

QUALITY IMPROVEMENT  
AND ASSURANCE (QIA) ACTIVITY  
SUMMARY REPORT

<b>Annual Resident Service Planning Review<sup>1</sup></b>		
Note the start and end- dates of review period	_____ Year #1	_____ Year #2
Note the staff person(s) who conducted the review		
Indicate the coded identity of each Resident whose record was examined <sup>2</sup> , and note whether the subject Resident resides in a Special Care Residence	1. 2. 3. 4. 5. 6. 7. 8. 10. 11. 12.	1. 2. 3. 4. 5. 6. 7. 8. 10. 11. 12.
Summary of findings <i>(attach another sheet if necessary)</i>		
Describe proposed remediation, any staff assignments and target completion date		
Outcome of any action taken		

<sup>1</sup> 651 CMR 12.04(10)(a) ; see also *Assisted Living Certification Standards: Frequently Asked Questions* (FAQs) (Massachusetts Executive Office of Elder Affairs, May 2007), p. 16.

<sup>2</sup> The total of all records examined each year must meet or exceed 10% of the AL/SCR population.