



Division of Licensing Services



Leadership for a Healthy Arizona

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Arizona Department of Health Services

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MEDICATION RULES EDUCATION

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Welcome to this online educational offering. The following slide presentation is designed to provide the viewer with information needed to understand the Medication Rules for Assisted Living providers in Arizona.

Color coding has been added to the rules slides to emphasize certain concepts.

Each slide with a rule number at the top is the actual rules statement. Other slides with instructions and clarification statements are interspersed to enhance understanding. Non-rule slides are in italics.

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MEDICATION RULES EDUCATION

- OBJECTIVES
- The participant will be able to:
- Identify the importance of giving medications or treatments as ordered
- Identify the six rights of medication administration
- Identify safety and security issues of storing and administering medications and treatments

MEDICATION RULES EDUCATION

- OBJECTIVES (con't)
- State the need for, and elements of, doctor's orders
- State the need for, and elements of, Medication Administration Records
- Identify who may fill medisets

MEDICATION RULES EDUCATION

- OBJECTIVES (con't)
- State the importance of training for medication administration
- Identify the relationship between medication orders and the resident's service plan

MEDICATION RULES EDUCATION

- Rules related to medications are found in the sections of the Rules numbered
- R9-10-713, and in
- R9-10-722 and R9-10-723.

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*Definitions are found in
R9-10-701*

*The following are related to the assistance
given to residents by providers.*

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MEDICATION RULES EDUCATION

- Rules related to medications are also found in the section of the Rules which apply to Service Plans.
- [R-9-10-711 See next two slides]

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R9-10-711.A.1, 5.b

- A resident's Service Plan is initiated the day the resident is accepted into the facility and
- Should show the amount, type and frequency of health-related services needed by the resident.
 - ***Medications are health related services.***

R9-10-711.A.1-3

- A resident's service plan shall state whether a resident
 - Requires **no assistance** in the self administration of medication or medication administration OR
 - Needs **assistance in the self administration of medications** OR
 - Needs **medication administration**

ASSISTANCE WITH MEDICATION ADMINISTRATION

- MEANS *THE ASSISTANCE NEEDED IN THE SELF ADMINISTRATION OF MEDICATION INCLUDING*
 - Storing a resident's medication
 - Reminding a resident it is time to take a medication
 - Reading the medication label to a resident to confirm the medication is being taken by the individual it is prescribed for:

ASSISTANCE WITH MEDICATION ADMINISTRATION Con't

- Opening the medication container for the resident
- Pouring or placing a specified dosage into a container or into the resident's hand
- Observing the resident while the medication is taken.

ASSISTANCE WITH MEDICATION ADMINISTRATION Con't

- Check the name of the drug and the dosage against:
 - the label on the container,
 - the PCP order and
 - the MAR
- Reassure the resident the dosage is correct
- Confirm the resident is taking the medication as directed

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MEDICATION ADMINISTRATION

- MEANS “ *THE APPLICATION OF MEDICATION TO ITS ULTIMATE DESTINATION ON THE BODY OF A RESIDENT*”
 - Includes oral medications placed in the mouth; injections not given by the resident or family; topical ointments, lotions or creams; eye and ear drops; rectal or vaginal suppositories, and other.

R9-10-722.D.3

- Only the following may administer medications:
 - The resident's representative or relatives
 - A nurse, or other medical practitioner, or other individual authorized by law to provide medication administration
 - Or an employee authorized in writing by a resident's physician

Caregivers must be authorized to give medications by the resident's primary care physician, PA or NP. They are then considered able to give medication "by law".

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Caregivers must be able to show documentation of training in medication administration.

CNA's are not qualified in medication administration without additional training.

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Administration of Medications

- *Administration of medications requires the caregiver to observe the resident's rights and to follow the right actions to ensure medications are given properly.*
- *The 8 rights are listed as follows.*

Administration of Medications

- *Six rights*
 - *Right resident*
 - *Right medication*
 - *Right dose*
 - *Right time*
 - *Right route*
 - *Right documentation*

Administration of Medications

- *Additional rights*
 - *Right to know*
 - *Right to refuse*

These are general rights in the residents' list of rights, and apply also to medications.

