

**QUALITY ASSURANCE – HHSA-BHS  
MEDICATION MONITORING SUBMISSION FORM - AOA**

**Program:**

**Date:**

**Report submitted by:**

**Q1:**

July 1- Sept. 30

Due: October 15

**Q2:**

Oct.1- Dec. 31

Due: January 15

**Q3:**

Jan. 1- March 31

Due April 15

**Q4:**

April 1- June 30

Due: July 15

No medication distribution this quarter

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**Medication Monitoring Committee**

Committee Member & Discipline:

Committee Member & Discipline:

Committee Member & Discipline:

Committee Member & Discipline:

**Description of Activities**

Total number of records screened this quarter:

Total number of variances identified:

Total number of McFloops required:

Total number of McFloops disapproved:

*(Disapproved McFloop forms must be faxed in)*

Total number of Mcfloops approved/completed:

Total number of McFloops outstanding:

Total number of open charts receiving medication at the clinic:

**Total Variances**

Total number of variances for all records screened this quarter, listed by item:

1	2a	2b	2c	2d	2e	2f	3	4	5	6	7

8a	8b	8c	8d	9	10	11	12	13	14

**Please complete and submit to County QA along with the Medication Monitoring Tool and McFloop (if applicable).  
Forms can be sent via confidential fax to 619-236-1953 or through encrypted email at:  
[QIMatters.hhhsa@sdcounty.ca.gov](mailto:QIMatters.hhhsa@sdcounty.ca.gov)**