

Assisted Living Facility Assessment Questionnaire

Requirements

- 703.1.1** - Does the facility have a written policy and procedure to ensure the residents receives medications as ordered?
Y/N - ***If No See Exit Report***
- 703.1.1** - Has an in-service been provided on the facility medication policy and procedure in the last 12 months?
Y/N
- 3.1.2.1,a,1** - Does the facility ensure the medication error rate is no greater than 5% and without significant errors?
Y/N
- 3.1.2.1,b** - Are medication manufacturer's specifications being followed during the preparation and administration of medications?
Y/N
- 703.1.3** - Does the facility document in the residents records whether the resident of the facility is responsible for medication storage?
Y/N
- 703.1.4** - Does the facility document in the residents record whether the resident will self-administer medications or the facility will administer?
Y/N
- 703.2.1** - Are medications stored by the facility in a locked area or locked medication cart with the residents name?
Y/N
- 703.2.2,a** - If the resident keeps medication in their unit, is there an assessment to determine residents understanding of the medication requirements?
Y/N
- 703.2.2,b** - Does the assessment include the date, person performing the assessment, and information obtained indicating the residents ability?
Y/N
- 703.2.2,d** - If there has been a change in the residents condition, has an additional assessment made to determine the residents ability to medicate?
Y/N
- 703.2.3** - Are medications requiring refrigeration kept in clean, dry, controlled temperature area below food level?
Y/N
- 703.2.6** - Are all medications in control of the facility properly labeled with expiration date?
Y/N
- 703.2.7** - Is there any indication of re-packaging within the facility?
Y/N
- 703.2.8** - Are discontinued Control Medications returned to the State for disposal as required?
Y/N
- 703.2.10** - Are outdated or expired medications removed from use?
Y/N
- 703.2.11** - Are all controlled drugs stored by the facility locked, permanently affixed within a locked room or in a cart with that room when not in use?
Y/N
- 703.2.12** - Are drugs destroyed performed by a nurse and employee kept in a bound ledger in ink with consecutively numbered pages?
Y/N
- 703.3.1** - If the facility stores the residents medication, are those medications listed completely. (MAR) ?
Y/N
- 703.3.2** - Does the facility properly document a residents refusal to take a medication when the facility is administering their medications?
Y/N
- 703.3.3** - Does the facility properly document when a "PRN" is administered when the facility is administering their medications?
Y/N
- 703.3.4** - Does the facility maintain a bound, numbered, ledger in ink of controlled drugs procured or administered?
Y/N
- 703.3.6** - Is there a weekly count of the facility stored controlled medications?
Y/N
- 703.3.7** - Medications administered by the facility must be recorded no less than once per shift?
Y/N
- 703.4.1** - At least quarterly does the consultant pharmacist provide any finding from above and each residents' chart review?
Y/N