DSHS
WASHINGTON STATE Department of Social and Health Services

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Assisted Living Facility Medication Observation Worksheet

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

ENTRANCE DATE	LICENSOR NAME

Inspection Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

Facility Staff Name: Date Time: ☐ AM ☐ PM

If issues are identified surrounding specific medication topic(s) during the inspection, licensors may use this **optional** form with **sample** cues for observation, interview, and record review focusing on the identified concern(s). If a formal medication pass is needed, document on Attachment Q.

WAC	Subject
388-78A-2210	Medication Services
• Observe: Medication cart • Ask: Tell me about how the facility renews and processes medication orders. Tell me about the process for updating the MAR when there is a new medication or updated dose. • Review: MAR	
388-78A-2220	Prescribed Medication Authorization
• Observe: Medication preparation, medication distribution • Ask: Tell me about the process for obtaining a resident requested medication or supplement. • Review: Medication orders, MAR	
388-78A-2230 / 388-78A-2660	Medication Refusal / Resident Rights
• Observe: Knocking on the door when delivering medications to resident rooms, staff to resident interactions • Ask: What do you do if someone doesn't want their medications? • Review: Records of sample residents for medication refusal	
388-78A-2240	Non-Availability of Medications
• Ask: Tell me about the process of obtaining medications when there is a new order. What happens if the medications do not show up? • Review: Medication orders, MAR	
388-78A-2250	Alteration of Medications
• Observe: Medication alterations (such as crushing) • Ask: How do you know when a medication needs to be crushed or altered? • Review: Medication orders	

DSHS WASHINGTON STATE Department of Social and Health Services

HOME AND COMMUNITY LIVING ADMINISTRATION (HCLA)

Assisted Living Facility Medication Observation Worksheet

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER

ENTRANCE DATE	LICENSOR NAME

388-78A-2260	Storing, Securing, and Accounting for Medications
• Observe: Narcotics storage, spot check the med cart by pulling the drawer to ensure it is locked, look for any unsecured pills • Ask: Tell me about the facility process for securing and tracking narcotic medications? What would you do if you arrived on shift and there were narcotics missing? How do you store refrigerated medications? • Review: Narcotics book for any missing signatures	
388-78A-2270	Resident Controlled Medications
• Ask: Tell me about the facility process to assess if residents are able to handle their own medications. • Ask relevant residents: How are your medications stored and secured? • Review: Resident Characteristics Roster	
388-78A-2280	Medication Organizers
• Observe: Medication cart, proper labels • Ask: Who fills the medication organizer (medi-set)?	
388-78A-2290	Family Assistance with Medications
• Ask: What is your facility policy on family assistance with medications? What is the facility's process if the family member cannot provide the medication? • Review: For relevant residents, ensure there is an assessment (2100) and care plan (2130, 2140, 2290)	
388-78A-2320	Intermittent Nursing Services Systems
• Review: Nurse delegation procedure, staff training records • Ask: Do you use nurse delegation? How do you know which residents you are delegated for?	
388-78A-2610	Infection Control
• Observe: Handwashing or sanitizer use, or proper glove use between residents while delivering medications.	

Notes