

# MEDICATION ASSISTANCE

## Frequently Asked Questions

DATE: August 26, 2005

## ACQUISITIONS

1. **Question:** May facility staff use a personal identification number (PIN) to access computerized medication check-in logs?

**Response:** Computerized medication check-in logs are permissible provided there is a back up system if the computer is not operational. This system must be maintained at a central location that can be readily identified upon request and must include the date medication was received, the resident's name, the drugs prescribed, and the initials or identification of the specific staff.

A "PIN" may be used as a staff identifier provided that there is a legend that identifies staff and his/her "PIN". This legend must be maintained on site and be accessible to facility management and survey staff at all times.

2. **Question:** May families bring over-the-counter (OTC) medications to non-self-administrating residents?

**Response:** Yes. Families may bring OTC medications to residents for whom specific medication was ordered or prescribed. Facility staff must always be notified. The facility always has the right to refuse to accept these OTC medications if the integrity of the medication is questioned. Dependent on the prescriber's orders, the OTC would either be stored by the facility or stored securely in the resident's room.

3. **Question:** When the resident's physician orders an over-the-counter (OTC) medication or supplement (i.e., Multi-vitamins or aspirin), will any brand do?

**Response:** Yes, unless the physician specifies otherwise, however, the prescriber's order must be followed regarding the specified dosage or strength of ingredients.

4. **Question:** Is an order needed for non-oral over-the-counter (OTC) medications such as creams or ointments?

**Response:** A prescription order is required for any OTC medication for the resident who receives assistance. An order is not required for self-administrating residents.

5. **Questions:** Regarding Stock Medications

a) Are stock medications permitted?

**Response:** Only non-expired over-the-counter medications are allowed to be "stock" or "house" supply.

b) How do you label “stock” or “house” supply of medications?

**Response:** A “stock” or “house” medication is a general medication in a container with the manufacturer’s label which the facility obtains and labels “stock” or “house”. It may be used by all residents who have an order for the specific medication.

c) May the cost of the stock medications be individually billed to the resident?

**Response:** Non-specific prescribed over-the-counter “stock” or “house” medication is included in the basic rate as a cost of doing business if the facility chooses to stock non-specific prescribed over-the-counter medication. Non self-administering residents may choose to keep this type of medication in their rooms with a prescriber’s order.

d) Is stock piling of prescribed medications permitted?

**Response:** No. The amount of medication to be stored by the facility or the resident should not be in excess of the ordered prescription, which includes the supply, (i.e., 30, 60 or 90-day supply), the dosage (i.e., 2 tablets) and the frequency (i.e., every 4 hours).

Keeping discontinued or no longer prescribed prescription medications is considered “stock piling” and is not permitted.

6. **Question:** May a facility have an emergency box of commonly used antibiotics?

**Response:** No.

7. **Question:** What is considered timely for filling and assisting with a new prescription?

**Response:** It is expected that the facility would begin assisting within 24 hours of the order unless the prescriber specifies otherwise. However, facility policy and procedures for acquisition of new prescriptions or orders should recognize the severity of the resident’s condition and the prescriber’s indication of when the medication should be started sooner than 24 hours. Prescriptions for an emergency or urgent situation must be filled immediately.

Facilities need to have a system in place, which includes an agreement with the pharmacy regarding the procedures to follow to obtain

medications during “off hours”. Any delay in the provision of assistance with the medication must be reported to the prescriber.

8. **Question:** Does a pre-printed order sheet sent by the pharmacy and signed monthly by the physician replace a written order form for each individual medication?

**Response:** A pre-printed order sheet listing all medications prescribed is acceptable for the purpose of reconfirming existing orders if it is signed by the prescriber. It is not however, a prescription for filling or refilling.

9. **Question:** What is the record retention requirement for the medication order acquisition log when medications are received by the facility?

**Response:** The facility may document receipt of medications as a resident record or as a facility record.

If information is maintained in the resident record (i.e., receipt for only that resident’s medication), it must be maintained for 3 years after the death or discharge of a resident. [18 NYCRR 487.10(h)(2), 488.10(h)(2) and 490.10(h)(2)].

If information is maintained as a facility record (i.e., receipt of all residents medications grouped together), it must be retained for 7 years. [18 NYCRR 487.10(h)(3), 488.10(h)(3) and 490.10(h)(3)].

