**NEW HAVEN ASSISTED LIVING & MEMORY CARE**

**Process: Medication Transfer Reconciliation - Resident Transfer Out with Family**

**Purpose:** To ensure proper reconciliation and management of resident medications upon transfer

* As resident is transferred out of community, medications need to be reconciled upon transfer out and transfer in
* Administrator or Nurse will fill out the attached **Medication Transfer Reconciliation Form**
* Document each and all medications on the form, count the number of tablets and record that quantity in the QUANTITY OUT column
* **Narcotics** should be counted in the presence of the family member receiving the narcotics and **two** New Haven employees (Admin or nurse, and second New Haven witness)
* If no narcotics being transferred, then no witness needed; please put N/A in witness signature box
* The form is signed by the family member and by the Administrator and/or Nurse (and second New Haven employee as witness in case of narcotics counting)
* Make a copy of the signed document and give the copy to the family and keep original on file
* **When resident returns**, a count and reconciliation needs to happen again between family and Administrator and/or nurse to count meds back in to community. Narcotics need second New Haven witness. Use the original saved document and use the QUANTITY IN column to count meds in
* Upload original documents to BlueStep

**LOCA:** If resident is going to be out 3 days or more, please address their status in BlueStep under Discharge/Transfer and let accounting know, as the resident should not be charged LOCA for days they are out.

**When resident returns**, you need to edit their status in BlueStep again and inform Accounting they have returned.

Any time a resident comes or goes from the community, it should be a trigger to alert you to address their status in BlueStep and communicate to Accounting as to what is happening so the resident is not overcharged (or we are not underpaid) and invoicing is correct to the families.

**New Haven Assisted Living & Memory Care**

**Medication Transfer Reconciliation**

**Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Medication** | **Dosage** | **Quantity Out** | **Quantity In** |
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**Signatures below attest that medications given and received between both parties are reconciled and correct.**

**Medication Transfer Out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator or Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident or Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Haven Witness for narcotics:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Transfer In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator or Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident or Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Haven Witness for narcotics:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Haven Assisted Living & Memory Care**

**Medication Transfer Reconciliation**

**Resident Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Medication** | **Dosage** | **Quantity Out** | **Quantity In** |
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**Signatures below attest that medications given and received between both parties are reconciled and correct.**

**Medication Transfer Out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator or Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident or Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Haven Witness for narcotics:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication Transfer In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator or Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident or Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Haven Witness for narcotics:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_