

HIGHLIGHTS OF REVISIONS TO CHAPTER XXIV MEDICATION ADMINISTRATION REGULATIONS AND GUIDANCE FOR REGULATORY COMPLIANCE FOR ASSISTED LIVING RESIDENCES

This document is intended to provide basic information and guidance to Assisted Living Residences regarding the application of the significant changes to the Department of Public Health and Environment/Health Facilities and Emergency Medical Services Division Chapter XXIV Medication Administration Regulations. These regulations became effective December 30, 2009. Assisted Living Residences will be surveyed for compliance with these regulations beginning July 1, 2010. This document does not address every regulation within this chapter. A complete copy of the regulations can be found on the Division's website at www.healthfacilities.info.

Regulation Summary: Section 3.1

There must be a qualified medication administration staff member (QMAP) onsite anytime a medication is administered, including "as needed" (PRN) medication.

Guidance: *There must be a QMAP onsite at all times so that any time a resident requests a PRN medication there is a QMAP immediately available to administer the medication.*

Survey Prompts: *Staffing schedules, resident and personnel records will be reviewed; and, staff and resident interviews will be conducted to determine regulatory compliance.*

Regulation Summary: Section 3.3

The Department shall maintain a list on its web site of QMAP staff that have passed the competency exam.

Guidance: *The list of each QMAP with a current and valid certificate can be accessed on the Division's website at www.healthfacilities.info. The facility is responsible for ensuring that only QMAPS who are currently qualified to administer medications are giving medications to your residents. It should be noted that a new hire may present you with a copy of a QMAP certificate that has been falsified, altered or the QMAP may have recently re-tested for requalification and failed the test. Therefore, that individual is not qualified to give medications. To ensure that only currently qualified QMAPs are giving medications, check the web site and print off the document verifying their status and place it in their personnel file along with their QMAP certificate.*

Regulation Summary: Section 3.5

The facility must report to the department if a QMAP or qualified manager engages in a pattern of deficient medication administration practice, or administers medications contrary to physician orders or these rules, that either causes or has the potential to cause harm to the resident. The report must be made no later than the next business day after the occurrence or no later than the next business day after the facility becomes aware of the occurrence.

Guidance: *Medication errors that meet the elements for reportable occurrences of neglect or death of a resident must be reported in accordance with the regulations governing occurrence reporting found at 6 C.C.R. 1011-1, Chapter II, section 3.2.1(1) and section 3.2.1(5). The same process currently used for reporting occurrences using the web portal should be followed. A summary of required elements follow. For additional guidance, consult the Occurrence Reporting Manual found on the Division's web site.*

Reportable Neglect Occurrence: *One of the following elements must be present: 1) Failure to provide any care or services to an at-risk adult in a timely manner and with the degree of care that a reasonable person in the same situation would exercise; or 2) Staff member has history in the past 12 months of similar neglect, has been counseled and retrained; or 3) Staff member intentionally failed to follow standard of practice/facility policy with significant potential for harm.*

Reportable Death Occurrence: *"Any occurrence that results in the death of a patient or resident of the facility and is required to be reported to the Coroner pursuant to Section 30-10-606, C.R.S., as arising from an unexplained cause or under suspicious circumstances." 25-1-124(2) (a), C.R.S. Two elements must be present: 1) Medication error resulted in death, and 2) Reportable to the coroner as unexplained or suspicious.*

Survey Prompts: *During the course of a survey/investigation, if a medication error is identified that meets the criteria for a reportable occurrence and the error was not reported to the Department as required, a deficiency will be cited. Other areas of deficient practice may also be cited such as failure to comply with physician orders, failure to protect from neglect, failure to investigate neglect, and failure to follow the facility policy on investigating neglect.*

Regulation Summary: Section 4.2 (A)(1)(2)(3)

A drug related criminal background check must be conducted prior to employment. The facility must establish, follow and maintain a written policy and procedure that includes: (1) criteria for investigating and evaluating drug related offenses, (2) criteria for monitoring any person hired with prior drug-related offenses, 3) record keeping documenting compliance with items (1) and (2).

