

## *MEDICATION MANAGEMENT*

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### *ISSUES, REQUIREMENTS, CONSIDERATIONS*



The medication rules in HFA's and AFC's are very similar and we apply them almost identically, but proper medication administration is a more significant issue in HFA's. 13% of the rules cited for noncompliance in HFA's are medication-related compared to 7% in AFC's. For HFA's, the medication rule is the 2<sup>nd</sup> most frequently cited rule after the resident service plan rule.

## *Resident Medication Safeguards*

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AFC R 400.14312 [.15312]

- (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident ...kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

HFA Rule 325.1932 (3) and (5)

AFC Rule 400.14312 (1) requires that prescription medication be kept in the original pharmacy-supplied container labeled for the specific resident and locked, and refrigerated if required.

There is no equivalent rule for HFA's but, nevertheless, all of these same elements are required in the application of other parts of the HFA medication rule.

This rule means that medications cannot be pre-set into other containers prior to giving to a resident. The person who gives the resident the medication is responsible/held accountable for administering the **correct medicine** in the **correct dosage** at the **correct time** by the **correct method** to the **correct resident**. That person simply cannot do that unless she or he has control over the entire administration process.

## *Resident Medication Safeguards*

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### **HFA R 325.1932**

**(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.**

### **AFC R 400.14312 [.15312]**

**(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.**

Also, pre-setting medication is regarded as not taking reasonable precautions to ensure the medication is not taken by another resident.

*Medication Administration Record  
(MAR)*

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**HFA R325.1932(3) AFC 400.14312(4) [.15312]**

- (b) Complete an individual medication log that contains all of the following information:**
- (v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.**

If the medication passed has been pre-set, it is also a falsification of the Medication Administration Record (MAR) when initialing it, because the medication passer really has no way of knowing for sure what medication and dosage has been administered to the resident.

## *Resident Medication Safeguards*

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AFC R 400.14312 [.15312]

- (1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident ...kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Another requirement of this rule is that medications are to be kept **locked up** - and this includes medication that must be **refrigerated**. This also includes over-the-counter medications and dietary supplements that the resident takes **independently**. So yes, we really do expect a refrigerator where medication is stored to either be locked, or within a locked room that residents cannot access. In HFA's, again we use subrule 5 about reasonable precautions to get to this requirement. It is not uncommon during onsite inspections to see prescription medications and over-the-counter medications in plain view on counters, tabletops and nightstands within a resident's private room or quarters. Unless the resident's door is self-closing and self-locking, another resident could potentially enter the resident's room and have access to the other resident's medications.

## *Prescription Medication Orders*

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HFA R 325.1932

(1) Medication shall be given, taken, or applied pursuant to labeling instructions or signed orders by the prescribing licensed health care professional.

AFC R 400.14312 [.15312]

(2) Medication shall be given, taken, or applied pursuant to label instructions.

This is the requirement that causes the most frustration and resistance. Notice that the HFA rule requires **signed** orders. We understand that a nurse's scope of practice includes taking verbal medication and treatment orders and that many HFA's employ licensed and registered nurses.

## *Prescription Medication Orders*

HFA R 325.1932

AFC R 400.14312 [.15312]

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| <p>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</p> <p>(e) Adjust or modify a resident's prescription medication with <u>written instructions</u> from a prescribing licensed health care professional who has knowledge of the medical needs of the resident. A home shall record, in writing, any instructions regarding a resident's prescription medication.</p> | <p>(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p> |
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Again – note that the HFA rule requires adjustments to the medications to be in writing.

## *Protection by Prevention*

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The goal of licensing is to protect vulnerable adults through prevention of harm by reduction of risks.

Although the requirement for written orders may add a logistical headache, it is not an insurmountable problem. If the physician's office, or the facility does not have a fax machine, you'll have to use a pharmacy as a go-between. The physician can call the order into the pharmacist who can either fax or deliver a written label instruction. We've heard from physicians who cannot understand why a nurse can't take his or her verbal order. We explain that an HFA is not the same as a nursing home.

