

Checklist #7

Functional Area: Medications

Yes = In Compliance
 No = Further Action Needed

Objective: The facility manages medications in a manner that meets the needs and assures the safety of residents.

Specific Criteria	Yes	No
<p>Policy and Procedure: IDAPA 16.03.22.157</p> <p>1. Do you have written policies and procedures for medications? {IDAPA 16.03.22.157.01}</p>		
<p>2. Do your medication policies and procedures detail the following?</p> <ul style="list-style-type: none"> a. Receiving medications b. Storage of medications c. Medication distribution system to be used d. How staff are to respond if <ul style="list-style-type: none"> i. A resident refuses a medication ii. A resident misses a medication and the reason iii. A resident medication is not available iv. Medications are missing v. A resident receives an incorrect medication e. The process for determining who can self-administer medication f. Unused medications, including: <ul style="list-style-type: none"> i. Destruction ii. Return of medications to the pharmacy g. Documentation requirements <ul style="list-style-type: none"> i. Taken ii. Refused iii. Missed iv. Not available v. For residents self-medicating {IDAPA 16.03.22.157. a-g} 		
<p>Requirements: IDAPA 16.03.22.310</p> <p>1. Do you assist with medications from blister packs or medisets? (If the resident gets medications from the Veteran’s Administration or the Railroad, you may assist with his medications from multidose pill bottles.) {IDAPA 16.03.22.310.01}</p>		
<p>2. Is the medication system filled by a pharmacist or licensed nurse and labeled according to pharmacy standards and physician or authorized provider instructions? {IDAPA 16.03.22.310.01}</p>		
<p>3. Are all medications kept in a locked box or area? {IDAPA 16.03.22.310.01}</p>		
<p>4. Are poisons, toxic chemicals, and cleaning agents stored in separate locked areas apart from medications? {IDAPA 16.03.22.310.01}</p>		

Specific Criteria	Yes	No
5. Are biologicals and other medications requiring cold storage refrigerated? (A locked, covered container in a home refrigerator is satisfactory storage.) {IDAPA 16.03.22.310.01}		
6. Does assistance with medication comply with the Board of Nursing requirements? {IDAPA 16.03.22.310.01}		
7. Is each medication given to the resident directly from the medi-set, blister pack or medication container? {IDAPA 16.03.22.310.01}		
8. Is each resident observed taking the medication? {IDAPA 16.03.22.310.01}		
9. Do you make sure unused medications don't accumulate for more than 30 days and are disposed of in a manner that assures they cannot be retrieved? (You can enter into agreement with a pharmacy to return unused, unopened medications to the pharmacy for proper disposition and credit.) {IDAPA 16.03.22.310.02}		
10. Do you have a written record of all drug disposals in the facility to include: a. A description of the drug, including the amount b. Name of resident for prescription medication c. The reason for disposal d. The method of disposal e. The date of disposal f. Signatures of responsible facility personnel and witness {IDAPA 16.03.22.310.02} and {IDAPA 16.03.22.735.03}		
11. Do you track all controlled substances entering the facility and maintain an inventory of them? {IDAPA 16.03.22.310.03}		
12. Do you attempt non-drug interventions to assist and redirect resident behaviors before requesting psychotropic or behavior modifying medications? {IDAPA 16.03.22.310.04}		
13. Are psychotropic or behavior modifying medications prescribed by a physician or authorized provider? {IDAPA 16.03.22.310.04}		
14. Do you monitor the resident to determine continued need for the psychotropic medication based on the resident's demonstrated behaviors? {IDAPA 16.03.22.310.04}		
15. Do you monitor the resident for any side effects that could impact the resident's health and safety? {IDAPA 16.03.22.310.04}		
16. Is the use of psychotropic or behavior modifying medications reviewed by the physician or authorized provider at least every 6 months? {IDAPA 16.03.22.310.04}		
17. Do you provide behavior updates to the physician or authorized provider to help facilitate an informed decision on the continuing use of the psychotropic or behavior modifying medication? {IDAPA 16.03.22.310.04}		
Record Keeping or Documentation: IDAPA 16.03.22.711		
1. Do you have a current lists of medications, diets, and treatments prescribed for residents that are signed and dated by the physician or authorized provider? {IDAPA 16.03.22.711.09}		
2. Do you have documentation, signed and dated by the physician or authorized provider, of the 6 month review, for possible dose reduction, of residents' psychotropic or behavioral modifying medications? {IDAPA 16.03.22.711.10}		

Specific Criteria	Yes	No
3. Do you have documentation of medications refused by residents, not given to residents or not taken by residents with the reason for the omission? {IDAPA 16.03.22.711.11}		
4. Do you have documentation of all PRN medications taken, with the reason for taking the medication? {IDAPA 16.03.22.711.12}		
Record Keeping or Documentation: IDAPA 16.03.22.735		
1. Do you document daily monitoring of the temperature of refrigerators in which biologicals are stored to be sure they are between 38 and 45 degrees F. and do you maintain these records for at least 12 months? {IDAPA 16.03.22.735.01}		
2. If you return medications to the pharmacy, do you have a copy of the written agreement with the pharmacy to return unused, unopened medications to the pharmacy? {IDAPA 16.03.22.735.02}		
3. Do you maintain documentation of the medication disposal? (Refer to #10 above in Requirements for specifics.) {IDAPA 16.03.22.735.03}		
4. Do you have a written record of tracking all controlled substances that enter the facility? {IDAPA 16.03.22.735.04}		

The check lists can be used as a quality improvement tool and are offered as a helpful guide. They do not take the place of the rule requirements. It is highly recommended that the check lists be used in conjunction with the rules themselves.