	QAPI Ad hoc Me		
Facility Name:		Date and Time:	

Identification	Interventions	Date and Assigned to:	Miscellaneous
What immediate interventions were			
initiated for resident identified?			
What immediate actions were taken to			
identify all residents potentially affected?			
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What continued and immediate			
interventions were implemented for			
identified residents?			
What actions will be taken for future			
residents potentially affected?			

What system changes were made / modified?  What systemic education was completed to enhance knowledge development of staff?  If Applicable: What education was completed through immediate resident council		
Continued Quality Assurance audits implemented to ensure enhanced system compliance?		

Confidential: This document has been prepared for review and evaluation by the Quality Assurance and Performance Improvement Committee (QAPI) for internal Quality Assurance purposes only.

**Root Cause Analysis:** 

Other Discussion:				
nmediate QAPI Review:				
QAPI Member Name	QAPI Member Dept.	QAPI Member Signature	Date	
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odated Information to be reporte	ed to facility QAPI meeting on (date of nex	t QAPI)		