Rev. No.:	*ECO No.:*	*Reason for change*	*Author*	*Effectivity Date*
		Document Creation ***Approved by _______ ___________________________*** ***Scott Stevens PIC***	***G. Troilo***	***12/31/09***
Rev B		***Misc. changes in forms*** ***Approved by _______ ___________________________*** ***Daniel Stevens PIC***	***G. Troilo***	***01/27/11***

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

1 **PURPOSE** 4
2 **SCOPE** 4
3 **REFERENCE DOCUMENTS** 4
4 **DEFINITIONS** 4
5 **GENERAL** 5
6 **RESPONSIBILITIES** 5
7 **MEDICATION PACKAGING** 5
8 **MEDICINE ON TIME (MOT)** 5
9 **SINGLE DOSE BLISTER PACK** 6
10 **AUTOMATIC CYCLE FILL** 6
11 **MID-CYCLE FILL** 7
12 **DISCONTINUED MEDICATION** 7
13 **CENSUS UPDATE** 7
14 **MEDICATION UPDATE** 7
15 **NEW RESIDENTS** 8
16 **REFILL REQUESTS** 8
17 **STAT ORDERS / MEDICATIONS** 9
18 **CLASS II CONTROLLED SUBSTANCES** 9
19 **CLASS III – V CONTROLLED SUBSTANCES** 9
20 **PHYSICIAN MEDICATION ORDERS (PRESCRIPTIONS)** 10
21 **DRUG UTILIZATION REVIEW** 11
22 **GENERIC DRUG POLICY** 11
23 **DRUG PRODUCT PROBLEM REPORTING** 12
24 **DRUG PRODUCT RECALLS** 12
25 **MEDICATION ADVERSE REACTIONS** 12
26 **MEDICATION ERRORS** 13
27 **MEDICATION ADMINISTRATION RECORDS** 15
28 MEDICATION RE-CAP 16
29 **ADMINISTRATION OF MEDICATIONS – GENERAL GUIDELINES** 17
30 **STEPS IN MEDICATION ADMINISTRATION** 18
31 **GUIDELINES FOR CRUSHING MEDICATIONS.** 19
32 **ADMINISTERING OPHTHALMIC OINTMENT** 19
33 **ADMINISTERING SUBLINGUAL MEDICATIONS** 20
34 **ADMINISTERING NOSE DROPS** 20
35 **ADMINISTERING ORAL MEDICATIONS** 21
36 **ADMINISTERING ORAL AND NASAL INHALATIONS** 21
37 **ADMINISTERING OPHTHALMIC DROPS** 22
38 **ADMINISTERING TRANSDERMAL PATCHES** 22
39 **ADMINISTERING INSULIN** 23

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

40 MEDICATION STORAGE IN THE ASSISTED LIVING FACILITY 24
41 MEDICATION STORAGE IN RESIDENT APARTMENT/ROOM 25
42 DISPOSAL OF MEDICATIONS 25
43 DISPOSAL OF CONTROLLED SUBSTANCES 26
44 DISPOSAL OF SYRINGES AND NEEDLES 27
Pharmacy Forms 28

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

1 PURPOSE

1.1 The purpose of this manual is to ensure drugs are handled in the Facility in a manner that protects the safety and welfare of the Residents and adheres to State and Federal laws.

1.2 Set forth the policy and procedures for this Facility as related to all facets of drug handling

1.3 Provide a standard for communication with the Pharmacy.

2 SCOPE

2.1 This document is applicable to all Caregivers, Med-Technicians and any staff members who administer medications to Residents and / or communicate with the dispensing Pharmacy.

2.2 This document is applicable to all Pharmacy personnel to work with medications supplied to the Facility or communicate with the Facility.

3 REFERENCE DOCUMENTS

3.1 HIPAA Privacy Practices Notice

3.2 New Resident Information Form

3.3 New Resident Pharmacy Services Agreement

3.4 New Resident “Welcome” Letter

3.5 Arizona State Board of Pharmacy Rules and Regulations

3.6 Arizona State Board of Pharmacy Act; Title 32

3.7 Uniform Controlled Substances Act: Title36

4 DEFINITIONS

4.1 DUR: Drug Utilization Review

4.2 FDA: Food and Drug Administration

4.3 M.O.T.; Medicine On Time multi-dose dispensing packaging

4.4 GENERIC: The chemical or common name of those products having the same chemical ingredients

4.5 HIPAA: Health Insurance Privacy and Accountability Act

4.6 HOA: Hours of Administration

4.7 MAR: Medication Review Record

4.8 OTC: Over-the-Counter

4.9 PIC: Pharmacist in Charge

4.10 PRN: Medications or items required on a “as-needed” basis

4.11 Single Dose Blister or Bubble Packs: Single medication dispensing packaging

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

5 GENERAL

5.1 Medical Arts Pharmacy has been serving Arizona's Extended Care Facilities since 1988. The Company is committed to exceeding the expectations of its customers. We have dedicated ourselves to developing and implementing process and programs that generate the greatest benefit for our customers.

5.2 This Policy and Procedure Manual is designed to provide a routine practice for the handling, administering and disposal of medications in an Assisted Living Facility.

6 RESPONSIBILITIES

6.1 It is the responsibility of the Executive Director or their appointee to ensure these Policies and Procedures are adhered to.

6.2 In is the responsibility of the PIC to ensure all applicable rules, regulations, state and federal laws are followed with regard to dispensing and packaging medications.

7 MEDICATION PACKAGING

7.1 The Facility requires specialized "compliance" packaging for medications administered by the Facility staff and for Residents for whom medication is provided.

7.2 For routine Medication (solid oral dosage form such as capsules or tablets), the Pharmacy will utilize MOT or Single Dose Bubble / Blister Packs as directed by the Facility.

7.3 Other medications (liquids, creams, suppositories) or medications that do no lend themselves to compliance packaging will be dispensed in the manufacturer's original packaging or in pharmacy bottle.

7.4 PRN medications (tablets and capsules) will be sent in the MOT or Single Dose Blister Packs. All others will be sent in the original manufacturer's container or pharmacy bottle.

7.4.1 Medications ordered as PRN medications will not be placed in a MOT card with other regularly scheduled medications. They will always be separated from regularly scheduled medications.

7.4.2 Controlled substances, regardless of class, will not be placed in a MOT card with other regularly scheduled medications. They will always be separated from regularly scheduled medications.

