Understanding Medication Regulations and Policies

4 HOUR CEU COURSE FOR RCFE AND ARF ADMINISTRATORS

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Course Objectives

- Review and understand Title 22 and H&S Code regulations pertaining to medications
- Discuss medications and residents on hospice – what can we do vs. what can't we do?
- Learn about hand-over-hand medication assistance and what are the facilities allowed to do
- Discuss PRN medications and documentation requirements
- Learn about crushing and hiding medications in licensed facilities
- Discuss updates to the End of Life Options Act

Definitions

DSS =	**Department of Social Services**
RCFE =	**Residential Care Facility for the Elderly**
ARF =	**Adult Residential Facility**
SNF =	**Skilled Nursing Facility**
AB =	**Assembly Bill**
SB =	**Senate Bill**
Resident =	**Anyone living in long-term care**
Meds =	**Medications**

Why is discussing this important?*

According to the Health Policy Institute, about 66% of U.S. adults take prescription drugs.

According to the CDC, about 46% of U.S. adults have taken a prescription drug in the past 30 days

Also according to the CDC, 85% of adults aged 60+ reportedly used prescription drugs in the past 30 days!

Source: https://www.singlecare.com/blog/news/prescription-drug-statistics/

Medication Regulations

RCFE: Title 22, Section 87465 and H&S Code 1569.69 both pertain to medications

ARF: There is no dedicated Section that discusses medications – they are discussed throughout the Regulations

Medication Regulations (cont'd)

Medication assistance means that:

- we centrally store their medications;
- we give residents their medications to take when prescribed;
- we reorder their medications, when necessary; and
- we document when they refuse them and call the physician.

Medication assistance does not mean that:

- we force the residents to take their medications;
- we give them injections; or
- we put a pill in their mouth.

Hospice and Medications

Speaking of putting a pill in a resident's mouth…..

What do we do if the resident is on hospice and he/she cannot do it for him-/herself?

Hospice and Medications

Per the DSS RCFE Evaluator Manual: if a hospice resident cannot self-administer meds, either:

a. a family member or friend can, if they are not receiving compensation for it; or

b. a skilled (licensed) medical professional must do it.

Hospice and Medications

More details:

- The relative or friend is NOT receiving monetary or any other form of compensation for their services;
- They are trained by the hospice agency;
- The hospice plan includes this delegation; and
- There is a back-up plan in place in case they fail to arrive at the designated time.

Hospice and Medications

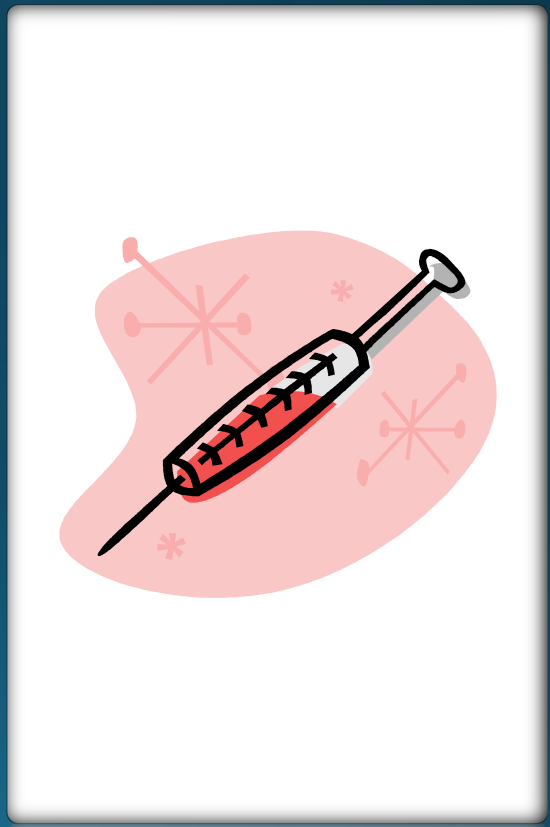
More details (cont'd):

- Meds are not pre-poured more than 24 hours in advance ("pour, pass, document");
- A caregiver, who is hired and paid for by the family or resident (i.e., private duty aide), cannot administer meds; and
- A resident of the RCFE cannot be considered a friend or relative.

Hospice and Medications

More details (cont'd):

- Pre-drawn meds via syringe or oral dosing unit:
  - Only an RN can pre-draw
  - The med must be labeled and properly stored



Hospice and Medications

If a hospice resident cannot self-administer meds, and there is no family, friend or skilled medical professional to administer meds, then they must move out of the RCFE.

Hospice and Medications

Morphine pumps –

Permissible but staff is not able to administer meds unless they are an appropriately skilled professional.

Hospice and Medications

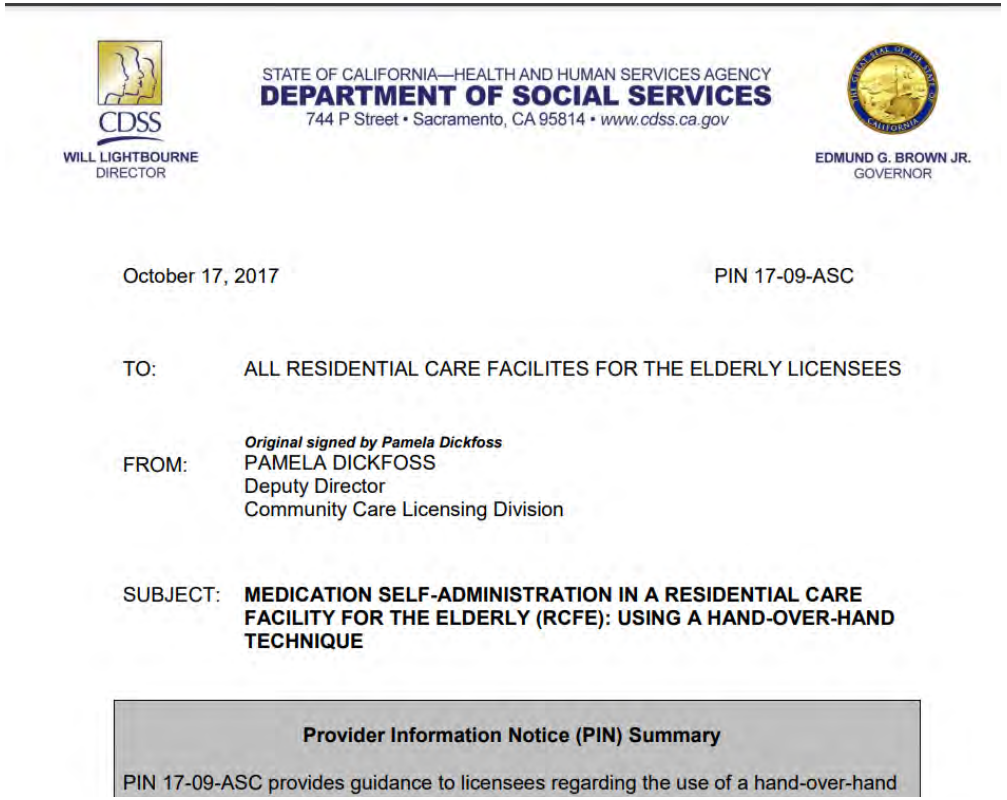
Do NOT let the hospice agencies try to convince you and your staff to administer medications (i.e., put morphine into the resident's mouth).

