

Medication Storage and Labeling

Medication Storage and Labeling: The team should review half of the med storage rooms, covering different units and review half of the med carts on units where the storage room was not observed. Surveyors, other than the one assigned coordination of the Medication Storage task, who are reviewing medication storage areas, need only answer the CE question if there are “No” responses to observations. NOTE: For initial certification survey, review ALL of the medication storage rooms and medication carts using this pathway.

For Risk-Based Surveys (RBS) only: Investigate this task during the RBS if there are related Ombudsman concerns, active intakes, onsite concerns, or concerns when completing the Medication Administration task.

- Medications and biologicals in medication rooms, carts, boxes, and refrigerators were maintained within:
 - Secured (locked) locations, accessible only to designated staff;
 - Clean and sanitary conditions; and
 - Maintain temperatures in accordance with manufacturer specifications and monitor according to national guidelines (e.g., see CDC vaccine storage and handling).
- Schedule II-V controlled medications (excluding single-unit packaging in minimal quantities that can readily be detected if missing) were maintained within a separately locked permanently affixed compartment.
- Sufficiently detailed records of receipt and disposition of controlled medications were maintained to enable an accurate reconciliation.
- All medication records were in order, and an account of all controlled medications was maintained and periodically reconciled.
- Were medications and biologicals labeled in accordance with currently accepted professional principles, and include:
 - Appropriate accessory and cautionary instructions, and
 - Expiration date, when applicable.
- Multi-dose vials to be used for more than one resident are kept in a centralized medication area and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area, they should be dedicated for single-resident use only.
- Multi-dose vials which have been opened or accessed (e.g., needle-punctured) should be dated and discarded within 28 days unless the manufacturer specifies a different (shorter or longer) date for that opened vial.
- Multi-dose vials which have not been opened or accessed (e.g., needle-punctured) should be discarded according to the manufacturer’s expiration date.
- Insulin pens containing multiple doses of insulin are meant for single-resident use only, and must never be used for more than one person, even when the needle is changed; insulin pens must be clearly labeled with the resident’s name and other identifier(s) to verify that the correct pen is used on the correct resident; insulin pens should be stored in a sanitary manner to prevent cross-contamination.
- Disposal methods for controlled medications involve a secure and safe method to prevent diversion and/or accidental exposure.

Unit or area where the medication storage task was conducted:

1. Did the facility provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident? ☐ Yes ☐ No F755 ☐ N/A, RBS
2. Are all medications and biologicals stored and labeled properly (medication rooms, carts, boxes, refrigerators)? ☐ Yes ☐ No F755 and/or F761 ☐ N/A, RBS

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3. Does the facility have a system to account for the receipt, usage, disposition, and reconciliation of all controlled medications? ☐ Yes ☐ No **F755** ☐ *N/A. RBS*

Other Tags and Care Areas to consider: Misappropriation of Resident Property/Exploitation Related to Drug Diversion (F602), Infection Prevention and Control (F880)