10. **Question:** May a computer generated slip that includes the date and amount of the medication received, the resident’s name, and the drugs prescribed, satisfy the requirement for a system to record the acquisition of medications received from the pharmacy?

**Response:** Yes. The facility may use the computer generated slip as the system to record the acquisition of the medication, provided the staff person receiving the medications initials the computer generated slip.

11. **Question:** Do all medications received by the facility, including controlled substances, have to be logged into the facility?

**Response:** Yes, except when a medication is obtained by a self-administering resident or his/her family member.

12. **Question:** When a prescriber changes an order may a facility keep or maintain a tagged blister pack or container without relabeling more than 30 days?

**Response:** No. A label change is required within 30 days of the changed order. For those medications that have been filled by an out of town (mail order) pharmacy however, the container(s) may remain tagged until the medication is finished.

13. **Question:** Is it permissible to write the changed dosage or time on the tag attached to the container until the medication label can be changed?

**Response:** Under no circumstances can staff write the change on the tag or flag since that would be considered relabeling. No information or directions can be written on the container by facility staff.

14. **Question:** When a medication is changed, a new label is required. How does the facility obtain a new label?

**Response:** The prescriber can relabel, or the pharmacy may make the new label and place it on the container. Under no circumstances may facility staff relabel a prescription.

15. **Question:** May a prescription for medical equipment be called to the facility by the prescriber?

**Response:** Yes, provided that the prescriber knows that the resident is able to use and maintain the equipment with only intermittent or occasional assistance from medical personnel; such assistance, if needed is available from approved community resources; and each required medical evaluation attests to the individual's ability to use and maintain the equipment.

Pursuant to regulations [ 487.7 (f)(9), 488.7(d)(7), 490.7(d)(11)(viii)] the prescriber must provide written confirmation of the telephone order within seven days.

16. **Question:** May non-licensed staff receive a telephone order for a change in prescription?

**Response:** Yes. Any facility staff person designated in facility policy and procedures and trained for the task may take a telephone order for a change.

17. **Question:** May prescriptions be accepted from another prescriber without the approval of a primary physician?

**Response:** Yes. Regulation 487.7(f) (10) states: If medication is prescribed or discontinued by someone other than the resident's primary physician, the operator shall notify the primary physician within one business day to advise of the medication and dosage prescribed or discontinued and shall note the call or retain a copy of the correspondence in the resident's record.

## **CONTROLLED SUBSTANCES**

18. **Question:** A resident may have more than one blister pack of a controlled substance medication on hand, and each blister pack may have a different RX (i.e., prescriber's mail order) on it. Does the facility need a separate Controlled Substance Administration Sheet for each prescription number?

**Response:** Yes. You must have a separate Controlled Substance Administration Sheet for each prescription number.

19. **Question:** May the facility give the resident their controlled substance medication when the resident is discharged?

**Response:** The medication may be given to the resident upon discharge such as, going to live with relatives or at another facility. The medications should NOT be given to a family member unless that person is their primary caretaker and is involved in the transfer of the resident to another residence.

If however that resident is being admitted to a hospital, then the medication should be retained at the facility for the resident's return. Upon the resident's return, if the prescriber issues a new prescription, the old medications should be destroyed in accordance with the facility's onsite destruction procedure.

If the resident dies, the controlled substances should be destroyed in accordance with the facility's onsite destruction procedure.

20. **Question:** Is pre-pouring/pre-setting of controlled substances allowed in Adult Care Facilities?

**Response:** The Bureau of Narcotic Enforcement Regulations (NYCRR Title 10 Section 80) states that doses must be immediately administered after they are removed from their containers. While the controlled medications may not be pre-poured/pre-set and left for assistance by

some other staff at some later time, medications may be pre-poured/pre-set at the beginning of the medication assistance pass.

21. **Question:** What is the procedure if medication (non-controlled or controlled substance) has to be split in half?

**Response:** It is strongly recommended that splitting occur at the pharmacy by a licensed health professional prior to delivery when it is known that the order calls for a 1/2 tablet.

If the prescription order is written for a ½ tablet and the pharmacy has not provided the facility with a ½ tablet in the blister packs or other containers, the staff must split the scored tablet at the time of assistance not upon receipt.

