

# Adult Foster Home Medication Monitoring

Customer:	Customer#:	Home:
License# License capacity: Current # of residents:	Name of Home staff present:	Time of review:
Review date:	Records available: <b>Y</b> <b>N</b>	Type of home:

## Medication Checklist

Month of record:	Customers name on record:	Pharmacy name on record:
Customers case number on record:	DOB on the record:	Allergies listed on the MAR and are highlighted or in red:
Label contains: Customers Name: Name of medication: The dosage: Label instructions for use: Expiration date: Is legible: Pharmacy name? Physician name?	Electronic or Paper MAR? MAR contains: Scripts match medications: Initials of person administering the medications: Legible signature of person administering:  Verify Summit Pointe medications <b>Y N</b> Concerns:	Evidence medications are being dispensed as prescribed: The right time The right medication The right dose The right person The right route
Medications are kept separate from other consumers:	Medications are kept locked:	Controlled medications are kept double locked:
Controlled medications counted at the beginning and end of each shift:	Refrigerated medications are kept locked:	Orals/liquids/Topical/Inhalants all kept separate:
PRN medications state the reason for administration:	PRN medications are reviewed for effectiveness:	Refusals of medications documented on MAR: IR written?
Staff trained in medication administration?	Medication pass observed?	Sharps Container?
Procedure/policy for medication destruction?		
Procedure/policy for out of home medication administration?		
Name of Primary Care Physician:		
Date of last Primary Care visit:		

Additional Comments on the back.

Reviewers Signature: \_\_\_\_\_

