

Psychotropic Medication Quality Assurance Audit Tool

Use this tool at the onset of psychotropic prescribing.

Resident Name: _____ Medical Record Number (MRN): _____

Primary Diagnosis: _____ Admission Date: _____

Reviewer: _____ Review Date: _____

Psychotropic Medications

Medication	Dose	Indication	Start Date	Gradual Dose Reduction (GDR) Date

Audit Statements

Complete all resident-specific fields and answer each audit statement based on documentary evidence. Mark **Yes** when documentation supports compliance, **No** when documentation is missing or insufficient, and **N/A** when the element does not apply.

#	Audit Statement	Yes	No	N/A	Comments/Evidence
1	Clear diagnosis and indication support medication use are documented.	☐	☐	☐	
2	Target symptoms/behaviors are specifically identified and measurable.	☐	☐	☐	
3	Assessment includes medical, psychiatric, environmental, and medication-related causes.	☐	☐	☐	
4	Required labs and diagnostics (i.e., electrocardiogram) are documented.	☐	☐	☐	
5	Resident/family input regarding symptoms or behaviors is documented.	☐	☐	☐	
6	Medication regimen is reviewed for contributing medications and adverse effects.	☐	☐	☐	
7	Non-pharmacologic interventions are attempted and documented.	☐	☐	☐	
8	Effectiveness of non-drug interventions is evaluated.	☐	☐	☐	
9	Care plan includes individualized behavioral or symptom management approaches.	☐	☐	☐	
10	Documentation supports initiation or continuation of medication.	☐	☐	☐	
11	Benefits outweigh risks based on current clinical status.	☐	☐	☐	
12	GDR/tapering opportunity is evaluated within required timeframes (if applicable).	☐	☐	☐	
13	If GDR is not attempted, contraindication/clinical rationale is documented.	☐	☐	☐	

#	Audit Statement	Yes	No	N/A	Comments/Evidence
14	Pharmacist recommendations are reviewed and addressed.	☐	☐	☐	
15	Ongoing monitoring of target symptoms/behaviors is documented.	☐	☐	☐	
16	Monitoring for adverse effects is documented.	☐	☐	☐	
17	Care plan is updated based on medication response.	☐	☐	☐	
18	Resident/family is informed and involved in ongoing treatment decisions.	☐	☐	☐	

Scoring

Total Yes Responses	Total Applicable Questions	Compliance Score Percentage
Applicable Questions: Count the total number of questions with a Yes or No response. Do not include N/A responses. Compliance Score: Divide the total Yes responses by the total number of Applicable Questions . Then multiply by 100. Example: $(15 \text{ Total Yes Responses} \div 18 \text{ Total Applicable Questions}) \times 100 = 83\% \text{ Compliance Score}$		
Risk Levels:	Green: 95%–100%	Yellow: 85%–94%
	Orange: 75%–84%	Red: < 75%

Survey Risk Flags

- ☐ Diagnosis/indication missing (question #1)
- ☐ Target symptoms/behaviors missing (question #2)
- ☐ Non-pharmacologic interventions absent (question #7)
- ☐ GDR documentation missing (question #13)
- ☐ Pharmacist recommendations unresolved (question #14)
- ☐ Adverse effect monitoring incomplete (question #16)
- ☐ Care plan not updated (question #17)

Centers for Medicare & Medicaid Services (CMS) F605: Freedom of Chemical Restraints

If the audit identifies gaps, low scoring areas, or checked survey risk flags, review whether the findings may create risk under F605. Use the grid below to document the specific deficiency or concern, the corrective action needed, the person responsible for follow-up, and the target due date. If no concerns are identified, mark the F605 review box below as compliant.

Deficiency	Action Required	Responsible Person	Due Date

F605 Freedom from Chemical Restraints Review: ☐ Compliant ☐ Opportunity Identified

References

CMS. State Operations Manual, Appendix PP, F605. *Right to be Free from Chemical Restraints*, Rev. 225; July 23, 2025. Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf. Accessed on July 20, 2026.

CMS. 20082, *Unnecessary Medications, Chemical Restraints/Psychotropic Medications, and Medication Regimen Review*. Critical Element Pathway. Feb. 2026. Available at <https://cmscompliancegroup.com/wp-content/uploads/2026/04/CMS-20082-Unnecessary-Medications.pdf>. Accessed on July 20, 2026.

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