12-006.04B Training: The facility must provide initial and ongoing training designed to meet the needs of the resident population. Training must be provided by a person qualified by education, experience, and knowledge in the area of the service being provided. The training must include the following:

...12-006.04B2b Medication Aides: When medication aides are utilized by the facility, there must be ongoing training to ensure competencies are met as provided in 172 NAC 95.

12-006.10 Administration of Medication: The facility must establish and implement policies and procedures to ensure residents receive medications only as legally prescribed by a medical practitioner in accordance with the five rights and prevailing professional standards.

12-006.10A Methods of Administration of Medication: When the facility is responsible for the administration of medication, it must be accomplished by the following methods:

12-006.10A1 Self-Administration: The facility must allow residents of the facility to self-administer medication, with or without supervision, when resident assessment determines resident is capable of doing so.

12-006.10A2 Licensed Health Care Professional: When the facility utilizes licensed health care professionals for whom medication administration is included in the scope of practice, the facility must ensure the medications are properly administered in accordance with prevailing professional standards.

12-006.10A3 Provision of Medication by a Person Other Than a Licensed Health Care Professional: When the facility utilizes persons other than a Licensed Health Care Professional in the provision of medications, the facility must follow 172 NAC 95 and 96. Each facility must establish and implement policies and procedures:

1. To ensure that medication aides who provide medications are trained and have demonstrated the minimum competency standards specified in 172 NAC 95-004;

2. To ensure that competency assessments and/or courses for medication aides have been completed in accordance with the provisions of 172 NAC 96-005;

3. That specify how direction and monitoring will occur when the facility allows medication aides to perform the routine/acceptable activities authorized by 172 NAC 95-005 and as follows:

a. Provide routine medication; and
b. Provide medications by the following routes:

(1) Oral, which includes any medication given by mouth, including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;

(2) Inhalation, which includes inhalers and nebulizers, including oxygen given by inhalation;

(3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and

(4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose;

4. That specify how direction and monitoring will occur when the facility allows medication aides to perform the additional activities authorized by 172 NAC 95-007, which include but are not limited to:

a. Provision of PRN medications;

b. Provision of medications by additional routes including but not limited to gastrostomy tube, rectal, and vaginal; and/or;

c. Participation in monitoring;

5. That specify how competency determinations will be made for medication aides to perform routine and additional activities pertaining to medication provision;

6. That specify how written direction will be provided for medication aides to perform the additional activities authorized by 172 NAC 95-009;

7. That specify how records of medication provision by medication aides will be recorded and maintained; and

8. That specify how medication errors made by medication aides and adverse reactions to medications will be reported. The reporting must be:

a. Made to the identified person responsible for direction and monitoring;

b. Made immediately upon discovery; and

c. Documented in the resident's medical record.

12-006.10A4 When the facility is not responsible for the administration/provision of medications, the facility must maintain overall responsibility for the supervision, safety and welfare of the resident.

12-006.10B Medication Record: Each resident must have an individual medication administration record, which must include:

1. The name of the facility;

2. The name of the resident;
3. The room and bed number of the resident;
4. Resident identification number;
5. The name of the medication prescribed;
6. The strength of the individual dose;
7. Directions for administration of the medication;
8. Name of physician; and

12-006.10B1 Medication Documentation: The dose administered to the resident must be properly documented on the medication record by the person who administered the drug, after the drug is administered. For oral medications, the actual act of swallowing must be observed.

12-006.10B1a If the resident refuses the medication, the refusal must be documented as refused on the medication record.

12-006.10C Medications must be administered by the same person who prepared the dose, except under single unit dose package distribution systems.

12-006.10D Medication Errors: The facility must ensure that it is free of medication error rates of 5% or greater, and residents are free of any significant medication errors.

12-006.10D1 The facility must have a method of recording, reporting, and reviewing medication administration errors. All medication administration errors must be reported to the prescribing medical practitioner in accordance with standards of care.

12-006.10E The facility must have policies and procedures for reporting any adverse reaction to a medication as in accordance with standards of care, to the resident's medical practitioner and for documenting such event in the resident's medical record.

12-006.12 Pharmacotherapy Services: The facility must provide routine and emergency drugs, devices and biologicals to its residents, or obtain them under an agreement. The storage, control, handling, administration, and provision of drugs, devices, and biologicals must be in accordance with state laws and regulations relating to same, and to the practice of pharmacy and medicine and surgery.

12-006.12A Procedures: The facility must develop and implement appropriate policies and procedures for accurate acquiring, receiving, and administering of all medications to meet the needs of each resident.

