

Facility _____		Observations			Results			Comments		
Medication cart					Yes No N/A					
1	Medication cart clean and organized									
2	Fluids / Food covered and dated									
3	Oral medications separated from external compounds									
4	Medication cart locked									
5	No expired or discontinued medications									
Cabinets										
6	Cabinets containing medications are locked									
7	Cabinets are orderly and uncluttered									
8	Refrigerated medications are locked									
9	Medications not stored near chemicals or contaminants									
10	Residents controlling own meds have secure lock box									
Narcotics										
11	Separate proof of use record signed and dated									
12	Scheduled II Narcotics under double lock									
Documentation										
13	Written order for medications									
14	Medications labeled by pharmacist									
15	Over-the-counter medications labeled by pharmacist									
16	Medications documented on proof of use record									
17	Order for appropriate staff to administer medications									
18	PRN medication documented properly									
19	Missed or refused medications signed appropriately									
Psychoactive medication										
20	Psychoactive medications evaluated every 3 months									
21	Staff aware of potential benefits and side effects									
22	PRN psychotropic medications reviewed monthly									
Administration										
23	Proper hand washing and infection control									
24	Medication opened and dispensed properly									
25	Correct delivery of med following 5 R's and triple check									
26	Privacy maintained									
27	Pre-administration evaluation performed- pulse, B/P etc.									
28	Liquid medications measured, shaken appropriately									
29	AC, PC, with meals medications administered properly									
30	Resident observer to ensure medication swallowed									
31	Ophthalmic medications dispensed appropriately									
32	Inhalers/Nebulizers dispensed appropriately									
33	Injections administered appropriately									
34	Transdermal patches dated / initialed									
<input type="checkbox"/> All areas of medication delivery system are in compliance <input type="checkbox"/> Areas of need identified, corrective actions have been taken, no follow up indicated <input type="checkbox"/> problem areas identified, corrective action pending, follow up indicated										
Additional comments or corrective actions										
Signature _____						Date _____				