

Morning Meeting Notes

Confidential – For Quality Assurance Purposes

REPORT DATE: _____ **IN-HOUSE CENSUS:** _____ **BEDHOLD** _____

MC _____ **PA** _____ **INS** _____ **PVT** _____ **PA PENDING** _____

Non-Clinical:

Admissions and Marketing:

Planned Admissions Today _____ Planned Discharges Today _____

Marketing Plans Today _____

AR Concerns _____

Administrator Rounding/Other Issues:

1) _____

2) _____

3) _____

4) _____

Activities: Staffing Issues _____

Vacancies ___ New Hires _____

Special Events Planned _____

Other Issues: _____

Dietary: Staffing Issues _____

Vacancies ___ New Hires _____

Other Issues: _____

Housekeeping/

Laundry: Staffing Issues _____

Vacancies ___ New Hires _____

Other Issues: _____

Maintenance: Staffing Issues _____

Vacancies ___ New Hires _____

Other Issues : _____

Human Resources: New Hires _____

Other Issues : _____

H.I.M: Discharge Audit Issues:

1) _____

2) _____

3) _____

4) _____

Survey Related

Issues: _____

(Excuse Non-Clinical Staff)

Clinical:

MDS/CARE PLANS:

Monthly Calendar Compliance with Assessments: _____

Other Issues: _____

Social Services: Scheduled Care Plan Conferences: _____

Resident/Family Concerns/Solutions: _____

Resident Behaviors (New or Not Addressed): _____

Therapy: __PT__ OT __ST **MED A**__ **MED B**__

Other Issues: _____

Nursing:

24Hour report concerns: _____

Incidents Reportable/Non-Reportable:

1) _____

2) _____

New Falls:

Restraints: _____

1) _____

2) _____

Staffing Issues: _____

Restorative Program Analysis:

Feeding Program: _____

Dressing/ Grooming: _____

Toileting: _____

Transferring: _____

Decline in ADLs: _____

Other: _____

WOW: Pressure Ulcers (Total In-House): _____ #Acquired _____ Skin Tears/Bruises _____

Shower/Body Check Refusals: _____

Infection Control: Isolation (Total In-House) _____ MRSA ___ C-DIFF ___ VRE ___ ESBL _____

OTHER _____

G-Tubes: (Total In-House) _____

Foleys: (Total In-House) _____

Respiratory: Total # of Vents _____ Total # of Trachs _____

Other Issues: _____

Critical Lab Values: _____

Weight Loss: _____

Calorie Count: _____

DEPARTMENT ABSENCES:

_____ Reason _____
_____ Reason _____