If the prescriber orders the appropriate number of scored tablets in the correct dosage for splitting, staff must split the scored tablet at the time of assistance and save the remaining ½ tablet for the next scheduled medication assistance; only if the container is a bottle. **Half tablets may not be placed back into a blister pack. (Repackaging in a blister pack is under discussion by the Department, you will be notified if there is a policy change.)** For example, if the pharmacy provides fifteen 10 mg scored tablets for a prescription that is written for a 30 day supply of 5 mg of medication, facility staff may split the tablet and assist the resident and save the remaining ½ tablet (in a bottle only) for later assistance.

However, if the prescription is not written for the appropriate number of scored tablets in the correct dosage for splitting, staff must split the scored tablet and the remaining ½ tablet may NOT be retained for later use. For example, if the prescription is written for sixty 10 mg scored tablets for a 60 day supply of 5 mg of medication, the unused ½ tablet must be wasted with a 2nd staff member as witness/co-signer. This partial dose should be wasted in a manner that causes the ½ tablet to be unrecoverable (e.g., not in a sharps container). The destruction must be documented on the Narcotic Administration Sheet, in the remarks column next to the assistance entry.

Staff should be wearing gloves when splitting the tablet.

22. **Question:** Must staff count each syringe within the manufacturer's box?

**Response:** While good practice may suggest maintaining a record, there is no requirement to include syringes in shift counts. Syringes are not a controlled substance. Facilities holding a Class 3a controlled substance license as an Institutional Dispenser Limited may possess syringes for use

on their premises. However, a record of all purchases of hypodermic syringes and needles shall be maintained.

23. **Question:** Must controlled substances, in addition to being double locked, be stored in a structure/container that is not movable i.e., bolted to the wall, floor, etc.?

**Response:** Schedule II controlled substances must not be stored in medication carts, including carts with double locks. Schedule II controlled substances must be kept in a stationary double doors, double locked cabinets. Both cabinets, inner and outer, shall have key-locked doors with separate keys; spring locks or combination dial locks are not acceptable. For new construction, cabinets shall be made of steel or other approved metal.

Narcotic cabinets must be bolted to the wall. However, when a facility only has medication carts that are kept in a common area (hallway, alcove), the medication cart must be affixed to the wall or floor when not in use. If the medication cart is placed in a room behind a locked door, it does not need to be chained to the wall. The medication cart must have double locks for the controlled substances.

24. **Question:** Do self-administering residents who keep all their own medications including controlled substances, in their apartments or room, have to keep them in a locked drawer?

**Response:** Residents who are self-administering all their medications (controlled and non-controlled) and reside in a single room should store their medications correctly and safely in accordance with regulations. If there is no locking mechanism on the entry door, then the medication(s) should be placed in a locked drawer or other secure location.

For those residents who share a room or apartment, medications must be maintained in a secure, locked area (e.g., drawer or closet).

25. **Question:** May controlled substances be sent back to the pharmacy to be “destroyed”, not repacked or credited?

**Response:** No. The New York State Education Department, which licenses pharmacies, forbids retail pharmacies from possessing controlled substances or accepting returns of controlled substances, once the substances have been dispensed via a prescription. The facility with a Class 3a license is the only lawful custodian of dispensed controlled substances other than the person for whom the medication was dispensed. This rule is an attempt to prevent diversion at the pharmacy

level or re-distribution of medication that may have been substituted with other tablets at the facility level.

26. **Question:** What is the approval process for the destruction of controlled substances?

**Response:** The Bureau of Narcotic Enforcement has two forms for the “Onsite Drug Destruction” program designed for Licensees (Hospitals, nursing homes, adult homes, etc.) to dispose of unwanted, obsolete and outdated controlled substances.

The two forms are:

- The permission slip - DOH-2340 and
- DOH-166 which shows what drugs a facility wants to destroy and the quantities of each that are to be destroyed onsite at these facilities.

