The quality assessment and/or quality improvement program shall evaluate staff education programs.

SUBCHAPTER 34. ADVISORY QUALITY ASSESSMENT AND/OR QUALITY IMPROVEMENT

8:39-34.1 Advisory quality assessment and/or quality improvement policies and procedures
(a) The facility develops and maintains an active, continuous quality improvement process that involves staff, residents, families and/or the community in improving the quality of services provided by the facility.

(b) The quality assessment and/or quality improvement program uses a resident classification system, such as acuities or specified diagnostic classifications, as an indicator in measuring resident outcomes.

(c) The quality assessment and/or quality improvement program includes periodic surveys of families to ascertain their satisfaction, suggestions, knowledge of resident’s health conditions and treatments, and/or knowledge of facility policies and staff members’ roles.

(d) There is a system to receive input on resident safety issues.

NEW MEXICO

Downloaded January 2011

New Mexico regulations do not include specific content for quality assurance.

NEW YORK

Downloaded January 2011

Section 415.1 - Basis and scope

(a) Statement of purpose… In addition to the emphasis on individuality and self-determination, the code reflects certain precepts:…that quality assurance is a work ethic rather than an oversight method or a department.

Section 415.18- Pharmacy services

…(c) Drug regimen review.

…(2) The pharmacist shall report any irregularities to the attending physician and the director of nursing, and these reports shall be acted upon promptly. The findings and corrective actions shall be regularly reviewed by the quality assessment and assurance committee established pursuant to section 415.27 of this Part.
Section 415.26 Organization and administration

...(c) Staff qualifications and personnel management.

(1) With regard to personnel management, the facility shall:

... (iii) assure that each part-time, full-time or private duty employee, consultant, volunteer, or other person serving in any other capacity in the nursing home shall:

(a) receive an orientation which shall include but not be limited to the following:

.. (3) an orientation to … quality assessment and assurance…

(2) For all personnel, the facility shall provide planned orientation and staff development programs, including but not limited to:

... (iii) continuous staff development programs to increase knowledge, skills and understanding of problems and ways of dealing with problems associated with residents needing nursing home care including knowledge of the Quality Assurance and Assessment program in the facility…

Section 415.27 - Quality assessment & assurance

The facility shall establish and maintain a coordinated quality assessment and assurance program which integrates the review activities of all nursing home programs and services to enhance the quality of life and resident care and treatment.

(a) Facility-wide quality assurance. Quality assurance shall be the responsibility of all staff, at every level, at all times. Supervisory personnel alone cannot ensure quality of care and services. Such quality must be a part of each individual's approach to his or her daily responsibilities.

(b) Quality assessment and assurance committee. The facility shall maintain a quality assessment and assurance committee consisting of at least the following:

(1) the administrator or his or her designee;

(2) the director of nursing services;

(3) a physician designated by the facility;

(4) at least one member of the governing body who is not otherwise affiliated with the nursing home in an employment or contractual capacity; and

(5) at least 3 other members of the facility's staff.
(c) Committee functions. The quality assessment and assurance committee shall:

(1) meet at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary;

(2) have a written plan for the quality assessment and assurance program which describes the program's objectives, organization, responsibilities of all participants, scope of the program and procedures for overseeing the effectiveness of monitoring, assessing and problem-solving activities. Such plan shall also provide for the development and implementation of quality improvement initiatives designed to advance the quality of life, care and services in the facility.

(3) define methods for identification and selection of clinical and administrative problems to be reviewed. The process shall include but not be limited to:

(i) the establishment of review criteria developed in accordance with current standards of professional practice for monitoring and assessing resident care and clinical performance;

(ii) regularly scheduled reviews of clinical records, resident complaints and suggestions, reported incidents and other documents pertinent to problem identification;

(iii) consultation on at least a quarterly basis with the Resident Council to seek recommendations on quality improvements;

(iv) documentation of all quality assessment and assurance activities, including but not limited to the findings, recommendations and actions taken to resolve identified problems; and

(v) the timely implementation of corrective actions and periodic assessments of the results of such actions.

