



**Residential Care Facility Medication Storage – Compliance Checklist**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

	Yes	No	Comments
1. Medication room/storage area is clean and orderly. Medication Storage Policy & Procedure available.			
2. Medications are stored in secure/locked area with access limited to authorized personnel.			
3. Staff who have access to medication room/ cabinet are identified in writing.			
4. Client medications centrally stored are recorded and retained for at least 3 year. (Log includes: date of receipt, medication name, strength, quantity, MD, fill date, rx # and pharmacy name, exp date, # refills, instructions on control and custody of medications)			
5. Food is stored separately from drugs.			
6. Drugs requiring refrigeration are stored between 36°-46° F. Room temp 59°-86° F.			
7. Drugs are not stored in any refrigerator that contains food.			
8. Medications are labeled according to federal and state laws. Labels are altered only by those legally authorized to do so (dispensing pharmacist).			
9. Medications are stored in original received container and not transferred between containers.			
10. Medications maintained in the personal possession of the client are not a hazard to other clients at the facility			
11. Multidose injectable medications are dated and initialed when opened. (Expire after 28 days, except vaccines)			
12. Sharps containers are stored in a secure location and disposed of properly.			
13. No expired, contaminated, or deteriorated drugs are found.			
14. Non-active client medications are stored separately or have been disposed of or destroyed.			
15. Expired/returned drugs are disposed of per legal requirements and procedure. (Destruction Log – need two signature for client medications)			
16. Client identifiers are removed from prescription labels and leaflets before discarding/recycling.			
17. There are no medication “samples” in the facility.			

Inspected by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Reviewed with: \_\_\_\_\_ Title: \_\_\_\_\_  
 Approve: \_\_\_\_\_ Approve with recommendations: \_\_\_\_\_ Correction Plan Required: \_\_\_\_\_