

(III) INCLUDES METHODS TO IDENTIFY AND CORRECT PROBLEMS;
AND

(IV) IS READILY AVAILABLE TO NURSING HOME RESIDENTS AND THEIR FAMILIES, GUARDIANS, OR SURROGATE DECISION MAKERS.

(6) THE QUALITY ASSURANCE PLAN SHALL BE SUBMITTED TO THE DEPARTMENT BY JANUARY 1, 2001, AND AT THE TIME OF LICENSE RENEWAL.

(7) THE NURSING HOME ADMINISTRATOR SHALL TAKE APPROPRIATE REMEDIAL ACTIONS BASED ON THE RECOMMENDATIONS OF THE NURSING HOME'S QUALITY ASSURANCE COMMITTEE.

(8) THE SECRETARY MAY NOT REQUIRE THE QUALITY ASSURANCE COMMITTEE TO DISCLOSE THE RECORDS AND THE REPORTS PREPARED BY THE COMMITTEE EXCEPT AS NECESSARY TO ASSURE COMPLIANCE WITH THE REQUIREMENTS OF THIS SECTION.

(9) IF THE DEPARTMENT DETERMINES THAT A NURSING HOME IS NOT IMPLEMENTING ITS QUALITY ASSURANCE PROGRAM EFFECTIVELY AND THAT QUALITY ASSURANCE ACTIVITIES ARE INADEQUATE, THE DEPARTMENT MAY IMPOSE APPROPRIATE SANCTIONS ON THE NURSING HOME TO IMPROVE QUALITY ASSURANCE INCLUDING MANDATED EMPLOYMENT OF SPECIFIED QUALITY ASSURANCE PERSONNEL.

(C) (1) EACH NURSING HOME SHALL DISPLAY ON EACH FLOOR OF THE NURSING HOME A NOTICE THAT EXPLAINS THE CURRENT RATIO OF LICENSED PERSONNEL TO RESIDENTS AND UNLICENSED PERSONNEL TO RESIDENTS.

(2) THE NOTICE SHALL BE:

(I) POSTED IN A LOCATION THAT IS VISIBLE AND ACCESSIBLE TO RESIDENTS AND THEIR FAMILY OR GUARDIANS AND ANY POTENTIAL CONSUMERS;
AND

(II) ON A FORM PROVIDED BY THE DEPARTMENT.

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(A) (1) EACH NURSING HOME SHALL EMPLOY ~~A~~ DESIGNATE A PHYSICIAN TO SERVE AS MEDICAL DIRECTOR.

(2) THE MEDICAL DIRECTOR IS RESPONSIBLE FOR MONITORING PHYSICIAN SERVICES AT THE NURSING HOME.

(3) THE MEDICAL DIRECTOR SHALL REPORT MONTHLY TO THE QUALITY ASSURANCE COMMITTEE ON THE QUALITY OF MEDICAL CARE AT THE NURSING HOME.

(B) THE SECRETARY, IN CONSULTATION WITH THE MEDICAL AND CHIRURGICAL FACULTY, AND REPRESENTATIVES OF THE NURSING HOME INDUSTRY, SHALL: