CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD

I. CENTRALLY STORED MEDICATION	DICATION							FACILITY NAME	m
INSTRUCTIONS: Centrally stored medications shall be kept in a safe and locked place that is not accessible to any person(s) except authorized individuals. Medication records on each client/resident shall be maintained for at least one year.	ored medications orized individuals	shall be kept in a safe and . Medication records on ea	t locked place th ach client/reside	nat is not ac ent shall be	cessible to a maintained f	ny person(s) or at least one year.		FACILITY NUMBER	BER
NAME (LAST	FIRST		MIDDLE)	ADMISSION DATE		ATTENDING PHYSICIAN		ADMINISTRATOR	OR
MEDICATION NAME	STRENGTH/ QUANTITY	INSTRUCTIONS CONTROL/CUSTODY	EXPIRATION DATE	DATE FILLED	DATE STARTED	PRESCRIBING PHYSICIAN	PRESCRIPTION NUMBER	NO: OF	NAME OF PHARMACY
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II. MEDICATION DESTRUCTION RECORD

Designated retain destruction INSTRUCTIONS: Prescription drugs not taken with the client/resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Administrator or Designated

Representative and witnessed by one other adult who is not a client/resident. All facilities except Residential Care Facilities for the Elderly (RCFEs) shall retain destruction

records for at least one year. RCFEs shall retain records for at least three years.

					MEDICATION NAME
			•		STRENGTH/ QUANTITY
					STRENGTH/ QUANTITY DATE FILLED
					PRESCRIPTION DISPOSAL NUMBER DATE
·				i	DISPOSAL DATE
					NAME OF PHARMACY
					SIGNATURE OF ADMINISTRATOR OR DESIGNATED REPRESENTATIVE
					SIGNATURE OF WITNESS ADULT NON-CLIENT