

MEDICATION STORAGE INSPECTION WORKSHEET

Date	Time	Storage Areas Reviewed
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Person Conducting Review: _____

MEDICATION STORAGE AREA

	YES	NO	COMMENTS
Required information is posted in medication storage room or in residents' MAR	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage areas are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only authorized personnel have possession of medication storage keys	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication storage area is well-lit and room temperature is proper (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Syringes and needles are disposed of properly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

REFRIGERATOR

	YES	NO	COMMENTS
Refrigerator is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are separated from non-medication items	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued and expired medications are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICATION CART

	YES	NO	COMMENTS
Medication carts are in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication carts are secure when not under direct supervision of staff	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in possession of authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medication packages are properly labeled with residents' names	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESIDENTS' ROOMS

	YES	NO	COMMENTS
Storage areas are locked at all times	<input type="checkbox"/>	<input type="checkbox"/>	_____
The medication storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oral medications are kept separate from externally used medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
Room Temperature medications are kept at temperatures ranging (59°-86°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring refrigeration are stored securely in the resident's refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerator temperature is within proper range (36°-46°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications requiring storage "in a cool place" are refrigerated unless otherwise directed on the label	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEDICATION STORAGE INSPECTION WORKSHEET

MEDICATIONS

	YES	NO	COMMENTS
Medications are not transferred from one container to another except by the pharmacy or family/responsible party	<input type="checkbox"/>	<input type="checkbox"/>	_____
No unapproved or unauthorized medications are present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued or expired medications are not present	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medications are properly labeled, including expiration date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriate auxiliary labels are affixed to medication containers	<input type="checkbox"/>	<input type="checkbox"/>	_____
External and internal medications are stored separately	<input type="checkbox"/>	<input type="checkbox"/>	_____
Items for external use are clearly labeled	<input type="checkbox"/>	<input type="checkbox"/>	_____
Potentially harmful substances (reagents, household poisons, cleaning supplies) are clearly identified and stored separately from medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no deteriorated or contaminated medications	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no medication containers that are cracked, soiled, or without secure closures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Discontinued medications are disposed of according to facility policy / state regulations	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposal of medications is documented and maintained according to facility policy	<input type="checkbox"/>	<input type="checkbox"/>	_____

HOUSE STOCK MEDICATIONS

	YES	NO	COMMENTS
The house stock storage area is clean and free of clutter	<input type="checkbox"/>	<input type="checkbox"/>	_____
Only approved items available as "House Stock"	<input type="checkbox"/>	<input type="checkbox"/>	_____
Expiration dates are current and excessive quantities ("mini-pharmacy") avoided	<input type="checkbox"/>	<input type="checkbox"/>	_____
All items properly labeled as "House Stock"	<input type="checkbox"/>	<input type="checkbox"/>	_____

CONTROLLED SUBSTANCES

	YES	NO	COMMENTS
Drawer(s) / Box(es) are properly locked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Keys are in the possession of authorized personnel	<input type="checkbox"/>	<input type="checkbox"/>	_____
All discontinued controlled drugs have been returned to the pharmacy or destroyed according to the facility's policy and regulation	<input type="checkbox"/>	<input type="checkbox"/>	_____
The controlled substance record reconciles accurately with actual inventory	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is an accurate record of receipt and disposition of drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____

Notes: _____