You will be cited by DSS for this as it is not legal.

Can we….?

What about hand-over-hand medication assistance?

DSS released a PIN in October of 2017 regarding the hand-over-hand technique and what is allowed.



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GOVERNOR

October 17, 2017 PIN 17-09-ASC

TO: ALL RESIDENTIAL CARE FACILITES FOR THE ELDERLY LICENSEES

FROM: ***Original signed by Pamela Dickfoss***
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: **MEDICATION SELF-ADMINISTRATION IN A RESIDENTIAL CARE FACILITY FOR THE ELDERLY (RCFE): USING A HAND-OVER-HAND TECHNIQUE**

Provider Information Notice (PIN) Summary

PIN 17-09-ASC provides guidance to licensees regarding the use of a hand-over-hand

Hand-over-Hand Technique

DSS states:

"California Code of Regulations (CCR) Title 22 section 87465(a)(5) requires licensees or their designated facility staff to assist residents with self-administration of medications as needed. All facility staff designated by the licensee to assist with self-administration of medication must complete applicable training requirements pursuant to Health and Safety Code section 1569.69.

It has been brought to the attention of the Department that some RCFE facility staff apply a hand-over-hand technique when assisting residents with self-administration of medications. A hand-over-hand technique typically involves placing one's hand over the individual's hand to help the individual complete a movement or task. "

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

"Neither statutes nor regulations, define "hand-over-hand" technique; however, the regulation is clear that licensees and their designated facility staff are limited to "assistance with self-administration" and are prohibited from "administering" medications, pursuant to Business and Professions Code (BPC) section 4016, unless done so by an appropriately skilled professional acting within their scope of practice, pursuant to CCR, Title 22 section 87101(a)(10). Therefore, both licensees and Community Care Licensing staff must exercise caution when considering the appropriateness of using this technique."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

"Acceptable hand-over-hand techniques include:

- Guiding a resident's hand to an appropriate area in which to self-administer a test or medication
- Placing a resident's finger on a medical device so that the resident can self-administer the medication
- Steadying a resident's hand so that the resident can safely self-administer

Medication Assistance with self-administration of medication, including "hand-over-hand" technique, does not include facility staff pressing the resident's finger or hand down on the device to administer a glucose test, as it would meet the administration of medications criteria pursuant to BPC section 4016."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

"Licensees whose facility staff are trained to provide assistance with medication self-administration and who apply the hand-over-hand technique must ensure that such staff is properly trained in the technique, and that said training is properly documented in their personnel records pursuant to CCR, Title 22 section 87412(c) and (c)(2)."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

"The following scenarios are provided as additional guidance on what constitutes an appropriate assistance with self-administration of medication using a hand-over-hand technique.

Scenario #1

For residents requiring glucose testing, facility staff will load a lancet into the glucose meter and guide the glucose meter to the area of the resident's finger that appears to be the best choice. Next, facility staff will show the resident where to push to administer the test. If the resident is having trouble, facility staff will place the resident's finger on the area in which to administer the test and verbally tell the resident to push it."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

Scenario #1 (cont'd):

"In this scenario, it is appropriate for facility staff designated by the licensee to assist with self-administration of medications, to use a hand-over-hand technique to guide a resident's hand to the appropriate area on the resident's finger on which to self-administer a glucose test. Additionally, hand-over-hand assistance may include placing a resident's finger or steadying a resident's hand so that the resident can self-administer their glucose test. Pursuant to BPC section 4016, assistance with self-administration of medication does not include facility staff pressing the resident's finger or hand down on the device to administer the glucose test."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

"Scenario #2:

For residents using flex pens to self-administer insulin, facility staff will verbally remind the resident of the units they take and hand them their flex pen so that the resident can click to the appropriate amount. Facility staff may coach the resident by saying, "You take 3 units, that is three clicks; I have only heard two clicks, turn and click the pen one more time." Facility staff will then visually verify that the flex pen is set for the correct dosage or assist by dialing the pen to the appropriate dosage if they are not able. Facility staff will use their hand over the resident's hand to guide the flex pen to the area that was cleaned by an alcohol prep pad. If the resident is not able to get their finger in the appropriate place, facility staff will guide the resident's hand for proper placement. Once the resident's hand is in the proper place, facility staff will verbally tell the resident to push the button to inject the insulin."

Hand-over-Hand Technique (cont'd)

DSS states (cont'd):

Scenario #2 (cont'd):