8 MEDICINE ON TIME (MOT)

8.1 Medicine On Time is a time specific multi-dose packaging system containing 28 "bubbles" capable of holding up to 6 medications. The rear of each "bubble" lists the medication in the bubble, the Resident's name, and date and time of administration.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

8.2 The front of the package contains the time the medication is to be administered, the name of the Resident, the package serial number and a visual description of each medication contained in the package.

8.3 Dispensing medication with MOT

8.3.1 Review MAR

8.3.2 Tear off correct bubble from MOT card after verifying name, medication, date and time.

8.3.3 Cross-check MAR with medication in bubble.

8.3.4 Pour contents into dispensing cup or utilize MOT bubble as dispensing cup.

8.3.5 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)

8.3.6 Inform Resident that you are delivering their medication.

8.3.7 Provide water or fluid to Resident if indicated

8.3.8 Observe Resident swallowing medication.

8.3.9 Document medication given on MAR.

8.3.9.1 If a medication is refused or the Resident is out of the facility, document same on MAR.

9 SINGLE DOSE BLISTER PACK

9.1 The Single Dose Blister Packs have individually bubbles or blisters and are color coded to correspond with the time of dose. Generally speaking, there is one tablet or capsule in each bubble; however, if space permits and more than one of the same medication are to be dispensed at the same time, two or three pills may be found in each blister.

9.2 Dispensing medication with Single Dose Blister Pack.

9.2.1 Review Medication Administration Record

9.2.2 Verify name, medication, date and time.

9.2.3 Cross-check Medication Administration Record.

9.2.4 Push medication through silver foil backing into appropriate dispensing cup.

9.2.5 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)

9.2.6 Inform Resident that you are delivering their medication.

9.2.7 Provide water or fluid to Resident if indicated.

9.2.8 Observe Resident swallowing medication.

9.2.9 Document medication given on MAR.

9.2.9.1 If a medication is refused or the Resident is out of the facility, document same on MAR.

10 AUTOMATIC CYCLE FILL

10.1 The Pharmacy will automatically send a 28 day supply of routine medications. This is referred to as an Automatic Cycle Fill.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

10.2 The Pharmacy will deliver the Automatic Cycle Fill 3 – 5 days prior to the actual start of the cycle.

10.3 The Facility shall sign the delivery manifest for the medications received.

10.3.1 Any discrepancies or missing medications must be reported to the Pharmacy within 48 hours of receipt of the medications.

10.3.2 In the event the Pharmacy is unable to send a full cycle of medications, the Facility will be notified by fax or phone.

11 MID-CYCLE FILL

11.1 When a new order is received by the Pharmacy prior to the start date of the next cycle fill, the Pharmacy will dispense sufficient quantities of medication(s) to provide the Resident enough medications until the next cycle date.

11.2 The medications will be dispensed in a new card or cards (MOT or Blister Packs) depending on the time of dispensing.

12 DISCONTINUED MEDICATION

12.1 When an existing order has been discontinued by the Physician, the discontinuation order must be faxed to the pharmacy.

12.2 If packaged in MOT, the Pharmacy will repackage the non discontinued medication for the remaining days of that specific cycle and send it to the facility.

12.2.1 Upon delivery of the new MOT card, the Facility must return / exchange the existing card containing the discontinued medication.

12.2.2 The new MOT card cannot be delivered unless the existing card containing the discontinued medication is available to be returned.

12.3 If packaged in Single Dose Blister Pack, the Facility should dispose of the discontinued medication as outlined in section 40 - 41.

13 CENSUS UPDATE

13.1 The Facility shall inform the Pharmacy of any changes in census as they occur.

13.1.1 The Facility will inform the Pharmacy by fax or phone when a Resident is discharged from the Facility

13.1.2 The Facility will inform the Pharmacy by fax or phone when a change of address and/or responsible party occurs.

13.1.3 The Facility will inform the Pharmacy by fax or phone when a change in insurance coverage occurs.

14 MEDICATION UPDATE

14.1 The Facility shall inform the Pharmacy by fax or phone of any changes in HOA for a Resident's medication.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

14.2 The Facility shall inform the Pharmacy by fax or phone of any medication that has been discontinued.

15 NEW RESIDENTS

15.1 When a new Resident is admitted and they have chosen to use the Pharmacy as their provider, the following documentation must be completed and faxed to the Pharmacy to initiate pharmacy services.

15.1.1 A Resident Services Agreement
15.1.2 Resident Information Form
15.1.3 A copy of the Resident's current insurance card(s), front and back.

15.2 New Residents shall be provided a copy of the Pharmacy's HIPAA Notice of Privacy Practices.

15.3 All new orders phoned or faxed to the Pharmacy during working hours will be processed and delivered that same day or before the next scheduled dosing unless requested otherwise by the Facility or there is a problem processing their medications.

15.4 Issues that may result in delays in delivery of medication(s) for new Residents include

15.4.1 Problematic insurance
15.4.2 Prior Authorizations
15.4.3 Ambiguous or incomplete Physician orders
15.4.4 DUR alert.
15.4.5 The Pharmacy will notify the Facility of any delays.

15.5 If a new order is not needed immediately, the estimated start date should be indicated verbally or on the fax.

16 REFILL REQUESTS

16.1 The facility is responsible for reordering all medications that are not included in the Automatic Cycle Fill and include medications in forms as follows:

16.1.1 Creams
16.1.2 Liquids
16.1.3 Medications in manufacturer's packaging (e.g. Actonel, Birth Control, etc)
16.1.4 OTC's not on a prescription
16.1.5 Antibiotics regimen with or without refills.
16.1.6 Compounded Medications
16.1.7 Diabetic Supplies (e.g. syringes, lancets, test strips)
16.1.8 Injectable Medications

16.2 The Facility should allow 3 business days notice for refill requests.

16.3 The facility may order refills via fax or phone or email

16.3.1 If a refill is ordered after business hours, the refill will be processed the next business day unless otherwise directed by the Facility.

16.3.2 If a refill is ordered over the weekend, the refill will be processed on Monday or next business day unless otherwise directed by the Facility

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

17 STAT ORDERS / MEDICATIONS

17.1 Stat orders are medications with which a delay in their administration may cause undue pain or harm to the Resident and include the following types of medication.

17.1.1 Pain Medications such as Hydrocodone or Oxycontin

17.1.2 Antibiotics

17.1.3 Anti-anxiety Medications

17.1.4 New orders for newly admitted Residents who do not bring medications to the Facility would also be considered Stat Medications.

