

## Medication Administration

\_\_\_\_\_ County Board of MRDD

Item #	Question	ID#	ID#	ID#	ID#	S/P/N/NA
1.	Has the county board completed a self medication assessment for individual that; <input type="checkbox"/> cannot self medicate or <input type="checkbox"/> self medicate with assistance? OAC 5123:2-6-02 (B)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
2.	Was the assessment the state authorized? OAC 5123:2-6-02 (B)  <i>If county board is using different form does it have all the components of the state authorized assessment?</i>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
3.	Was the assessment reviewed annually? OAC 5123:2-6-02 (B)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
4.	Was a new self med assessment done at least every three years? OAC 5123:2-6-02 (B)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
5.	Did the county board complete a nursing assessment of the individual prior to the nursing delegation? OAC 5123:2-6-03 (C)(4)(a)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
6.	Does the delegating nurse identify special conditions that must be in place when meds are administered? OAC 5123:2-6-03 (C)(4)(a)  <i>Note: This could be included in the nursing assessment, or individual specific training, or could be NA</i>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
7.	Is there evidence of ongoing nursing assessment being done at least annually? OAC 5123:2-6-03 (C)(10)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
8.	Does the statement identify need for initial ongoing delegation? OAC	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

Reviewer's Name \_\_\_\_\_ Date \_\_\_\_\_

Legend: S=Substantial Compliance ~ P= Partial Compliance ~ N= Non-Compliance ~ NA= Not Applicable ~Level 1=Level One Waiver ~I.O.=Individual Options  
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	5123:2-6-03 (C)(10)					
9.	Is there evidence of annual staff skills check? OAC 5123:2-6-03 (C)(10)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
10.	<p>Did the MAR and/or the TAR include the following :</p> <p>a) Completed documentation, (i.e. did it record administration, missed, held or refused medications?</p> <p>b) Staff initials in appropriate blocks?</p> <p>c) If held meds are missed did it indicate why?</p> <p>d) If PRN given why and what were the results</p> <p>OAC 5123:2-6-07(B)(1)</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
11.	Does the individual have doctor's orders and are meds being administered as ordered? OAC 5123:2-6-07(C)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
12.	If an error resulted in physical harm to the individual was it reported as an MUI? OAC 5123:2-6-07(D)(1)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
13.	<p>Does all staff that administers medications have current certification in category 1? OAC5123:2-6-03(C)(1)</p> <p><i>Note: Category 1 is medications and health related activities certification.</i></p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
14.	<p>Does all staff completing G-tube and J-tube feedings or meds have current certification category 2 certificate? OAC5123:2-6-03(C)(1)</p> <p><i>Note: IF staff are only doing tube feeding it can be delegated under OAC 4723 with no certification</i></p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
15.	Has individual specific training been completed after the staff person became certified and prior to providing service? OAC 5123:2-6-03(C)(6)	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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16.	<p>Did the QA registered nurse complete a QA review at least once every three years beginning January 1, 2005? OAC5123:2-6-07(E)(2)</p> <p><i>Note: This applies to any individual residing in a residential setting with five beds or less excluding ICF/MR.</i></p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
17.	<p>Are the med QA's being completed according to format developed by the department?</p> <p><i>Hint: The form number is QA Review Tool 11.04 - p. 1</i></p> <p>OAC 5123:2-6-07(E)(4)</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	
18.	<p>Was a copy of the QA provided to the county board and provider within ten business days after the QA was completed? OAC 5123:2-6-07(E)(6)</p>	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	Compliant Non-compliant	

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