

Medication Management Quality Assurance Checklist

This checklist has been developed as a tool to evaluate and monitor areas pertaining to medication administration and pharmaceutical services in adult care homes. Licensure regulations for adult care homes have been referenced for the items that are specifically rule based. Items on the checklist that are recommendations that may prevent problems from developing do not have a licensure regulation referenced.

I. <u>MEDICATION POLICIES AND PROCEDURES</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. The facility has an updated Medication Policy and Procedure Manual that is in accordance with all applicable state and federal regulations. 13F / 13G .1001			
2. Staff have been in serviced or are knowledgeable of the facility's policies and procedures for medication administration and medication management. A current copy is available to staff. 13F / 13G .1001			
3. Staff follow the facility's policies and procedures for medication administration. 13F / 13G .1001 & .1004			
4. The facility follows policies and procedures regarding outside agencies, e.g. labs and home health visits, including documentation of those services. The outside agencies have received a copy of the facility's policies and procedures regarding these services. 13F / 13G .1001			
5. Written policies and procedures established in consultation with a licensed health professional, i.e., pharmacist, physician, or registered nurse. 13F / 13G .1001 and 13F/13G .1211			
II. <u>MEDICATION ORDERS</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Signed copies of medication orders are in the resident's record in an orderly manner and reconcile with or match the medication orders on the medication administration records. (Medication orders should be transcribed onto the medication administration record at the time the order is received. Clarification of orders is obtained, when necessary.) 13F / 13G .1002(a)(b)			
2. Medication orders are properly written. Orders include medication name, strength, and dosage to be administered, route of administration, specific directions of use including frequency, and if ordered on a "prn" basis, the reason for use or parameters for administration should be indicated. 13F / 13G .1002(c)			
3. Copies of physician orders are sent to the pharmacy.			
4. Records are properly kept for ordering medications from the pharmacy.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
5. All medications are received by authorized staff. Pharmacy provides delivery sheets with each delivery of medications.			
6. If telephone orders are permitted per facility policy, they are initialed by staff and signed by the prescribing physician within 15 days from the date of the order. A copy of telephone orders is retained in the record, until the signed order is returned. 13F / 13G .1002(d)			
7. Orders for medications and treatments, including standing orders, are renewed by the prescribing practitioner at least every six months. (A statement, i.e., May use standing orders, that indicates renewal of the standing orders is sufficient.) 13F / 13G .1002(e)(f)			
8. Standing orders have limited doses or time for administration. The physician is notified if these medications or treatments are needed beyond the dose or time limit on the order.			
9. Medications on the standing orders are available <u>in the facility</u> for administration, i.e., house stock. 13F / 13G .1004(a)			
10. Orders for ‘prn’ psychotropic medications are complete and include the required information. 13F / 13G .1002(g)			
11. Staff have received training and in-services about the desired and undesired effects of psychotropic medications. Documentation is on file in the facility. 13F / 13G .1002(h)			
12. Medication orders, including admission orders and computerized physician’s order sheets, are reviewed for accuracy according to the facility’s policies and procedures.			
III. <u>MEDICATION LABELS</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Medication labels for prescription medications are legible and properly prepared with: a. Resident’s name b. Date of issuance c. Prescriber’s name d. Medication name and concentration, quantity dispensed, and prescription number e. Directions for use clearly stated f. Generic equivalency statement if brand other than brand prescribed is dispensed g. Expiration date h. Auxiliary statements as required of the medication, i.e., “Shake Well”, “External Use Only”, “Keep in Refrigerator”, etc. i. Name, address, and telephone number of dispensing pharmacy j. Pharmacist’s name or initials 13F / 13G .1003(a)			
2. The procedure for updating medication labels when label is illegible or when directions change is followed. Labeling of container for change in directions is done at time of next refill 13F / 13G .1003(c)			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
3. Loose or replacement medication labels are not sent to the facility for staff to label or relabel containers. Medication labels are only altered by a pharmacist or dispensing practitioner. 13F / 13G .1003(a)(c)			
4. Non-prescription or over-the-counter medications are labeled in accordance with the facility's policies and procedures. (The manufacturer's label and expiration date are clearly visible with at least the resident's name on the container OR labeled as indicated in (1.) above.) 13F / 13G .1003(d)			
5. Medications are stored in the original containers. (There is no transfer of medication from one container to another, i.e., repackaging, including house stock and pouring medication back into a container once it has been poured and prepared for administration.) 13F / 13G .1003(e)			
IV. <u>MEDICATION ADMINISTRATION</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Medications are administered as ordered. 13F / 13G .1004(a)			
2. The facility has a written policy and procedure regarding insulin administration. The policy and procedure addresses abnormal blood glucose readings, when to hold insulin, notification of physician, administration times, disposal of syringes, etc. Staff follow this policy. 13F / 13G .1001 & 13F / 13G .0505 & 13F/13G .1211			