17.2 The Pharmacy will make every attempt to dispense and deliver Stat Medications within a 6 – 8 hour time frame.

17.3 It is essential that all pertinent Resident and Medication information be sent to the Pharmacy to minimize any delays in delivery of Stat Medications

17.3.1 If ordering by fax, the facility should write down all pertinent information or use the Re-Order Form.

18 CLASS II CONTROLLED SUBSTANCES

18.1 Class II controlled substances, such as Percocet, MS Contin, Morphine, Methadone, etc. must be ordered by a Physician, and per AZ State Regulations, an original (not a copy) signed prescription must be in the possession of the Pharmacy before the medication can be delivered.

18.2 The order must contain the prescribing Physicians DEA number, quantity of medication and must be signed by the prescribing Physician.

18.3 Per AZ State Regulations, refills are not allowed on Class II prescriptions

18.4 Per AZ State Regulations, Class II prescriptions are valid for 90 days.

18.5 Per AZ State Regulations, "partial fills" on Class II prescriptions must be completed within 72 hours.

18.6 If the medication is needed immediately, notify the Pharmacy that you have a signed hard copy prescription for a Class II Narcotic and when the medication is needed.

18.7 Fax a copy of the prescription to the Pharmacy

18.8 The Pharmacy will dispatch a delivery driver with a Yellow bag to pick up the order.

18.8.1 Please inform the Pharmacy where in the facility the order will be located (e.g. reception desk, med room, etc)

18.8.2 The delivery driver will return the prescription to the Pharmacy and the medication will be dispensed and sent to the Facility.

19 CLASS III – V CONTROLLED SUBSTANCES

19.1 Physician's orders for Class III – V controlled substances can be faxed to the Pharmacy or called in to the Pharmacy by the prescribing Physician.

19.2 If the order if faxed, it must contain the prescribing Physicians DEA number, Quantity of medication and must be sighed by the prescribing Physician.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

19.3 Per AZ Sate Regulations, a maximum of 5 refills are allowed for Class III – V controlled substances

19.4 Per AZ State Regulations, Class III – V prescriptions are valid for 6 months.

20 PHYSICIAN MEDICATION ORDERS (PRESCRIPTIONS)

20.1 Physician/prescriber orders are required for all prescription and non-prescription (over-the-counter) medications for Residents who receive medication assistance from the Assisted Living Facility.

20.2 New orders, changes to existing orders or discontinued orders should be sent to the Pharmacy as soon as they are received.

20.3 If a new order is not needed immediately, the estimated start date should be indicated verbally or on the fax.

20.4 Prescription medications are dispensed only upon the clear, complete and signed order of a person lawfully authorized to prescribe.

20.5 Verbal prescription orders can be received only by a licensed pharmacist.

20.6 Residents shall maintain only those medications prescribed by their Physician or authorized prescriber.

20.7 No Resident shall be permitted to use or take another Resident's prescription medication.

20.8 Medication orders (prescriptions) must contain all of the elements required by law, including:

- **20.8.1** Patient name
- **20.8.2** Name of medication
- **20.8.3** Strength of medication
- **20.8.4** Dose
- **20.8.5** Dosage form
- **20.8.6** Time or frequency of administration
- **20.8.7** Route of administration
- **20.8.8** Quantity to dispense or duration of therapy
- **20.8.9** Prescriber name and signature
- **20.8.10** Prescriber DEA number
- **20.8.11** Refill authorization if any
- **20.8.12** Date

20.9 PRN (as needed) medication orders should specify the frequency of administration, maximum daily dosage, and condition for which the medication is being administered (e.g., pain, sleep)

20.10 Any dose or order that appears inappropriate considering the Resident's age, allergies, diagnosis, or current medication regimen shall be verified with the prescriber.

20.11 Each medication order shall be recorded on the Resident's MAR.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

21 DRUG UTILIZATION REVIEW

21.1 At the request of the Facility, a Consulting Pharmacist will review the drug regimen of each Resident and report in writing any irregularities in the dispensing, administration, control, or use of drugs to the appointed Facility personnel, and when appropriate, the Resident's attending Physician. For the purposes of this policy and related procedures, the term "irregularity" refers to failing to be in accord with what is usual, accepted, correct or mandated by law.

21.2 The Consultant Pharmacist may review the drug regimen of each Resident in sufficient detail to determine if any irregularities exist.

21.3 Each Resident's drug regimen is to be reviewed in the facility from the Resident's medical record.

21.4 The review of the drug regimen is to include all drugs currently ordered, including PRN drugs. The review is also to include information concerning the Resident's condition, medication administration records, and where appropriate, Physician's progress notes, nurses' notes, and laboratory test results.

21.5 The Consulting Pharmacist will report in writing any irregularities to the Medical Director or Director of Nursing and where appropriate, the individual Resident's attending Physician. This report will include a brief description of the irregularities observed. A copy of the report will be left for corrections. When the corrections are made, the notes as to how the corrections were made will be returned to the Consultant notebook of the Administrator.

21.6 The Consultant Pharmacist is to provide the facility with documentation that he/she has reviewed each Resident's drug regimen. This is to be done by entering the following information on the Resident's current Physician's Order sheet in the chart and/ or the Resident's current MAR.

21.6.1 A brief description of the irregularities observed.

21.6.2 The Pharmacist's signature

21.6.3 The date of the review.

21.7 The Administrator or Nurse is responsible for maintaining a copy of these reports on file in the facility for at least 1 year.

22 GENERIC DRUG POLICY

22.1 In an effort to help reduce drug costs for the Residents served, the Pharmacy encourages the use of therapeutically equivalent generic drugs where available in accordance with the provisions of state law and where their use is consistent with the prescriber's therapeutic objectives. In some instances, the state's pharmacy provider program dictates that generic drugs are used in place of brand name drugs (e.g. AHCCCS). Unless specifically directed by the Physician or requested by the Resident or their responsible party, the Pharmacy will always dispense the generic version of a drug when available.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

23 DRUG PRODUCT PROBLEM REPORTING

23.1 Problems with medication product formulations, packaging and therapeutic effect are reported to the FDA

23.2 Medications shall be inspected prior to administration to the Resident

23.3 If problems are detected with the medications (e.g. crushed or broken tablets, melted capsules, etc) the medication will not be administered to the Resident.

23.3.1 The Facility will contact the Pharmacy for consultation and to determine the source of the problem (manufacturing problem vs. incorrect storage or handling, etc.)

23.3.2 If a determination is made that a manufacturing defect is the cause of the problem the Pharmacy will complete an FDA Drug Quality Report From and send it to the FDA.