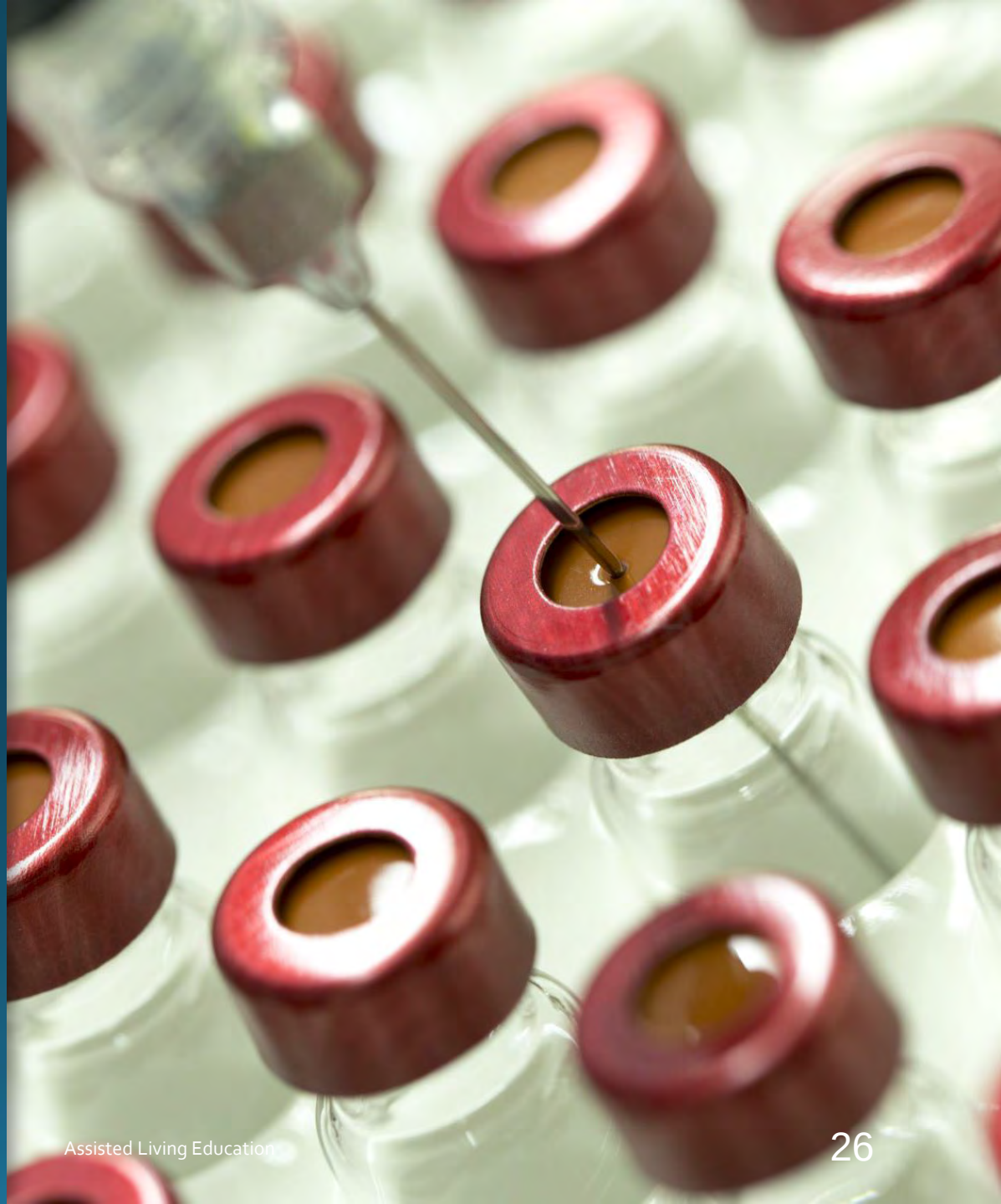
"In this circumstance, it is appropriate for facility staff designated by the licensee to assist with self-administration of medications to do so by providing residents with visual cues and verbal prompting. Additionally, the Community Care Licensing Division Advocacy and Technical Support Resource Medication Guide indicates facility staff may physically assist a resident with setting the dial of an insulin flex-pen in accordance with physician orders. This can be compared to a caregiver giving a resident a specific number of pills, as prescribed by the physician."

Discussion

Is anyone doing hand-over-hand assistance with residents?

If so, what is the outcome?

Injections and Ear/Eye Drops



Injections

Possibilities:

- Insulin for diabetics
- Vitamin B-12 shots
- Cortisone injections
- Pain relief

Injections (cont'd)

1) Unless the caregiver is a licensed medical professional (i.e., nurse), he/she cannot give an injection.

2) Family members cannot draw up or give an injection unless they are a licensed medical professional.

3) Facility staff cannot give an injection unless they are a licensed medical professional.

4) Licensed medical professionals cannot give injections that have been pre-drawn by another licensed medical professional.

Injections (cont'd)

5) If the resident does administer their own injection, the resident must have their physician verify this in writing and this must be kept in the resident's file.

6) Sharps containers are mandatory.

7) Only the resident or a licensed medical professional can mix medications to be injected and fill the syringe with the proper dose.

8) Insulin must be kept in its original bottle until it is drawn for immediate use.

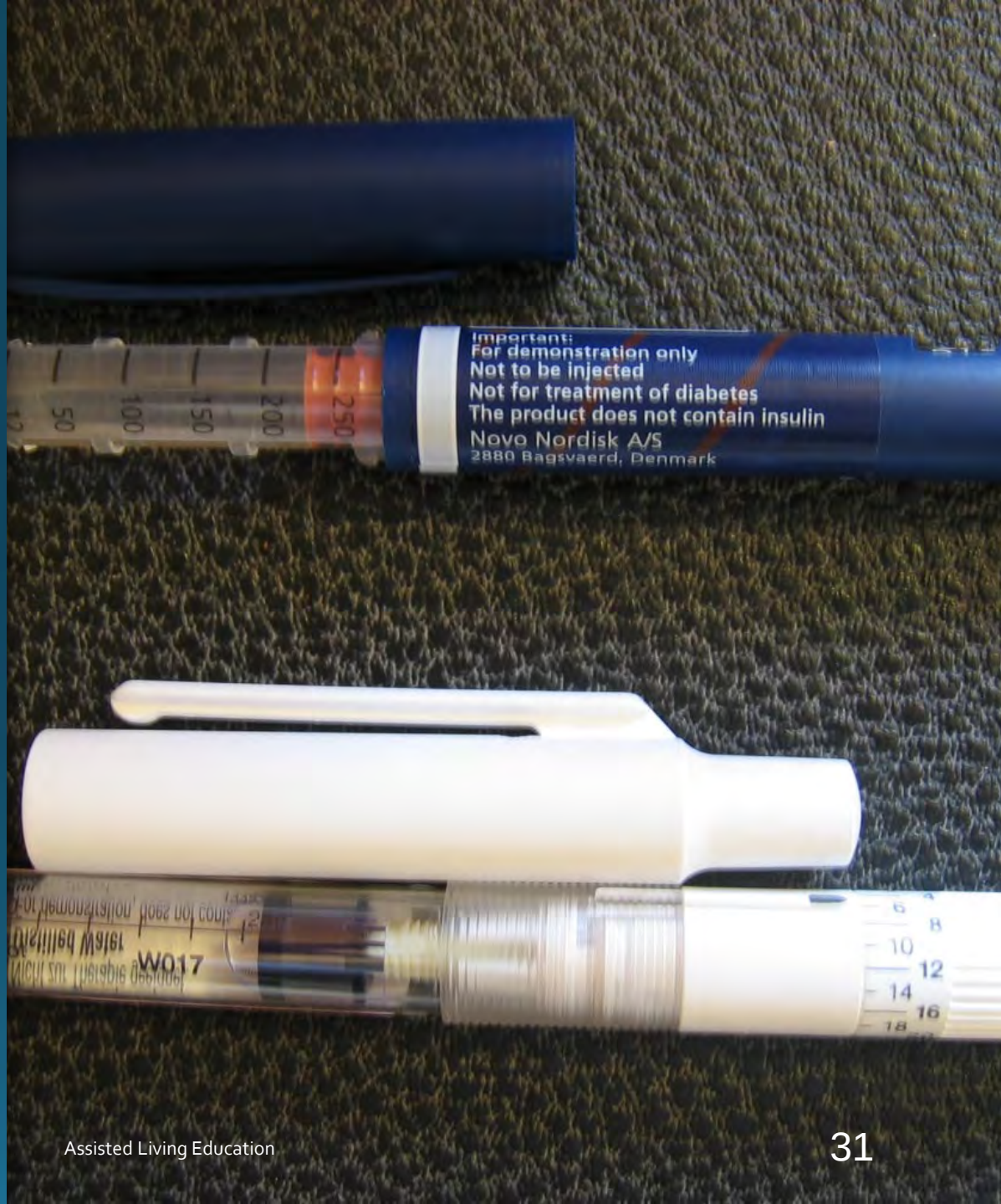
Injections (cont'd)

