

QUALITY IMPROVEMENT AND ASSURANCE (QIA )  
ACTIVITY SUMMARY REPORT

Quarterly Medication Administration Record Review <sup>1</sup>				
	1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
Date on which the records were reviewed				
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.			
Summary of findings ( <i>attach another sheet if necessary</i> )				
Describe proposed remediation, any staff assignments and target completion date				
Outcome of action taken				

<sup>1</sup> 651 CMR 12.04(10)(c); see also *Assisted Living Certification Standards: Frequently Asked Questions* (FAQs) (Massachusetts Executive Office of Elder Affairs, May 2007), at p.17.

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

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