



Facility _____					
	Observations	Results			Comments
		Yes	No	N/A	
Medication cart					
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 medications					
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	Appropriate evaluation prior to administration- pulse etc.				
28	Liquid medications measured, shaken appropriately				
29	AC, PC and with food 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					
Evaluator _____					Date ____/____/____