

COMMUNITY CARE LICENSING DIVISION

*"Promoting Healthy, Safe and
Supportive Community Care"*

TECHNICAL SUPPORT PROGRAM

Self-Assessment Guide **MEDICATIONS**



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

TECHNICAL SUPPORT PROGRAM

MEDICATIONS

Medication handling represents an area of great responsibility. If not managed properly, medications intended to help a client/resident's health condition may place that individual's health and safety at risk. The information contained in this handout represents medication procedures you are required by regulation to perform, and some procedures not required by regulation which, if implemented, will provide additional safeguards in the management of medications in your facility. If you operate a Community Care Facility (CCF), the specific medication regulations you must comply with are sections 80075(h)-(j). If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are sections 87575(c)-(e).

WHAT YOU (CARE PROVIDERS) SHOULD DO WHEN:

1. Client/resident arrives with medication:
 - Contact physician(s) to ensure physician is aware of all medications currently taken by the client/resident.
 - Verify medications that are currently taken by the client/resident and instructions for disbursement.
 - Inspect containers to ensure the labeling is accurate.
 - Log medications accurately on forms for client/resident records.
 - Discuss medications with the client/resident, if possible or the responsible person/authorized representative.
 - Store medications in a locked cabinet, drawer, etc.
2. Medication is refilled.
 - Communicate with physician or others involved (for example, in an RCFE, discuss with the responsible person procedure for payment of medications, who will order the meds, etc.).
 - Never let medications run out unless indicated by the physician.
 - Make sure refills are ordered promptly.
 - Inspect containers to ensure all information on the label is correct.
 - Note any changes in instructions and/or medication; for example, change in dosage, change to generic brand, etc.
 - Log medication when received.
 - Discuss any changes in medications with client/resident, responsible person/authorized representative and appropriate staff.
3. Doctor changes dosage between refills:
 - Communicate with the physician; document in writing the date, time, and content of the discussion.
 - Prescription labels are not to be altered by facility staff.
 - Have dispensing pharmacist relabel container or have new prescription filled.
 - Have a facility procedure; i.e., card file, notebook, and/or cardex and a flagging system to alert staff of change.

- Discuss change with client/resident and/or responsible person/authorized representative.
4. Medication is discontinued:
- Confirm with physician.
 - Discuss with the client/resident and/or responsible person/authorized representative.
 - Obtain written documentation of the discontinuance from the physician, prior to destroying, or document the date, time, and person talked to in client/resident record.
 - Medication is to be destroyed by facility administrator or designee, and one other adult who is not a client/resident.
 - Destroy medications at facility site. (See exception for multi-dose containers in section on pre-packaged medications.)
 - Sign record/log for destruction of medication. (The reverse side of the LIC 622 form may be used for this purpose.)
5. Medications temporarily discontinued ("dc.") by the physician:
- Medications temporarily discontinued by the physician may be held by the facility and must be centrally stored.
 - Discuss change with client/resident and/or authorized representative/responsible person.
 - Have a written order from the physician to HOLD the medication, or document in the client/resident's file the date, time, and name of person talked to regarding the HOLD order.
 - The physician's order (verbal or in writing) should include a date when the medication is to be resumed.
 - Without obscuring or altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.
6. Medication reaches expiration date:
- Check containers regularly for expiration dates.
 - Communicate with physician and pharmacy promptly.
 - Do not use expired medications.
 - Remember, over-the-counter medications and ointments have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
 - Destroy medications at facility site according to regulations.
 - Log/record the destruction as required. The LIC 622 maybe used for this purpose.
7. Client/resident transfers, dies, or leaves medication behind:
- Medication is to go with client/resident when possible.
 - If the client/resident dies, the medication is to be destroyed.
 - Log/record the destruction as required. The LIC 622 maybe used for this purpose.
 - Document when medication is transferred with the client/resident. Obtain signature of person accepting the medications; i.e., responsible person/authorized representative.
 - Maintain medication records for at least 3 years (RCFE), 1 year (CCF).

8. Client/resident refuses medications:

- No client/resident can be forced to take any medication.
- Medication cannot be disguised in food or liquid.
- Refusal of medications should be documented on the client's/resident's medication record and the prescribing physician contacted immediately.
- Contact the responsible person/authorized representative.
- Refusal of medications may indicate a change in the client/resident that requires a reassessment of his or her needs. Significant changes may require the client's/resident's eviction from the facility.