(R9-10-D.1, .8)

R9-10-703.B.1.e

- The facility's Policies and procedures must include assisting residents as required in
R-9-10-713,
R9-10-722(D) and
R9-10-723(E)

R9-10-713.B.1.a-e

- A licensee ensures the medication policies and procedures are approved by a physician, a pharmacist or a Registered Nurse,
and address *(the following)*:

R9-10-713.B.1.a-e (con't)

- Obtaining and refilling medications
- Storing and controlling of medication
- Disposing of medication
- Assisting in the self administration of medication and medication administration
- Recording of medication assistance provided to residents and maintenance of medication records

R9-10-713.B.2

- A drug reference guide, no older than two years from the copyright date, is available and accessible for use by employees.

To determine if the drug guide is acceptable, add two years to the reference publication date, usually found in the front of the book. If the publication date gives a month, the reference is outdated two years from the end of that month. If only a year is given, the reference is outdated at the end of two years from the year given.

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R9-10-713.B.3

- **MEDICATION STORED BY A LICENSEE IS**
 - Stored in a locked container or cabinet
 - Inaccessible to residents
 - Not left unattended
 - Not stored in a bathroom or laundry room
 - Stored in the original labeled container, except for medisets
 - Disposed of when expired or discontinued

Refrigerated drugs must be in a locked container but not a locked refrigerator, since residents must have access to fluids and snacks.

“Inaccessible to residents” includes not leaving medication cups out on the table before meals or within reach at anytime. Medication containers may not be kept in closets, cupboards or elsewhere unless in a locked box.

This also means pet or family or non-resident meds are not accessible to residents. Over the counter medications, ointments, vitamins, etc. belonging to employees or family must also be inaccessible.

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If medications are kept in a caregiver's room they must be locked or the room must always be locked when the CG is not there.

Medications may not be removed from the pharmacy labeled container and put into unlabeled or otherwise labeled containers.

Medications brought into the facility in hand labeled or un-original containers may not be given to the resident, even if there is a doctor's order, because the contents of the container cannot be verified.

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Medications of deceased residents must also be disposed of according to the facility's own medication policies and procedures (R9-10.B.1.c).

Un-opened medications may be returned to the family or pharmacy. Some pharmacies may accept opened medication for disposal to keep them from contaminating the soil or water.

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R9-10-713.B.4

- MEDICATION STORED BY A RESIDENT IN THE RESIDENT'S ROOM IS
 - Stored in a locked container or cabinet OR
 - The resident locks the room or unit when not there, AND
 - The employee has a key to the locked container or room
 - Listed on the resident's Service Plan as ordered by the care provider

A locked container or cabinet is required for a resident to keep medications in a resident's room, unless the door is always locked when the resident is not in the room.

Employees must have access to the medications, with a key to the room and to the locked container.

A resident may keep meds in their room only if the PCP writes such an order.

This applies to hospice and home health medications and treatment supplies. (eg colostomy or wound dressing adhesives and topical substances – dry, wrapped dressings may be stored in a resident's room.)

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R9-10-713.B.5

- Except for medication organizers, resident medication is not pre-poured.
- Medication organizers may be prepared up to four weeks in advance by the following:
 - A resident or representative
 - A resident's relative
 - A nurse or **as otherwise provided by law**

Medication must not be placed in medicine cups and placed on the table before the resident is present to eat.

Medication in medicine cups must not be placed in drawers, cupboard shelves, at the resident's bedside or on trays without a caregiver immediately and continuously present. Medications for morning may not be given to the resident the night before.

"Otherwise as provided by law" means that a doctor's order has been written to allow managers or other unlicensed persons to fill the medisets or to give medications. RNs and LPNs are authorized by law already.

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R9-10-713.B.6

- A separate medication record (MAR) is maintained for each resident receiving assistance in self administration or medication administration that includes:
 - Name of resident
 - Name of medication, dosage, directions and route of administration

R9-10-713.B.6 (con't)

- Date and time medication is scheduled
- Date and time of actual assistance in self administration or medication administration
- Signature or initials of the employee providing assistance in self administration of medication or medication administration

Medication Administration Records (MARs) are part of the resident's official record, along with all doctor's orders. The rules for maintaining records are found in R9-10-714.

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R9-10-714.B.1-5

A licensee shall ensure that a resident's record is confidential and only released with written permission

- Maintained at the facility
- Legibly recorded in ink or electronically
- Retained for three years
- Available for review as agreed upon

R9-10-722.D.1, E.1 MEDICATION ORDERS

- Assistance in the self administration of medication or medication administration for a resident receiving personal or directed services is provided based upon a written order from the resident's primary care provider, medical practitioner or as otherwise provided by law.

