DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICATION PASS WORKSHEET							
Provider Number	Sur	veyor Name		Date	Error Rate		
	ervation of each cord with physic	opportunity for error.	nore errors is found	observe another 20	-25 opportunities for error.		
Deficiency Formulas:		Significan	t Error + Non-Signifi	icant Error			
1. One or more Significant Errors = Def	ciency		n + Doses ordered b		$0 \ge 5\%$ = Deficiency		
Identifier	Pour		Pass		Record		
Resident's Full Name Drug		escription Name, se and Form	Observation of Administration		Drug Order Written As (when different from observation)		

MEDICATION PASS WORKSHEET						
Identifier	Pour	Pass	Record			
Resident's Full Name	Drug Prescription Name, Dose and Form	Observation of Administration	Drug Order Written As (when different from observation)			
OBM CMS-677 (07/95)						