DSHS WASHINGTON STATE Department of Social and Health Services	ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
	PROVIDER / LICENSEE'S NAME	INSPECTION DATE
	LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)
Resident Medication Review

Each topic on this form covers a required area of the medication review. All sections must be completed for the review to be considered complete

1. Does the home have a system in place to ensure each resident:
   a. Has an assessment indicating the level of medication assistance needed by each resident?
   b. Has a negotiated care plan identifying the medication service provided to that resident?
   c. Has a medication log that is kept current?
   d. Received medications as required; and
   e. Has a current list of all prescribed and OTC medication in the resident's record?
      - Current list must include the name, dose, and frequency of the medication, as well as the name and phone number of the prescribing practitioner.

☐ Yes   ☐ No; if no, explain why in the section below:

2. Does the home have a system to address medication refusals?

☐ Yes   ☐ No; if no, explain why in the section below:

3. Are all medications appropriately identified, stored appropriately based on each medication's requirements, and locked?

☐ Yes   ☐ No; if no, explain why in the section below:

4. Do all medications have an approved verification source?
   - Approved verification sources include Pharmacy produced MAR, Physician's Order, a written prescription, or a pharmacy produced medication label.
   - An AFH provider MAR is **not** an approved verification source.
   - Address electronic MARs (e-MARs) as you would a physical MAR.

☐ Yes   ☐ No; if no, explain why in the section below:

Resident: ☐ 1 ☐ 2 | Resident Name:

ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

ATTACHMENT L

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)
Resident Medication Review

5. Were any psychopharmacologic medications identified?
Psychopharmacologic medications include **anti-depressants**, **anti-anxiety** (anxiolytics), **anti-psychotics,** and **mood stabilizers**. **Hypnotics** (sedative) are <u>optional</u> to include in the section. Include all medications in these categories, even if prescribed for an off-label use (reason unrelated to psychiatric diagnosis).
- If the reason for medications is unknown or unspecified, indicate this.

☐ Yes   ☐ No   If yes, complete the section below.

Medication Name	Verification Source (Check one applicable box for each medication.)				Reason for Medication
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	

6. If psychopharmacologic medications were identified, does the negotiated care plan include strategies and modifications to the environment to address the symptoms for this the medication is prescribed?

☐ Yes   ☐ No   If no, complete the section below.   ☐ N/A, no psychopharmacologic medications

Resident: ☐ 1 ☐ 2 | Resident Name:

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ADULT FAMILY HOME'S (AFH) NAME	LICENSE NUMBER
PROVIDER / LICENSEE'S NAME	INSPECTION DATE
LICENSOR'S NAME	

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)
Resident Medication Review

5. Were any psychopharmacologic medications identified?
Psychopharmacologic medications include **anti-depressants**, **anti-anxiety** (anxiolytics), **anti-psychotics**, and **mood stabilizers**. **Hypnotics** (sedative) are <u>optional</u> to include in the section. Include all medications in these categories, even if prescribed for an off-label use (reason unrelated to psychiatric diagnosis).
- If the reason for medications is unknown or unspecified, indicate this.

☐ Yes ☐ No   If yes, complete the section below.

Medication Name	Verification Source (Check one applicable box for each medication.)				Reason for Medication
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	
	☐ Pharmacy MAR / Label	☐ Physician's Orders	☐ Written Prescription	☐ No Approved Source	

6. If psychopharmacologic medications were identified, does the negotiated care plan include strategies and modifications to the environment to address the symptoms for this the medication is prescribed?

☐ Yes ☐ No   If no, complete the section below.   ☐ N/A, no psychopharmacologic medications

ATTACHMENT L

AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA)
ADULT FAMILY HOME (AFH)
Resident Medication Review

Notes:
This section can be used to capture any additional information related to the review. Use of this section is optional.