

Medication Storage

Facility Name: _____ Facility ID: _____

Surveyor Name: _____

Surveyors, other than the one assigned coordination of the Medication Storage task, who are reviewing medication storage areas, need only answer the CE question if there are "No" responses to observations.

Medication Storage and Labeling

- ☐ Medications and biologicals in medication rooms, carts, boxes, and refrigerators were maintained within:
 - Secured (locked) locations, accessible only to designated staff;
 - Clean and sanitary conditions; and
 - Proper temperatures in accordance with manufacturer specifications.
- ☐ Schedule II controlled medications (excluding single-unit packaging in minimal quantities that can readily be detected if missing) were maintained within a separately locked permanently affixed compartment.
- ☐ Sufficiently detailed records of receipt and disposition of controlled medications were maintained to enable an accurate reconciliation.
- ☐ All medication records were in order and an account of all controlled medications was maintained and periodically reconciled.
- ☐ Were medications and biologicals labeled in accordance with currently accepted professional principles, and include:
 - Appropriate accessory and cautionary instructions, and
 - Expiration date, when applicable.

Unit or area where the medication storage task was conducted: _____

1. Are all medications and biologicals stored and labeled properly (medication rooms, carts, boxes, refrigerators)? ☐ Yes ☐ No **F431**

Notes