



**Orange County Behavioral Health Services
Annual Review Checklist-Medication Room**

HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
COUNTY OF ORANGE, CALIFORNIA

Medical Director or Designee Signature (No POC): _____ Review Date: _____

| REQUIREMENTS REVIEWED | YES | NO | If no, please include Plan Of Correction (POC) |
|---|-----|----|--|
| Door to medication room locked. | | | |
| Medication cabinet(s) locked. Medication refrigerator is locked. | | | |
| Medication logs are locked in cabinets in medication room. | | | |
| Medication room and cabinet(s) are clean and organized. | | | |
| 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. | | | |
| Are all medications (prescriptions, samples) entering the medication room logged in? | | | |
| 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? | | | |
| Are medications stored at proper temperatures? Room temperature 59-86° Refrigerator temperature 36-46°. Temperature logs maintained at least weekly. | | | |
| Medications only stored in refrigerator. | | | |
| Are medications intended for external-use-only stored separately from oral and injectable medications? Are medications separated by program and clearly labeled. | | | |
| Are medications stored in a locked area with access limited to medical personnel? Are keys to the medication room and medication cabinets secured? | | | |
| Are medications secured when transported? | | | |
| 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. | | | |



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| Are controlled substances stored in the medication room? | | | |
| Are medications disposed of after the expiration date? | | | |
| 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? | | | |
| 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? | | | |
| 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? | | | |

Clinic: _____

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 Quality Management Services (QMS) within 30 days of completion date.