The forms are sent to the appropriate regional office, shown on the backs of the forms, for processing. The facility must request a date, a time and a methodology for destroying the drugs and identify who the staff (with license numbers if appropriate) are who will carry out the destruction. The facility must not destroy the controlled substance until permission in writing is received for every successive destruction. This system must be used for any controlled substance that is discontinued for whatever reason. It does not include partial doses wasted during assistance or attempted assistance of a controlled substance. The method of destruction is flushing. If a facility is unfamiliar with this process, call the Bureau of Narcotic Enforcement investigator(s) in your Region for guidance.

27. **Question:** How should a dropped controlled substance be destroyed?

**Response:** The destruction of controlled substances should be included in facility policy and procedures with only the following acceptable methods: flush down the toilet or use the garbage disposal. The destruction should be noted and recorded as “Wasted” on the Narcotic Administration Sheet. The two staff members should be standing next to each other at the time of the destruction/wasting so that they can both identify the product that is being destroyed.

28. **Question:** How should Duragesic patches be destroyed?

**Response:** Bureau of Narcotic Enforcement has changed its recommendation. It is now recommended that Duragesic patches be

folded together along the adhesive edges before flushing them down the toilet. It is recommended that staff use gloves to prevent skin absorption.

29. **Question:** How must discontinued controlled substances be stored prior to destruction of the medication?

**Response:** When a medication is discontinued, the Bureau of Narcotic Enforcement recommends that these medications be removed from the double-locked cabinet in the medication room as soon as possible, preferably on the first day shift when the Administrator is available to receive them. A count by the person discontinuing the medication and the Administrator should be done at that time and should be documented on the Narcotic Administration Sheet. The Administrator should then place them in another steel, double-door, double locked cabinet, affixed to the wall, preferably of the Administrator's office, which should also remain locked.

Only the Administrator should have the keys to this cabinet and once placed inside, the medications do not need to be counted daily. But while the medications remain in the double-locked cabinet in the medication room, they must be counted at the end of each shift, regardless if they are in use or not.

However, a second double locked cabinet may be placed in the medication room; as long as the discontinued controlled substances are in the second double locked cabinet they do not need to be counted at the end of each shift.

30. **Question:** What procedures should be in place to destroy the controlled substances prescribed for a resident receiving hospice services?

**Response:** The facility is responsible for storing medications (controlled and non-controlled) for residents who receive medication assistance. The facility is responsible for destroying the medication according to facility policy and procedures.

31. **Question:** Who are the regional contacts for questions regarding controlled substances?

**Response:**

Metropolitan Area Regional Office  
**Victor Zambrano 212-417-4102**  
Capital District Regional Office  
**Paul Sedita – 518-271-2647**

Syracuse

**Jim Dore 315-426-7631**

Rochester

**Jake McCarty 716-423-8098**

Buffalo

**Jim McCaslin 585-847-4324**

BNE (Bureau of Narcotic Enforcement) Central Office

**866-811- 7957**

## **DISCONTINUED MEDICATIONS**

32. **Question:** May self-administering residents retain discontinued or expired medications?

**Response:** Facility's policy and procedures should include the process for routine monitoring of residents to assure continued capability of self-administration. The facility must have a system for knowing what medications residents have in their rooms and how they are taken. This should include discussion with the resident and/or family about the risk of retaining discontinued or expired medications, encouraging disposal.

33. **Question:** May families take remaining prescription medications (controlled or non-controlled) not utilized by a resident?

**Response:** No. A resident's family should not be given prescription medication no longer in use by the resident. Department regulations 487.7(f)(11)(xi) and 490.7(d)(11)(ix) indicate that any medication which has been prescribed, but is no longer in use by a resident, shall be destroyed or disposed of in accordance with the Public Health Law, unless the resident's physician requests that the medication be discontinued for a specific temporary period.

34. **Question:** May a facility give over-the-counter (OTC) medications to families rather than destroy/discard them when discontinued or the resident dies?

**Response:** The facility may give a resident's OTC medications to the resident's family upon the family's request and the resident's permission.

## **DISPOSAL**

35. **Question:** How should a facility dispose of non-controlled medications?

**Response:** Non-controlled medications should be flushed down the toilet or sink or discarded in the garbage disposal. Although not required by regulation, good practice suggests that two people should witness the

disposal of prescribed medications. The disposal must always be documented.

36. **Question:** May a self-administering resident keep a sharps container in his/her room?