9) The facility MAY obtain an exception from DSS to allow residents to use pre-filled syringes that are prepared by a registered nurse.

10) The RN must not set up insulin for more than seven days in advance.

Injections (cont'd)

What about insulin pens?



Injections and Insulin Pens

A 2017 PIN announced the DSS Medication Guide

Page 22 (injections and insulin pens) –

"Scenario: A resident requests to have a family member, who is not an appropriately skilled professional administer an injection."

"Description of Regulations: Only the resident or appropriately skilled medical professional can administer the injection."

Injections and Insulin Pens

DSS Medication Guide:

Page 22 (injections and insulin pens) –

"Scenario: A resident uses a flex-pen for injectable medications." (For example, an insulin pen).

This is important because this is not addressed in the Regulations or Codes.

Injections and Insulin Pens

DSS Medication Guide:

Page 22 (injections and insulin pens) –

"Description of Regulations: Direct care staff with medication training shall assist residents with self-administered medications as needed….

- Facility staff trained in medications may physically assist a resident with setting the dial of an insulin flex-pen in accordance with physician orders. This can be compared to a caregiver giving a resident a specific number of pills, as prescribed by the physician."

Injections and Insulin Pens

DSS Medication Guide:

Page 22 (injections and insulin pens) –

"Description of Regulations:

- If the resident is unable to determine what the dosage should be (outside of physician orders), facility staff cannot assist with setting the dial of the insulin flex-pen."

Discussion

Are there any facilities currently assisting with the pens?

If so, what is the plan for when the resident is unable to administer?

Eye, Ear and Nose Drops

What can facility staff do if residents are unable to administer these themselves?

Eye, Ear and Nose Drops

Per the DSS RCFE Evaluator's Manual:

No exception is necessary to provide assistance under the following conditions:

1. The resident is not able to self-administer due to tremors, failing eyesight or other similar conditions;
2. The care is routine;

Eye, Ear and Nose Drops

No exemption is necessary to provide assistance under the following conditions (cont'd):

3. The resident's physician must provide documentation stating that 1) the resident cannot self-administer; 2) if the resident's medical condition is stable; 3) that the resident's care is routine so that we can train our staff to assist with the drops.

Eye, Ear and Nose Drops

No exemption is necessary to provide assistance under the following conditions (cont'd):

There is specific training documentation that must be completed. See 87465(a)(6)(C) for the policies and procedures.

Inhalers or Breathing Machines

- ✓Delivers medications into the body via the lungs.
- ✓Inhalers – used for asthma, COPD, bronchitis
- ✓Breathing machines (nebulizers) – can be used for the reasons above, and sleep apnea, snoring
- ✓How can the facility staff assist with this? Non-licensed staff cannot put medication into a nebulizer for resident use – only the resident or an appropriately licensed professional can do this.

Suppositories

- The suppository is inserted as a solid, and dissolves inside the body to deliver the medicine.
- Suppositories can ONLY be inserted by the resident or a licensed skilled professional.
- Common types – laxatives, treatment of hemorrhoids, pain relievers

PRN Medication Regulations

PRN's:

- "PRN Medication" [pro re nata] means any non-prescription or prescription medication which is to be taken as needed.
- Examples of PRN's: Advil, Metamucil, Antacids

PRN Medication Regulations (cont'd)

The 3 PRN choices – Section 87465 (b-d) of RCFE Title 22:

1. If the resident's physician has stated in writing that **the resident is able to determine and communicate his/her need for a prescription or non-prescription PRN medication**, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medications.

PRN Medication Regulations (cont'd)

The 3 PRN choices – 87465 (b-d)

2. If the resident's physician has stated in writing that the resident is **unable to determine his/her own need for non-prescription PRN medication but can communicate his/her symptoms clearly**, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:

PRN Medication Regulations (cont'd)

A. There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information in Section 87465(e) [see below], instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication when the physician should be contacted for a medication reevaluation.
B. Once ordered by the physician, the medication is given according to the physician's directions.
C. A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken and the resident's response.

PRN Medication Regulations (cont'd)

The 3 PRN choices – 87465 (b-d)

3. If the resident is **unable to determine his/her own need for a prescription or non-prescription PRN medication, and is unable to communicate his/her symptoms clearly**, facility staff designated by the licensee shall be permitted to assist the resident with self-administration provided all of the following requirements are met:

PRN Medication Regulations (cont'd)

A. Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.
B. The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.
C. The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.

PRN Medication Regulations (cont'd)

Are you using a letter similar to this to document the PRN choice??

Is it in the resident's file and is your staff following it?

