

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) Assisted Living Facility Medication Observation Worksheet

LICENSE NUMBER			
INSPECTION DATE LICENSOR NAME			
Inspection Type: Initial Full Follow up Monitoring Complaint: Number			
Date Time:			
This form is optional and includes sample cues for observation, interview, and record review.			
Subject			
Medication Services			
Prescribed Medication Authorization			
Medication Refusal			
Non-Availability of Medications			
Alteration of Medications			
Storing, Securing, and Accounting for Medications			



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ASSISTED LIVING FACILITY NAME		LICENSE NUMBER	
INSPECTION DATE	LICENSOR NAME		
388-78A-2270		Resident Controlle	ed Medications
 Ask: Which residents control their own (Compare answer to Resident Charact ensure it is up to date.) How do you as ability to manage their own medication. Ask relevant residents: How are your and locked? Review: Resident Characteristics Ros 	eristics Roster to ssess residents' s? medications stored		
388-78A-2280		Medication Organ	izers
Observe: Medication cart			
388-78A-2290		Family Assistance	e with Medications
 Ask: What is your facility policy on fam medications? What happens if a family longer wants to be involved? Review: For relevant residents, ensure assessment (2100) and care plan (213 	member no ethere is an		
388-78A-2320		Intermittent Nursin	ng Services Systems
 Review: Nurse delegation procedure Ask: Do you use nurse delegation? A with nursing care needs? How do you 			
388-78A-2610		Infection Control	
Observe: Handwashing or sanitizer us use between residents while delivering			
388-78A-2660		Resident Rights	
 Observe: Knocking on the door when medications to resident rooms, staff to interactions. Ask: Do residents have the right to ref 	resident		
Notes			