**Response:** Yes. The sharps container may be kept in the resident's room provided that the resident has authorization from his/her primary physician or prescriber to self-administer the injection, and the container is maintained in such a manner that it does not jeopardize the safety of the resident.

If the facility provides the syringe/needle to the resident, staff must have the sharps container with them to insure immediate disposal.

### **MEDICATION ASSISTANCE AND RECORDING**

37. **Question:** May residents not self-administering their medications keep over-the-counter (OTC) supplements/creams/ointments/vitamins in their room?

**Response:** Yes, if the prescriber specifically states in writing that the resident is capable of self-administering these particular over-the-counter medications.

38. **Question:** What documentation is required for residents who have medication mixed with their food?

**Response:** The prescriber must order the specific medication mixed with food, the resident or, if necessary, the resident's representative must agree and be aware that the medication is mixed with the food for the ease of swallowing, not to conceal medication. The MAR must clearly indicate which medications are to be mixed with food. The facility policy and procedures determine how the documentation should be maintained.

39. **Question:** May a facility choose the designated time to give a once daily medication?

**Response:** Yes, provided that it is consistent with any instructions, i.e., before, with, or after meals, and given at the same time each day.

40. **Question:** Is pre-pouring of medications allowed in ACFs?

**Response:** Yes. Non-controlled medications may be pre-poured no more than 2 hours prior to assistance. In accordance with regulation 487.7(f)(6) and 490.7(d)(11)(v): In any system for supervision and assistance, removal of a dose from the container, or measurement or preparation of

medications, must be performed by the person providing assistance with intake, except that insulin syringes may be pre-filled by a nurse.

41. **Question:** Is confidentiality broken when residents come to the medication room or medication cart to be assisted with their medications, especially if others are in the area?

**Response:** No. However, medication assistance procedures and practice must assure resident confidentiality and dignity. Assistance with the application of patches, injections, use of inhalers, etc. must be provided in the privacy of a resident's room or the medication room, away from others.

42. **Question:** May a medication cart be moved from room to room to assist during medication assistance?

**Response:** Yes, provided that at no time may the cart be left unlocked or unattended (not in eyesight) while staff are assisting with medication. Additionally, the medication log with resident specific information must also be safeguarded and not left open and accessible.

43. **Question:** When the prescriber's order does not contain specific times or frequency of dosage for the medications, may staff assist at standard facility times?

**Response:** If the prescriber's order is not clear and specific, staff must contact the prescriber and obtain clarification before providing assistance.

If no specific times are stated, facility staff may follow policy and procedures for assistance at standard facility times provided there are no contraindications of assisting with the medication at these standard times.

44. **Question:** Can alcohol-based handrubs replace hand washing when assisting residents with their medications?

**Response:** Yes. Alcohol-based handrubs can replace hand washing while assisting residents with medication, provided staff follow the manufacturer's instructions, and when staff's hands are visibly soiled, they must wash their hands with soap and water.

When using alcohol-based handrubs, apply product to the palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.

45. **Question:** Must gloves be used when assisting with nasal sprays, inhalers and patches?

**Response:** Good practice suggests that gloves be used when assisting with nasal sprays, inhalers or patches if staff's hands might come in contact with the medication.

46. **Question:** May staff place a medication patch on a resident?

**Response:** Yes. The old patch must be removed prior to placing the new patch on the correct location. The MAR should clearly list the location.

47. **Question:** Are podiatrists included in the category of licensed professionals, who may write prescriptions?

**Response:** Yes, podiatrists may write prescriptions.

48. **Question:** If a resident insists on having medications at non-standard hours because that's the way they took them at home, can we honor that?

**Response:** The facility should be able to accommodate the resident outside of the standardized times provided there are no contraindications of assisting with the medication at these non-standard times. The required prescribed interval between doses must be maintained. If facility staff have any concerns, the prescriber should be contacted.

49. **Question:** Does a faxed notification to the prescriber comply with the regulatory requirement for notification of medication refusal?

**Response:** Yes. A faxed notification is sufficient and this notification should be documented according to the facility's policy and procedures.

50. **Question:** May facility staff give injectable medications and perform glucose testing?

