
QAPI Audit Tools and Sign-In Sheets

Document Title:	
Prepared For:	
Prepared By:	Quality Assurance and Performance Improvement Lead
Date:	_____

Use this tool to audit and track compliance with QAPI goals.

Performance Improvement Plan Tools

Use this tool to audit and track compliance with QAPI goals.

Fall Incident Audit Tool

Date of Fall	Time	Resident Name/Room	Location of Fall	Injury (Y/N)	Was care plan followed?	Interventions in place?	Post-fall RCA completed?	Staff Involved	Notes

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Wound Treatment Audit Tool

Date	Resident Name	Wound Type	Wound Location	Treatment Ordered	Treatment Given	Nurse Initials	Physician Notified (Y/N)	Documentation Complete (Y/N)	Comments
Date	Resident Name	Wound Type	Wound Location	Treatment Ordered	Treatment Given	Nurse Initials	Physician Notified (Y/N)	Documentation Complete (Y/N)	Comments
Date	Resident Name	Wound Type	Wound Location	Treatment Ordered	Treatment Given	Nurse Initials	Physician Notified (Y/N)	Documentation Complete (Y/N)	Comments
Date	Resident Name	Wound Type	Wound Location	Treatment Ordered	Treatment Given	Nurse Initials	Physician Notified (Y/N)	Documentation Complete (Y/N)	Comments
Date	Resident Name	Wound Type	Wound Location	Treatment Ordered	Treatment Given	Nurse Initials	Physician Notified (Y/N)	Documentation Complete (Y/N)	Comments

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Medication Pass Observation Audit

Date	Nurse Name	Unit	Med Pass Start Time	End Time	Correct Resident	Correct Medication	Correct Dose	Correct Time	Correct Route	Hand Hygiene Performed	Documentation Accurate	Errors Noted	Comments
Date	Nurse Name	Unit	Med Pass Start Time	End Time	Correct Resident	Correct Medication	Correct Dose	Correct Time	Correct Route	Hand Hygiene Performed	Documentation Accurate	Errors Noted	Comments
Date	Nurse Name	Unit	Med Pass Start Time	End Time	Correct Resident	Correct Medication	Correct Dose	Correct Time	Correct Route	Hand Hygiene Performed	Documentation Accurate	Errors Noted	Comments
Date	Nurse Name	Unit	Med Pass Start Time	End Time	Correct Resident	Correct Medication	Correct Dose	Correct Time	Correct Route	Hand Hygiene Performed	Documentation Accurate	Errors Noted	Comments
Date	Nurse Name	Unit	Med Pass Start Time	End Time	Correct Resident	Correct Medication	Correct Dose	Correct Time	Correct Route	Hand Hygiene Performed	Documentation Accurate	Errors Noted	Comments

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Weight Monitoring Tracking Tool

Date	Resident Name	Current Weight	Previous Weight	Weight Change %	Notified RD	Nutrition Intervention Started	Follow-up Needed	Comments

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Psychotropic Use Monitoring Log

Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date
Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date
Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date
Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date
Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date
Resident Name	Medication	Dose	Indication	Behavior Tracking Started	GDR Attempted	Physician Notified	Family Notified	Outcome	Next Review Date

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Environmental Cleanliness Audit

Date	Area Audited	Clean (Y/N)	Rust/Debris Present?	Deep Clean Completed?	Issues Identified	Corrective Action Taken	Supervisor Initials
Date	Area Audited	Clean (Y/N)	Rust/Debris Present?	Deep Clean Completed?	Issues Identified	Corrective Action Taken	Supervisor Initials
Date	Area Audited	Clean (Y/N)	Rust/Debris Present?	Deep Clean Completed?	Issues Identified	Corrective Action Taken	Supervisor Initials
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Food Labeling Audit

Date	Auditor	Refrigerator/Storage Area	Unlabeled Items?	Items With Open/Discard Date?	Resident Names (if applicable)?	Corrective Action Taken	Signature
Date	Auditor	Refrigerator/Storage Area	Unlabeled Items?	Items With Open/Discard Date?	Resident Names (if applicable)?	Corrective Action Taken	Signature
Date	Auditor	Refrigerator/Storage Area	Unlabeled Items?	Items With Open/Discard Date?	Resident Names (if applicable)?	Corrective Action Taken	Signature
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Performance Tracking Log Template

Date	Focus Area	Metric	Goal	Current Performance	Trend (Better/Same/Worse)	Corrective Actions Taken	Reviewed By
Date	Focus Area	Metric	Goal	Current Performance	Trend (Better/Same/Worse)	Corrective Actions Taken	Reviewed By
Date	Focus Area	Metric	Goal	Current Performance	Trend (Better/Same/Worse)	Corrective Actions Taken	Reviewed By
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QAPI In-Service Sign-In Sheet

Topic: _____

Date: _____ Facilitator: _____

Employee Name	Department	Signature	Time In	Time Out
Employee Name	Department	Signature	Time In	Time Out
Employee Name	Department	Signature	Time In	Time Out
Employee Name	Department	Signature	Time In	Time Out
Employee Name	Department	Signature	Time In	Time Out

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