(4) ensure that the outcomes of quality assurance reviews are shared with appropriate staff to be used for the revision or development of facility policies and practices and in granting or renewing staff privileges, as appropriate;

(5) facilitate participation in the program by administrative staff and health-care professionals representing each professional service provided;

(6) report its activities, findings and recommendations to the governing body as often as necessary, but no less often than 4 times a year; and

(7) participate with the medical director in implementing Public Health Law 2805-k.
10A NCAC 13D .2212 QUALITY ASSURANCE COMMITTEE

(a) The administrator shall establish a quality assessment and assurance committee that consists of the director of nursing, a physician designated by the facility, a pharmacist and at least three other staff members.

(b) The committee shall meet at least quarterly.

(c) The committee shall develop and implement appropriate plans of action which will correct identified quality care problems.

NORTH DAKOTA

33-07-03.2-10. Quality improvement program.

1. The facility shall develop and implement a quality improvement program, approved by the governing body, for assessing and improving the quality of services and care provided to residents. The written program must describe objectives, organization, scope, and mechanisms for overseeing and reporting the effectiveness of monitoring, evaluation, and improvement activities.

2. The quality improvement program must include a written plan for all services including indicators of care that are important to the health and safety of the residents.

3. The indicators of the written quality improvement plan must relate to quality of services and care provided to residents and must be objective, measurable, and based on current standards of practice.

4. Written documentation of quality improvement activities, including infection control, must be prepared and reported to the governing body.

OHIO

3701-17-06 Responsibility of operator and nursing home administrator; quality assurance committee.
...Each nursing home shall establish and maintain a quality assurance committee consisting of the director of nursing, the medical director or physician designee and at least three other members of the home’s staff.

(1) The quality assurance committee shall meet at least quarterly to systematically monitor and evaluate the quality of care and quality of life provided in the home, review and investigate incidents and accidents that have occurred in the home, including, but not limited to, those related to the use of restraints as required by rule paragraph (H) of rule 3701-17-15 of the Administrative Code, identify problems and trends, and develop and implement appropriate plans of action to correct identified problems.

(2) The records of the quality committee meetings are not required to be disclosed to the director. The director shall verify through interviews with committee members and, as necessary, direct care staff that the home has a quality assurance committee which addresses quality concerns, that staff know how to access that process, and that the committee has established a protocol or method for addressing specific quality problems in the nursing home that the home believes to have now been resolved.

(3) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

3701-17-15 Restraints.

...Members of the nursing home’s quality assurance committee, required by rule 3701-17-06 of the Administrative Code, shall review monthly the use of restraints and isolation and any incidents that resulted from their use, as well as incidents which resulted in the use of restraints or isolation. The review shall identify any trends, increases, and problems, the need for additional training, consultations or corrective action which shall be discussed and reflected in the minutes of the next quality assurance committee meeting.

LOKALOMA

Downloaded January 2011

310:675-7-16.1. Quality assessment and assurance

(a) The facility shall maintain a quality assessment and assurance committee to address facility and resident’s needs.

(b) The committee shall include the director of nursing, a physician designated by the facility, and at least one other appropriate staff.
(c) The quality assessment and assurance committee shall meet at least quarterly to identify quality assessment and assurance activities.

(d) The committee shall develop and implement appropriate plans of action to correct identified quality deficiencies.

(e) The Department shall not require disclosure of the records of the committee unless such disclosure is related to the committee’s compliance with the requirements of this section.

(f) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for sanctions.

OREGON

411-085-0210 Facility Policies

(1) POLICIES REQUIRED. A Quality Assessment and Assurance Committee must develop and adopt facility policies. The policies must be followed by the facility staff and evaluated annually by the Quality Assessment and Assurance Committee and rewritten as needed. Policies must be adopted regarding:

(a) Admission, fees and services;

(b) Transfer and discharge, including discharge planning;

(c) Physician services;

(d) Nursing services;

(e) Dietary services;

(f) Rehabilitative services and restorative services;

(g) Pharmaceutical services, including self administration;

(h) Care of residents in an emergency;

(i) Activities;

(j) Social services;

(k) Clinical records;

(l) Infection control;

(m) Diagnostic services;
(n) Oral care and dental services;
(o) Accident prevention and reporting of incidents;
(p) Housekeeping services and preventive maintenance;
(q) Employee orientation and inservice;
(r) Laundry services;
(s) Possession of firearms and ammunition;
(t) Consultant services; and
(u) Resident grievances.

