

## R9-10-911. Medication

A. An administrator shall comply with the requirements in A.R.S. Title 32, Chapter 18, and 4 A.A.C. 23;

B. An administrator shall ensure that:

1. A medication or a biological is provided to a resident at the resident's expense including a medication or a biological used in an emergency or obtained through contract with a pharmacy licensed under A.R.S. Title 32, Chapter 18 or otherwise provided by law;

2. A medication or a biological is:

a. Stored in a locked compartment;

b. Maintained at temperatures recommended by the manufacturer; and

c. Accessed only by individuals authorized according to nursing care institution policies and procedures;

3. The medication error rate at the nursing care institution, as determined by the Department during a license survey, is less than five percent;

4. A medication or a biological administered to a resident is documented as required in R9-10-913;

5. A pharmacist reviews a resident's medications every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications; and

6. A drug reference source, current within one year of the publication date, is available and maintained on the nursing care institution's premises for use by a staff member, a physician, and a physician's designee.

C. A director of nursing shall ensure that:

1. Medication policies and procedures are established, documented, and implemented that include:

a. A system for the receipt, disposition, and reconciliation of medications, biologicals, and controlled substances;

b. The administration, storage, and disposal of medications, biologicals, and controlled substances; and

c. Identification of individuals who are authorized to have access to controlled substances;

2. A controlled substance is stored in a locked compartment separate from other medications;
3. A medication administration error or an adverse reaction to a medication or biological is reported to a resident's attending physician or the attending physician's designee and documented in the resident's medical records;
4. An antipsychotic medication:
  - a. Is only administered to a resident for a diagnosed medical condition;
  - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the antipsychotic medication unless a dose reduction is attempted and the resident displays behavior justifying the need for the antipsychotic medication, and the attending physician documents the necessity for the continued use and dosage; and
  - c. Is documented as required in R9-10-913 and includes the resident's response to the medication.
- D. A resident may self-administer medication if the interdisciplinary team determines that the resident is capable of self-administration and the attending physician documents authorization for medication self-administration in the resident's medical records.
- E. A nurse shall document a resident's self-administration of medication as required in R9-10-913.

#### Historical Note

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1).