|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | RESIDENTIAL CARE MEDICATION PASS State Form 53724 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | | | | | |
|  | | | | | | | | |
| Name of facility | | | | | | Facility number | | |
| Name of surveyor | | | Identification number of surveyor | | | Date of review *(month, day, year)* | | |
|  | | | | | | | | |
| 1. DRUG STORAGE: Are medicine, treatment cabinets or rooms appropriately always locked except when authorized personnel are present? All scheduled II drugs administered by the facility under double lock. | | | | | Yes  No | | | **R0034** |
| 1. MEDICATION PASS: Observe at least five (5) residents and multiple routes, if possible. | | | | |  | | | **R0241-R247** |
|  | | | | | | | | |
| **IDENTIFIER** | | **POUR** | | **PASS** | | | **RECORD** | |
| **Full Name of Resident** | | **Drug Prescription Name, Dose, and Form** | | **Observation of Administration** | | | **Drug Order Written As**  ***(When different from observation)*** | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |
|  | |  | |  | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| RESIDENTIAL CARE MEDICATION PASS *(continued)* State Form 53724 (R / 4-21)  INDIANA STATE DEPARTMENT OF HEALTH / DIVISION OF LONG-TERM CARE | | | |
|  | | | |
| **IDENTIFIER** | **POUR** | **PASS** | **RECORD** |
| **Full Name of Resident** | **Drug Prescription Name, Dose, and Form** | **Observation of Administration** | **Drug Order Written As**  ***(When different from observation)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |