

Psychotropic Medications

Policy guidance, survey evidence, review worksheets, and an action plan.

REGULATION**42 CFR 483.45(c)–(e)****F-TAG****F605 / F756****SOURCES CHECKED****October 1, 2026****REVIEW FORMAT****Facility-led team review**

How to Use This Guide

1 Read the reference

Review each requirement, its source, and where surveyors look.

PAGES 2–3**2 Compare the evidence**

Check the written policy first, then records and observed practice.

WORKSHEETS · PAGES 4–7**3 Assign and follow up**

Log each gap with an owner, a target date, and a verification step.

ACTION PLAN · PAGE 8

Before You Begin

WHO TO INVOLVE

Director of nursing, consultant pharmacist, medical director, administrator, and QAPI lead, as appropriate.

WHAT TO BRING

Current psychotropic policy, selected resident records, pharmacy reports, orders, care plans, and monitoring documentation.

Review Areas at a Glance

NO.	REVIEW QUESTION	REFERENCE	WORKSHEET
01	Why is this medication needed?	Page 2	A · Page 4
02	What non-drug approaches were considered?	Page 2	A · Page 4
03	Was the resident involved in the decision?	Page 2	B · Page 5
04	Is the medication helping or causing harm?	Page 2	B · Page 5
05	Was a lower dose tried or ruled out?	Page 3	C · Page 6
06	Are as-needed orders reviewed on time?	Page 3	C · Page 6
07	Are pharmacy findings followed through?	Page 3	D · Page 7

Scope. Psychotropics include, but are not limited to, antipsychotics, antidepressants, antianxiety drugs, and hypnotics. F605 includes the former F758 unnecessary-psychotropic guidance. Apply current CMS and state requirements.

Educational review aid; not a complete policy, prescribing protocol, or assurance of compliance. Worksheets do not replace resident documentation. Prompts and record examples are Survey Alert suggestions, not additional CMS requirements. Apply relevant state requirements. Medication decisions require individualized clinical judgment.

PART 1 · REFERENCE

Key Review Areas Under F605 and F756

01 Why is this medication needed?

Check the indication, target symptoms, and rationale for each medication. A diagnosis alone does not establish necessity. [1, 2]

WHERE TO LOOK

Prescriber orders and progress notes; admission records for existing medications.

02 What non-drug approaches were considered?

Review non-drug approaches, their results, and why they were ineffective or contraindicated. Medication must not be used for discipline or staff convenience. [1, 2]

WHERE TO LOOK

Care plan and nursing or activity notes showing the resident's response.

03 Was the resident involved in the decision?

Before starting or increasing a psychotropic, check discussion of benefits, risks, alternatives, applicable boxed warnings, and the resident's or authorized representative's choice. [2]

WHERE TO LOOK

Consent form, progress note, or care-conference note; CMS allows different documentation formats.

04 Is the medication helping or causing harm?

Clarify who monitors benefits and adverse effects and when concerns reach the prescriber. Keep the care plan current. [1, 2]

WHERE TO LOOK

Nursing monitoring records, prescriber notifications, and care-plan revisions.

PART 1 · KEY REVIEW AREAS (CONTINUED)

05 Was a lower dose tried or ruled out?

Track attempts, outcomes, and future plans, or the physician's resident-specific contraindication. Use individualized timing and the Gradual Dose Reduction section of current F605 guidance. [1, 2]

WHERE TO LOOK

Prescriber and pharmacy GDR notes; a rationale beyond an unexplained "not appropriate."

06 Are as-needed orders reviewed on time?

PRN orders are limited to 14 days. Non-antipsychotic extensions need a prescriber rationale and duration. An antipsychotic PRN order cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of the medication. A staff report alone does not constitute that evaluation. [1, 2]

WHERE TO LOOK

Dated orders and prescriber extension or renewal notes.

07 Are pharmacy findings followed through?

Check at least monthly licensed-pharmacist review of the regimen and chart. Separate written irregularity reports go to the attending physician, medical director, and DON, and findings require action. Policy covers timeframes for each review step and steps for irregularities that need urgent action. [1, 2]

WHERE TO LOOK

Report naming the resident, drug, and irregularity; physician response, and rationale if no change.

TEAM DISCUSSION · FICTIONAL EXAMPLE

A dose increase is ordered, but the reviewer cannot locate the prior resident discussion. What would a surveyor see? Who documents the discussion, where, and who checks it? Investigate missing evidence; do not backdate or assume consent.

Sources and Resources

[1] [42 CFR 483.45\(c\)–\(e\): pharmacy services](#)

[2] [CMS Appendix PP: F605, F756, F552](#)

[3] [CMS survey resources: CMS-20082 pathway](#)

[4] [AHCA/NCAL F605 Action Tool \(Mar. 2025\)](#)

[5] [CMS QSO-25-14-NH: surveyor guidance](#)

Sources checked October 1, 2026. F605 revisions implemented April 28, 2025.

PART 2 · REVIEW WORKSHEET A OF D

Review Areas 1–2

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 01

Why is this medication needed?