## *Differences from Nursing Homes*

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- No physician oversight
- No director of nursing
- No charge nurse
- No administrative rules (federal or state)
- No regulatory oversight

In a HFA, there is no medical director, no director of nursing, no charge nurse, no administrative rules (federal or state) pertaining to the provision of nursing services in a HFA, and no regulatory oversight of those services. HFA licensing staff generally have social work, counseling, or psychology backgrounds and are not qualified by education or training to assess whether or not nursing services are properly performed.

This applies to AFC's as well, though a less common problem.

## *Resident Medications*

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### HFA R 325.1932

- (1) Medication shall be given, taken, or applied pursuant to labeling instructions or signed orders by the prescribing licensed health care professional.

### AFC R 400.14312 [.15312]

- (2) Medication shall be given, taken, or applied pursuant to label instructions.

Another requirement of this rule is giving the medication the correct way.

## *Correct Medication Administration*

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- Crushing medications
- Mixing medications with applesauce or pudding
  - Must either be on the pharmacy label or
  - Printed instructions included with medication or
  - Signed order from prescriber
- Hiding medications from resident

These rules mean no crushing or mixing medications unless that direction is on the pharmacy label, or is indicated in the accompanying information or there is a signed order from the prescribing health care provider that it is ok to mix or crush a medication. By crushing or mixing, the efficacy of some medications could unintentionally be compromised.

This is as good a place as any to talk about hiding medications from a resident so that the resident is unaware that he is taking them. A resident does have a right to refuse medications or medical treatment. So the only time it is permissible to hide a medication in food is when that is ordered by a legal guardian, a Power of Attorney, a Patient Advocate, or by a Court Order for Treatment. But a word of warning – look carefully at any POA or Patient Advocate paperwork to make sure that the authority is in effect. For example, when two doctor's are required to certify that the resident is no longer capable of making healthcare decisions for himself. Also, the scope of the authority of the POA or Patient Advocate must be sufficiently described to determine that this decision is included within the resident's intent.

## *Resident Independence*

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### HFA R 325.1932

(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.

### AFC R 400.14312 [.15312]

(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.

If a resident is capable of independently taking his or her own medications, we expect to see this addressed in the Resident Service Plan or Assessment Plan.

## *Resident Independence*

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- Resident may be capable of taking own medications initially but become incapable over time
- Important to preserve resident's independence
- But not at the expense of the resident's safety

But remember, the capability of taking medications independently may not be permanent. Over time, the resident may lose the ability to be responsible for safely taking their own medications. When you question this, it is your responsibility to coordinate a discussion of a change in the service needs of the resident with the resident, the resident's physician and the resident's authorized or designated representative or legal guardian.

## *Medication Training*

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### **HFA R 325.1932**

- (3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:
- (a) Be trained in the proper handling and administration of medication.

### **AFC R 400.14312 [.15312]**

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (a) Be trained in the proper handling and administration of medication.

Training in medication administration also includes a responsibility to determine staff competency following training.

## *Medication Administration Competency*

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### **HFA R 325.1931**

- (7) The home's administrator or its designees are responsible for evaluating employee **competencies**.

### **AFC R 400.14204 [.15204]**

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be **competent** before performing assigned tasks,

Too often during special investigation interviews with facility staff we hear – I was trained in medications, but I was never told what to do when a resident refuses a medication except to note it on the MAR – or no one ever told me I couldn't ask another staff to deliver the medication cup to a resident if I got too busy or that I should watch the resident take the medication.

## *Medication Administration Record*

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HFA R 325.1932 (3)

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

AFC R 400.14312 (4) [.15312]

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

If you have obtained clarification from the licensed prescriber regarding the instructions for use, such as for PRN (take as needed) medications or that they can be crushed or mixed with food, these should be added to the MAR or the MAR should reference instructions in the service plan.

## *Medication Errors*

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HFA R 325.1932 (3)

(v) The initials of the person who administered the medication, which shall be entered at the time the medication is given.

AFC R 400.14312 (4) [.15312]

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

*Recommend having a written policy/procedure for what to do when staff medication administration initials are missing*

(g) Upon discovery, contact the resident's licensed health care professional if a medication error occurs...