(2) DOCUMENTATION. Each policy must be in writing and must specify the last date at which such policy was reviewed by the Quality Assessment and Assurance Committee.

411-085-0220 Quality Assurance

(1) QUALITY ASSESSMENT AND ASSURANCE COMMITTEE. Each facility must have a Quality Assessment and Assurance Committee. The committee must include the administrator, medical director, Director of Nursing Services (DNS), consulting pharmacist and at least one other facility staff person. The committee must:

(a) Ensure a quality assurance program is conducted as required in this rule;
(b) Adopt facility policies as identified in OAR 411-085-0210;
(c) Ensure a pharmaceutical services review is completed as required by OAR 411-086-0260(2);
(d) Ensure that an infection control program as identified in OAR 411-086-0330 is conducted; and
(e) Meet no less often than quarterly.

(2) QUALITY ASSURANCE. The Quality Assessment and Assurance Committee must conduct an annual review of care practices to ensure quality. The review must include:

(a) Evaluation of resident audits (biannual physical examination of a representative sample of facility residents). The sample must include a minimum of 20 percent of the residents or ten residents, whichever is greater;
(b) Clinical records, including medication administration and treatments;
(c) Resident nutritional status, including weights, intake, and output;
(d) Care plans to ensure that care needs have been identified and addressed;
(e) The services and functions required by the policies listed in OAR 411-085-0210; and
(f) Actions taken to resolve identified problems and to prevent their recurrence.

(3) DOCUMENTATION. All meetings of the Quality Assessment and Assurance Committee must be documented. Documentation must include a listing of those in attendance, length of the meeting, issues discussed, findings, actions, recommendations made and assessment of previous actions and recommendations.

411-086-0020 Director of Nursing Services (DNS)

(3) RESPONSIBILITY.

(a) The DNS shall organize and direct the nursing service department to include as a minimum:

... (D) Develop and maintain a quality assurance program for nursing services...

411-086-0200 Physician Services.

...(4) PHYSICIAN VISITS.

(d) Failure to Visit. If the physician or physician designee fails to visit the resident according to resident’s need, fails to respond to requests for assistance in resident’s care, or fails to return verbal or telephone orders reduced to writing and forwarded to the physician by the facility, then the facility administrator shall ensure:

(A) Reasonable and repeated attempts are made and documented in the clinical record to get the physician or physician designee to visit resident or return signed orders;

(B) The medical director is notified and the Quality Assessment and Assurance Committee reviews the situation...

411-086-0260 Pharmaceutical Services

...(2) Pharmaceutical Services Review. The Quality Assessment and Assurance Committee shall:

(a) Develop written policies and procedures for safe and effective drug therapy, distribution and use;

(b) Oversee pharmaceutical services in the facility, monitor the service to ensure accuracy and adequacy and make recommendations for improvement; and

(c) Meet at least quarterly and document its activities, findings and recommendations.
(4) Drug Administration:

... (c) Stop Order Policy. An automatic stop order policy shall be adopted and enforced. This policy shall provide guidance when medications ordered are not specifically limited as to time or number of doses. The policy shall be developed by the Quality Assessment and Assurance Committee.

(6) Emergency Medication Kit:

(a) An emergency medication kit shall be prepared and authorized by a registered pharmacist for use in the facility in accordance with written facility policy. The contents shall be selected by the Quality Assessment and Assurance Committee.

### 411-086-0330 Infection Control and Universal Precautions

(1) Infection Control:

(a) The Quality Assurance and Assessment Committee shall establish, maintain and enforce an infection control program, including universal precautions and isolation procedures, which assures protection of residents and staff from infections.

