STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING

**CENTRALLY STORED MEDICATION AND DESTRUCTION RECORD**

|  |  |
| --- | --- |
| **I. CENTRALLY STORED MEDICATION****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.* | FACILITY NAME |
| FACILITY NUMBER |
| NAME (LAST FIRST MIDDLE) | ADMISSION DATE | ATTENDING PHYSICIAN | ADMINISTRATOR |
| **MEDICATION NAME** | **STRENGTH/ QUANTITY** | **INSTRUCTIONS CONTROL/CUSTODY** | **EXPIRATION DATE** | **DATE****FILLED** | **DATE STARTED** | **PRESCRIBING PHYSICIAN** | **PRESCRIPTION NUMBER** | **NO. OF REFILLS** | **NAME OF PHARMACY** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

LIC 622 (3/99) (CONFIDENTIAL)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MEDICATION NAME** | **STRENGTH/ QUANTITY** | **INSTRUCTIONS CONTROL/CUSTODY** | **EXPIRATION DATE** | **DATE****FILLED** | **DATE STARTED** | **PRESCRIBING PHYSICIAN** | **PRESCRIPTION NUMBER** | **NO. OF REFILLS** | **NAME OF PHARMACY** |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**II. MEDICATION DESTRUCTION RECORD**

**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** | **DATE FILLED** | **PRESCRIPTION NUMBER** | **DISPOSAL DATE** | **NAME OF PHARMACY** | **SIGNATURE OF ADMINISTRATOR OR DESIGNATED REPRESENTATIVE** | **SIGNATURE OF WITNESS ADULT NON-CLIENT** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |