Department of County Human Services



Aging, Disability & Veterans Services Division, Adult Care Home Program

Controlled Substance Count Sheet

MCAR 023-080-524: When a controlled substance is prescribed, the administration of the controlled substance shall be documented on an ACHP approved form separate from and in addition to the medication administration record. Complete this form <u>in addition to</u> the Medication Administration Record for each controlled substance.

Resident Name:	Prescription Fill Date:		
Medication Name:	Prescription Number:		
Physician's name:	Administration Route:	Dosage:	

You are required to have a witness to the administration of controlled substances. Remember to count the remaining medication before the witness signs. Witnesses must be approved caregivers or the resident receiving the medication.

Date	Time	Count of Meds on Hand	Amount Received	Amount Given	Amount Remaining	Signature	Witness Signature