PRN AUTHORIZATION LETTER

Dear Dr. _____:

REGARDING YOUR PATIENT: _____

A Resident of: _____

To receive non-prescription and prescription PRN medications, State licensing requires that either:

1) your patient be capable of determining his/her own need for the medication, OR
2) for non-prescription medication only, be able to clearly communicate his/her symptoms.

If your patient cannot determine his/her need for a medication, or clearly communicate the symptoms for a non-prescription medication then you, the physician, must be contacted before the PRN medication can be given. Your completion of this form will serve to document your patient's current ability to determine his/her own need for these medications.

As a licensed care provider, it is my responsibility to monitor your patient's continued ability to determine his/her own need for PRN medications and inform you of any changes which indicate he/she can no longer make these decisions.

Thank you for your assistance.

Sincerely,

Signature: _____ *Title:* _____

Telephone #: _____ *Date:* _____

Please check which circumstances describes your patient:

____ My patient can determine and clearly communicate his/her own need for prescription and non-prescription medication on a PRN basis.

____ My patient cannot determine his/her own need for non-prescription PRN medication, but can clearly communicate his/her symptoms indicating a need for a non-prescription medication.

____ My patient cannot determine his/her need for prescription and/or non-prescription PRN medication and cannot clearly communicate his/her symptoms indicating a need for a non-prescription PRN medication. (Licensee must contact physician before each dose.)

The following prescription and non-prescription medications can be taken by this patient on a PRN basis:

_____ _____ _____

_____ _____ _____

Physician's Signature: _____ *Date:* _____

Medication Regulations (cont'd)

87465(e):

For every prescription and non-prescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician, on a prescription blank, maintained in the resident's file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information:

1. the specific symptoms which indicate the need for the use of the medication;
2. the exact dosage;
3. the minimum number of hours between doses; and
4. the maximum number of doses allowed in each 24-hour period.

Medication Regulations (cont'd)

All 16+ facilities must have documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.

Training Requirements

Staff Training – as of 2016

Training requirements for employees assisting residents with self-administration of medication:

Facility Size	Total # Hours of initial training	Hands-on shadowing before working with residents	Other training or instruction	Time requirements
1-15	10 hours	6 hours	4 hours	Completed within first 2 weeks of employment
16+	24 hours	16 hours	8 hours	Completed within first 4 weeks of employment

Medication Training (cont'd)

Training must include (per H&S 1569.69):

1) The role, responsibilities and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals;
2) An explanation of the terminology specific to medication assistance;
3) An explanation of the different types of medication orders: prescription, over-the-counter, controlled and other medications.

Medication Training (cont'd)

Training must include (per H&S 1569.69) (cont'd):

4) An explanation of the basic rules and precautions of medication assistance.
5) Information on medication forms and routes for medication taken by residents.
6) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.

Medication Training (cont'd)

Training must include (per H&S 1569.69) (cont'd):

7) An explanation of guidelines for the proper storage, security and documentation of centrally stored medications.
8) A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy.
9) An explanation of medication side effects, adverse reactions and errors.

Medication Training (cont'd)

Training must include (per H&S 1569.69) (cont'd):

10) Each employee must pass an exam testing the employee's comprehension of, and competency in, the subjects 1-9 above.

    Also, they must complete **8 hours** of in-service training on medication-related issues in each succeeding **12 month period**.

Discussion

What type of training program are you using for this?

Is this documented and kept in the employee's file?

Residents moving in with medications

Your resident moves in and wants to handle their own medications.

Is this allowed?

Medications Regulations

Residents whose Physician's Report states they cannot self-administer their own meds – they have to be on your med program.

Residents whose Physician's Report states that they can self-administer their own meds – 1) review this capability at least quarterly or upon change of condition; and 2) remind residents that they must keep their medications in their locked rooms and away from other residents.

Residents Handling their Own Meds

1. Review the Physician's Report and physician's orders – does the physician state that they are able to handle their own meds?

   If not, they **must** be stored and dispensed by the facility. The resident/family **cannot** over-rule the physician.

   If yes, review your facility's policies and procedures regarding self-medication with the resident/family.

Residents Handling their Own Meds

If your resident is going to be handling their own medications, you should:

1) Send this letter to their physician

2) Interview the resident (see instructions on next slide)

Dear Physician:

Your patient, _____ lives at our retirement community and has requested to handle their own medications, prescribed and over-the-counter medications.

This is stating that _____ **will not** be assisting with any of the medications (medication assistance is a service we do provide).

Your patient is capable to administer his/her own medications.

_____

Physician signature

Residents Handling their Own Meds

Give those residents this advice:

- Sharing medications with another resident is not advised.
- Another resident may be allergic to a medication, or medications may interact with the resident's other medications.

Residents Handling their Own Meds

2. Do not mix medications in the same bottle.
   a) They may interact.
   b) It may be difficult to tell the medications apart if your physician discontinues one medication.

3. Medications should be kept at the proper temperature.
   a) Special attention should be given to those requiring refrigeration.

Residents Handling their Own Meds

4. Though not required, a "childproof" container may be a safety feature to protect other residents or small children who might visit.

5. Consult with a pharmacist on any questions regarding drug identification, uses, side effects, combinations or other issues.

Residents Handling their Own Meds

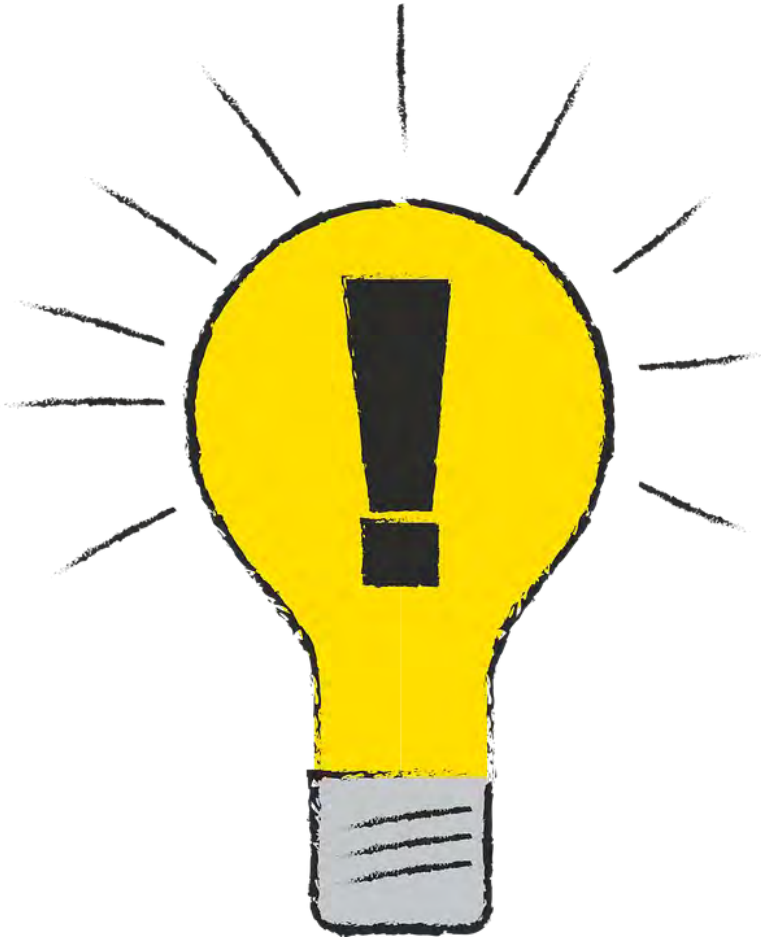
6. Do not remove medication from its original container.
   a) Always keep medication in the same dispensed bottle or container.