3. Medications are crushed in accordance with the facility's policies and procedures. 13F / 13G .1004(a), (e)			
4. An up-to-date "Do Not Crush" list is available for staff.			
5. Medication administration times have been established and medications are scheduled appropriately. 13F / 13G .1001 & 13F / 13G .1004(g)			
6. Blood pressures, weights, pulses, blood sugars and other orders for monitoring certain medications are obtained in accordance with the facility's policies and procedures or as ordered by the prescribing practitioner. 13F / 13G .0902(c) (3-4) & 13F / 13G .1004(a)			
7. Known allergies are documented in the residents' records and on the MARs. Pharmacy is notified of any known drug allergies.			
8. If applicable, medications are pre-poured appropriately: <ul style="list-style-type: none"> ▪ Only oral solid medications are prepared for administration within 24 hours of the prescribed time of administration. ▪ Medications ordered 'prn' are not prepared in advance. ▪ Liquid medications and medications for injection are prepared immediately before administration to the resident. ▪ Medications are not crushed until immediately before they are administered to the resident. ▪ Pre-poured medications are maintained in environments ensuring 			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
<p>protection from contamination and spillage.</p> <ul style="list-style-type: none"> ▪ Pre-poured medications are labeled appropriately in order to keep the drugs identified up to the point of administration. <p>13F / 13G .1004(c)(d)(e)(f)</p>			
<p>9. Actual administration of medications is accomplished within 1 hour before or 1 hour after the prescribed or scheduled time.</p> <p>13F / 13G .1004(g)</p>			
<p>10. Staff uses medication administration records when preparing and administering medications and checks medication labels against medication administration records.</p>			
<p>11. Recording of the administration of medications is promptly following the act of administration by the staff who administers the medications. (No pre-charting of doses before administration or charting doses of multiple residents after administration.)</p> <p>13F / 13G .1004(i)</p>			
<p>12. Recording of the administration of “prn” medications is immediately following the administration of these medications.</p> <p>13F / 13G .1004(i)</p>			
<p>13. Staff that administers the medication observe the resident actually taking the medication.</p> <p>13F / 13G .1004(i)</p>			
<p>14. Each dose of medication administered is recorded on the resident’s medication administration record with the following:</p> <ol style="list-style-type: none"> a. Resident’s name b. Name of medication or treatment order c. Strength and dosage or quantity of medication administered d. Instructions for administration e. Reason for administration of “prn” medications and the resulting effect f. Date and time of administration g. Documentation of omissions and reason, including refusals h. Name of person administering the medication or treatment (If initials used, an equivalent signature is documented on or with the medication administration record.) <p>13F / 13G .1004(j)</p>			
<p>15. MAR times are posted and kept in designated area.</p>			
<p>16. The facility’s policies and procedures for refusals and unavailability of medications are followed.</p> <p>13F / 13G .1001</p>			
<p>17. The facility’s policies and procedures regarding “prn” medications being frequently or routinely administered are followed.</p> <p>13F / 13G .1001</p>			
<p>18. Injection sites and transdermal sites, i.e., insulin & nitroglycerin, are documented and rotated per policy or as ordered by physician.</p> <p>13F / 13G .1001 & 13F / 13G .1004(a)</p>			
<p>19. There is a system in place to identify residents prior to the administration of medications.</p> <p>13F / 13G .1004(k)</p>			
<p>20. Procedures for monitoring, reporting, and recording of medication errors are established and followed.</p> <p>13F / 13G .1004(l)</p>			
<p>21. Adequate supplies, i.e., medicine cups, devices to crush medications, syringes, and graduated medicine cups to measure medications, are available and used by staff to accurately and safely administer medications.</p>			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .1004(m)			
22. Staff implement infection control measures in accordance with the facility's policies and procedures. 13F / 13G .1004(n)			
23. Syringes and needles used for medication administration are appropriately handled and disposed of according to the facility's policies and procedures. 13F / 13G .1004(n)			
24. There is no evidence of borrowing medications from one resident and administering them to another, except in emergency situations. 13F / 13G .1004(o)			
25. Unlicensed staff has met requirements for administration of subcutaneous injections, with the exception of anti-coagulants (e.g. Heparin, Lovenox, Arixtra) 13F / 13G .1004(q) & 13F / 13G .0504 & .0505			
V. <u>SELF-ADMINISTRATION OF MEDICATIONS</u>	YES	NO	<u>COMMENTS</u>