9. Medications are PRN or "as needed":

Facility staff may assist the client/resident with self administration of his/her **prescription and nonprescription** PRN medication, when:

- The client's physician has stated in writing that the resident/client can determine and clearly communicate his/her need for a prescription or nonprescription PRN medication.
- The physician provides a signed, dated, written order on a prescription blank which is maintained in the client's/resident's file.
- The physician's order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.

Facility staff may also assist the client/resident with self administration of his/her **nonprescription** PRN medication when the client/resident cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly, when:

- The client's physician has stated in writing that the client cannot determine his/her need for nonprescription medication, but can communicate his/her symptoms clearly.
- The client's/resident's physician provides a signed, dated, written order on a prescription blank which is maintained in the client's/resident's file.
- The written order identifies the name of the client/resident, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
- The physician's order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.
- A record of each dose is maintained in the client's/resident's record and must include the date, time, and dosage taken, and the client's/resident's response.

Facility staff may also assist the client/resident with self administration of his/her **prescription or nonprescription** PRN medication when the client/resident cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms when:

- Facility staff contact the client's/resident's physician before giving each dose, describe the client's/resident's symptoms, and receive direction to assist the client/resident with each dose.
- The date and time of each contact with the physician and the physician's directions are documented and maintained in the client's/resident's facility record.
- The physician provides a signed, dated, written order on a prescription blank which is maintained in the client's/resident's file.
- The physician's order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.
- A record of each dose is maintained in the client's/resident's records and includes the date, time, and dosage taken, and the client's/resident's response.

SMALL FAMILY HOMES

Small Family Home licensees may assist a child with **prescription or nonprescription** PRN medication without contacting the child's physician before each dose when the child cannot determine and/or communicate his/her need for a prescription or nonprescription PRN medication when:

- The child's physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank..
- Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for reevaluation.
- The physician's order and the PRN medication label specify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24-hour period.
- The date, time, and content of the physician contact made to obtain the required information is documented and maintained in the child's file.
- The date, time, dosage taken, symptoms for which the PRN medication was given and the child's response are documented and maintained in the child's records.

10. Medications are injectables:

- Physician's medical assessment must contain documentation of the need for injected medication, which can only be administered by the client/resident or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.). PT's can only administer subcutaneous and intramuscular injections to clients who are developmentally disabled or mentally disordered, provided the PT performs the procedures according to the physician's order.
- Family members are not allowed to give injections in CCFs or RCFEs unless they are licensed medical professionals.
- Licensed medical professionals may not administer medication/insulin that has been pre-drawn by another.
- Injections administered by a licensed medical professional must be provided in accordance with the physician's orders. If care is performed by facility

- personnel, they must be licensed medical professionals.
 - Facility personnel who are not licensed medical professionals cannot draw-up or administer injections but are authorized to assist clients/residents with self-administration as needed.
 - If the client/resident does his/her own injections, physician verification of the client's/resident's ability to do so must be in the file.
 - Sufficient amounts of medicines, test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.
 - Syringes and needles should be disposed of in a "container for sharps."
 - Only the client/resident or the licensed medical professional can mix medications to be injected or fill the syringe with the prescribed dose.
 - Insulin and other injectable medications must be kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
 - Insulin or other injectable medications may be packaged in premeasured doses in individual syringes prepared by a pharmacist or the manufacturer.
 - Syringes may be prefilled under the following circumstances:
 - clients of Adult Residential, Social Rehabilitation, Adult Day and Adult Day Support Centers can self-administer pre-filled syringes prepared by a registered nurse, pharmacist or drug manufacturer.
 - Residential Care Facilities for the Elderly, Group Homes and Small Family Homes must obtain exceptions from the licensing office for clients/resident's to use pre-filled syringes prepared by a registered nurse.
 - The registered nurse (RN) must not set up insulin syringes for more than seven days in advance.
11. Over-the-counter (O.T.C.) drugs are present:
- O.T.C. preparations can be dangerous; i.e., aspirin, vitamins, etc.
 - Must be centrally stored to the same extent that prescription meds are centrally stored (see criteria for central storage in section 80075 (h) for CCFs and section 87575 (c) for RCFEs.
 - Physicians should be aware of preparations that are or may be taken by the client/resident. Have documentation.
 - Client's/resident's name should be on the O.T.C. medicine container when: (1) purchased for that individual's sole use; (2) purchased by client/resident's family or (3) the client/resident's personal funds were used to purchase the medication.
12. You set up or "pour" medications:
- Have clean, sanitary conditions.
 - Pour medications from bottle to individual client's/resident's cup/utensil to avoid touching the medication.
 - Do not set up medications more than 24 hours in advance.
 - Name of client/resident should be on each cup/utensil used in the distribution of meds.
 - Facility should have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc.
 - Have written procedures for facility staff regarding assisting with administration of medication, required documentation, as well as destruction procedures.
13. You designate staff to handle medications:

- Have written policies and procedures.
- Train all staff who will be responsible for medications.
- Assure responsible staff know what they are expected to do; i.e., keys, storage, set up, clean-up, documentation, notification, etc.
- Ensure designated med person(s) know what can and cannot be done; i.e., injections, enemas, suppositories.