R9-10-722.D.1, E.1 MEDICATION ORDERS CON'T

- A medication order includes:
 - The name of the resident
 - The name, strength, quantity, route of administration and directions
 - Precautionary statements
 - The signature of the provider and
 - The date signed

R9-10-722.D.2, E.3

MEDICATION ORDERS

- A **verbal** medication or treatment order from a primary care provider or medical practitioner is noted in a resident's medication record **within 24** hours AND
- A **written** order is obtained from the provider **within 14 days** of the verbal order
- Only a manager or caregiver may receive a verbal medication or treatment order

R9-10-722.D.4

MEDICATION ORDERS CON'T

- A nurse, pharmacist or primary care provider reviews the medication and medication record of each resident receiving **medication administration or nursing services** at least every 90 days **and** after a significant change in the resident's condition.

R9-10-722.D.1, E.1

MEDICATION ORDERS CON'T

- Supervisory, as well as personal and directed care residents, receiving **medication administration**, or **nursing services**, must have medications updated every 90 days

R9-10-722.D. 5

MEDICATION ORDERS CON'T

- Employees and support staff do not provide non-prescription medication to a resident without an order from the PCP or medical practitioner for the medication

R9-10-722.D.3

- Only the following may provide **medication administration**:
 - A representative or the resident's relatives
 - A nurse or other medical practitioner or
 - Other person authorized by law to provide medication administration or
 - An employee authorized in writing by a resident's physician

MEDICATION ORDERS

- *EACH RESIDENT REQUIRES AN ORDER FROM THE RESIDENT'S PRIMARY CARE PROVIDER STATING THAT THE MANAGER AND CARE GIVERS MAY:*
 - *Set up medisets for the resident*
 - *Administer medications and treatments to that resident*

Medication Rules: ***QUESTIONS & ANSWERS***



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MEDICATION RULES EDUCATION

- The following slides contain questions which you should be able to answer after reviewing this presentation.
 - If you are not sure of the answer as you read through them, please review the appropriate rule.
 - When you have finished you should be able to understand the Rules which govern medications in Assisted Living.
 - The last two slides will help you get answers to any remaining questions.
-
- **THANK YOU FOR PARTICIPATING IN THIS PROGRAM**

To receive a one hour continuing education certificate participants must attend a class at the Phoenix or Tucson office. Call the office for dates and to make reservations.

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QUESTIONS FOR PARTICIPANTS

- Give two reasons it is important that medications and treatments are given as ordered.
- Name the six (6) “Rights” of giving medications
- State two places medications may not be stored

QUESTIONS FOR PARTICIPANTS_{,con't}

- State two factors which provide medication safety for residents
- What is needed for a valid medication order?
- What information is required to be on the Medication Administration Record?
- What medication information is required on the Service Plan?

QUESTIONS FOR PARTICIPANTS_{,con't}

- Who is allowed to fill medisets?
- What is required for a manager or caregivers to fill medisets?
- Why is it necessary to be trained in how to assist with self medications or to administer medications?
- Name three policies and procedures required related to medications

QUESTIONS FOR PARTICIPANTS_{,con't}

- When is a drug book with a publication date of April 2011, expired?
- When is a drug book with a publication date of 2010, expired?
- If a live-in caregiver is taking medications, when should these be locked?
- If medications are in the refrigerator, must the refrigerator have a lock?

QUESTIONS FOR PARTICIPANTS_{,con't}

- A hospice nurse has left a comfort kit for a resident and tells you it must be refrigerated. What do you need to do?
- A home health nurse has left a pile of dressings and a tube of ointment used on pressure sores and asks that they be kept in the resident's room. What do you do?

QUESTIONS FOR PARTICIPANTS_{,con't}

- May a resident use Vaseline Intensive Care lotion on their dry skin?
- A home health nurse asks you to keep a bottle of vinegar in the bathroom of a resident to be used for catheter care. Would you do it?
- A resident has left the facility and there are many MARs in the file cabinet. Can you throw them out?

QUESTIONS

- **WHAT ARE YOUR QUESTIONS?**
- **PLEASE FEEL FREE TO CONTACT THE**
- **Surveyor of the Day, a surveyor who has visited you or any appropriate person in the following offices:**

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Office Locations and Phone Numbers

- **Phoenix: 150 N 18th Ave Suite 420**
 - 602-364-2639 FAX: 602-364-4766
- **Tucson: 400 W Congress St Suite 116**
 - 520-628-6965 FAX: 520-628-6991
- **Flagstaff: 1500 E Cedar St Suite 22**
 - 928-226-0156 FAX: 928-774-2830
- www.azdhs.gov/als/hcb

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THANK YOU!

Have a nice day!

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