**Response:** Licensed facility staff may provide any injectable medication in accordance with Regulation [487.7(f)(7), 488.7(d)(5) and 490.7(d)(11)(vi)] which states that: Staff shall not be permitted to administer injectable medications to a resident; except that staff holding a valid license from the State of New York Education Department authorizing them, among other things, to administer injectable medications, may do so, provided that the injectable medication is one which licensed health care providers would customarily train patient or his family to administer.

The following persons are authorized by the State of New York Education Department to administer injectable medications (provided there is a specific order for the medication): Physician, Physician's Assistant, Nurse Practitioner, Registered Professional Nurse or Licensed Practical Nurse.

With an equivalency, glucose testing is permitted by staff of the facility holding a valid license, i.e., RNs/LPNs and is limited to administration of the test, interpretation of test results, and adjustment of insulin dosage within the parameters previously established in writing by the resident's physician.

51. **Question:** May insulin syringes be pre-filled by a pharmacist or licensed facility staff for a self-administering resident?

**Response:** Yes. The pharmacist and facility staff holding a valid license from the State of New York Education Department authorizing them to administer injectable medications may pre-fill the insulin syringe provided the syringes are stored and labeled appropriately. Documentation should be maintained regarding who is filling the syringes, when, and the number filled. This should be included in the facility policy and procedures.

Regulations 487.7(f)(6) and 490.7(d)(11)(v) state: In any system for supervision and assistance, removal of a dose from the container or measurement or preparation of medications, must be performed by the person providing assistance with intake, except that insulin syringes may be pre-filled by a nurse.

52. **Question:** When a resident injects his/her own insulin using an insulin pen, can unlicensed staff dial the dose on the pen?

**Response:** No, unlicensed staff may not dial the dose, this is equivalent to unlicensed staff filling a syringe.

53. **Question:** May a family member pre-fill syringes and/or give an injectable medication?

**Response:** Yes, provided that the family member provides documentation that they have been trained by a licensed health care provider or they themselves are licensed (i.e., RN/LPN) and this information is maintained by the facility. The facility must ensure that a record of assistance is maintained. The Department requires that the resident provides and the operator also maintains information regarding how the pre-filling of syringes and/or the giving of the injectable medications will be provided when the family member is not available.

54. **Question:** What is the acceptable procedure if a resident is suspected of not swallowing the medication?

**Response:** This is a supervision/case management issue as well as a medication issue. Facility policy and procedures should address this. Such a resident would be considered to have refused the medication. The provision of regulation 487.7(f)(8) states that if a resident refuses to take medications or appears unable to independently administer medications, the operator shall notify the prescribing physician and, if different, the primary physician. The Department expects to see documentation that the facility has contacted the prescriber and followed their direction.

55. **Question:** Regarding the MAR  
a). What information is required on the MAR?

**Response:** The MAR must include information which is necessary to ensure that medication assistance is provided correctly, such as the name of the resident, the name of the medication, the dosage, the frequency, the staff assisting and the date and time of assistance.

In addition regulations 487.7(f)(12), 488.7(d)(4)(ii) and 490.7(d)(11)(xi)(b): require the following information to be maintained for each resident:

- (a) the person's name;
- (b) identification of each medication
- (c) the current dosage, frequency, time and route of each medication;
- (d) the physician's name for each prescribed medication;
- (e) the dates of each prescription change;
- (f) any contraindications noted by the physician;
- (g) the type of supervision and assistance, if any, needed by the resident;  
and
- (h) a record of assistance.

The facility must maintain the information required above (d-g), in a location described in the facility's policy and procedures but not necessarily on the MAR. The facility may also list any additional information considered important for staff to know. Such information may include allergies, name of provider, diagnosis, diet etc. The facility must assure that the resident's confidentiality is maintained at all times.

- b). What is the best way to record that a resident's medication is not available for assistance?

**Response:** While this should not occur, facility policy and procedures should address this possibility. The facility should develop their own system for documenting problems with ordering, filling and receiving

medications. All staff should be aware of this and document consistently. The most common abbreviations seen on survey are OOS (out of stock) and/or NA (Not available). Prescriber notification is required when a medication is not provided as prescribed.

- c). May the facility maintain a universal legend sheet with each staff signature and initial at the front of the MAR?

