

Destiny Management

Medication Storage Check List

1. Complete check list the **first** week of each month.
2. Day Activity and Summer Activity Programs - file checklist in Day Activity administrative files. AFL's maintain checklist with paperwork. QP's will review monthly.

Date: _____

1. Yes No Medication storage unit is locked?
Comments: _____
2. Yes No External medications are segregated from internal medications?
Comments: _____
3. Yes No All discontinued medications are removed?
Comments: _____
4. Yes No Medications are stored under proper conditions of sanitation, temperature, light, moisture, ventilation, and security? (room temperature is between 59 and 86 F)
Comments: _____
5. Yes No Space for medication storage is of sufficient size to allow separate storage of Client's medications and to prevent overcrowding?
Comments: _____
6. Yes No Dividers separate each Client's medication with proper labeling for each Client?
Comments: _____
7. Yes No First Aid supplies stored separately?
Comments: _____
8. Yes No Only those persons authorized to administer medications have access to storage?
Comments: _____
9. Yes No Keys to medicine cabinet are not left out in open?
Comments: _____
10. Yes No Medications stored in refrigerator (used for food) are in a separate locked compartment or container?
Comments: _____
11. Yes No Refrigerator temperature is between 36 and 46 deg F?
Comments: _____
12. Yes No Controlled Drugs are under double lock and key?
Comments: _____
13. Clients that self medicate: N/A
 - a. Yes No Medication box is locked without key in box?
Comments: _____
 - b. Yes No Medication box is not out in the open?
Comments: _____
 - c. Yes No Medications are not left out of medication box?
Comments: _____

Staff Signature: _____

Date: _____