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**PENNSYLVANIA**

Downloaded January 2011

§ 211.9. Pharmacy services.

...(k) The oversight of pharmaceutical services shall be the responsibility of the quality assurance committee. Arrangements shall be made for the pharmacist responsible for the adequacy and accuracy of the services to have committee input. The quality assurance committee, with input from the pharmacist, shall develop written policies and procedures for drug therapy, distribution, administration, control, accountability and use.

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**RHODE ISLAND**

Downloaded January 2011

Section 11.0 Quality Improvement Program
11.1 Pursuant to section 23-17-12.11 of the Rhode Island General Laws, as amended, each licensed nursing facility shall develop and implement a quality improvement program and establish a quality improvement committee. The governing body shall ensure that this program is effective, ongoing, facility-wide and shall have a written plan of implementation.

11.2 Each licensed nursing facility shall designate a qualified individual, who shall be determined by the facility's administrator, to coordinate and manage the nursing facility's quality improvement program.

11.3 The nursing facility's quality improvement committee shall include at least the following members:

- The nursing facility administrator;
- The director of nursing;
- The medical director;
- A social worker; and
- A representative of dietary services.

11.4 The quality improvement committee shall meet at least quarterly; shall maintain records of all quality improvement activities; and shall keep records of committee meetings that shall be available to the Department during any on-site visit.

11.5 The quality improvement committee for a nursing facility shall annually review and approve the quality improvement plan for the nursing facility. Said plan shall be available to the public upon request.

11.6 Each nursing facility shall establish a written quality improvement plan that shall be reviewed by the Department during the facility's annual survey and that includes:

a) program objectives; b) oversight responsibility (e.g., reports to the governing body); c) facility-wide scope; d) involvement of all resident care disciplines/services; and e) provides criteria to monitor nursing care, including medication administration; f) prevention and treatment of decubitus ulcers; g) dehydration, and nutritional status and weight loss or gain; h) accidents and injuries; i) unexpected deaths; j) changes in mental or psychological status; and k) any other data necessary to monitor quality of care; l) and includes methods to identify, evaluate, and correct problems.

11.7 All resident care services, including services rendered by a contractor, shall be evaluated.

11.8 The facility shall take and document appropriate remedial action to address problems identified through the quality improvement program. The nursing facility administrator shall take appropriate remedial actions based on the recommendations of the nursing facility's quality improvement committee. The outcome(s) of the remedial action shall be documented and
submitted to the governing body for their consideration.

11.9 The Director may not require the quality improvement committee to disclose the records and the reports prepared by the committee except as necessary to assure compliance with the requirements of this section.

11.10 Good faith attempts by the quality improvement committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

11.11 If the Department determines that a nursing facility is not implementing its quality improvement program effectively and that quality improvement activities are inadequate, the Department may impose sanctions on the nursing facility to improve quality of resident care including mandated hiring of, directly or by contract, an independent quality consultant acceptable to the Department.

11.12 All nursing facilities licensed under Chapter 23-17 of the Rhode Island General Laws, as amended, shall meet all applicable requirements of the Rules and Regulations Related to the Health Care Quality Program (R23-17.17-QUAL) promulgated by the Department.

SOUTH CAROLINA

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South Carolina regulations do not address quality assurance programs.

SOUTH DAKOTA

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44:04:04:16. Quality assessment. Each licensed facility shall provide for on-going evaluation of the quality of services provided to patients or residents. Components of the quality assessment evaluation must include establishment of facility standards; interdisciplinary review of patient or resident services to identify deviations from the standards and actions taken to correct deviations; patient or resident satisfaction surveys; utilization of services provided; and documentation of the evaluation and report to the governing body.

TENNESSEE

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Tennessee regulations do not address quality assurance.

TEXAS

RULE §19.910 Quality Assurance Early Warning System

The Department of Aging and Disability Services (DADS) uses an early warning system to detect conditions that could be detrimental to the health, safety, and welfare of residents.

(1) Quality-of-care monitors are based in regional offices and monitor long-term care (LTC) facilities on visits that may be announced or unannounced and may occur on any day and at any time, including nights, weekends, and holidays.