**Response:** The facility may have a general “universal sheet” which all medication assistance staff have signed and initialed. This form should be current, accessible to all staff, and should be maintained in a central location. Staff signature is not required on an individual resident MAR, when a “universal sheet” is maintained, however, staff must still initial each assistance.

- d). Should the reason for the PRN medication be listed on the MAR, e.g., Tylenol for neck pain?

**Response:** The MAR must contain the orders as written by the prescriber.

- e). If a resident is receiving oxygen, should this information be listed on the MAR?

**Response:** This information may be listed on the MAR as an FYI for staff.

## MISCELLANEOUS

56. **Question:** How does the Department communicate policy interpretations on medication assistance?

**Response:** The Department distributes a “Dear Administrator Letter” (DAL) to communicate policy. Questions regarding medication assistance may be referred to your regional office. The Department is in the process of placing the “Dear Administrator Letters” on the Department’s website, [www.health.state.ny.us](http://www.health.state.ny.us)

57. **Question:** May facilities use abbreviations in the medication assistance area?

**Response:** The facility should have policy and procedures for the use of abbreviations. The Department has distributed a suggested list of abbreviations that a facility may use. Staff working in the medication assistance area must be trained in their use. National safety

organizations, however, recommend that writing complete words prevents medical errors.

58. **Question:** How may staff's concern about the effects of medication (i.e., type, number, side effects) on a resident be communicated?

**Response:** This should be addressed in facility policy and procedures. If staff have a serious concern or an emergency situation, immediate action should be taken to alert the prescriber or seek emergency medical attention. For general concerns, staff should be directed to the person (e.g., administrator, case manager, etc.) designated in the facility policy and procedures so their legitimate concerns are discussed with the resident, primary physician or prescriber.

59. **Question:** Regulation 487.7(f)(8) requires an operator to notify the prescribing physician and, if different, the primary physician, if a resident refuses to take medications. May the physician issue conditions on when the notification may occur?

**Response:** The regulation is clearly intended to provide a physician with necessary information he/she may not otherwise have about the resident's compliance with medication assistance and self-administration. Therefore, if a prescribing physician issues a signed order to not be notified of refused administrations until a specified number of administrations have been missed or until a specific period of time has passed, then the operator may comply with this, as the prescribing physician has gone on record that he/she does not need this information during the time period specified.

The case manager should be aware of the situation and discuss with the resident why he/she is refusing the medication. Then the case manager should have a conversation with the prescriber including whether or not the resident should be taking the medication.

60. **Question:** May staff members certified in First Aid use skills, such as wound dressing, in a non-emergency situation?

**Response:** "First Aid" is emergency care or treatment given to an ill or injured person before regular medical aid can be obtained. Staff certified in First Aid can only provide emergency care or treatment; they may not provide ongoing medical care or treatment. Regulations [487.9(a)(15), 490.9(a)(13)] require at least one individual qualified in First Aid be on-duty at all times.

61. **Question:** May facility staff concerned about a self-administering resident go through their belongings looking for medications.

**Response:** If the operator or staff has concerns about a resident's ability to continue self-administration they should follow the facility's policy and procedures for routine monitoring. The facility's procedures should reflect how the facility performs this responsibility while assuring resident rights and confidentiality.

62. **Question:** Who do we contact for information and assistance when a resident's medication is obtained from EPIC?

**Response:** For information and/or assistance with EPIC questions, please contact First Health directly or e-mail the EPIC program, using the following contact information:

First Health Participant Helpline 1-800-332-3742

First Health Provider Helpline 1-800-634-1340

E-mail EPIC at: EPIC@health.state.ny.us

EPIC website is  
<http://www.health.state.ny.us/nysdoh/epic/faq.htm>

## **PRN MEDICATIONS**

63. **Question:** Are medications allowed to be ordered on a PRN basis for those residents who receive assistance?

**Response:** Any medication, prescription, controlled or over-the-counter may be prescribed as a PRN medication.

When considering the prescribing of a medication other than over the counter (OTC) medication on a PRN basis, the prescriber should be aware that facility staff are not authorized to determine when a resident needs such medication.

A resident for whom a PRN medication is appropriate is:

- a) A resident who, in the medical opinion of the prescriber, is capable of determining his/her own need for the prescribed medication; or
- b) A resident for whom an appropriately licensed professional (such as a nurse from a home care agency or Assisted Living Program) will be available, as required at the facility to make the determination that the prescribed medication is necessary.