12-006.12B Pharmacotherapy Services Supervision: The facility must employ or obtain the services of a Nebraska-licensed pharmacist to provide for the development, coordination, and supervision of all pharmaceutical services. The pharmacist is responsible for:
1. Consultation on all aspects of the provision of pharmacotherapy services in the facility;

2. Ensuring that the pharmacotherapy service has procedures for control and accountability of all medications throughout the facility;

3. Ensuring that medication records are in order and that an account of all Schedule II and III controlled substances is maintained and reconciled;

4. Maintaining records of receipt and disposition of all controlled substances in sufficient detail to enable an accurate reconciliation; and

5. Reviewing the drug regimen of each resident at least monthly and reporting any irregularities to the primary medical practitioner and Director of Nursing Services in accordance with standards of care. The drug regimen review must include a signed and dated statement that:
   a. No potential problems were found;
   b. A problem was found but it was deemed not significant; or
   c. A significant problem was found. The statement must include a description of the situation and the information that was communicated to the individual with the authority to correct it, usually the medical practitioner.

12-006.12C Controlled Substances and Prescription Drugs: The facility must comply with all state laws and regulations related to the procurement, storage, administration and destruction of drugs, devices, and biologicals and of those medications subject to the Nebraska Uniform Controlled Substance Act.

12-006.12C1 The possession of a controlled substance or prescription drug is prohibited except as may be ordered by a medical practitioner by prescription for a resident.

12-006.12D Bulk Supply: Any duly licensed facility may purchase bulk quantities of non-prescription drugs, devices, and biologicals e.g., aspirin, milk of magnesia, and certain cough syrups, and may administer these medications to individual residents in the facility only on the order of a medical practitioner.

12-006.12E Drug Accountability and Disposition: The facility must establish and implement procedures for storing and disposing of drugs, devices and biologicals in accordance with State and local laws.

12-006.12E1 Drug Storage: The facility must have all drugs, devices, and biologicals stored in locked areas and stored in accordance with the manufacturer's or pharmacist's instructions for temperature, light, humidity, or other storage instructions. Only authorized personnel who are designated by the facility responsible for administration or provision of medications must have access to the medications.

12-006.12E1a Controlled Substance Storage: The facility must provide separately locked, permanently affixed compartments for storage of controlled medications listed in Schedule II of Neb. Rev. Stat. § 28-405, and other medications subject to abuse, except when the
facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

12-006.12E1b Controlled Substance Count: A shift count of all controlled substances in Schedules II and III must be completed by two persons with each initialing the separate medication control sheet for each medication when the count is completed. The individual medication administration record can serve as a record of the receipt and disposition of all other Controlled Substances.

12-006.12E2 Compounding and Dispensing: Only the pharmacist, or a pharmacy intern under the direct supervision of the pharmacist, may compound or dispense drugs, devices or biologicals or make label changes.

12-006.12E3 The facility must ensure drugs, devices and biologicals are stored in the container in which they are received from the pharmacy.

12-006.12E4 Discontinued, Outdated, Deteriorated Drugs, Devices and Biologicals: The facility must ensure no discontinued, outdated, or deteriorated drugs, devices and biologicals are available for use in the facility.

12-006.12E5 Separate Storage Requirement: Drugs, devices and biologicals for external use, as well as poisons, must be stored separately from all other medications.

12-006.12E6 Emergency Box Drug: Authorized personnel of the facility may administer medications to residents of the institution from the contents of emergency boxes located within such facility if such drugs and boxes meet all of the requirements as set out in the Emergency Box Drug Act.

12-006.12E7 Medication Integrity and Labeling: The facility must ensure all medications used in the facility are labeled in accordance with currently accepted professional standards of care, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

12-006.12E8 Disposition of Prescription Medications: The facility must ensure the proper disposal of all prescription medications.

12-006.12E8a Discharged Resident Medications: The facility may send prescribed medication with a resident upon discharge only with the order of a medical practitioner and all medication containers must be properly labeled by the dispensing pharmacy. 12-006.12E8b Discontinued Medications: When any prescription medication is discontinued permanently or the resident has expired, the facility must either:

1. Return the medication to the dispensing pharmacy for credit in accordance with Neb. Rev. Stat. § 71-2421; or

2. Properly dispose of any residue. The disposal must be performed by a pharmacist assisted by a licensed nurse employed by the facility according to the following terms:

   a. The disposal must take place on the site of the facility; and
b. Medication name, strength and quantity disposed of must be recorded in the resident's medical record, dated and signed by the pharmacist.

12-006.12E8c Shared Medication Usage: The facility must ensure that no medications are saved for use by other residents.