(2) Priority for monitoring visits is given to LTC facilities with a history of resident care deficiencies.

(3) Quality-of-care monitors assess:

(A) the overall quality of life in the facility; and

(B) specific conditions in the facility directly related to resident care.

(4) The quality-of-care monitor assessment visits include:

(A) observation of the care and services rendered to residents; and

(B) formal and informal interviews with residents, family members, facility staff, resident guests, volunteers, other regular staff, and resident representatives and advocates.

(5) The identity of a resident or a family member of a resident interviewed by a quality-of-care monitor is confidential and may not be disclosed.

(6) The findings of a monitoring visit, both positive and negative, will be provided orally and in writing to the facility administrator or, in the absence of the facility administrator, to the administrator on duty or the director of nursing.

(7) The quality-of-care monitor may recommend to the facility administrator procedural and policy changes and staff training to improve the care or quality of life of residents.

(8) Conditions observed by the quality-of-care monitor that may constitute an immediate threat to the health or safety of a resident will be immediately reported to the regional office supervisor for appropriate action and, as appropriate or as required by law, to law enforcement, adult protective services, other divisions of DADS, or other responsible agencies.
RULE §19.1601 Infection Control

...(5) The Quality Assessment and Assurance Committee as described in §19.1917 of this title (relating to Quality Assessment and Assurance) will monitor the infection control program.

RULE §19.1917 Quality Assessment and Assurance

(a) The facility must maintain a Quality Assessment and Assurance Committee consisting of:

the director of nursing services;

a physician designated by the facility; and

at least three other members of the facility's staff.

(b) The Quality Assessment and Assurance Committee:

(1) meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and

(2) develops and implements appropriate plans of action to correct identified quality deficiencies.

(c) Texas or the Secretary of Health and Human Services may not require disclosure of the records of the Quality Assessment and Assurance Committee except insofar as such disclosure is related to the compliance of the committee with the requirements of subsection (b) of this section.

(d) Good faith attempts by the committee to identify and correct quality deficiencies may not be used as a basis for sanctions.

(e) The Quality Assessment and Assurance Committee must adopt and ensure implementation of a policy to identify, assess, and develop strategies to control risk of injury to residents and nurses associated with the lifting, transferring, repositioning, or moving of a resident. The policy must establish a process that includes:

(1) analysis of the risk of injury to both residents and nurses posed by the resident handling needs of the resident populations served by the nursing facility and the physical environment in which resident handling and moving occurs;

(2) annual in-service education of nurses in the identification, assessment, and control of risk of injury to residents and nurses during resident handling;

(3) evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment;
(4) restriction, to the extent feasible with existing equipment and aids, of manual resident handling or moving of all or most of a resident's weight to emergency, life-threatening, or otherwise exceptional circumstances;

(5) collaboration with and an annual report to the nurse staffing committee;

(6) specific procedures for nurses to refuse to perform or be involved in resident handling or moving that the nurse believes in good faith will expose a resident or a nurse to an unacceptable risk of injury;

(7) submission of an annual report by the nursing staff to the Quality Assessment and Assurance Committee on activities related to the identification, assessment, and development of strategies to control risk of injury to residents and nurses associated with the lifting, transferring, repositioning, or moving of a resident; and

(8) in developing architectural plans for constructing or remodeling a nursing facility or a unit of a nursing facility in which resident handling and moving occurs, consideration of the feasibility of incorporating resident handling equipment or the physical space and construction design needed to incorporate that equipment at a later date.

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**R432-150-8. Administrator.**

...(2) The administrator's responsibilities must be defined in a written job description on file in the facility. The job description shall include at least the following responsibilities:

...(c) respond to recommendations made by the quality assurance committee;

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**R432-150-11. Quality Assurance.**

(1) The administrator must implement a well-defined quality assurance plan designed to improve resident care. The plan must:

(a) include a system for the collection of data indicators;

(b) include an incident reporting system to identify problems, concerns, and opportunities for improvement of resident care;

(c) implement a system to assess identified problems, concerns and opportunities for improvement; and
(d) implement actions that are designed to eliminate identified problems and improve resident care.