(f) Contact the appropriate health care professional if a medication error occurs...

You need a policy / a procedure for staff to follow when the next shift medication passer notices that the previous shift did not initial that a medication was administered. If it cannot be verified that the medication was given, the resident's physician must be notified. This is a medication error.

## *Resident Medication Refusal*

HFA R 325.1932 (3) and AFC R 400.14312 (4) [.15312]

- (vi) A resident's refusal to accept prescribed medication or procedures.

HFA R 325.1932 (3)

- (f) Contact the appropriate **licensed** health care professional if the resident repeatedly refuses prescribed medication or treatment. The home shall follow and record the instructions given.

AFC R 400.14312 (4) [.15312]

- (f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

When a resident refuses a medication or a procedure like blood glucose level testing, we all too often find that the medication passer tried to insist or coerce the resident into cooperating or hid the medication in food. Residents with dementia in particular may become agitated and a behavioral outburst ensues. In worse case scenarios, now the staff try to administer a PRN medication like Ativan for agitation and the situation goes from bad to worse.

Here is an example from a recent investigation report. A resident with moderate dementia also had diabetes. He was supposed to get his blood sugar level tested before eating breakfast and getting morning medication. As his dementia increased, he became more and more resistant to getting his finger pricked, so the midnight shift started to get him up at the end of shift to test him because they had more time than the morning shift staff. So now he's being awakened for a medical procedure that was uncomfortable and he frequently refused. So one morning when he refused the first staff person, a second staff person gave it a try and he became more resistant and knocked her hands away. Together they tried again but he became very agitated. So now they decided to try giving him his "as needed for agitation Ativan" but he knocked the pills out of the staff person's hands onto the floor. The staff person picked them up and tried again to give them to him. He became so upset he started throwing items around his room. So they left to call the on-call nurse who advised they leave him alone in his room and call EMS for transport to the Geri-Psych Unit at the hospital. By the time EMS arrived, he was perfectly calm and in his room.

The point of this story is to illustrate how the lack of staff competency in administering medications and a related medical procedure and failing to allow the resident to refuse them, unnecessarily escalated into a preventable and inappropriate hospitalization.

## *PRN Medications*

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HFA R 325.1932 (3)  
AFC R 400.14312 (4) [.15312]

- (c) Record the reason for each administration of medication that is prescribed on an as needed basis.
- (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis.

A lack of understanding or specific direction regarding the administration of PRN medications is probably the single biggest problem we see related to medications. This can lead to abuse of pain medications and drug-seeking behaviors; over-medication sometimes causes falls, and may also amount to chemical restraint.

When a resident is prescribed a PRN – as needed – medication, the following are parameters that need to be identified and communicated in writing for staff.

## *PRN Medication Parameters*

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- For PRN pain medications, must specify what kind of pain: chest pain, back pain, tooth pain, headache, stomach, pain, joint pain? This is often where we see more than one PRN medication “for pain” prescribed.

Too often the prescription label for a pain medication reads only, “Take as needed for pain every six hours.” The home needs to know how many intervals of medication every six hours can be given – indefinitely? What does the prescriber want to be done if the medication does not relieve the pain adequately? With this kind of prescription, staff administer the pain medication for any type or location of pain the residents experiences which may be inappropriate and may mask an underlying medical problem that needs to be evaluated by the health care provider.

## *PRN Medication Parameters*

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- When more than one PRN medication, when/how often can they be given; can/should they be given in combination with each other?

For example, if a resident has an order for PRN administration of Oxycontin for back pain and also Imitrex for migraine headache pain, can both medications be given at the same time? If not, how far apart must they be administered?

## *PRN Medication Parameters*

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- Problem:

“Give 1 or 2 Ativan when needed for anxiety demonstrated by weeping.”

But when give one and when give two Ativan?

## *PRN Medication Parameters*

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- Good:

Nitroquick every 5 minutes up to 2 doses as needed for chest pain. If no relief, call 911.

These parameters and guidelines are necessary so that staff is clear about how to determine when it is necessary to administer a PRN medication and is consistent in doing so.

