|  | Attachment Q  AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)  **Enhanced Services Facility Medication  Observation Worksheet** | | | |
| --- | --- | --- | --- | --- |
| ENHANCED SERVICES FACILITY NAME | | | | LICENSE NUMBER |
| ENTRANCE DATE | | LICENSOR NAME | | |
| Inspection Type:  Full  Follow up  Complaint: Number | | | | |
| Date  Time:   AM  PM | | | | |
| This form is **optional** and includes **sample** cues for observation, interview, and record review. | | | | |
| **WAC** | | | **Subject** | |
| 388-107-0320 and 388-107-0330 | | | Medication Services | |
| * Observe: Medication cart * Ask: What pharmacy is used? Do they do monthly cycle fill? Do you renew and process orders or does the nurse? What information is on the MAR? How is the MAR laid out? * Review: MAR | | |  | |
| 388-107-0340 | | | Prescribed Medication Authorization | |
| * Observe: Medication bottle or bingo cards * Ask: If someone didn’t have an order for Tylenol but had a bad headache, what would you do? | | |  | |
| 388-107-0350 and 388-107-0360 | | | Medication Refusal | |
| * Ask: What do you do if someone doesn’t want their medications? When would you notify the physician of a refusal? * Review: Records of sample residents for medication refusal. | | |  | |
| 388-107-0330 | | | Non-Availability of Medications | |
| * Ask: What is your process for new medications or residents returning from the hospital? * What happens if medications do not arrive timely? | | |  | |
| 388-107-0320 | | | Alteration of Medications | |
| * Observe: Medication alterations (such as crushing) * Ask: Tell me more about how you are altering the medications. How does the resident know they are receiving medication in an altered form? * Review: Pharmacist orders approving altered form. | | |  | |
| 388-107-0334 | | | Medication Organizers | |
| * Observe: Medication cart, proper labels * Ask: Who fills the medication organizer? | | |  | |
| 388-107-0332 | | | 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: How do you account for narcotics? What would you do if you arrived on shift and there were narcotics missing? How do you store refrigerated medications? What is your medication disposal procedure? * Review: Narcotics book for any missing signatures. | | |  | |
| 388-107-0334 | | | Resident Controlled Medications | |
| * Ask: What is your facility policy on residents controlling their own medications? (Compare answer to Resident Characteristics Roster to ensure it is up to date.) How do you assess residents’ ability to manage their own medications? * Ask relevant residents: How are your medications stored and locked? * Review: Resident Characteristics Roster | | |  | |
| 388-107-0240 | | | Nursing Services | |
| * Review: Nurse staffing schedules, RN on-call procedures * Ask: What do you do if you need to consult with an RN and they are not on duty? | | |  | |
| 388-107-0440 | | | Infection Control | |
| * Observe: Handwashing or sanitizer use, or proper glove use between residents while delivering medications. | | |  | |
| 388-107-0190 | | | Resident Rights | |
| * Observe: Knocking on the door when delivering medications to resident rooms, staff to resident interactions. * Ask: Do residents have the right to refuse medications? | | |  | |
| **Notes** | | | | |
|  | | | | |