23.3.3 A copy of the form is retained by the facility so the information is available in the even to a follow-up request by the FDA.

24 DRUG PRODUCT RECALLS

24.1 The Pharmacy maintains a record of all medications dispensed to a Facility. In the event of a recall by the manufacturer or the FDA, the Facility will be instructed by the Pharmacy to return the affected product to the Pharmacy for disposition.

24.2 Upon receipt of a recall notice for a manufacturer or FDA, the Pharmacy will send a written notification to the Facility with instructions for the return of the affected drug(s).

24.3 The Facility will be responsible for located and returning the affected drug(s) to the Pharmacy. The Pharmacy will be responsible for disposition of the affected product as directed by the manufacturer or FDA.

24.4 The Pharmacy will replace the affected drug(s) with a new supply, if available. In the even a replacement is not available, the Pharmacy will contact the prescriber to discuss an alternative medication

24.5 If the affected medication has been dispensed to a Resident and may result in adverse consequences, the Resident or responsible party will be provided the information by the prescriber or the Facility. The Facility will indicate in the Resident's medical record what information was provided, to whom it was given and by whom it was provided.

25 MEDICATION ADVERSE REACTIONS

25.1 In the event of an adverse medication reaction, immediate action shall be taken, as necessary, to protect the health of the Resident.

25.2 If the Resident is in acute medication distress, the Facility will contact 911

25.3 The Resident's primary care Physician will be notified.

25.4 The Resident's responsible party will be notified.

25.5 The Executive Director or their appointee will be notified.

25.6 The Physician's follow-up orders in response to the adverse reaction will be implemented, and the Resident will be closely monitored as directed.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

25.7 The following information will be documented in the Resident's medical record.
- **25.7.1** Factual description the medication adverse reaction.
- **25.7.2** Name of Physician along with date and time notified.
- **25.7.3** Physician's follow-up orders.
- **25.7.4** Resident's condition during the monitoring period.

25.8 The Resident's responsible party will be notified of the status of the Resident during the follow-up period.

25.9 The incident shall be described in the shift change report (if applicable)

25.10 A follow-up medication adverse reaction report will be completed following the monitoring period directed by the Physician.

25.11 A medication adverse reaction is defined as any unfavorable physical or cognitive outcome which places the Resident's health in jeopardy as a result of taking prescribed medication. Unfavorable outcomes include
- **25.11.1** Rashes, discoloration or blistering of the skin.
- **25.11.2** Extreme physical discomfort directly or indirectly related to the administered medication.
- **25.11.3** Extreme gastro-intestinal discomfort.
- **25.11.4** Loss or impairment of mental or physical capacities not common with the administered with the medication.

26 MEDICATION ERRORS

26.1 Medication Errors are categorized as follows;
- **26.1.1** Administration Error
- **26.1.2** Prescribing Error
- **26.1.3** Dispensing Error
- **26.1.4** Monitoring Error

26.2 In the event of a medication error, the follow actions will be taken.
- **26.2.1** The Resident's Primary Care Physician will be notified.
- **26.2.2** The Resident's responsible party will be notified.
- **26.2.3** The Executive Director or their appointee will be notified.
- **26.2.4** The Physician's follow-up orders, if any, in response to the error will be implemented and the Resident will be closely monitored as directed.
- **26.2.5** The following information will be documented in the Resident's medical record.
  - 26.2.5.1 Factual description the administration error.
  - 26.2.5.2 Name of Physician along with date and time notified.
  - 26.2.5.3 Physician's follow-up orders, if any.
  - 26.2.5.4 Resident's condition during the monitoring period.
- **26.2.6** The Resident's responsible party will be notified of the status of the Resident during the follow-up period.
- **26.2.7** The incident shall be described in the shift change report (if applicable)
- **26.2.8** A follow-up medication administration error report will be completed.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

26.3 An Administration Error is defined as follows:

26.3.1 The administration of a medication in a dosage form different from the one ordered by the Physician.

26.3.2 The administration of a medication that was incorrectly formulated or manipulated before administration such as incorrect dilution or reconstitution or crushing medications that should not be crushed.

26.3.3 The failure to administer a medication within a predefined time interval from its scheduled time.

26.3.3.1Different intervals may be established for different medications This interval shall be established by the Facility

26.3.3.2This interval will be established by the Facility.

26.3.4 The administration of a dose of medication that is greater or less than the amount prescribed by the Physician.

26.3.5 The administration of a medication at an incorrect rate such as with intravenous medications

26.3.6 The administration of a medication by a route or to a site other than that prescribed by the Physician

26.3.7 Use of an inappropriate procedure or technique in the administration of a medication.

26.3.8 Failure to administer a medication by the time the next dose is due.

26.3.8.1A Resident's refusal is deemed an exception to this event; however, the Facility should follow the procedure relating to a Resident's refusal to take their medication.

26.3.8.2 A recognized contraindication to administering the medication is deemed an exception to this event.

26.3.9 The administration of one or more doses in addition to those ordered by the Physician.

26.3.10 The administration of a medication or a medication without a Physician's order

26.3.11 The administration of a medication where the physical or chemical integrity of the medication's form has been compromised.

26.4 A Prescribing Error is defined as follows

26.4.1 The inappropriate selection of a drug (based on indications, contraindications, known allergies, existing medication therapy, and other factors); dose; dosage form; quantity; route of administration; concentration; rate of administration; or inappropriate or inadequate instructions for use of a medication ordered by a Physician or other authorized prescriber.

26.5 A Dispensing Error is defined as follows:

26.5.1 The failure to dispense a medication upon Physician order (omission error) or within a specified period of time from receipt of the prescription order or reorder (time error)

26.5.2 Dispensing the incorrect drug, dose, or dosage form

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

26.5.3 Failure to dispense correct amount of medication;
26.5.4 Inappropriate, incorrect, or inadequate labeling of medication;
26.5.5 Inappropriate or incorrect preparation or packaging of medication;
26.5.6 Inappropriate or incorrect storage of medication prior to dispensing;
26.5.7 Dispensing of expired, improperly stored, or physically or chemically compromised medications.

26.6 A Monitoring Error is defined as follows:

26.6.1 Failure to review a prescribed medication regimen for appropriateness, or failure to use appropriate clinical or laboratory data for adequate assessment of Resident response to prescribed therapy.

