



Board of Pharmacy

5500 San Antonio Dr. NE ▪ Site C ▪ Albuquerque, New Mexico 87109
(505) 222-9830 ▪ Fax (505) 222-9845 ▪ (800) 565-9102
www.rld.nm.gov/pharmacy

NURSING HOME/CUSTODIAL CARE FACILITY INSPECTION REPORT

DATE: _____ INSPECTION REPORT PROPERLY DISPLAYED: YES ___ NO ___

FACILITY NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

BOP LICENSE #: _____ EXP. DATE: _____ DISPLAYED: YES ___ NO ___

STATE OPERATORS PERMIT: YES ___ NO ___ NUMBER: _____ EXP. DATE: _____

FACILITY TYPE: _____ NURSING HOME _____ CUSTODIAL CARE _____ BEDS: _____

ADEQUATE DRUG STORAGE: YES ___ NO ___ TEMPERATURE LOG: YES ___ NO ___

ADEQUATE SECURITY: YES ___ NO ___ CURRENT REFERENCE: YES ___ NO ___

EMERGENCY KIT: YES ___ NO ___ N/A ___ E-KIT DOCUMENTATION: YES ___ NO ___ N/A ___

RECEIPT RECORDS: YES ___ NO ___ CONTROLLED SUBSTANCE RECORDS: YES ___ NO ___

ADMINISTRATION RECORDS: YES ___ NO ___ DESTRUCTION RECORDS: YES ___ NO ___

PROPER LABELING OF RX DRUGS: YES ___ NO ___ SAMPLE DRUGS PRESENT: YES ___ NO ___

FLOORS STOCK RX DRUGS: YES ___ NO ___

PROCEDURES MANUAL ADEQUATE: YES ___ NO ___ DATE REVIEWED: _____

CONSULTANT PHARMACIST: _____

PHARMACIST ACTIVITIES DOCUMENTED: YES ___ NO ___ APPROPRIATE: YES ___ NO ___

RESPONSE WITHIN 30 DAYS REQUIRED: YES ___ NO ___

COMMENTS

Official

State Drug Inspector