

Massachusetts Department of Public Health  
 Bureau of Health Professions Licensure  
 Drug Control Program  
 239 Causeway Street, Suite 500, Boston MA 02114  
 Medication Administration Program (MAP)  
 Service Provider / Clinical Review Form

<b>Provider:</b>  <b>Address:</b>  <b>Phone Number:</b>  <b>Registrant: DDS</b> _____ <b>DMH</b> _____ <b>DCF</b> _____	<b>Contact:</b>  <b>Title of Contact:</b>  <b>Clinical Reviewer:</b>  <b>Date of Visit:</b>
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REVIEW KEY: C-In Compliance      V- In Violation      N/A-Not Applicable (at time of review)

<b>A. Provider.... Verification</b>	<b>C</b>	<b>V</b>	<b>N/A</b>	<b>Correction Timeline</b>	<b>Citation 105CMR700</b>
1. Provider has registered all sites with DPH. The original or a copy of current DPH registration (MCSR) is on site. If a copy is at main office, the original is kept at the site or vice versa.				10 days	004 (A)(2)(b)
2. Provider maintains a current file of all sites including addresses and telephone numbers.				10 days	004 (A)(2)(b)
3. Provider maintains a current list of agencies supplying relief staff, including their telephone numbers and addresses.				10 days	003(F)(1)(b) 003(F)(1)(c)
<b>Certification</b>					
4. Provider maintains copies of all Certified staff members' medication administration Certification, Recertification, and Specialized training with documentation of current status. (If copies are maintained at the sites, then a master list must be maintained by the provider including dates of expiration.)				10 days	003(F)(1)(c)

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5. If required for medication administration, provider has trained staff to take Vital signs and maintains documentation of their training and competency, including the name, telephone number, and address of the trainer.				10 days	003(F)(2) 003(F)(2)(c)
6. Relief staff are Certified to administer medications. Provider maintains copies of Certification, Recertification and Specialized training for all relief staff including documentation of current status. (If copies are kept at the sites, relief staff are included in the master list.)				10 days	003(F)(1)(c)
<b>Education</b>					
7. Provider maintains a policy for identifying and educating persons responsible for off-site medication administration (e.g., family members; staff at work programs). Provider identifies and educates persons responsible for off-site medication administration.				30 days	003(F)(5)(g)
8. Provider offers ongoing medication education to staff members on a regular basis.				30 days	003(F)(2)
9. Provider maintains a current list of staff who have attended the ongoing medication education.				30 days	003(F)(2)(c)
<b>Medication Emergencies</b>					
10. Provider maintains a detailed policy specifying administrative procedures, clinical protocols and procedures for medical emergencies related to medication administration.				Immediately	003(F)(5)(c)

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<b>Medication Occurrences</b>					
11. Provider utilizes a DPH approved medication occurrence form for documenting medication administered inconsistent with the practitioner's prescription.				Immediately	003(F)(1)(f)
12. Provider reports medication occurrences requiring medical intervention, illness, injury or death to DPH within 24 hours and utilizes the DPH Medication Occurrence Report form.				Immediately	003(F)(1)(f)
13. Provider reports all medication occurrences to DMH/DCF or DDS within 7 days.				Immediately	003(F)(1)(f)
14. Copies of the completed medication occurrence forms are kept on file by the provider (original completed MOR forms are kept on site).				Immediately	003(F)(1)(f)
<b>Preparation of Medication for Administration</b>					
15. Provider maintains a written LOA policy that is in conformance with DPH guidelines. Provider implements the DPH LOA policy when preparing medications for LOA.				10 days	003(F)(4)(b)
16. Provider maintains a written policy for obtaining properly labeled containers when an individual receives medication in two or more locations or when there is a change in the medication order.				10 days	003(F)(4)(c)
17. Provider obtains properly labeled containers when an individual receives medication in two of more locations or when there is a change in the medication order.				10 days	003(F)(4)(c)

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A. Provider.....	C	V	N/A	Correction Timeline	Citation 105CMR700
18. Provider maintains a written policy on access to the medication area.				10 days	003(F)(3)(a)
19. Provider maintains a written policy for medication disposal.				10 days	003(F)(3)(c)
20. Provider utilizes a DPH approved Medication Disposal Record.				10 days	003(F)(3)(c)
21. Provider utilizes a DPH approved Medication Count Book with an index.				Immediately	006(A) 003(F)(6)(g)

**Key:**

**C item in compliance with policy and/or regulations**

**V Item in violation of policy and/or regulations**

**N/A Item not applicable at time of review**

**NOTE: Regulations of the Department of Public Health at 105 CMR 700.005 (D) require that any theft or loss of controlled substances must be reported to the Drug Control Program. Reports must be made no later than the next business day following discovery.**

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**Comments/Recommendations:**