1. Self-administration of medications is specifically authorized by the prescribing practitioner. 13F / 13G .1005(a)			
2. Specific instructions for administration of prescription medications are printed on the medication label and are accurate. 13F / 13G .1005(a)			
3. Resident is capable of self-administration of medications and uses the medications as prescribed. 13F / 13G .1005(a)			
4. The facility's policies and procedures for monitoring self-administration of medications to ensure the resident's continued ability to self-administer and comply with the physician's order is followed. 13F / 13G .1005(b)			
VI. <u>MEDICATION STORAGE</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Self-administered medications are stored in a safe and secure manner in the resident's room according to the facility's policies and procedures. 13F / 13G .1006(a)			
2. Medications are stored and maintained in a secure and safe manner to protect against contamination, spillage, mis-identity, and pilferage. 13F / 13G .1006(b)			
3. Medications are stored in a safe, locked area, i.e., medication cart or cabinet, except when under the direct supervision of appropriate staff. 13F / 13G .1006(b)			
4. Medication administration areas are well-lighted and well-ventilated. 13F / 13G .1006(c)			
5. The medication storage area is clean and uncluttered. 13F / 13G .1006(c)			
6. Medications are not stored in bathrooms, utility room(s) or			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
kitchen. 13F / 13G .1006(c)			
7. Medications are stored in an orderly manner, i.e., residents' medications are not intermingled. 13F / 13G .1006(c)			
8. The keys or combinations to locks for the medication area are under the control of authorized staff. 13F / 13G .1006(d)			
9. Medications for external use are stored separately from medications for internal use. (Ophthalmics, otics and transdermal medications, i.e., Nitro-Dur, may be stored with internal medications.) 13F / 13G .1006(e)			
10. Cleaning agents, germicides, disinfectants, and other substances that are considered poisons or hazardous are stored separately from medications. 13F / 13G .1006(e)			
11. Non-medication items are not stored with medications in the medication area.			
12. Temperature for the refrigerator is appropriate, between 36 ° F and 46 ° F (2 ° C and 8 ° C). 13F / 13G .1006(f)			
13. Medications requiring refrigeration are stored in the refrigerator. (Medications with "Keep in Refrigerator" label.) 3F / 13G .1006(f)			
14. Medications not requiring refrigeration are stored at room temperature (59°F to 86°F), according to policy, or according to the manufacturer.			
15. Medications stored in a refrigerator containing non-medication items, i.e., food, are stored in a separate container. The container is locked or the refrigerator is locked or located in a locked medication area. 13F / 13G .1006(g)			
16. The facility does not have a stock of prescription medications for general or common use. An emergency kit with prescription drugs is not present or used. There is no evidence of hoarding medications. 13F / 13G .1006(h)			
17. The first aid kit or supplies are stored in an area known to staff. The supplies are immediately available and stored separately in a secure and orderly manner, out of sight of residents and visitors. 13F / 13G .1006(i)			
VII. <u>MEDICATION DISPOSITION</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Only medications that have been ordered by the physician are sent with the resident, family or responsible party at discharge or leave of absence. 13F / 13G .1007(a)			
2. Any discontinued and expired medications are properly identified and stored separately from actively used medications until returned or disposed of.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .1007(b)			
3. Discontinued or expired medications are returned or disposed of within 90 days in accordance with the facility's policies and procedures.			
13F / 13G .1007(c)			
4. Medication destruction by the pharmacy or dispensing practitioner is properly documented, with corresponding records maintained by the administrator.			
13F / 13G .1007(e)			
5. A dose of any medication, including a controlled substance, that is accidentally contaminated is not administered and is disposed of according to the facility's policies and procedures.			
13F / 13G .1007(f)			
<u>VIII. CONTROLLED SUBSTANCES</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Documentation for the receipt, administration, and disposition of controlled substances is in accordance with the facility's policies and procedures. Records are readily retrievable.			
13F / 13G .1008(a)			
2. The controlled substance log accurately reflects the amounts of controlled substances on hand in the facility.			
13F / 13G .1008(a)			
3. Schedule II medications that are stored together are double locked.			
13F / 13G .1008(b)			
4. Discontinued or expired controlled substances are returned or disposed of within 90 days according to the facility's policies and procedures. A record of the returns or destruction is kept on file in the facility for three (3) years.			