27 MEDICATION ADMINISTRATION RECORDS

27.1 The Facility will maintain a current MAR for each Resident for whom medications are administered by the Facility staff. The MAR lists all prescription and non-prescription (OTC) medications prescribed for the Resident, space for documenting medication administration and if necessary, directions for monitoring medications.

27.2 When a new Resident is admitted to the Facility, all current prescription and non prescription (OTC) medications are entered on the Resident's MAR.

27.3 The information on the MAR includes:

27.3.1 Resident name
27.3.2 Apartment / Room Number
27.3.3 Diagnoses
27.3.4 Allergies
27.3.5 Prescription number(s)
27.3.6 Primary Physician
27.3.7 Medication name, strength, dosage form, dose route of administration, frequency of administration and HOA's
27.3.8 Administration parameters (e.g. blood glucose, blood pressure, weight, etc)
27.3.9 Duration of therapy
27.3.10 Date ordered, date changed and/or date discontinued
27.3.11 Indication for use for PRN mediations
27.3.12 Directions for assessing effectiveness of medications
27.3.13 Date and time of medication administration
27.3.14 Name and initials of person administering medications

27.4 New prescriptions and OTC medications should be transcribed on the MAR as they are received.

27.5 Medication Administration is documented on the Resident's MAR at the time the medication is given by the person administering the medication, including an explanation if the medication was not taken.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

27.6 The Resident's MAR is initialed by the person administering the medication in the space provided under the date and on the line for that specific medication. Initials on the MAR are verified with a full signature in the space provided.

27.7 If a dose of regularly scheduled medication is refused by the Resident, circle the time in the correct space on the MAR, write "Refused" and initial.

27.7.1 If more than two doses in a row are refused, provide a report to the nurse or ED for follow-up with the prescribing Physician and responsible party.

27.8 If a dose of regularly scheduled medication is held because the administration parameters are not met (e.g. hold if loose stool), circle the time in the correct space on the MAR, write "Held" and initial. Indicate the reason the medication was held.

27.8.1 If more than two doses in a row are held, provide a report to the nurse or ED for follow-up with the prescribing Physician and responsible party.

27.9 Discontinued Medications.

27.9.1 When a medication is discontinued, write "DC" and the date and using a yellow highlighter, make a line through the discontinued entry

27.9.2 The Pharmacy should be notified of any medication that has been discontinued.

27.10 PRN Medications

27.10.1 When PRN medications are administered, the following documentation is provided.

27.10.2 Date, time, dose and route of administration

27.10.3 Complaints or symptoms for which the medication was given.

27.10.4 Results achieved from giving the dose and time results were noted.

27.10.5 Signature and initials of person recording medication administration and effects.

27.11 When a new MAR needs to be generated, only the current, active orders are transcribed.

27.11.1 The accuracy of the transcription must be double checked by a qualified Assisted Living Facility staff member.

27.12 Completed MARs are retained in the Resident's file for a duration to be determined by the Facility, but no less than 1 year.

28 MEDICATION RE-CAP

28.1 The Facility will request and obtain a Physician Re-cap at least once every 6 months for each Resident for whom medications are administered by the Facility staff. The Re-cap lists all prescription and non-prescription (OTC) medications prescribed for the Resident along with the directions for dispensing.

28.2 At the request of the Facility, the Pharmacy will provide a 3 part Physician Re-cap for review and signature by the appropriate Physician.

28.2.1 Once reviewed and signed, the copies will be distributed as follows:

28.2.1.1 Original kept by the Facility

28.2.1.2 Copy 1 kept by the Physician

28.2.1.3 Copy 2 sent to the Pharmacy

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

29 ADMINISTRATION OF MEDICATIONS – GENERAL GUIDELINES

29.1 Medications are administered as prescribed only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they are adequately trained in the techniques of medication administration and are familiar with the medication to be administered. Required items to safely and effectively administer medications include the following:

- **29.1.1** Resident medications
- **29.1.2** Medication Administration Record
- **29.1.3** Medication Cups
- **29.1.4** Liquid measuring device
- **29.1.5** Pitcher of water
- **29.1.6** Drinking cups
- **29.1.7** Tablet crusher/tablet splitter
- **29.1.8** Tissue
- **29.1.9** Hand washing solution
- **29.1.10** Medication reference text

29.2 The Medication room is to be kept locked at all times when not in use.

29.3 The Medication cart is to be kept locked at all times unless in use and within sight.

29.4 Maintenance of medication cart and/or medication storage room and stocking of supply items is the responsibility of the designated facility personnel.

29.5 Liquid dosage forms are used whenever practical in place of solid tablets that would have to be crushed prior to administration.

- **29.5.1** Check with the Pharmacy to determine if a liquid form is available and covered by the applicable payment program.
- **29.5.2** The Physician must be contacted for a new prescription order before changing the dosage form.

29.6 When administering medications in liquid forms that require precise measurement, devices provided by the manufacturer or obtained from the Pharmacy are used to allow accurate measurement of doses.

29.7 Refer to medication reference text for administration of any medication in another substance (e.g., applesauce, juice, milk)

29.8 If it is safe to do so, medication tablets may be crushed or capsules emptied out when a Resident has difficult swallowing using the guidelines listed in Section 30.

- **29.8.1** A Physician order is required for crushing medications.
- **29.8.2** Check with the pharmacy provider before crushing tablets or emptying capsules for medication administration.
- **29.8.3** The need for crushing medications is indicated on the Resident's MAR.

29.9 Residents are identified before medication is administered through acceptable Facility techniques (e.g. photo, writs band, etc)

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

29.10 Hands are washed thoroughly prior to administering medications to each Resident.

29.11 Medications are administered in accordance with written orders of the Physician or other authorized prescriber.

29.12 All current medications and dosage schedules are listed in the Resident's Medication Administration Record.

29.13 Medications are administered at the time they are prepared. Medications are not pre-poured.

29.14 Prior to administration, the medication and dosage schedule on the Resident's MAR is compared with the medication label. If the label and MAR are different, or if there is any other reason to question the dosage or directions, the current order should be verified with the Physician prior to administration of the medication.

29.15 If a medication dose seems excessive considering the Resident's age and condition, or a medication order seems to be unrelated to the Resident's current diagnosis or condition, or the Resident's record indicates an allergy to the medication ordered, the Physician will be contacted for clarification prior to the administration of the medication.

29.16 Unless otherwise specified by the Physician, routine medications are administered according to the established medication administration schedule for the Assisted Living Facility.

29.17 Medications are administered within one hour of the scheduled time, except before or after meal orders, which are administered precisely as ordered.

