Your Quality Management Plan

Introduction

Under Minnesota law, licensed assisted living and home care providers are required to carry out quality management activities. In simple terms, quality management means regularly looking at how services are working, identifying areas that need improvement, and making reasonable changes to enhance residents or clients' care and safety. These activities help prevent repeat problems, support and guide staff, and improve outcomes for the individuals served.

These expectations are established under Minnesota Statute 144G.42, Subd. 2 (assisted living) and section Minnesota Statute 144A.479, Subd. 3 (home care), which are reflected throughout this document.

Each organization should design quality management activities in a way that fits its size, structure, and services. There is no single required format or "one-size-fits-all" approach.

Clear roles and responsibilities help make sure activities are carried out consistently and identified improvements are implemented and followed through. Quality management activities are often led or coordinated by a designated staff person, with overall responsibility resting with the licensee. Specific improvement efforts may involve staff with relevant knowledge or responsibilities, depending on the issue being reviewed.

PROGRESS, NOT PERFECTION

Quality management is part of everyday operations; it is not a separate program or department.

Most organizations are already doing quality management through routine activities such as:

- Reviewing incidents, complaints, or service concerns
- Looking for patterns or repeat issues over time
- Checking whether staff are following policies and procedures
- Identifying gaps in training, staffing, or systems
- Deciding what changes are needed and documenting those decisions
- Following up to see whether changes resulted in improvement

These activities are often completed by administrators, directors, supervisors, or leadership teams, and may involve nursing, clinical staff, or other roles depending on organization size.

Quality management documentation must be kept for at least two years and be available during surveys or investigations, if requested.

Purpose of a Quality Management Plan

A quality management (QM) plan describes how your organization:

- Monitors and evaluates the quality of care and services.
- Identifies problems, risks, or opportunities for improvement.
- Reviews incidents, complaints, and trends.
- Decides on actions to address issues.
- Follows up to ensure changes are effective.

The quality management plan serves as a central reference for staff that outlines what quality management activities are done, who is responsible, and how information is used to make decisions. It also supports consistency over time by capturing key practices, decisions, and improvement efforts in one place, helping ensure that important information remains accessible despite changes in staff or roles. In this way, the plan not only guides current activities but also helps sustain ongoing learning and follow-through. It demonstrates how the organization meets Minnesota quality management requirements in a clear and practical way.

How Quality Management Information Is Used

Information collected through quality management activities is reviewed to understand what is happening, identify concerns or risks, and guide decision-making. Organizations are expected to:

- Review information such as incident reports, complaints, audits, or service reviews.
- Look for repeated issues or patterns over time.
- Take action to address contributing factors and help prevent recurrence (such as training, policy updates, workflow changes, or staffing adjustments).
- Document what actions were taken and who was responsible.
- Follow up to determine if changes improved the situation.

The frequency and depth of review may vary depending on the type of information and the level of risk. Issues with greater potential impact on resident health or safety are typically reviewed more promptly and more frequently to support timely response and prevention.

Organizations may use structured tools, logs, or other methods to help identify patterns, contributing factors, or triggers, particularly for ongoing or complex concerns.

When reviewing issues and determining actions, involvement of staff with appropriate knowledge, training, or clinical expertise helps support effective decision-making and meaningful improvement.

Documenting both the review and the resulting actions helps show that quality management activities are ongoing and meaningful.

How Organization Size and Services Affect Quality Management

State law requires quality management activities to be scaled and proportional. How quality management is carried out may differ based on size and services. For example:

Small organizations: Smaller organizations may rely on fewer staff who perform multiple roles, conduct quality reviews informally or as part of routine management meetings, and document activities using simple logs, meeting notes, or combined review summaries.

Large organizations: Larger organizations may assign specific staff or committees to lead and support quality management functions, use scheduled review cycles (e.g., monthly or quarterly reviews), or track trends using spreadsheets, dashboards, or internal reporting tools.

Organizations with specialty services: Organizations providing higher acuity or specialized services (e.g., medication administration, nursing services, dementia care, other specialized services tailored to the needs of specific populations) may review services and incidents more frequently, involve clinical leadership or licensed staff in reviews, or examine additional factors such as clinical assessments, health outcomes, or supervision needs.

Regardless of size, all organizations are expected to review information in a way that is meaningful and actionable, identify patterns or concerns, take appropriate action when issues are identified, and document reviews, decisions, and follow-up.

Quality Management Plan | Writing Worksheet

This worksheet is designed to help you document your current, real-world quality management practices. Some sections include pre-written language based on statutory requirements. Other sections ask you to describe how you carry out quality management activities.