14. Medication Records:

- Every medication brought into the facility should be logged.
- A record of prescription medications which are disposed of in the facility must be maintained for at least three years in a Residential Care Facility for the Elderly and one year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.)
- A record of centrally stored medications for each client/resident is to be maintained for at least one year.

15. Medications are Prepackaged:

- Licensees and/or facility staff are not to remove a discontinued drug(s) from customized medications packages.
- Establish procedures in case one dose is contaminated and must be destroyed.
- Facilities utilizing prepackaged medications must obtain a waiver from the licensing office if medications are to be returned to the pharmacy for disposal. Section 80075 (j) (for CCFs) and Section 87575 (d) (for RCFEs) requires that medications to be disposed of shall be destroyed on the facility premises by the administrator and witnessed by another adult who is not a client/resident of the facility.
- RCFE's do not need to obtain a waiver if the medications are returned to the issuing pharmacy or disposed of according to the hospice established procedures (facilities with hospice waiver).

16. Sample Medications:

- Sample medications may be used if given by the prescribing physician.
- Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

17. Transferring Medications for Home Visits, Outings, Etc.

- When a client/resident leaves a facility for a short period of time during which only one dose of med(s) is/ are needed, the facility may give client/resident medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, client/resident's name, name of medication(s), and instructions for administering the dose.
- If client/resident is to be gone for more than one dosage period, the facility may:
 - a. Give the full prescription container to the client/resident, or responsible person/authorized representative

or

b. Have the pharmacy fill a separate prescription or separate the existing prescription into two bottles,

or

c. Have the client's/resident's family obtain a separate supply of the medication for use when the client/resident visits with the family.

- If it is not safe to give the medication to the client/resident, it should be entrusted to the person who is escorting the client/resident off the facility premises.
- If medications are being sent with the client/resident off the facility premises, check the Physician's Report (LIC 602) to ensure that they are given only to clients/residents whose doctors have indicated that they may control their own medications.

18. House Meds/Stock Supplies of Over-the-Counter Medications:

- Centrally stored stock supplies of over-the-counter medications may be used in CCFs and in RCFEs as long as the licensee is in compliance with the regulations pertaining to handling and storage (RCFE Sections 87575 and 87715; CCF Section 80075.)
- Licensees cannot require clients/residents to use or purchase centrally-stored, stock OTC medications.
- Clients/residents may use personal funds to purchase individual doses of OTC medications from the licensee's stock if each dose is sold at the licensee's cost and accurate written records are maintained of each transaction.
- (See requirements regarding Over-the-Counter medications.)

19. Use of Nitroglycerin:

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

- a. The physician has ordered PRN nitroglycerin, has determined and documented in writing that the client/resident is capable of determining the need for a dosage of the medication and has not determined that possession of the medication by the client/resident is unsafe.
- b. This determination by the physician is maintained in the individual's file and available for inspection by Licensing.
- c. The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the client/resident.
- d. Neither the facility administrator nor the Department has determined that medications must be centrally stored in the facility due to risks to others or other specified reasons.

If the physician has determined it is necessary for a client/resident to have nitroglycerin immediately available in an emergency but has also determined that possession of the medication by the client/resident is dangerous, then that client/resident is inappropriately placed and probably requires a higher level of care.

20. Medication Storage:

- All medications, including over-the-counter, must be locked at all times.
- All medications must be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).
- Medications in refrigerator need to be locked in a receptacle, drawer, or container, separate from food items. (Caution should be used in selecting storage containers as metal may rust.)
- If one client/resident is allowed to keep his/her own meds, the meds need to be locked to prevent access by other clients/residents.

21. Miscellaneous:

- Medications are one of the most potentially dangerous aspects of providing care and supervision.
- Educate yourself (signs, symptoms, side effects).
- Train staff.
- Communicate with physicians, pharmacists, appropriately skilled professionals.
- Develop system to communicate changes in client/resident medications to staff and to the client/resident.
- Document.
- Know your clients/residents.
- Be careful.