7. Do not run out of medications!
   a) Order medications early.

Idea

On a regular basis (quarterly?), quiz the resident about their medication(s).

- What are you taking?
- Why are you taking it?
- How often do you take it?
- How are you receiving the medications (i.e., mail order)?
- What are the possible side effects of each medication?
- Where are you storing these medications?



Discussion

- What if the resident has a change of condition? Cognitive decline?
- How often should you check in with the resident and quiz them?
- Are you (the facility) keeping track of what they are taking? Note: If you ARE, then you could be held responsible!
- What will happen if 911 is called? How will the paramedics know what the resident is taking?

Storing the Medications

Storing the Medications

1. All medications stored by the facility should be kept in a locked room or area.
2. Medications requiring refrigeration must be stored in a locked refrigerator, separate from food items, at a temperature between 36 - 46 degrees F.
3. All medications stored by the facility must be in the original container with pharmacist-prepared or manufacturer's label.
4. Each residents' various medications must be stored together and physically separated from other resident's medications.

Storing the Medications (cont'd)

5. Medication shall be stored separate from food or toxic chemicals. Question – are you storing meds in your facility's kitchen refrigerator?? Are they in a locked box or fully accessible to staff and residents????
6. Only designated responsible staff or the appropriate resident shall have access to the resident's medication.
7. Medication shall be stored in the manner suggested on the medication label.

My resident is going on vacation….

Temporary Absence from Community:

1) When a resident who is receiving medication assistance is going away from the facility for any length of time that incorporates a medication pass, medications need to be sent with the resident.
2) Place medication into a medication envelope, with complete directions and dates written on the back.
3) Write on the back of the medication sheet each medication and number of pills sent, date, time and initial. Document the responsible person to whom the medications were released.

My resident is going on vacation….

Temporary Absence from Community (cont'd):

Can you give the medications to the resident? ONLY if the physician has stated on the Physician's Report that the resident is able to handle their own medications. If not, NO.

My resident is going on vacation…

They're back……!

Now what do you do with their medications?

Re-count, re-document….

What?! They were just out for lunch and 5 pills are missing? What do I do?

Can I crush medications?

Yes, if……

- you have a physician's order to crush;
- you are not trying to *hide* it from the resident;
- the pharmacist says it is OK for that pill to be crushed and what it can be mixed with; and
- you have informed the resident and/or responsible party and they've given you permission in writing.

Can I crush medications?

Some medications, specifically tablets, have a coating on them that prevents the drug from being broken down by the highly acidic environment of your stomach.

This is called ***Enteric Coating (EC)***.

Enteric Coating can be used either to:

1) improve the absorption of the medication (a lot of drugs get absorbed past your stomach in your small intestine); or
2) more commonly, to reduce stomach upset caused by certain drugs such as Aspirin and other anti-inflammatories.

For these reasons, it is usually best not to crush pills that are enteric-coated (EC) unless otherwise directed by your pharmacist or doctor.

Can I crush medications?

- Do not crush or split controlled-release medications (unless you have a physician's and pharmacist's order).
- Controlled-release medications are tablets or capsules that are slowly degraded as they pass through the digestive system, so there is more drug in the pill, but the drug is introduced more slowly into the body.
- This can be a good thing because it may mean the person has to take less doses per day, or even may help to prevent side effects.
- The hazards of crushing a controlled-release medication can be severe and sometimes fatal.

Can I hide medications?

Yes, if……

- you have an exception from your LPA;
- if you have a written physician's order;
- the pharmacist says it is OK for that pill to be crushed and what it can be mixed with; and
- you have informed the resident and/or responsible party and they've given you permission in writing.

Ordering Medications

Medication Ordering:

1) Never let the resident's medication run out unless directed by the physician.
2) Make sure refills are ordered promptly.
3) Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.).
4) Log medication in on the Centrally Stored Sheet (LIC 622).
5) Communicate any changes with your staff/coworkers.

Ordering Medications

Problem…

The resident's family does not want to purchase meds through your preferred pharmacy. They prefer to pick up their loved one's meds themselves (and you have allowed this).

One day, they do not show up with the medications. Now what do you do?

Ordering Medications (cont'd)

Problem….

YOU are responsible to have the prescribed medications in your facility if you are handling the resident's meds. You will need to have a back-up plan.

What will this plan be? Documentation (letter or form) that states "In the event that your regular pharmacy or family member fails to provide you with necessary medications, we may, at our discretion, arrange to have such medications provided to you by a pharmacy which has a special arrangement with us. In this event, you will be responsible for paying the pharmacy for any medications provided to you." This documentation should be signed by the resident and/or responsible party.