## *PRN Medication Parameters*

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- When given for anxiety or agitation, what would it look like? Pacing, refusing care, repeating spouse's name, awake after midnight, repeatedly opening and closing drawers, weeping?

**Remember:** It is entirely appropriate, permissible, and even desirable for residents, even those with dementia, to express feelings of anger, frustration, sadness and grief. We don't want to unnecessarily suppress feelings with PRN medications.

## *Resident Absence*

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### **HFA R 325.1932**

**(4) If a resident requires medication while out of the home, then the home shall assure that the resident, or the person who assumes responsibility for the resident, has all of the appropriate information, medication, and instructions.**

### **AFC R400.14312 [.15312]**

**(5) When a resident requires medication while out of the home, a licensee shall assure that the resident or, in the alternative, the person who assumes responsibility for the resident has all of the appropriate information, medication, and instructions.**

When a resident is going to be away from the home when a medication is to be taken, the home must send the medication and instructions with the resident.

## *Resident Absence*

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Medications taken with the resident when leaving the home for a vacation or other period of time when the medication is to be administered must remain in the pharmacy-labeled container.

The medication must remain in the pharmacy-labeled container. Facilities are often worried that they will lose control of the medications in the container or that they won't be returned to the facility with the resident. Facility staff can ask the physician and pharmacy to divide the prescription into two separate containers rather than just one.

A complaint we investigated had to do with a licensee who refused to give the resident's prescribed narcotic medication to him when he moved out of the facility. The licensee thought it was too dangerous and so planned to return the unused medications to the pharmacy. This is not permitted. The medications are a resident's personal property. Often, insurance/Medicaid won't authorize a refill of the prescription because it is too soon for the previously filled prescription to have been taken.

## *Medication Disposal*

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### **HFA R 325.1932**

**(6) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a licensed health care professional or a pharmacist.**

### **AFC R 400.14312 [.15312]**

**(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist**

There are two typical problems we see regarding disposal of medications.

## *Medication Disposal*

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- Cannot “borrow” medications from another patient
- Cannot keep unused medications as an “emergency back-up” supply in case another resident runs out of the same medication

Sometimes medications are kept as an “emergency back-up supply in case another resident who has the same prescription runs out. Another problem involves staff being “found” by police carrying the medications. The explanation given: “I was taking them back to the pharmacy but forgot I had them”. Amazing how many times we’ve encountered some variation on this theme.

## *Medical Nutrition Therapy*

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- HFA Rule 325.1952(4)

Medical nutrition therapy, as prescribed by a licensed health care professional and which may include therapeutic diets or special diets, **supplemental nourishments or fluids to meet the resident's nutritional and hydration needs**, shall be provided in accordance with the resident's service plan unless waived in writing by a resident or a resident's authorized representative.

Recommend that they be documented like a medication.

There is no AFC equivalent to this rule. We recommend that prescribed Ensure, Boost or H2O/fluids be documented like other prescribed medications.

Special diets are addressed in AFC rules 400.14313 (3) (5) (6) [.15313].

## *Common Problems & Issues*

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- Running out
- Pharmacy Errors
- Falls
- Incorrect resident
- Bubble packaging –mail order pharmacy
- Robbery

**Running out** – Sometimes families are responsible for obtaining medications and refills and fail to do so timely. The facility must have a back-up procedure to obtain the medications immediately in this event.

Sometimes staff has not ordered the medications in sufficient time before they run out and wait until they are gone. Sometimes medications are “lost” and then the resident’s insurance or Medicaid won’t let them be refilled yet. The facility must have an organized plan to address these issues and have a contingency plan in place.

DCH conducts investigations of **pharmacy errors**. We are aware that there are more pharmacy errors being investigated by DCH recently and the investigators often want to look at facility MAR’s and medications. Facility nurses frequently catch pharmacy errors by double-checking the medications (including the count) against the label and the physician’s orders when the medications are delivered to the facility.