(2) The plan must include a quality assurance committee that functions as follows:

(a) documents committee meeting minutes including all corrective actions and results;
(b) conducts quarterly meetings and reports findings, concerns and actions to the administrator and governing body; and
(c) coordinates input of data indicators from all provided services and other departments as determined by the resident plan of care and facility scope of services.

(3) Incident and accident reports shall:

(a) be available for Department review;
(b) be numbered and logged in a manner to account for all filed reports; and
(c) have space for written comments by the administrator or medical director.

(4) Infection reporting must be integrated into the quality assurance plan and must be reported to the Department in accordance with R386-702, Communicable Disease Rule.


...(14) The quality assurance committee must monitor medication errors to ensure that:
(a) the facility does not have medication error rates of five percent or greater;
(b) residents are free of any significant medication errors.

R432-200-7. Administration and Organization. [small health care facilities]

....(4) Administrator Responsibilities. The administrator shall have the following responsibilities:
...(b) Act as a liaison among the licensee, medical and nursing staff, and other supervisory staff of the facility, as appropriate, and respond to recommendations of the quality assurance committee...

R432-200-10. Quality Assurance. [small health care facilities]

(1) The administrator shall monitor the quality of services offered by the facility through the formation of a committee that addresses infection control, pharmacy, therapy, resident care, and safety, as applicable.
(2) The committee shall include the administrator, consulting physician or medical director, health services supervisor, and consulting pharmacist. Special program directors and maintenance and housekeeping personnel shall serve as necessary.

(3) The committee shall meet quarterly and keep minutes of the proceedings.

(4) Infection Control Requirements. See R432-150-11.

(5) Pharmacy Requirements. Based on the services offered, the committee shall:

(a) Monitor the pharmaceutical services in the facility;

(b) Recommend changes to improve pharmaceutical services;

(c) Evaluate medication usage; and

(d) Develop and review pharmacy policies and procedures annually, and recommend changes to the administrator and licensee.

(6) Resident Care Requirements. Based on the services offered, the committee shall address the following:

(a) Review, at least annually, the facility's resident care policies including rehabilitative and habilitative programs, as appropriate.

(b) Make recommendations to the medical director and advisory physician as appropriate;

(c) Review recommendations from other facility committees to improve resident care.

(7) Safety Requirements. Based on the services offered, the committee shall address the following:

(a) Review all incident and accident reports and recommend changes to the administrator to prevent or reduce their reoccurrence;

(b) Review facility safety policies and procedures, at least annually, and make recommendations;

(c) Establish a procedure to inspect the facility periodically for hazards. An inspection report shall be filed with the Committee.

R432-200-15. Nursing Care. [small health care facilities]

...(2) Responsibilities of the Health Services Supervisor.

The health services supervisor shall have the following responsibilities and comply with R432-1-3(55):

...(j) Coordinate resident services through the quality assurance committees (see R432-200-10);
16. QUALITY ASSESSMENT AND ASSURANCE

16.1 Quality Assessment Committee

(a) A facility must maintain a quality assessment and assurance committee consisting of:

(1) the director of nursing services;

(2) the medical director; and

(3) at least 3 other members of the facility’s staff.

(b) The quality assessment and assurance committee must:

(1) meet at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and

(2) develop and implement appropriate plans of action to correct identified quality deficiencies.

16.2 Disclosure of Records

The State may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

16.3 Sanctions Good faith attempts by the committee to identify and correct quality deficiencies cannot be used as a basis for sanctions.


A. The nursing facility shall maintain a quality assessment and assurance committee consisting of at least the following individuals:

1. The director of nursing services;

2. A physician designated by the facility; and
3. At least three other members of the facility staff one of whom demonstrates an ability to represent the rights and concerns of residents.

B. The quality assessment and assurance committee shall:

1. Meet at least quarterly to identify issues which would improve quality of care and services provided to residents; and

2. Develop and implement appropriate plans of action to correct identified deficiencies.

C. The nursing facility shall document compliance with these requirements.

WASHINGTON

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388-97-1760 Quality assessment and assurance.