The order must be specific as to why the medication was ordered (i.e.,

Tylenol for pain), the dosage and the frequency.

The assistance should be documented on the MAR. Additionally, the facility's policy and procedures should indicate where the following information is maintained (e.g., the MAR as warranted): the resident to whom the medication was given, the reason requested, signs or symptoms exhibited.

64. **Question:** May facility staff remind a resident who receives assistance from the facility and who is unable to express or remember the need for a prescribed PRN or over-the-counter (OTC) medication?

**Response:** Facility staff may remind a resident of an order for a medication that would help alleviate an expressed symptom, i.e., pain, cough, bowel irregularity, etc. Staff cannot make the determination of when to give a PRN medication. If a resident expresses a symptom then staff can remind the resident of the medication availability and assist in accordance with the prescriber's order.

65. **Question:** May PRN medications be pre-set?

**Response:** No. A PRN medication is to be provided only upon request and staff therefore cannot anticipate a resident's need for a PRN. Staff should, however, have the PRN medication available, i.e., in the medication cart, in the event the resident requests it. If the resident is requesting the PRN on a regular basis, the prescriber should be consulted for a medication review to determine the resident's medication needs.

66. **Question:** May PRN medications be given to residents who will be out of the building?

**Response:** Yes. Since it may be difficult to anticipate the need for a PRN medication, and since residents may be away from the facility for extended periods (home visits, etc.) if the resident requests the medication and there is no reason not to honor such a request, the resident may take the PRN medications with them.

The facility must provide the appropriate amount requested, consistent with the order and document such on the MAR.

If there is a reason the resident should not be taking the PRN medication with him/her, the facility must contact the resident's physician and act accordingly.

67. **Question:** What is the facility's responsibility for PRN medications at night?

**Response:** Medications must be available and provided as ordered and as scheduled. If a PRN order is written such that assistance may be necessary at night, then the operator must ensure that staff is present 24 hours/day and available to provide such assistance. Such staff members must be trained regarding medication assistance and have access to all prescribed PRN medications. This must be addressed in the facility's policy and procedures.

68. **Question:** How is assistance with a PRN documented?

**Response:** Once the medication is requested by the resident, staff should provide the medication to the resident, observe ingestion, and document assistance on the MAR including the time the medication was provided and their initials. Documentation on the MAR by the assisting staff signifies that the PRN medication was requested and given for the reason specified. Some PRN medications are ordered "1 or 2" in which case the exact dosage requested and provided must be documented.

Additionally, the facility's policy and procedures should indicate where the following information is maintained: the resident to whom the medication was given, the reason requested, and signs or symptoms exhibited.

## **SELF ADMINISTRATION**

69. **Question:** What is the facility's role regarding self-administering residents?

**Response:** Pursuant to regulations 487.7(f) (1) and 488.7(d)(1) Each resident capable of self-administration of medication shall be permitted to retain and self-administer medications, provided that:  
i) the resident's physician attests, in writing, that the resident is capable of self-administration; and ii) the resident keeps the operator informed of all medications being taken, including name, route, dosage, frequency, times, and any instructions, including any contraindications, indicated by the physician.

Facilities should have policy and procedures in place to routinely evaluate the self-administering resident to assure continued capability of self-administration.

If questions arise concerning the resident's ability to self-administer, the information should be communicated to the primary physician or prescriber and documented in facility records.

70. **Question:** May residents be required to receive assistance from the facility medication assistance program?

**Response:** No. Residents who are capable of self-administration should be allowed to do so. However, any resident may choose to participate in a facility's medication assistance program.

71. **Question:** May self-administering residents store insulin in the refrigerator in their room with food?

**Response:** Yes, provided that it is stored in a separate container to avoid contamination. If the room or apartment is shared, and the refrigerator is accessible to more than the resident for whom the medication was prescribed, it must be stored in a locked or secured compartment.

72. **Question:** May self-administering residents' pre-set daily medications and keep it on their person?

**Response:** Residents capable of self-administration may pre-set and carry their daily medications with them. Residents must ensure that the medications are safe and secure at all times, i.e., not accessible to others.