Date of Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **Attendees** | **List Name of Person Attending** | **Signatures** |
| Administrator |  |  |
| Director of Health Services (Dir. Of Nursing) |  |  |
| Medical Director |  |  |
| Infection Control Preventionist |  |  |
| **Other Attendees:** |  |  |
| Activities |  |  |
| Admissions |  |  |
| Business Office |  |  |
| Case Mix Directors |  |  |
| Clinical Competency Coordinator |  |  |
| CNA(s) |  |  |
| Dietary Services |  |  |
| Dietician |  |  |
| Environmental Services |  |  |
| Human Resources |  |  |
| Maintenance |  |  |
| Medical Records |  |  |
| QAPI Coordinator |  |  |
| Pharmacy |  |  |
| Restorative |  |  |
| Respiratory |  |  |
| Safety Committee Coordinator |  |  |
|  |  |  |
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