29.18 Medications ordered to be given with meals must be administered with meals.

29.19 Medications ordered to be given before meals must be administered at least one hour before meals.

29.20 Medications ordered to be given after meals must be administered at least one hour after meals.

29.21 Obtain and record any vital signs as ordered by the Physician prior to medication administration.

29.22 Medication administration is documented on the Resident's MAR at the time the medication is given by the person who administered the medication.

30 STEPS IN MEDICATION ADMINISTRATION

30.1 If a Medication Cart (Med Cart) is being used, bring the medications/medication cart to the vicinity of the Resident's apartment/room.

- **30.1.1** The Med Cart must always be visible to person administering medications.
- **30.1.2** The Med Cart may remain unlocked only when in direct line of sight.

30.2 If a medication room is being used, have the Resident enter the room

30.3 Maintain confidentiality of MAR during the medication pass.

30.4 Provide for Resident's privacy.

30.5 Wash hands using appropriate hand washing technique.

30.6 Review the Resident's MAR and note the first medication to administer.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

30.7 Note any discontinued or changed orders.
30.8 Note any allergies prior to administering any medication to Resident.
30.9 Read prescription label two times before preparing medication.
30.10 Obtain and record any vital signs as ordered by the prescriber prior to medication administration.
30.11 Prepare medication for administration.
30.12 Medication administration is documented in the Resident's MAR at the time medication is administered.
30.13 Repeat steps 28.6 through 28.12 for all medications to be administered to the Resident.

31 GUIDELINES FOR CRUSHING MEDICATIONS.

31.1 Ensure the medication can be crushed by reading the prescription label, auxiliary label, the guidelines listed below or by contacting the Pharmacy.
31.2 Medications should be crushed between two soufflé cups to avoid cross contamination between "crushes". If crushed in a mechanical device, the device must be cleaned and dried between Residents.
31.3 Do not mix two or more liquid medications together.
31.4 Do not crush sublingual medications
31.5 Do not crush enteric-coated or specially coated medications.
31.6 Do not crush time-release, long acting or controlled release tablets or capsules.
31.7 Some capsules with slow-release type contents may be opened and mixed with food or liquid provided all of the food or liquid in which it is mixed is completely consumed.
31.8 Some capsules with slow release type contents may be given via G-tube provided the contents are not crushed.
31.9 Phenothiazine drugs should not be crushed.
31.10 Non-steroidal anti-inflammatory agents should not be crushed.
31.11 Liquid filled capsules should not be crushed or opened and mixed with food unless specifically ordered by a Physician.
31.12 Effervescent tablets should not be crushed. These medications are to be dissolved in liquid according to the instructions.

32 ADMINISTERING OPHTHALMIC OINTMENT

32.1 All ophthalmic medications are to be administered in an organized and safe manner
32.2 Compare the label to the MAR two times.
32.3 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
32.4 Explain procedure to Resident and inform about what medication is being administered.
32.5 Obtain and record any vital signs as necessary prior to medication administration.
32.6 Cleanse hands and put on gloves.
32.7 Position Resident with head tilted back.
32.8 Pull down lower eyelid gently with index or middle finger. Instruct the Resident to look upward.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

32.9 Apply a thin linen of ointment along the conjunctival surface of the retracted lower lid with the tip of the ointment tube.
32.10 Instruct the Resident to close eye and rotate eyeball.
32.10.1 Eyelids should not be squeezed close.
32.11 Inform Resident that vision may be blurred for the next few minutes.
32.12 Replace tube cap.
32.13 Remove gloves and cleanse hands.
32.14 Document medication administration in the MAR.
32.14.1 If Resident refused medication, indicate so on the MAR.
32.15 When two or more eye ointments must be administered at the same pass time, allow 10 minute period between them.

33 ADMINISTERING SUBLINGUAL MEDICATIONS

33.1 Sublingual medications are to be administered in an organized and safe manner.
33.2 Cleanse hands.
33.3 Compare the label to the administration record two times then pour the appropriate number of doses into a medication cup.
33.4 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
33.5 Obtain and record any vital signs as necessary prior to medication administration.
33.6 Place medication under Resident's tongue (allow Resident to do this if capable), and instruct Resident to leave medication there until dissolved.
33.7 Document medication administration in the MAR.
33.7.1 If Resident refused medication, indicate so on the MAR.

34 ADMINISTERING NOSE DROPS

34.1 All nasal medications are to be administered in an organized and safe manner.
34.2 Cleanse hands.
34.3 Compare the label to the administration record two times.
34.4 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
34.5 Explain procedure to Resident and inform about what medication is being administered.
34.6 Have Resident gently blow nose in tissue to clear the nostrils.
34.7 Position Resident with head back.
34.8 Instill prescribed number of drops into nostrils, directing flow toward floor of nasal cavity.
34.9 Instruct Resident to remain in position for approximately 2 minutes.
34.10 Raise the Resident to a sitting position to allow medication to flow into lower part of nose.
34.11 Replace cap of container and cleanse hands.
34.12 Document medication administration in the MAR.
34.12.1 If Resident refused medication, indicate so on the MAR.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

35 ADMINISTERING ORAL MEDICATIONS

35.1 All oral medications are to be administered in an organized and safe manner.
35.2 Cleanse hands.
35.3 Compare the label to the administration record two times before pouring the medication.
35.4 Pour the correct number of tablets or capsules into the medication cup.
35.4.1 If medication is liquid, use a graduated medication cup or measuring device.
35.4.2 If the medication label and MAR indicate the medication is to be crushed, follow the guidelines outlined in Section 29.
35.5 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
35.6 Explain to the Resident the medication to be administered.
35.7 Obtain and record any vital signs as necessary prior to medication administration.
35.8 Administer medication and remain with Resident while medication is swallowed.
35.9 Follow all medication with four to eight ounces of water.
35.10 Document medication administration in the MAR.
35.10.1 If Resident refused medication, indicate so on the MAR.

36 ADMINISTERING ORAL AND NASAL INHALATIONS

36.1 All oral and nasal inhalation medications are to be administered in an organized and safe manner.
36.2 Cleanse hands.
36.3 Compare the label to the administration record two times.
36.4 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
36.5 Explain procedure and purpose of medication to Resident.
36.6 Obtain and record any vital signs as necessary prior to medication administration.
36.7 Don gloves
36.8 Administer medication as follows:

36.8.1 ORAL INHALATION

36.8.1.1 Shake inhaler well and remove cap from mouthpiece.
36.8.1.2 Have Resident breathe out fully to expel air from lungs.
36.8.1.3 Place mouthpiece into mouth.
36.8.1.4 While Resident breathes in deeply and slowly, depress medication canister with index finger.
36.8.1.5 Instruct Resident to hold breath for as long as possible.
36.8.1.6 When Resident begins to breathe out, remove finger from canister and mouthpiece from Resident's mouth.
36.8.1.7 If more than one inhalation is ordered, wait approximately one minute, and then repeat steps for each inhalation ordered. Bronchodilators should be used first
36.8.1.8 Have Resident rinse mouth or drink liquid after use of steroid inhaler.

