Review Date (MMDDYY)

# Day Program Monitoring Tool
## Medication Storage Review

Reviewer Initials

| 1 | Medication Storage Review | Standard | Yes | No | N/A | Standard Gained | Weight | Comments |
|---|---|---|---|---|---|---|---|---|
| 2 | Are all prescription medications stored in the original container issued by the pharmacy and are properly labeled? | 20E.1 | ☐ | ☐ | ☐ | ☐ | c | |
| 3 | Are Over the Counter medications stored in the original containers (label kept in tact)? | 20E.2 | ☐ | ☐ | ☐ | ☐ | c | |
| 4 | Are Over the Counter medications stored separately from prescription medications in a locked storage area? | 20E.8 | ☐ | ☐ | ☐ | ☐ | c | |
| 5 | Are prescription medications and non-prescription medications kept and locked in a storage area of adequate size? | 20E.3 | ☐ | ☐ | ☐ | ☐ | s | |
| 6 | Is the medication storage area accessible to only those individuals designated by the service provider? | 20E.4 | ☐ | ☐ | ☐ | ☐ | s | |
| 7 | Does designated staff have a key to permit access to all medications at all times? | 20E.4:1 | ☐ | ☐ | ☐ | ☐ | c | |
| 8 | Are prescribed medications separated and compartmentalized by individual within the medication storage area (e.g. Tupperware, Zip-loc bag)? | 20E.5 | ☐ | ☐ | ☐ | ☐ | c | |
| 9 | Are refrigerated medications stored in a locked box in the refrigerator, or in a separate locked refrigerator? | 20E.6 | ☐ | ☐ | ☐ | ☐ | c | |
| 10 | Are oral medications separated from other medications? | 20E.7 | ☐ | ☐ | ☐ | ☐ | s | |
| 11 | *Medication storage off-site* | | | | | | | |
| 12 | Are all medications stored in a locked box/container? | 20E.9:1 | ☐ | ☐ | ☐ | ☐ | s | |
| 13 | Is each person's prescribed medication separated and compartmentalized within a locked box/container? | 20E.9:2 | ☐ | ☐ | ☐ | ☐ | s | |
| 14 | Are special storage arrangements made for medication requiring temperature control? | 20E.9:3 | ☐ | ☐ | ☐ | ☐ | c | |
| *15* | *Does the service provider ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:* | | | | | | | |
| 16 | •Individual's name | 20E.10:1 | ☐ | ☐ | ☐ | ☐ | c | |
| 17 | •Name of medication | 20E.10:2 | ☐ | ☐ | ☐ | ☐ | c | |
| 18 | •Dosage | 20E.10:3 | ☐ | ☐ | ☐ | ☐ | c | |
| 19 | •Frequency | 20E.10:4 | ☐ | ☐ | ☐ | ☐ | c | |
| 20 | •Time of administration, and | 20E.10:5 | ☐ | ☐ | ☐ | ☐ | c | |
| 21 | •Method of administration | 20E.10:6 | ☐ | ☐ | ☐ | ☐ | c | |

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Program ID