When a resident experiences **falls**, the possibility of overmedication should be considered. Typical adult dosages may be inappropriate for the aged because the aged have slower metabolisms and often weigh less. Another possibility may be the interaction of two or more medications. Pharmacists can review a resident’s medications and dosages to determine if the resident’s falls could be related.

The danger of inadvertently administering medication to the **wrong resident** is ever present. Use of a resident’s photo on that resident’s MAR is a good way to try to prevent that. But in one situation that occurred in a home, the medication passer checked the resident’s photo on the MAR to be sure it was the correct person and then turned to put the medication into the paper cup to dispense. Without her awareness, the resident had left and a different resident took his place and she did not realize that she had given the wrong resident the medication until afterwards when she looked up at the resident’s face. So now the facility administers the medications in a “medication room” and only one resident at a time can be in the room.

Generally, **mail order pharmacies** will not **bubble-pack** medications. These pharmacies’ packaging is “one size fits all” because of automated mass production. Many residents complain that the cost of the prescriptions is unnecessarily costly, because the home requires bubble-packaged medications that their insurance company won’t cover because they must use the insurer’s mail order pharmacy.

To get around that problem, we’ve seen the medications obtained from the mail-order pharmacy and then pay for a different pharmacy to put the medications into bubble-packaging themselves. We receive complaints about this practice which is not a rule violation per se. It is important, however, that the home’s policies and fee schedule concerning medications clearly explain these kind of requirements.

**Robbery** – Unfortunately, many people are aware of the many narcotic medications that are taken by residents in HFA’s and AFC’s. Many people also know where the drugs are kept, the genders and number of staff in homes, visitation policies, and when the home’s doors are unlocked. This makes homes vulnerable to robbery and theft of drugs. Please ensure that your home has assessed your vulnerability in this area and has an organized plan for safety and protection of residents and staff.

***HFA'S ONLY***  
***Incident Reports***

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**Only 1 to 5% of medication errors are reported as required. These are found during onsite inspection and investigations.**

**Remember: Reportable if there is a potential for more than minimal harm.**

A single missed multi-vitamin is not reportable. Multiple missed vitamins over an extended, non-consecutive period of time – is reportable because it could put the resident at risk of more than minimal harm.

## *Range of Licensing Responses*

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- NOF
- Confirming letter
- All the way to revocation

There are number of ways that we respond when medication errors occur depending on the severity and extent of the problem. When we become aware of a medication error through a self-report, we may only send a letter confirming that the error occurred and the corrective measures that you have taken to prevent the error from happening again in the future.

During an inspection or an investigation, we may use a handwritten “Notice of Finding” (NOF) to document minor medication errors that do not have the potential for more than minimal harm to residents or indicate a breakdown in the home’s system of medication administration. An example of an error that would be appropriate to document with either a confirming letter or a NOF is when the shift supervisor noticed that a specific employee failed to initial the medication administration record (MAR) when she administered medications on her shift. The supervisor verified that the correct medications were administered according to prescription directions, immediately retrained the employee on medication administration procedures and assessed her competence to document the MAR correctly, and implemented a plan to verify her compliance with documentation requirements on a more frequent basis for the following month.

When there are multiple problems with medication administration substantiated, they are cited in a written licensing report and a formal corrective action plan from the licensee is required to be submitted for our approval. If these violations have resulted in harm to residents, or have been cited before and the corrective action plan was not implemented, effective or sustained, we might issue a provisional license to give a six-month period to demonstrate the ability to achieve and maintain compliance with the medication rules.

Serious and ongoing problems with safe medication administration despite our technical assistance and the licensee’s correction action plans may be cause for a recommendation for revocation of a license, particularly if residents have experienced significant related harm.



By and large, you are doing a great job of administering medications. We rarely see resident deaths due to medication errors. We do see hospitalizations resulting from medication errors which is why we consider this a high-risk area of care that we pay special attention to during inspections. Even in those facilities that have qualified for a Focused Onsite Renewal Inspection, we still want to observe a medication pass to try to ensure resident safety in this process. Hopefully, this presentation will assist you in making sure that your medication process is a safe one. We thank you for all that you do to provide care and quality of life to our state's vulnerable adults. We recognize and value everything that you do day in and day out.