



Orange County Mental Health & Recovery Services Annual Review Checklist-Medication Room

Clinic: [Click here to enter text.](#)

Review Date: [Click here to enter a date.](#)

Medical Director or Designee Signature (No POC): _____

REQUIREMENTS REVIEWED	YES	NO	If no, please include Plan Of Correction (POC)
Door to medication room locked.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medication cabinet(s) locked. Medication refrigerator is locked.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medication logs are locked in cabinets in medication room.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medication room and cabinet(s) are clean and organized.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medications obtained by prescription are labeled in compliance with federal and state laws? Including but not limited to: Name of beneficiary, Name of Prescriber, Name of medication, Dosage/strength, Route of administration, Frequency, Quantity of contents, Indications and usage, Date of expiration.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are all medications (prescriptions, samples) entering the medication room logged in?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Does the incoming (receipt) medication log include the following information: Medication name, Strength and quantity, Name of the Patient, Date ordered, Date received, Name of issuing pharmacy, type of medication and staff initials?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are medications stored at proper temperatures? Room temperature 59-86° Refrigerator temperature 36-46°. Temperature logs maintained at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Medications only stored in refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are medications intended for external-use-only stored separately from oral and injectable medications? Are medications separated by program and clearly labeled.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are medications stored in a locked area with access limited to medical personnel? Are keys to the medication room and medication cabinets secured?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are medications secured when transported?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Does the medication dispensing log include (all medications dispensed must be logged regardless of their source): date and time medication was administered, source of the medication, lot and/or vial number, name of patient receiving medication, dosage of medication given, route of administration, signature of authorized staff administering medication.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.



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Are controlled substances stored in the medication room?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are medications disposed of after the expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Is the medication log maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
When medication has reached its expiration date, the disposal of the medication must be logged. The log should include the following information: Name of patient, Medication name and strength, Prescription number, Amount destroyed, Date of destruction, Name and signatures of witnesses. Are logs retained for at least three years?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.
Are disposed/expired medication inside a secured disposal bin? Are biohazardous material(s) inside a secured disposal bin? Are bins locked and secured or in a secured area?	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter text.

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Date of POC's approved: _____
POC's must be completed within 2 weeks of site visit

Medical Director/Designee approval signature: _____

The completed Annual Review Checklist-Medication Room must be submitted to AQIS within 30 days of completion date.