It is organized around required quality management plan elements, including:

Purpose Statement	Explain why quality management activities are conducted and how these activities support dignified, safe, appropriate care based on your size and services.
Scope	Define the services, settings, and populations included in the quality management plan. This should align directly with the services you are licensed to provide and actually deliver. The scope should clearly reflect where services occur (e.g., assisted living setting, client homes) and which residents or clients are included.
Governance and Responsibility	Identify who is responsible for ensuring quality management activities occur and to clarify that accountability for quality rests with the organization's leadership, even when tasks are delegated.
Periodic Review of Resident or Client Services	Describe how resident or client services are routinely reviewed, who participates in the review, how often reviews occur, how changes in individual needs are identified and addressed, and how feedback from residents, clients, and families informs quality management activities.
Review of Complaints	Explain how complaints are received, documented, reviewed for patterns, and used to determine whether changes in services, staffing, or procedures are needed.
Review of Other Issues	Describe how incidents, events, or other concerns are reviewed to understand what occurred, identify contributing factors, and prevent similar issues from occurring in the future.
Determining and Implementing Changes	Explain how decisions are made when quality concerns are identified, how changes are implemented, and how the organization checks whether those changes were effective.
Documentation of Quality Management Activities	Confirm that quality management reviews, decisions, and actions are documented, retained, and available as required for surveys, investigations, or license renewal.

Instructions for Use

- Complete each section based on what you do now, not what you plan to do in the future.
- Responses may be brief. One to three sentences are often sufficient if the information accurately reflects your current practices.

- Some sections include reference language based on statutory requirements. Use this language as written or adapt it to ensure it matches your actual practices.
- For each section, answer the prompt questions and use those responses to complete the statement provided.
- Completed statements may be copied into the quality management plan outline at the end of this document to create or revise your written plan.
- The completed worksheet and resulting plan may be used to support documentation requirements and survey readiness.

PURPOSE STATEMENT

Reference Language

The language below reflects statutory requirements and is provided as a reference. You may use or adapt this language only if it accurately reflects your organization's actual practices.

Assisted Living

The assisted living facility uses quality management activities suited to the size of the organization and the services offered to help ensure residents receive safe and competent care. Quality management includes reviewing services, complaints, and other issues and deciding whether changes to services, staffing, or procedures are needed, consistent with Minnesota Statute §144G.42, Subdivision 2.

Home Care

The home care agency uses quality management activities suited to the size of the organization and the services offered to help ensure clients receive safe and competent care. Quality management includes reviewing services, complaints, and other issues and deciding whether changes to services, staffing, or procedures are needed, consistent with Minnesota Statute §144A.479, Subdivision. 3.

Write: Purpose Statement

Use this space to write your organization's purpose statement. You may adapt the reference language above, but the final statement must be reflective of your organization's size, services, and current practices.

SCOPE

Gather Information

Answer the following questions. Responses may be brief and should be reflective of your current practices.

Prompt	Response
Organization Description • What is your license type? • How many people are you licensed to serve? • Which best describes your care setting? *(e.g., community-based, residential, private home)*	
General Level of Support What general level of support do individuals you serve usually need? *(e.g., minimal assistance, assistance with daily activities, supervision)*	
Key Services What are the main services you provide? *(e.g., assistance with activities of daily living [ADLs], medication management, health monitoring, nursing services)*	
Cognitive or Dementia Related Support Does your organization provide cognitive support, dementia-related services, or behavioral support that requires additional supervision or assistance? If yes, describe.	

Write: Scope Statement

Now use your responses to the questions to replace the bold text in brackets in this scop statement. Edit as needed to be reflective of your current practices.

[***Organization Name***] is a [***organization description***] care provider serving individuals who generally require [***general level of support***]. Services provided include [***key services***] delivered in a manner appropriate to the needs of the individuals served.

The size and service complexity of the organization's services and practices inform how quality management or quality improvement activities are structured and implemented to ensure services remain safe, appropriate, and responsive to individual needs.

Complete this part of the statement only if applicable. The organization also provides [***cognitive or dementia-related support***] to individuals who require additional supervision or assistance related to cognitive or memory impairment.

GOVERANCE AND RESPONSIBLITY

Reference Language

The language below reflects statutory requirements and is provided as a reference. You may use or adapt this language only if it is accurately reflective of your current practices.

The licensee is responsible for ensuring that quality management or quality improvement activities are conducted. Specific tasks may be delegated to staff or leadership roles; however, accountability for quality management remains with the licensee.

Write: Governance Statement

Use this space to describe who is responsible for quality management activities in your organization. Edit the provided statement as needed to reflect your current practices.

PERIODIC REVIEW OF RESIDENT OR CLIENT SERVICES

Gather Information

Answer the following questions. Responses may be brief and should reflect your current practices.

Prompt	Response
Review Process How do you review resident or client services? *(e.g., review of service plans or care plans, observation of service delivery, supervisory check-ins or coordination meetings, incident follow-up)*	
Frequency How often are services reviewed? *(Include any routine schedules or reviews triggered by changes or concerns.)*	
Participants Who participates in service reviews? *(e.g., leadership, direct service staff)*	
Identification How do you identify changes in resident or client needs and how is that process incorporated into review? *(e.g., staff observations and reporting, individual or family communication, changes noted during service, reassessments, evaluations, or care coordination, events such as falls, missed services, or hospital visits)*	

Write: Periodic Review of Services Statement

Use your responses to the questions to replace the bold text in brackets in this period review of services statement. Edit as needed to be reflective of your current practices.

Services are periodically reviewed through [***review process***]. Reviews occur on a routine basis [***frequency***] and when changes in needs, concerns, or incidents are identified. [***Participants***] participate in services reviews, and changes in individual needs are identified through [***identification***].