Use of Nitroglycerin:

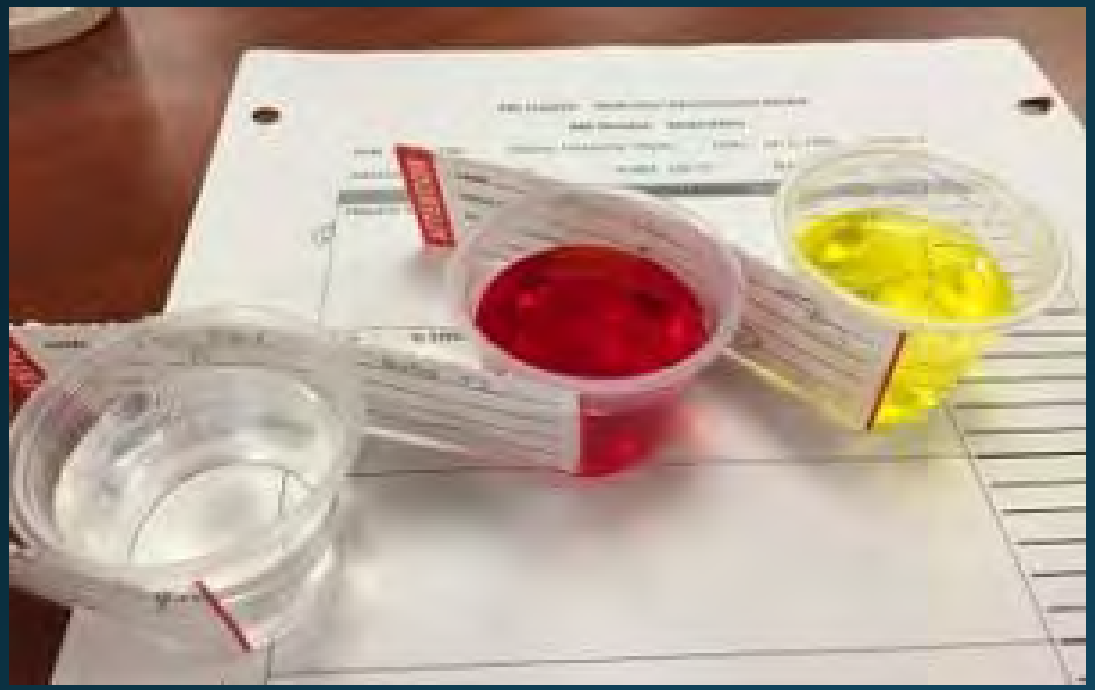
If the resident has a serious cardiopulmonary condition requiring the immediate availability of nitroglycerin for life saving purposes, the resident *may* maintain one or more dosages of nitroglycerin in his/her possession if the following conditions are met:

1) The physician has ordered PRN nitroglycerin, has determined and documented in writing that the resident is capable of determining the need for a dosage of the medication and has not determined that the possession of the medication by the resident is unsafe.

Use of Nitroglycerin (cont'd)

2) This determination by the physician is maintained in the resident's file and available for inspection by the regulatory agency, if required.
3) The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the resident.
4) Neither the Administrator nor a regulatory surveyor has determined that medications must be centrally stored in the facility due to risks to others or other specific reasons.

Can I pre-pour?



"Setting up meds" for a week at a time, etc. is NOT PERMITTED, even if done by a nurse.

Facilities USED to be able to pre-pour medications (tablets, gel-caps, capsules) for up to 24 hours, but now DSS does not want facilities doing this.

OTC Medications

- ✓Be aware of over-the-counter ("OTC") drug use by the residents. The use of OTC drugs can interfere with the prescribed drugs the resident may be taking. Notify the physician if you suspect the resident may be using OTC drugs without their physician's knowledge.

- ✓**Any medication (prescribed, OTC or vitamins) given to a resident requires a physician's order and a label.**

Common OTC Medications (cont'd)

Common OTC's your residents may take:

- Advil, aspirin, Tylenol
- Laxatives
- Cold medicines
- Cough medicines
- Allergy medicines
- Antacids
- Vitamins
- Herbal products and vitamins

OTC Medications (cont'd)

If your resident is on your medication services, they cannot have any type of OTC's in their possession UNLESS the physician states in writing that they can and your facility's policies allow this.

Medication Errors

Medication Errors (cont'd)

How do medication errors occur?

- Wrong resident
- Abbreviation was misread
- Wrong dosage
- Forgot to give a med
- Gave resident medication twice

Medication Errors

When a medication assistance error occurs for any reason, you must:

1) Call 911, if necessary (i.e., allergic reaction).
2) Notify the resident's physician.
3) Notify the resident's responsible party or conservator, if applicable.
4) Prepare and send an Unusual Incident Report to DSS.
5) If a medication was given to the wrong resident, make sure documentation occurs in the resident's file receiving the medication error. Call their physician, also.

Destroying Medications

Destroying Meds

Possible reasons:

Resident has moved

Resident has died

Physician orders

Expired meds

Meds that have been d/c'd for over 60 days

Meds that were spilled

Contaminated meds

Meds not taken by the resident at the appropriate time

Destroying Meds (cont'd)

- Receive order from physician.
- Complete the LIC 622 Destruction Record (page 3)
- ARF and RCFE instructions differ. See following slides for more clarification.

Destroying Meds (cont'd)

ARF (per the LIC 622 form):

II. MEDICATION DESTRUCTION RECORD INSTRUCTIONS:

For facilities other than Residential Care Facilities for the Chronically Ill (RCFCI) and Residential Care Facilities for the Elderly (RCFE), prescription medication that is not taken with a client or resident when services are terminated or otherwise disposed of must be destroyed in the facility by the *administrator or designated representative* and witnessed by one other adult who is not a client or resident.

Medication destruction records must be retained for at least one (1) year.

Destroying Meds (cont'd)

RCFE (per the LIC 622 form):

For RCFEs: Prescription medications which are not taken with a resident when services are terminated, not returned to the issuing pharmacy, not retained in the facility as ordered by the resident's physician and documented in the resident's record, not disposed of according to the established procedures of a hospice agency, or not otherwise disposed of must be destroyed by the *administrator* and one other adult who is not a resident of the RCFE, in the RCFE.

