**DRUG REGIMEN REVIEW QAPI ACTION PLAN**

***(see Drug Regimen Review RoP Checklist)***

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| **Regulation (483.45(c):  The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist):**  “(2) This review must include a review of the resident’s medical chart”[[1]](#footnote-1) | **Team Members/Titles:**  *(It is recommended the facility choose a team comprised of multiple departments, and include front-line staff.)* |
| **Root Cause Analysis:** *(The team will identify areas that allow or contribute to noncompliance with this regulation. Prioritize the causes and develop goals below for the top one or two causes.)* |
| **Goals & Objectives:** *(Team will customize goals and objectives based on root-cause investigation of facility status and where the team plans to work on realistic goals for completion.)* |
| **Charter:** *(Identify the resources needed to perform this improvement plan.)* | **Facilitator:** |

| **Recommended Action Items**  **(Use the Action item(s) that Correspond to Root Cause Identified above)** | **Responsible Team Member(s)** | **Start Date** | **Estimated Completion Date** | **Actual Completion Date** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| Review pharmacy consultant agreement to include medical chart review. |  |  |  |  |  |
| *(Include State/Facility Specific items, as applicable):* |  |  |  |  |  |
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1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy, 2022: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf> [↑](#footnote-ref-1)