(1) The nursing home must maintain a process for quality assessment and assurance. The department may not require disclosure of the records of the quality assessment and assurance committee except in so far as such disclosure is related to ensuring compliance with the requirements of this section.

(2) The nursing home must ensure the quality assessment and assurance process:

(a) Seeks out and incorporates input from the resident and family councils, if any, or individual residents and support groups; and

(b) Reviews expressed concerns and grievances.

74.42.640 Quality assurance committee.

(1) To ensure the proper delivery of services and the maintenance and improvement in quality of care through self-review, each facility may maintain a quality assurance committee that, at a minimum, includes:

(a) The director of nursing services;

(b) A physician designated by the facility; and

(c) Three other members from the staff of the facility.

(2) When established, the quality assurance committee shall meet at least quarterly to identify issues that may adversely affect quality of care and services to residents and to
develop and implement plans of action to correct identified quality concerns or deficiencies in the quality of care provided to residents.

(3) To promote quality of care through self-review without the fear of reprisal, and to enhance the objectivity of the review process, the department shall not require, and the long-term care ombudsman program shall not request, disclosure of any quality assurance committee records or reports, unless the disclosure is related to the committee’s compliance with this section, if:

(a) The records or reports are not maintained pursuant to statutory or regulatory mandate; and

(b) The records or reports are created for and collected and maintained by the committee.

(4) The department may request only information related to the quality assurance committee that may be necessary to determine whether a facility has a quality assurance committee and that it is operating in compliance with this section.

(5) Good faith attempts by the committee to identify and correct quality deficiencies shall not be used as a basis for imposing sanctions.

(6) If the facility offers the department documents generated by, or for, the quality assurance committee as evidence of compliance with nursing facility requirements, the documents are protected as quality assurance committee documents under subsections (7) and (9) of this section when in the possession of the department. The department is not liable for an inadvertent disclosure, a disclosure related to a required federal or state audit, or disclosure of documents incorrectly marked as quality assurance committee documents by the facility.

(7) Information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, a quality assurance committee are not subject to discovery or introduction into evidence in any civil action, and no person who was in attendance at a meeting of such committee or who participated in the creation, collection, or maintenance of information or documents specifically for the committee shall be permitted or required to testify in any civil action as to the content of such proceedings or the documents and information prepared specifically for the committee. This subsection does not preclude: (a) In any civil action, the discovery of the identity of persons involved in the care that is the basis of the civil action whose involvement was independent of any quality improvement committee activity; and (b) in any civil action, the testimony of any person concerning the facts which form the basis for the institution of such proceedings of which the person had personal knowledge acquired independently of their participation in the quality assurance committee activities.

(8) A quality assurance committee under subsection (1) of this section, RCW 18.20.390, 70.41.200, 4.24.250, or 43.70.510 may share information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, the committee, with one or more other quality assurance committees created under subsection (1) of this section, RCW 18.20.390, 70.41.200, 4.24.250, or 43.70.510 for the improvement of the quality of care and services rendered to nursing
facility residents. Information and documents disclosed by one quality assurance committee to another quality assurance committee and any information and documents created or maintained as a result of the sharing of information and documents shall not be subject to the discovery process and confidentiality shall be respected as required by subsections (7) and (9) of this section, RCW 18.20.390 (6) and (8), 43.70.510(4), 70.41.200 (3), and 4.24.250(1). The privacy protections of chapter 70.02 RCW and the federal health insurance portability and accountability act of 1996 and its implementing regulations apply to the sharing of individually identifiable patient information held by a coordinated quality improvement program. Any rules necessary to implement this section shall meet the requirements of applicable federal and state privacy laws.

(9) Information and documents, including the analysis of complaints and incident reports, created specifically for, and collected and maintained by, a quality assurance committee are exempt from disclosure under chapter 42.56 RCW.