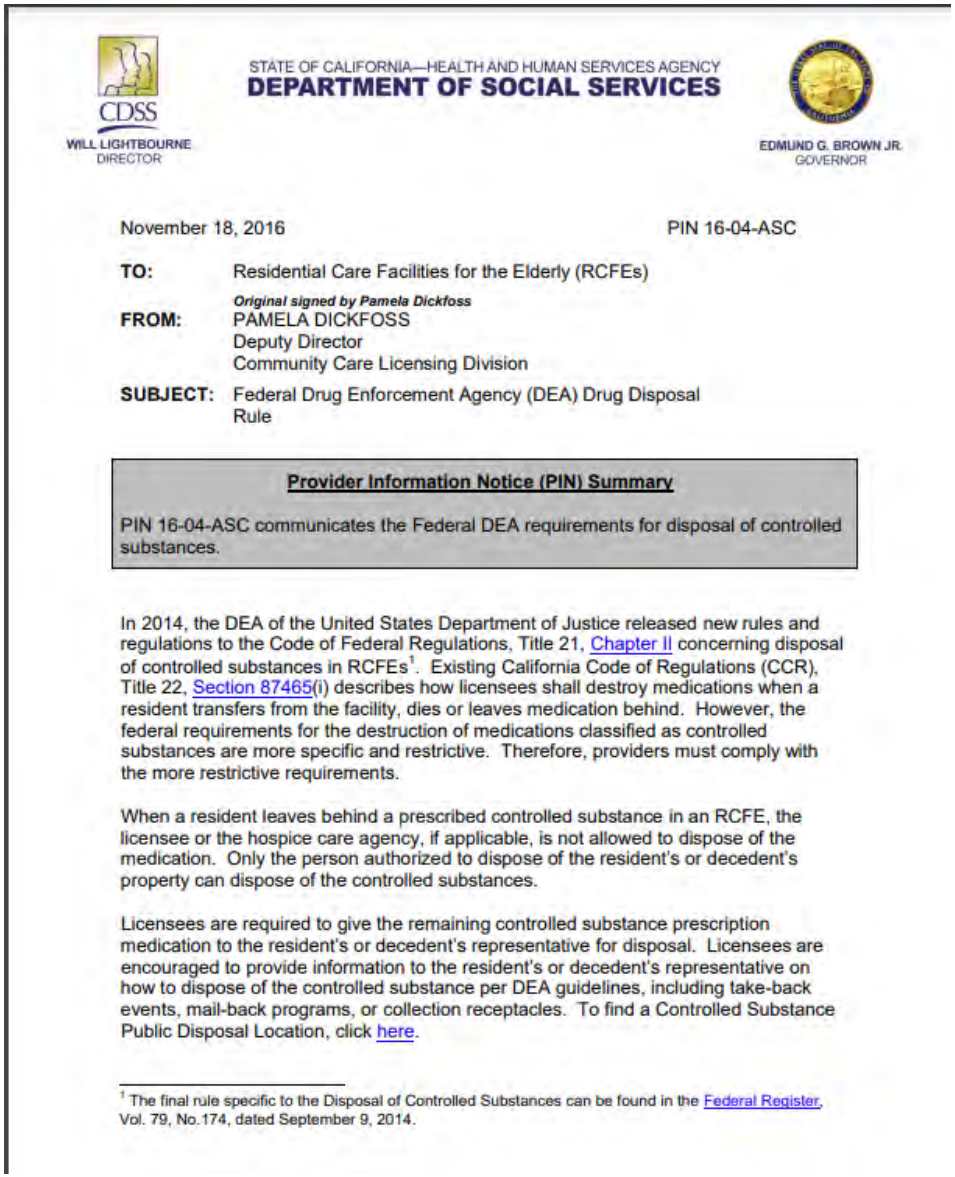
Records documenting destruction of medication must be retained for at least three (3) years.

Destroying Meds (cont'd)

Can't I just give the unused medications to the family member?

This PIN that was released in 2016 states otherwise.

Let's examine it further….



CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

EDMUND G. BROWN JR.
GOVERNOR

November 18, 2016 PIN 16-04-ASC

TO: Residential Care Facilities for the Elderly (RCFEs)

FROM: *Original signed by Pamela Dickfoss*
PAMELA DICKFOSS
Deputy Director
Community Care Licensing Division

SUBJECT: Federal Drug Enforcement Agency (DEA) Drug Disposal Rule

Provider Information Notice (PIN) Summary

PIN 16-04-ASC communicates the Federal DEA requirements for disposal of controlled substances.

In 2014, the DEA of the United States Department of Justice released new rules and regulations to the Code of Federal Regulations, Title 21, Chapter II concerning disposal of controlled substances in RCFEs[1]. Existing California Code of Regulations (CCR), Title 22, Section 87465(i) describes how licensees shall destroy medications when a resident transfers from the facility, dies or leaves medication behind. However, the federal requirements for the destruction of medications classified as controlled substances are more specific and restrictive. Therefore, providers must comply with the more restrictive requirements.

When a resident leaves behind a prescribed controlled substance in an RCFE, the licensee or the hospice care agency, if applicable, is not allowed to dispose of the medication. Only the person authorized to dispose of the resident's or decedent's property can dispose of the controlled substances.

Licensees are required to give the remaining controlled substance prescription medication to the resident's or decedent's representative for disposal. Licensees are encouraged to provide information to the resident's or decedent's representative on how to dispose of the controlled substance per DEA guidelines, including take-back events, mail-back programs, or collection receptacles. To find a Controlled Substance Public Disposal Location, click here.

[1] The final rule specific to the Disposal of Controlled Substances can be found in the Federal Register, Vol. 79, No.174, dated September 9, 2014.

Destroying Meds (Cont'd)

Directions per PIN 16-04-ASC:

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Existing California Code of Regulations (CCR), Title 22, Section 87465(i) describes how licensees shall destroy medications when a resident transfers from the facility, dies or leaves medication behind. However, the *federal requirements for the destruction of medications classified as controlled substances are more specific and restrictive. Therefore, providers must comply with the more restrictive requirements*."

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Destroying Meds (Cont'd)

Directions per PIN 16-04-ASC:

"If a decedent's representative is unavailable to assume control of the decedent's property, it shall be given to the public administrator of the county, as specified by CCR, Title 22, Section 87217(j)(4). If the public administrator of the county will not accept the controlled medication, the licensee is then permitted to destroy the medication per DEA guidelines."

Group Discussion

Is this your facility's policy and procedure in regard to medication destruction?

Have you had family members that you just did NOT want to give the medications to?

End of Life Options Act

In 2023, DSS released a PIN that announced the update to the End of Life Options Act.

Click here to read and review this very important PIN that affects both RCFE's and ARF's:

https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2023/ASC/PIN-23-09-ASC.pdf?ver=2023-04-19-095039-807

End of Life Options Act - Discussion

Have you had a resident participate in this?

What is your facility's policy on assisting with this or are you opting out?

Do you understand what your rights are and what the resident rights are?

Conclusion

Assisted Living Education thanks you for attending its course: *Understanding Medication Regulations and Policies*

We look forward to seeing you again at another of our courses!