NARCOTICS INVENTORY

Providers who assist residents with prescribed narcotics are required to document an inventory at least monthly. Narcotic medications are opioid pain-relievers (e.g., Oxycodone, Hydrocodone, Morphine, Fentanyl, etc.).

PROVIDER INFORMATION

The provider is the adult operating the certified family home and responsible for management of the resident's medication.

Provider Name:	Certificate No.:

INITIAL INVENTORY

Identify the specific narcotic medication that is the subject of inventories recorded on this form and conduct an initial inventory of that medication. Use separate Narcotic Inventory forms for each type of narcotic the resident is prescribed. Return medications to their containers after counting the amount on-hand. Newly prescribed narcotics should be inventoried upon filling the prescription. The provider should inventory a newly admitted resident's existing narcotics upon admission.

Medication Name:	Dosage:
Prescribed to Resident:	Amount On-hand:
Provider Signature:	Date and Time: A.M. ☐ P.M. ☐

ONGOING INVENTORIES

Conduct and document ongoing inventories of the narcotic named above at least every 30 days. The Previous Amount On-hand for the first ongoing inventory below equals the Amount On-hand from the Initial Inventory above; subsequently, the Previous Amount On-hand equals the Actual Amount On-hand from the previous ongoing inventory. Return medications to their containers after counting the actual amount on-hand.

PHYSICAL INVENTORY	RECORDS RECONCILIATION
Date and Time: A.M. ☐ P.M. ☐	Previous Amount On-hand:
Provider Signature:	(plus) Amount Refilled Since Last Inventory:
Actual Amount On-hand:	(minus) Amount Given Since Last Inventory:
	(minus) Amount Destroyed Since Last Inventory:
	(equals) Expected Amount On-hand:

PHYSICAL INVENTORY	RECORDS RECONCILIATION
Date and Time: A.M. ☐ P.M. ☐	Previous Amount On-hand:
Provider Signature:	(plus) Amount Refilled Since Last Inventory:
Actual Amount On-hand:	(minus) Amount Given Since Last Inventory:
	(minus) Amount Destroyed Since Last Inventory:
	(equals) Expected Amount On-hand:

PHYSICAL INVENTORY	RECORDS RECONCILIATION
Date and Time: A.M. ☐ P.M. ☐	Previous Amount On-hand:
Provider Signature:	(plus) Amount Refilled Since Last Inventory:
Actual Amount On-hand:	(minus) Amount Given Since Last Inventory:
	(minus) Amount Destroyed Since Last Inventory:
	(equals) Expected Amount On-hand:

PHYSICAL INVENTORY	RECORDS RECONCILIATION
Date and Time: A.M. ☐ P.M. ☐	Previous Amount On-hand:
Provider Signature:	(plus) Amount Refilled Since Last Inventory:
Actual Amount On-hand:	(minus) Amount Given Since Last Inventory:
	(minus) Amount Destroyed Since Last Inventory:
	(equals) Expected Amount On-hand:

DISCREPANCY REPORTS

If there is a discrepancy between the actual amount on-hand and the expected amount on-hand, the provider must investigate the cause of the discrepancy and write a summary report of the investigation. Keep this report in the resident's records.

Date of Inventory: _____

Summary of Investigation:

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Date of Inventory: _____

Summary of Investigation:

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Date of Inventory: _____

Summary of Investigation:

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