

## COLORADO

### **Part 16. PHARMACEUTICAL SERVICES**

16.1 ORGANIZATION. The pharmaceutical services of the facility shall be organized and maintained exclusively for the benefit of the facility's residents.

16.1.1 The pharmaceutical service shall be supervised by a consultant pharmacist licensed to practice pharmacy in the State of Colorado.

16.1.2 All compounding and dispensing shall be from a pharmacy licensed by the Colorado Board of Pharmacy in accordance with all pharmacy laws and regulations.

16.2 ADVISORY COMMITTEE. The facility shall establish a pharmaceutical advisory committee, including a registered nurse, the consulting pharmacist and the medical advisor, to assist in the formulation of broad professional policies and procedures relating to pharmaceutical service in the facility.

16.3 DRUG REQUISITION AND STORAGE POLICIES. The facility shall designate in written policies approved by the governing body the person authorized to requisition, receive, control, and manage drugs.

16.3.1 Resident drugs shall be obtained from a licensed pharmacy on an individual prescription basis for each resident.

16.3.2 Unless the facility uses a unit dose system, each resident drug shall be stored in individual, originally received containers or "blister" or "bubble" cards that are clearly and legibly labeled with the name, strength, dosage, frequency and mode of administration, date of issue and expiration of the drug; physician's name; name, address, and telephone number of the dispensing pharmacy; and the full name of the resident for whom the drug is prescribed.

16.3.3 The facility shall protect each resident's drugs from use by other residents, visitors, and staff.

16.4 CONSULTING PHARMACIST. The facility shall contract in writing with a licensed pharmacist to be responsible for all pharmaceutical matters in the facility. The contract shall set forth the fees to be paid for services and the pharmacist's responsibilities, including at least the following:

- (1) Legal compounding;
- (2) Prompt dispensing of properly labeled individual resident prescriptions;
- (3) Inventory control; establishment of necessary records;
- (4) Periodic inspection of all pharmaceutical supplies and drugs on all resident care units;
- (5) Provision of an emergency medical kit, which remains the property of a licensed pharmacy approved by the pharmaceutical advisory committee and the Colorado State Board of Pharmacy;

(6) Regularly scheduled visits and consultations and at least annual in-service training to staff;

(7) Inspection of prescriptions all drugs for proper labeling, proper storage, and drug deterioration or expiration of shelf life;

(8) Determination of proper procurement and maintenance of all prescriptions and other drugs;

(9) Development of proper accounting procedures for controlled substances and legend drugs;

(10) Evaluation of the rule 01 policies of the pharmaceutical advisory committee; and

(11) Quarterly reports to the Pharmacy Advisory Committee on the status of pharmacy services.

16.5 CONTROLLED SUBSTANCES. Only practitioners authorized under the laws of the State of Colorado and properly registered with the federal government shall prescribe controlled substances, The facility shall comply with all federal and state laws and regulations relating to procurement, storage, administration, and disposal of scheduled drugs. Unless the facility uses a unit dose system, it shall maintain a record on a separate sheet for each resident receiving a scheduled drug, which contains the name of the drug, strength, date, time administered, resident name, dose, physician's name, signature of person administering, and the quantity of the drug remaining.

#### 16.6 DISPOSITION OF MEDICATIONS *[Eff. 07/30/2006]*

16.6.1 If controlled substances (Schedules 2 through 5) are being held by a facility on behalf of a resident and the controlled substances are no longer needed, the facility shall conduct on-site destruction of the controlled substances as follows:

(1) The facility shall properly inventory the destruction and keep the inventory copy on file for at least two years.

(2) At least the administrator or designee, the supervisory nurse, and the consulting pharmacist shall witness each destruction and sign the destruction inventory.

(3) The destruction shall be performed in a manner that renders the controlled substances totally irretrievable.

16.6.2 Except as provided herein, all prescriptions and other drugs (except controlled substances) remaining upon death or discharge shall be destroyed by the administrator, a registered nurse, and a pharmacist who shall record the quantity of the drugs destroyed. In accordance with state law, including Section 12-22-133, C.R.S. (2005), the facility may return unused medications to a pharmacist for redispensing if those medications were donated to the facility by the resident or the resident's next of kin. For purposes of this paragraph, unused medications means prescription medications that are not controlled substances. If a facility accepts donated medications for redispensing by a pharmacist, it shall implement a written policy that addresses inventory control and prevents the diversion of such medications.

16.7 MEDICATION RELEASE. The facility staff shall release medications to a resident only upon written physician authorization.

16.8 RESIDENT DRUG PROFILE RECORD. The dispensing pharmacist shall maintain drug profile records on each resident for whom he or she dispenses medications.