REVIEW OF COMPLAINTS

Gather Information

Answer the following questions. Responses may be brief and should be reflective of your current practices.

Prompt	Response
Received • How are complaints received?	
Documented • How are complaints documented?	
Frequency • How often are complaints reviewed to look at patterns?	
Identification • How are complaints reviewed to determine whether similar issues or patterns are occurring?	
Changes • How do complaint reviews lead to changes?	
Implementation • How are changes implemented or followed up on?	

Write: Review of Complaints Statement

Now use your responses to the questions to replace the bold text in brackets in this review of complaints statement. Edit as needed to be reflective of your current practices.

The organization periodically reviews complaints received from individuals served or others. Complaints are received through [***received***] and [***documented***].

Complaints are reviewed [***frequency***] to identify trends, repeated concerns, or patterns related to services, staffing, or procedures. This review includes [***identification***].

Information gathered from complaint reviews is used to determine whether changes in [***changes***] are needed to ensure services remain safe, appropriate, and responsive to individual needs. When changes are made, the organization [***implementation***].

REVIEW OF OTHER ISSUES

Gather Information

Answer the following questions. Responses may be brief and should be reflective of your current practices.

Prompt	Response
Issue Types What are the types of issues, events, or concerns that are reviewed as part of quality management or quality improvement activities?	
How How are issues reviewed after they occur, and how they are examined collectively over time?	
Who Who reviews the issue, frequency, how information is used (summarized, discussed)?	
Contributing Factors How do you examine factors that may have contributed to the issue?	
Changes How do you decide whether changes are needed as a result of issue review?	

Write: Review of Issues Statement

Use your responses to the questions to replace the bold text in brackets in this review of issues statement. Edit as needed to be reflective of your current practices.

In addition to reviewing services and complaints, the organization reviews other issues that occur, including [***issue types***]. Issues are reviewed [***how***] by [***who***] to better understand what occurred and whether contributing factors were present.

The review process includes [***contributing factors***] with attention to service processes, staffing, communication, or other factors that may have affected service delivery. Information from issue reviews is used to determine whether changes in services, staffing, or procedures are needed. When improvement needs are identified, the organization [***changes***] to reduce the likelihood of similar issues occurring in the future.

DETERMINING AND IMPLEMENTING CHANGES

Gather Information

Answer the following questions below. Responses may be brief and should be reflective of your current practices.

Prompt	Response
Quality Information Who reviews quality information and decides when service changes are needed? *(e.g., administrator, director, leadership team)*	
Staffing and Supervision When quality or service concerns arise, who reviews staffing or supervision needs? *(e.g., administrator, supervisor)*	
Policies and Procedures How are changes to policies or procedures put into practice? *(e.g., updates shared with staff, training provided, procedures revised)*	
Change Follow-Up How do you check whether changes worked? *(e.g., follow-up reviews, monitoring incidents, observing services)*	

Write: Determining and Implementing Change Statement

Use your responses to the questions to replace the bold text in brackets in this determining and implementing change statement. Edit as needed to be reflective of your current practices.

When quality management or quality improvement reviews identify concerns or opportunities for improvement, the organization determines appropriate changes in services, staffing, or procedures.

Decisions regarding service changes are made by [***quality information***]. Staffing considerations are evaluated by [***staffing and supervision***] when concerns indicate a need for adjustment.

Changes to procedures or policies are implemented by [***policies and procedures***]. The effectiveness of changes is monitored through [***change follow-up***] to determine whether issues have been resolved and services continue to meet individual needs safely and appropriately.

DOCUMENTATION OF QUALITY MANAGEMENT ACTIVITIES

Reference Language

This language reflects statutory requirements and is provided as a reference. You may use or adapt this language only if it accurately reflects your actual practices.

Documentation of quality management activities is maintained, including records of reviews conducted, issues identified, and actions taken. Quality management documentation is retained for a minimum of two years and is available to the commissioner at the time of survey, investigation, or license renewal.

Write: Documentation of Quality Management Activities Statement

Use this space to describe your process for documenting quality management activities. Edit the provided statement as needed to reflect your current practices.

To create your quality management plan, copy your text from each section in this document and paste into this template. Replace all the bracketed text.

[ORGANIZATION] QUALITY MANAGEMENT PLAN

Purpose

[Paste your purpose statement.]

Scope

[Paste your scope statement.]

Governance and Responsibility

[Paste your governance and responsibility statement.]

Periodic Review of Services

[Paste your periodic review of services statement.]

Review of Complaints

[Paste your review of complaints statement.]

Review of Other Issues

[Paste your review of other issues statement.]

Determining and Implementing Changes

[Paste your determining and implementing changes statement.]

Documentation of Quality Management Activities

[Paste documentation of quality management activities statement.]

This quality management plan will be reviewed at least annually and updated as needed.

Plan dated:		**Next scheduled review date:**	
Version:			
Approved by:		**Date:**	

This material was prepared by Stratis Health under contract with the Minnesota Department of Health (MDH). Use of this tool is not mandated by MDH, nor does its completion ensure regulatory compliance.