WHAT TO CHECK

How your policy and records establish the target symptoms and reason for each psychotropic. A diagnosis alone is not enough. [1, 2]

WHERE TO LOOK

Prescriber orders and progress notes; admission records for existing medications.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 02

What non-drug approaches were considered?

WHAT TO CHECK

Individualized non-drug approaches, their results, and why they could not be used. Medication must not be used for discipline or staff convenience. [1, 2]

WHERE TO LOOK

Care plan and nursing or activity notes showing the resident's response.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Review the written policy first, then the evidence. Carry every gap to the action plan on page 8.

PART 2 · REVIEW WORKSHEET B OF D

Review Areas 3–4

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 03

Was the resident involved in the decision?

WHAT TO CHECK

Discussion of benefits, risks, alternatives, and boxed warnings, plus the resident's or representative's choice, before starting or increasing medication. [2]

WHERE TO LOOK

Consent form, progress note, or care-conference note; CMS allows different documentation formats.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 04

Is the medication helping or causing harm?

WHAT TO CHECK

Who tracks benefits and side effects, when concerns reach the prescriber, and whether the care plan reflects current needs. [1, 2]

WHERE TO LOOK

Nursing monitoring records, prescriber notifications, and care-plan revisions.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Review the written policy first, then the evidence. Carry every gap to the action plan on page 8.

PART 2 · REVIEW WORKSHEET C OF D

Review Areas 5–6

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 05

Was a lower dose tried or ruled out?

WHAT TO CHECK

Gradual dose reduction attempts and results, or the physician's resident-specific reason a reduction is contraindicated, plus future plans. [1, 2]

WHERE TO LOOK

Prescriber and pharmacy GDR notes; a rationale beyond an unexplained "not appropriate."

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

REVIEW AREA 06

Are as-needed orders reviewed on time?

WHAT TO CHECK

Order dates, duration, and extension or renewal documentation. See reference area 6 for the separate antipsychotic and other psychotropic rules. [1, 2]

WHERE TO LOOK

Dated orders and prescriber extension or renewal notes.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Review the written policy first, then the evidence. Carry every gap to the action plan on page 8.

PART 2 · REVIEW WORKSHEET D OF D

Review Area 7 and Summary

FACILITY _____ REVIEWERS _____ DATE _____

POLICY / PROCEDURE TITLE AND VERSION _____

REVIEW AREA 07

Are pharmacy findings followed through?

WHAT TO CHECK

Monthly review, policy timeframes, urgent-action steps, separate written reports to the attending physician, medical director, and DON, and physician follow-up. [1, 2]

WHERE TO LOOK

Report naming the resident, drug, and irregularity; physician response, and rationale if no change.

1 What does your policy or procedure say?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

POLICY SECTION

2 What does your evidence show?STATUS ☐ Supported ☐ Gap ☐ N/A ☐ Not checked

EVIDENCE LOCATION

Review Summary

Circle one per column: S = Supported · G = Gap · N/A = explain why · NC = Not checked

NO.	REVIEW AREA	POLICY				EVIDENCE				TARGET DATE	OWNER
01	Medication need and indication	S	G	N/A	NC	S	G	N/A	NC		
02	Non-drug approaches	S	G	N/A	NC	S	G	N/A	NC		
03	Resident involvement	S	G	N/A	NC	S	G	N/A	NC		
04	Benefit and harm monitoring	S	G	N/A	NC	S	G	N/A	NC		
05	Gradual dose reduction	S	G	N/A	NC	S	G	N/A	NC		
06	PRN order limits	S	G	N/A	NC	S	G	N/A	NC		
07	Pharmacy review follow-through	S	G	N/A	NC	S	G	N/A	NC		

Status key. Supported = found in the material reviewed · Gap = missing, unclear, or inconsistent · N/A = explain why · Not checked = review remains open. Carry every gap to the action plan on page 8.

PART 3 · ACTION PLAN

Action Plan and Follow-Up

Log each gap or unresolved question from the review summary. Copy this page as needed.

FACILITY _____ SHEET _____ OF _____

REVIEW AREA NO. / NAME _____	IDENTIFIED _____	REVIEWER _____
GAP / UNRESOLVED QUESTION + EVIDENCE REFERENCE _____		
PLANNED ACTION / POLICY WORDING OR WORKFLOW TO REVISIT _____		
OWNER _____	TARGET DATE _____	FOLLOW-UP DATE _____
HOW WE WILL VERIFY THE CHANGE IS WORKING _____		
FOLLOW-UP RESULT / REMAINING ACTION _____		
STATUS ☐ Open ☐ In progress ☐ Verified complete		

REVIEW AREA NO. / NAME _____	IDENTIFIED _____	REVIEWER _____
GAP / UNRESOLVED QUESTION + EVIDENCE REFERENCE _____		
PLANNED ACTION / POLICY WORDING OR WORKFLOW TO REVISIT _____		
OWNER _____	TARGET DATE _____	FOLLOW-UP DATE _____
HOW WE WILL VERIFY THE CHANGE IS WORKING _____		
FOLLOW-UP RESULT / REMAINING ACTION _____		
STATUS ☐ Open ☐ In progress ☐ Verified complete		

Address immediate resident-safety concerns promptly — do not hold them for the next review cycle.