(10) Notwithstanding any records created for the quality assurance committee, the facility shall fully set forth in the resident’s records, available to the resident, the department, and others as permitted by law, the facts concerning any incident of injury or loss to the resident, the steps taken by the facility to address the resident's needs, and the resident outcome.

(11) A facility operated as part of a hospital licensed under chapter 70.41 RCW may maintain a quality assurance committee in accordance with this section which shall be subject to the provisions of subsections (1) through (10) of this section or may conduct quality improvement activities for the facility through a quality improvement committee under RCW 70.41.200 which shall be subject to the provisions of RCW 70.41.200(9).

WEST VIRGINIA


14.1.a. A nursing home shall maintain a quality improvement and assessment committee consisting of:

14.1.a.1. The director of nursing services;

14.1.a.2. The medical director; and

14.1.a.3. At least three (3) other members of the nursing home’s staff.

14.1.b.
14.1.b.1. Meet at least quarterly to identify issues of quality assessment and improvement activities;

14.1.b.2. Develop and implement appropriate plans of action to correct identified quality deficiencies;

14.1.b.3. Continuously measure, assess, and improve all important resident care and nursing home functions;

14.1.b.4. Collect and review outcome data and use it to systematically benchmark the level of quality with that of other extended care providers; and

14.1.b.5. Collect and review resident satisfaction.

14.2. Disclosure of Records. The State may not require disclosure of the quality improvement committee records insofar as the disclosure is related to the compliance with the requirements of this section.


14.3.a. The agency shall not use good faith attempts as documented by a nursing home’s committee to identify and correct areas of concern or deficiencies as a basis for citing a new deficiency or as a basis for sanctions.
HFS 132.46 Quality assessment and assurance.

(1) COMMITTEE MAINTENANCE AND COMPOSITION. A facility shall maintain a quality assessment and assurance committee for the purpose of identifying and addressing quality of care issues. The committee shall be comprised of at least all of the following individuals:

(a) The director of nursing services.
(b) The medical director or a physician designated by the facility.
(c) At least 3 other members of the facility’s staff.

(2) COMMITTEE RESPONSIBILITIES. The quality assessment and assurance committee shall do all of the following:

(a) Meet at least quarterly to identify quality of care issues with respect to which quality assessment and assurance activities are necessary.

(b) Identify, develop and implement appropriate plans of action to correct identified quality deficiencies.

(3) CONFIDENTIALITY. The department may not require disclosure of the records of the quality assessment and assurance committee except to determine compliance with the requirements of this section. This paragraph does not apply to any record otherwise specified in this chapter or s. 50.04 (3), 50.07 (1) (c) or 146.82 (2) (a) 5., Stats.

HFS 132.65 Pharmaceutical services.

...(3) SUPERVISION.

(a) SNF medication consultant. Each skilled nursing facility shall retain a registered pharmacist who shall visit the facility at least monthly to review the drug regimen of each resident and medication practices. The pharmacist shall submit a written report of findings at least quarterly to the facility’s quality assessment and assurance committee.

(b) ICF medication consultant. Each intermediate care facility shall retain a registered pharmacist who shall visit the facility at least monthly to review medication practices and the drug regimen of each resident and who shall notify the attending physician if changes are appropriate. The pharmacist shall submit a written report of findings at least quarterly to the facility’s quality assessment and assurance committee.

...(5) CONTINGENCY SUPPLY OF MEDICATIONS.
... (d) Committee authorization. The quality assessment and assurance committee shall determine which medications and strengths of medications are to be stocked in the contingency storage unit and the procedures for use and re-stocking of the medications.

§ 483.75 Administration.

(o) Quality assessment and assurance.

(1) A facility must maintain a quality assessment and assurance committee consisting of—

(i) The director of nursing services;
(ii) A physician designated by the facility; and
(iii) At least 3 other members of the facility's staff.

(2) The quality assessment and assurance committee—

(i) Meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and

(ii) Develops and implements appropriate plans of action to correct identified quality deficiencies.

(3) A State or the Secretary may not require disclosure of the records of such committee except in so far as such disclosure is related to the compliance of such committee with the requirements of this section.

(4) Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.