36.8.2 NASAL INHALATION

36.8.2.1 Have Resident gently blow nose to clear nostrils.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

36.8.2.2 Shake inhaler well and remove cap from nozzle.
36.8.2.3 Hold the inhaler in upright position between second and index fingers, with thumb on bottom of canister.
36.8.2.4 With Resident's head tilted back, carefully insert nozzle into one nostril and close the other nostril with one finger.
36.8.2.5 While Resident gently inhales through open nostril, press medication canister up with thumb.
36.8.2.6 Instruct Resident to hold breath, and then breathe out through the mouth.
36.8.2.7 Remove finger from canister and nozzle from Resident's nostril.
36.8.2.8 If more than one inhalation is ordered, repeat steps above in each nostril for the number of inhalations ordered.
36.8.2.9 Clean inhaler as directed in package, thoroughly and frequently.

36.8.3 Remove gloves and wash hands.
36.8.4 Document medication administration in the MAR.
36.8.4.1 If Resident refused medication, indicate so on the MAR.

37 ADMINISTERING OPHTHALMIC DROPS

37.1 All ophthalmic medications are to be administered in an organized and safe manner.
37.2 Compare the label to the administration record two times.
37.3 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
37.4 Explain procedure to Resident and inform about what medication is being administered.
37.5 Obtain and record any vital signs as necessary prior to medication administration
37.6 Cleanse hands and put on gloves.
37.7 Position Resident with head tilted back.
37.8 If ophthalmic is suspension, shake container.
37.9 If bottle has separate dropper, draw required amount of solution into dropper, holding dropper upright.
37.10 Pull down eyelid with index or middle finger. Instruct the Resident to look upward.
37.11 Place hand against Resident's forehead to steady and instill required number of drops inside lower eyelid close to outer corner of eye.
37.12 Release eyelid.
37.13 Wipe off excess solution with clean tissue. Use a clean tissue for each eye.
37.14 Recap bottle, returning dropper to bottle if appropriate.
37.15 Remove gloves and wash hands.
37.16 Document medication administration in the MAR.
37.16.1 If Resident refused medication, indicate so on the MAR.
37.17 When two or more eye solutions must be administered at the same pass time, allow a 5 minute period between them.

38 ADMINISTERING TRANSDERMAL PATCHES

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

38.1 All transdermal patches are to be administered in an organized and safe manner.
38.2 Cleanse hands.
38.3 Remove patch from package and envelope.
38.4 Compare the label to the administration record two times.
38.5 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)
38.6 Explain procedure and purpose of medication to Resident.
38.7 Select an appropriate site for application. If previous patch remains in place, remove.
38.8 Adjust Resident's position/clothing and swab area for application with alcohol wipe.
38.9 Remove adhesive backing from patch and apply patch.
38.10 Document medication administration in the MAR.
- **38.10.1** If Resident refused medication, indicate so on the MAR.
- **38.10.2** Left Upper Arm LA
- **38.10.3** Right Upper Arm RA
- **38.10.4** Left Upper Thigh LA
- **38.10.5** Right Upper Thigh RT
- **38.10.6** Left Chest LC
- **38.10.7** Right Chest RC
- **38.10.8** Left Upper Back LB
- **38.10.9** Right Upper Back RB

38.11 For transdermal scopolamine
- **38.11.1** Behind Left Ear LE
- **38.11.2** Behind Right Ear RE

38.12 If Resident refused medication, indicate so on the MAR.
38.13 Remove gloves and cleanse hands

39 ADMINISTERING INSULIN

39.1 All insulin injections are to be administered in an organized and safe manner.
39.2 Obtain insulin from refrigerator and allow warming to room temperature.
39.3 Compare the label to the administration record two times.
39.4 Cleanse hands thoroughly.
39.5 Rotate vial of insulin gently between hands to mix.
39.6 Prepare injection as follows:
- **39.6.1** Determine correct amount of insulin to be withdrawn
- **39.6.2** Prepare singe and needle
- **39.6.3** Swab rubber cap with alcohol sponge
- **39.6.4** Hold insulin syringe with correct calibration in view and withdraw ordered dosage of insulin
- **39.6.5** If the prescriber has ordered two types of insulin to be given, draw up the regular or clear insulin first, then the NPH or any of the cloudy insulins
- **39.6.6** Pull back on plunger to admit a bubble of air
- **39.6.7** Place protector on needle

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

39.6.8 Check medication record label with MAR a third time

39.7 Return insulin to refrigerator.

39.8 Identify Resident through acceptable Facility techniques (e.g. photo, writs band, etc)

39.9 Cleanse injection site with alcohol wipe.

39.10 Expel air from syringe.

39.11 Insert needle quickly at a 50 degree angle to the injection site.

39.12 Pull plunger back slightly, rotate 90 degrees and pull plunger back slightly again.

39.13 Inject insulin slowly.

39.14 Remove needle and apply firm pressure over site.

39.15 Discard syringe and needle in appropriate syringe disposal container. Do not recap needle.

39.16 Cleanse hands.

39.17 Document administration on MAR.

39.17.1	Left Ann	LA
39.17.2	Right Arm	RA
39.17.3	Left Thigh	LT
39.17.4	Right Thigh	RT
39.17.5	Left Abdomen	LS
39.17.6	Right Abdomen	RS

39.18 If Resident refuses medication, indicate on MAR.

40 MEDICATION STORAGE IN THE ASSISTED LIVING FACILITY

40.1 Medications are stored safely, securely and are accessible only to authorized personnel.

40.2 The Pharmacy dispenses medications in packaging / containers that meet legal requirements. Medications should be kept and stored in these containers.

40.3 Medication storage areas, rooms and carts are kept locked when not in use.

40.4 Medications are stored under proper temperature, light and moisture controls.

40.4.1 Medications requiring storage at "room temperature" are kept at temperatures ranging from 15 degrees C *(59* degrees F) to 30 degrees C (86 degrees F).

