ADMINISTRATION OF DRUGS

25.8 Drugs shall be administered in accordance with written orders of the attending physician and procedures established in accordance with sections 28.1 and 28.2 herein. Such procedures shall include measures to assure: (1) that drugs are checked against physicians’ orders; (2) that the resident is identified prior to administration of a drug; (3) that each resident has an individual medication record; and (4) that the dose of drug administered to each resident is properly recorded therein by the person administering the drug.

a) Drugs not specifically limited as to time or number of doses when ordered shall be controlled by automatic stop orders or other methods in accordance with written policies.

b) Physicians’ verbal orders for drugs and biologicals shall be given only to a licensed nurse, a registered pharmacist or to a physician and shall be immediately recorded and signed by the person receiving the order. Such orders shall be countersigned by the attending physician within fifteen (15) days.

ADMINISTRATION OF DRUGS BY MEDICATION TECHNICIANS

25.9 Medication technicians who have satisfactorily completed a state approved course in drug administration and have demonstrated competency in accordance with the state-approved protocol in drug administration may administer oral or topical drugs, with the exception of all Schedule II drugs, with supervision in accordance with the state-approved protocol in drug administration. If such medication technicians are from temporary employment agencies, the facility shall have onsite evidence of supervision in accordance with the state-approved protocol in drug administration.

25.10 The director of nursing or his/her registered nurse designee shall conduct and document quarterly evaluations of the medication technicians who are administering drugs. Copies of said evaluations shall be placed in the medication technicians’ personnel records.

SECTION 28.0 PHARMACEUTICAL SERVICES

28.1 Each facility shall provide pharmaceutical services either directly within the facility or per contractual arrangement. Such services shall be provided in accordance with the requirements of references 25 and 34 herein.

a) In either instance, appropriate methods and procedures for the procurement and the dispensing of drugs and biologicals shall be established in accordance with appropriate federal and state laws and regulations.
28.2 There shall be written policies and procedures relating to the pharmaceutical service which shall require no less than:

a) the authority, responsibility and duties of the registered pharmacist;

b) the selection, procurement, distribution, storage, dispensing or other disposition of drugs and biologicals in accordance with appropriate federal and state laws and regulations;

c) maintenance of records of all transactions, including recording of receipt and dispensing or other disposition of all drugs and biologicals;

d) inspection of all drug and biological storage and medication areas and documented evidence of findings;

e) automatic stop orders for drugs or biologicals;

f) the use of only approved drugs and biologicals;

g) control of medicines from any source;

h) a monitoring program to identify adverse drug reactions, interactions and incompatibilities and antibiotic antagonisms; and

i) labeling of drugs and biologicals including name of resident, name of physician, drug dosage, cautionary instructions, and expiration date.

28.3 Adequate space, equipment, supplies and locked storage areas shall be provided for the storage of drugs and biologicals based on the scope of services provided. Refrigerated food storage units shall not be utilized for storage of drugs and/or biologicals except:

a) In facilities of 30 beds or less, a refrigerated food storage unit may be used for drugs and biologicals provided they are locked in an appropriate container.

28.4 Drugs may be administered to residents from bulk inventories of non-legend and non-controlled substance items such as aspirin, milk of magnesia, etc. as ordered by a licensed physician.

28.5 An emergency medication kit, approved by the pharmaceutical service committee or its equivalent, shall be kept at each nursing station.

28.6 Each residential area shall have adequate drug and biological preparation areas with provisions for locked storage in accordance with federal and state laws and regulations.

28.7 In Nursing Facilities

a) The pharmaceutical service committee or its equivalent, consisting of not less than a registered pharmacist, a registered nurse, a physician and the administrator, shall:

i. serve as an advisory body on all matters pertaining to pharmaceutical services;

ii. establish a program of accountability for all drugs and biologicals;
iii. develop and review periodically all policies and procedures for safe and effective drug therapy in accordance with section 28.2 herein; and

iv. monitor the service.

b) A registered pharmacist shall assist in developing, coordinating and supervising all pharmaceutical services in conjunction with the pharmaceutical services committee. In addition, a registered pharmacist shall:

i. review the drug and biological regimen of each resident at least monthly;

ii. report any irregularities to the attending physician and director of nurses. These reports must show evidence of review and response; and

iii. document in writing the performance of such review, which documentation shall be kept on file by the facility and shall be made accessible to inspectors on request.