

CBC Medication Administration Observation

Facility Name: _____ Provider #: _____ Surveyor: _____

Staff member observed: _____ Date/Time: _____ Recommended sample size is at least 5 residents and at least 20 medications.

Resident	Medication, Dose, Route	How prepared? Crushed? Whole? With/without food/fluids? Where stored until administration? Resident observed taking med?	Reconciled with PO in record

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