

Quality Assurance Checklist

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| **Employee Files** |  |  |  |  |
|  | **Date** | **Date** | **Date** | **Date** |
| Hiring ProcessInterview Questions/Reference Checks |  |  |  |  |
| Background Check |  |  |  |  |
| OIG Check(EW Bldgs Only) |  |  |  |  |
| Dep. Adult Abuse Training |  |  |  |  |
| Food Service Training |  |  |  |  |
| Emergency Plans Training |  |  |  |  |
| Dementia Training |  |  |  |  |
| Chauffeur’s or CDL License for those who drive vehicles |  |  |  |  |
| ADL Training |  |  |  |  |
| Delegations |  |  |  |  |
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| **Physical Plant** |  |  |  |  |
| Fire Drills |  |  |  |  |
| Tornado Drills |  |  |  |  |
| Emergency Plans |  |  |  |  |
| Door Alarm Checks |  |  |  |  |
| Environ Safety Check |  |  |  |  |
| Emergency Response Times |  |  |  |  |
| Door Obstruction |  |  |  |  |
| Cleanliness |  |  |  |  |
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| **Tenant Files** |  |  |  |  |
|  | **Date** | **Date** | **Date** | **Date** |
| Occupancy Agreement |  |  |  |  |
| Initial Evaluation |  |  |  |  |
| 30-day Evaluation |  |  |  |  |
| Annual Evaluation |  |  |  |  |
| 90-day Nurse Reviews |  |  |  |  |
| Physician Orders |  |  |  |  |
| Review of Parameters |  |  |  |  |
| PRN Usage |  |  |  |  |
| Antipsychotic Drug Use |  |  |  |  |
| Incident Reporting |  |  |  |  |
| Clinical Notes |  |  |  |  |
| Staff Routines |  |  |  |  |
| Timeliness of Med Pass |  |  |  |  |
| Use of Needles/Sharps |  |  |  |  |
| Skin Issues |  |  |  |  |
| General Population with GDS of 4 or above |  |  |  |  |
| Documentation for those with GDS of 5 or above |  |  |  |  |
| Hospitalizations |  |  |  |  |
| Hospice |  |  |  |  |
| High Risk Tenants/Those in Transition to Higher Level of Care |  |  |  |  |
| Waiver (Level of Care) |  |  |  |  |
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