

San Andreas Regional Center
 ICF Medical Monitoring Report
 Based on Regulations in Title 22, Article 3

Date: _____

Reviewer: _____

| | Yes | No | |
|--|--------------------------|--------------------------|-----|
| Physician's orders must be reviewed and updated every 60 days. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Verbal orders received by non-licensed staff shall be confirmed with the doctor by the registered nurse within 48 hrs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Verbal orders must be signed within 5 days by the prescribing physician. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation of annual exam that addresses: dental, vision, hearing, immunizations, TB clearance, and labs are present in the facility. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Development and implementation of a written nursing care plan for each client requiring nursing services. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Nursing services plan must be reviewed and updated by the nurse consultant every 6 months. | <input type="checkbox"/> | <input type="checkbox"/> | |
| RN reviews all medication documentation and physician orders every 2 weeks. | <input type="checkbox"/> | <input type="checkbox"/> | |
| All medications are documented accurately on the MAR (medication administration record), including name of med, dose, route, frequency, and time of day. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Documentation of stop, hold change or discontinued orders are clearly marked with the date and initials of staff making the change. | <input type="checkbox"/> | <input type="checkbox"/> | |
| MAR's have a key to explain symbols for home visits, day programs, etc. | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Names and initials of all staff giving medications are documented on the Medication Administration Record (MAR). | <input type="checkbox"/> | <input type="checkbox"/> | |
| The facility nurse observes and certifies that staff that staff are proficient in handling, administering and recording of drugs. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discontinued medications shall be marked and disposed of within 90 days. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drugs stored in the refrigerator with food must be kept in a <u>closed</u> container and clearly labeled "drugs or medications". | <input type="checkbox"/> | <input type="checkbox"/> | |

| | Yes | No | |
|---|--------------------------|--------------------------|-----|
| The presence of medications for emergency use are located in the facility (under specific conditions the following medications may be stored for emergency use: anti-infective, anti-diarrheal, anti-nausea, or analgesic). | <input type="checkbox"/> | <input type="checkbox"/> | |
| PRN medications are documented as to date, time, medication, dosage, reason, response and staff initials. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Schedule II, III, and IV drugs (controlled substances that include narcotics, stimulants and certain sedatives) must be recorded in such a way that receipt and disposition of each dose may be easily traced. | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| Schedule II drugs must be kept in a locked cabinet or drawer, separate from other medications unless supplied as part of a unit dose medication system. | <input type="checkbox"/> | <input type="checkbox"/> | |
| A separate record of use of Schedule II drugs shall be maintained and reconciled at least once a day and retained at least one year. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Drugs remaining in the facility after discharge are destroyed within 30 days and documented on the Centrally Stored Medication and Destruction Record (or similar form). | <input type="checkbox"/> | <input type="checkbox"/> | |
| Centrally Stored Medication and Destruction record (or similar form) is kept in the facility for 1 year. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Medication information sheets or monographs on each drug are present and easily accessible. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Staff, when questioned, can relate the side effects of a specific medication. | <input type="checkbox"/> | <input type="checkbox"/> | |
| If the facility has used physical restraints during the last year it is documented in the client record, ie: physician orders, progress notes, etc. | <input type="checkbox"/> | <input type="checkbox"/> | N/A |
| First aid kit is maintained per regulation and easily accessible. | <input type="checkbox"/> | <input type="checkbox"/> | |
| At least one person in the home is capable of communicating with emergency personnel at all times. | <input type="checkbox"/> | <input type="checkbox"/> | |
| SIR's submitted to DHS and San Andreas by fax or phone within 24 hrs and written report also sent within 24 hrs. | <input type="checkbox"/> | <input type="checkbox"/> | |