13F / 13G .1008(c)(d)(e)			
5. The facility reports known drug diversion to the pharmacy, local law enforcement, and Health Care Personnel Registry (HCPR), as required.			
13F / 13G .1008(h)			
<u>IX. PHARMACEUTICAL CARE</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. There is documentation of each resident's record or drug regimen being reviewed by a licensed pharmacist or prescribing practitioner at least quarterly. If a family care home, resident's record, or drug regimen being reviewed by a licensed pharmacist, prescribing practitioner, or registered nurse at least quarterly.			
13F / 13G .1009(a)			
2. The review is done on-site at the facility. Medication passes or reviews of procedures are conducted.			
13F / 13G .1009(a)			
3. Reviewer has submitted reports of any problems, concerns, or recommendations, if any, to the administrator. Areas addressed include medication administration, drug storage, labeling, interactions, side effects or necessary monitoring, documentation, compliance with facility's policies and procedures, etc.			
13F / 13G .1009(a)			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
4. There is documentation of the results or corrective action relative to the problems or concerns identified in the reports. There is evidence of the appropriate health professional being informed of information in the report when necessary. 13F / 13G .1009(b)(c)			
5. In-services provided according to facility's policies and procedures or facility's needs. 13F / 13G .1009(a)			
X. <u>PHARMACEUTICAL SERVICES</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. For facilities with 12 or more beds, there is a current written agreement with the pharmacy provider for dispensing services. 13F / 13G .1010(f)			
2. A schedule of pharmacy operating hours and ordering times is posted for staff.			
3. The delivery schedule for medications is met. <i>(There is no evidence of medications being unavailable for administration.)</i>			
4. The facility has a current, written agreement for the provision of pharmaceutical care services, which includes a statement of the responsibility of each party. 13F / 13G .1010(b)			
5. The emergency services meet the needs of the facility. There is an agreement between the facility and a pharmacy for emergency services. 13F / 13G .1010(c)			
6. The 24-hour emergency telephone number of the pharmacist is posted for staff.			
7. The facility has written policies and procedures for the temporary leave of absence of a resident. 13F / 13G .1010(d)			
8. The amount of a resident's medication provided is sufficient and necessary to cover the duration of the pack (i.e., current dose pack, card, or container has enough medication for the planned absence of the resident). 13F / 13G .1010(d)			
9. Written and verbal instructions for each medication is provided to the resident or the person accompanying the resident upon release. 13F / 13G .1010(d)			
10. The medication released is provided in a capped or closed container and labeled with the name of the resident, and the name and strength of the medication. 13F / 13G .1010(d)			
11. The facility maintains documentation in the resident's record of the quantity released and returned. 13F / 13G .1010(d)			
XI. <u>QUALIFICATIONS OF MEDICATION STAFF</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Properly trained staff are designated to administer or prepare medications. There is documentation of successful completion of the medication clinical skills validation checklist prior to administering medications and passing the written exam within 60 days of hire for each medication aide or supervisor.			

	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
13F / 13G .0403, .0503 & 13F / 13G .1004(b), G.S. 131D-4.5B			
2. Medication aides have completed the state approved 5 and 10 hour or 15-hour training course(s) as required or have employment verification as medication aide on file in facility.			
13F / 13G .0403(a), G.S. 131D-4.5B			
3. Medication aides and supervisors have completed the state approved infection control course annually.			
G.S. 131D-4.5 (B) (C)			
4. Medication aides have completed appropriate hours of continuing education related to medication administration annually.			
13F / 13G .0403(b)			
5. Medication staff who perform other personal care tasks have documentation of meeting personal care aide training and competency.			
13F / 13G .0501			
6. RN validation for tasks related to Licensed Health Professional Support has been completed.			
13F / 13G .0504			
7. Qualified medication staff also meets the requirements of the facility's policies, i.e. CNA, SIC, etc. including policies on infection control.			
13F/G .1211, 13F.1801 and 13G.1701			
XII. <u>OTHER AREAS RELATED TO MEDICATION ADMINISTRATION</u>	<u>YES</u>	<u>NO</u>	<u>COMMENTS</u>
1. Medication references and resources are available for staff.			
2. Staff responsible for medication administration are familiar with the reference and resource and utilize for information regarding side effects, contraindications, etc.			
3. A metric-apothecary conversion chart and medical abbreviation information is posted or readily available for staff.			
4. Random samples are reviewed for the following: a. Monitoring medication administration records (MARs) b. Monitoring / observing medication administration c. Monitoring controlled substance accountability d. Monitoring medication storage e. Monitoring qualifications of medication staff f. Monitoring medication reviews and follow-up			