40.4.2 Medications requiring "refrigeration" or storage at "temperatures between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F)" are kept in a refrigerator with a thermometer to allow temperature monitoring. Medications will be kept in a locked box in the refrigerator.

40.5 Medication storage areas are kept clean, well lit and free of clutter.

40.6 Medications for different Residents are kept separate from externally used medications.

40.7 Items for external use only must be clearly labeled as such.

40.8 Potentially harmful substances (e.g., urine test reagent tablets, household poisons, cleaning supplies, disinfectants) should be clearly identified and stored in a locked area separate from medications.

40.9 Medication storage areas must be checked (monthly) to ensure Resident safety and compliance with state laws and regulations.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

41 MEDICATION STORAGE IN RESIDENT APARTMENT/ROOM

41.1 Medications are stored safely, securely and properly and are accessible only to authorized personnel.

41.2 Medications (prescription and non-prescription) shall be stored in a designated, locked area of the Resident's apartment/room or if not in the room, the door must be locked.

41.3 Medications requiring refrigeration will be stored in a designated area in the Resident's refrigerator.

41.4 The Pharmacy dispenses medications in containers that meet legal requirements and should be kept and stored in these containers.

41.5 Medications must remain in the designated storage area at all times.

41.6 If there is no medication storage area provided in the Resident's apartment/room, an area should be designated for medication storage.

41.7 The location of medication storage is documented in the Resident's file.

41.8 Medications should not be stored in the bathroom, laundry room, or other areas where heat or moisture may compromise the integrity of the medication.

41.9 The Resident's MAR will be stored with the medications.

41.10 If a locked storage area is provided, the medication supply is accessible only to authorized persons.

41.11 If a locked storage area is provided in the Resident's apartment/room, the medication storage area and key are available to the family/responsible party for storage of medications and preparation of medication reminder/compliance devices.

41.12 The medication storage area is kept clean and free of clutter.

41.13 Orally administered medications are kept separate from externally used medications.

41.14 Items for external use only must be clearly labeled as such.

41.15 Potentially harmful substances (e.g., urine test reagent tablets, household poisons, cleaning supplies, disinfectants) are clearly identified and stored in an area separate from medications.

41.16 Medications are stored under proper temperature, light and moisture controls.

41.16.1 Medications requiring storage at "room temperature" are kept at temperatures ranging from 15 degrees C (59 degrees F) to 30 degrees C (86 degrees F).

41.16.2 Medications requiring "refrigeration or storage at "temperatures between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F)" shall be stored in closed containers in the Resident's refrigerator with a thermometer to allow temperature monitoring.

41.17 Medication storage areas must be checked (quarterly) to ensure Resident safety and compliance with state laws and regulations.

42 DISPOSAL OF MEDICATIONS

42.1 Medications that cannot be returned to the family/responsible party and medications that remain after the Resident leaves the Assisted Living Facility are destroyed and disposed

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

of by the Assisted Living Facility in accordance with applicable federal and state laws and regulations.

42.2 Medications awaiting disposal by the Assisted Living Facility are documented on the Medication Disposition Record and stored in a locked, secure area designated for that purpose until disposal. Documentation shall include:

42.2.1 Resident's name
42.2.2 Prescription number
42.2.3 Name of strength of medication
42.2.4 Quantity of medication destroyed
42.2.5 Reason for disposal
42.2.6 Signature(s) of witness(es)
42.2.7 Date of disposal

42.2.8 The Medication Disposition Record is maintained in the Assisted Living Facility for three (3) years.

42.2.9 Medications should be "destroyed" before disposal to ensure that they cannot be used or consumed.

42.2.10 All medication destruction/disposal should be carried out in the presence of at least two authorized Assisted Living Facility staff.

42.2.11 For destruction of controlled substances, see Policy and Procedures for Controlled Substances Disposal.

42.2.12 Persons involved with destroying medications should be gloved to prevent contact of the medication with the skin; masks should be worn when pulverizing tablets or opening capsules.

43 DISPOSAL OF CONTROLLED SUBSTANCES

43.1 Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal and record keeping requirements in accordance with federal and state laws and regulations.

43.2 When a dose of a Schedule II controlled substance cannot be used for any reason by the Resident, the dose is disposed of in accordance with applicable federal and state laws and regulations, which may include:

43.2.1 Disposal in the presence of three authorized Assisted Living Facility staff
43.2.2 Returning to the Drug Enforcement Administration
43.2.3 Retaining for destruction by an agent of the DEA.

43.3 When a dose of a Schedule III, IV or V controlled substance cannot be used for any reason by the Resident, the dose is disposed of in accordance with applicable federal and state laws and regulations, which may include disposal in the presence of two authorized Assisted Living staff

43.4 Disposal of all medications is documented on the Medication Disposition Record. Documentation includes:

43.4.1 Resident's name

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

43.4.2 Prescription number
43.4.3 Name and strength of medication
43.4.4 Quantity of medication destroyed
43.4.5 Reason for disposal
43.4.6 Signature(s) of witness(es)
43.4.7 Date of disposal

43.5 The record of destruction/disposal of controlled substances is maintained in the Assisted Living Facility for three (3) years.

43.6 Disposal of oral medications consists of destruction and placing in an unpalatable substance such as coffee grounds.

43.7 Disposal of patches consists of cutting the patches in small unusable pieces.

44 DISPOSAL OF SYRINGES AND NEEDLES

44.1 Used syringes and needles are disposed of safely in conformance with applicable laws and safety regulations.

44.2 For Residents who self-administer injectable medications or for who Home Health Agency staff administers injectable medications, proper disposal of syringes and needles is the responsibility of the Resident and/or family/responsible party, or Home Health Agency staff.

44.3 To avoid risk of needle sticks, needles are not recapped after use. Needles and syringes should not be deliberately bent or broken.

44.4 Immediately alter use, syringes and needles are placed into puncture resistant, one-way ("sharps") containers specifically designed for that purpose.

44.5 Residents who self-administer injectable medications, or for whom home health agency staff administers injectable medications, should have a "sharps" container in their apartment/room.

44.6 When a "sharps" container is two-thirds full, it is sealed and disposed of with other hazardous waste by the Resident or family/responsible party, home health agency staff, or the Assisted Living Facility.

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL

Pharmacy Forms

PROPRIETARY INFORMATION – T-Med Products Inc.
NOT TO BE REPRODUCED OR DISCLOSED TO OTHERS WITHOUT PRIOR WRITTEN APPROVAL