SIDDHARTH SERVICES, INC.

In pursuit of overall well being

MEDICATION QA CHECK LIST – He-M Compliance

Client Name: _____ Site: _____ Date: _____

☐ He-M 1001 ☐ He-M 507 ☐ He-M 518 ☐ He-M 521 ☐ He-M 524 ☐ He-M 525

Compliance with He-M 1201.03	Yes	No
For He-M 1001 Residences		
Individuals met within 30 days and annually thereafter for the Nurse Trainer Annual Review including:	☐	☐
Health history information available:	☐	☐
HRST Tracker Form completed monthly:	☐	☐
Service Agreement available and reviewed for functional support:	☐	☐
Identification of individuals in frail health:	☐	☐
Provider recorded and communicated HRST Data to:		
Service coordinator visits pursuant to He-M 503.11 (i)	☐	☐
Any appointment with the primary care physician or practitioner	☐	☐
Annual health assessment	☐	☐
For He-M 507 (day) and He-M 518 (supported employment)		
Medical history, including diagnosis available:	☐	☐
List of current medications available:	☐	☐
For Individuals in He-M 1001; He-M 507; He-M 518; He-M 521; He-M 524; He-M 525 with provider going to a non-emergency medical appointment		
Reason(s) the individual sought non-emergent care information:	☐	☐
List of known medications:	☐	☐
Known allergies:	☐	☐
Results of recent diagnostic and lab testing as applicable:	☐	☐
Current HRST Tracker Form:	☐	☐
Compliance with He-M 1201.04		
Individuals initially assessed to determine level of support for medication Administration:	☐	☐
Guardian consent to administer medication present & documented in Medication Change Form:	☐	☐
Current medication authorization for provider & provider designee:	☐	☐
Medication orders for prescription, OTC and PRNs present for all meds in record:	☐	☐
Discontinue orders for all discontinued meds in record:	☐	☐
PRN protocols with specific written parameters signed by NT or prescriber present:	☐	☐
Medication Error documentation Note: Ensure staff has understanding when to document medication error.	☐	☐
Compliance with He-M 1201.05		
Self-administer medication assessment completed annually and current:	☐	☐
Compliance with He-M 1201.06		
Provider notifies the NT of any changes in medication orders:	☐	☐
Provider notifies NT when clarification of orders or administration is needed:	☐	☐
Provider notifies NT whenever individual is hospitalized or receives medical treatment:	☐	☐
Provider notifies NT if a new individual begins to receive services:	☐	☐
Provider maintains documentation of current medication administration authorization:	☐	☐
Compliance with He-M 1201.07		
Documentation of medication logs performed by authorized or licensed persons only:	☐	☐
Medication administration documentation done in timely manner:	☐	☐
Coversheet with full signatures and initials or all authorized providers/licensed persons who administer:	☐	☐

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Controlled drug inventory present, current, and accurate: Note: Count & Acknowledge to authenticate count in Med Log Book.	☐	☐
Disposal of Controlled Drug is done by the NT in presence of a witness and signed off by both.	☐	☐
Labels/Orders/Med Logs match:	☐	☐
Documentation is complete and legible:	☐	☐
Drug information sheets present:	☐	☐
PRN entries include reason and effect:	☐	☐
OTC medication have documentation regarding consult for right name/dose/route:	☐	☐
Compliance with He- M 1201.08		
All Medications stored in locked container:	☐	☐
If No, NT approves the following medication to be stored unlocked: Medication: _____ Location:_____ Medication: _____ Location:_____ Medication: _____ Location:_____ Medication: _____ Location:_____	☐	☐
Controlled medications are double-locked:	☐	☐
Compliance with He-M 1201.09		
QA performed at least semi-annually for family residences:	☐	☐
QA performed at least monthly for first 3 months of individual new to services or in new settings:	☐	☐
QA performed at NT determined (every 3-4 months) frequency in combined day/residential:	☐	☐
QA performed monthly in all other settings:	☐	☐

Actions Needed with Timeframe: _____

Comments: _____

Staff Signature: _____ Nurse Signature: _____

Print Name: _____ Print Name: _____

Next QA Date & Time: _____

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