Guidance: *For ALRs, conducting a criminal background check and evaluating the arrests to determine if there were convictions that jeopardize the safety of the residents, prior to employment, is not a new requirement, [See Chapter VII, section 1.104(3)(d)]. However, the creation of a policy and procedure is a new requirement.*

Survey Prompts: Policy and procedure will be requested and reviewed for regulatory compliance. As part of the personnel record review criminal background checks will be observed. If it is determined that a QMAP has been hired with a conviction of drug related offense(s), further review will be conducted to ascertain whether there is documented evidence that the facility has followed their policy.

Regulation Summary: Section 4.3(A)(B)

The facility is required to ensure that QMAPs under their employ pass a competency evaluation at least once every five years as a condition of employment. The facility has until January 1, 2012 to ensure QMAP staff have retested and passed the test.

(A) Requires documentation of on-the-job training and documentation of current QMAP qualification (**not a new requirement**)

(B) If a QMAP does not successfully complete retesting within required time limits set forth in section 4.3, the facility must notify the Department and ensure the QMAP ceases administering medications until re-qualified.

Guidance: Facilities are encouraged to begin planning now for retesting of QMAP staff. Note that if a currently qualified QMAP retests and fails the exam, the QMAP is no longer qualified to administer medications and will not be listed on the website as qualified until he or she retakes the class and successfully retests. Facilities may wish to consider in-service training/refreshers classes for QMAP staff prior to retesting.

Survey Prompts: A sample of QMAP personnel records will be reviewed for regulatory compliance. The Division's web site will be checked for sample QMAPs selected to ensure that their QMAP qualification is current. If it is determined that the QMAP does not have a current qualification and has continued to administer medications, a deficiency will be cited. Deficiencies will be cited beginning January 1, 2012 if it is determined that a QMAP has not successfully retested within the five years of successful completion of the previous QMAP course/test and no later than January 1, 2012.

Regulation Summary: Section 5.2(A)

New medication orders must be obtained from a physician or other authorized practitioner with prescriptive authority, upon the resident's return to the facility following an inpatient hospitalization.

Guidance: The intent of this regulation is to ensure that there is coordination of care between the hospital practitioners and the resident's primary care physician. It is important that the primary care physician is aware of the discharge orders because they may impact other medications taken by the resident prior to the hospitalization. Therefore, the resident's prescribing physician must be informed of the reason for the hospitalization, medication changes ordered by the hospital physician and issue updated orders for all medications, including PRN medications.

Survey Prompts: A medication review will be conducted for a sample of residents. If it is determined that an inpatient hospitalization occurred, the record will be reviewed for new signed orders upon the resident's return.

Regulation Summary: Section 5.5(A)

QMAPs may not administer medications through a gastrostomy tube.

Guidance: This is not a new requirement. The statute has always prohibited QMAPs from administering medications through a G-tube in assisted living residences. Furthermore, as set forth in the regulations governing Assisted Living Residences, unlicensed staff shall not perform duties they are not licensed or certified to perform. [See Chapter VII, section 1.104(3)(ii).] Therefore, unlicensed staff may not administer fluids or nutritional feedings through the G-tube. Residents with g-tubes residing in assisted living residences must be capable of self-administering medications, fluids and nutrition unless licensed nurses are available to perform these tasks.

Survey Prompts: If a resident with a g-tube is residing in the facility, the resident's record will be reviewed and interviews will be conducted with resident and staff about the care and services related to the g-tube. Observations will be made to ensure the resident is capable of self-care related to the g-tube or that licensed nurses provide the care. Deficient practice will be cited if it is determined that unlicensed staff is administering medications, fluids, nutrition via the g-tube.

Regulation Summary: Section 5.5(B)

QMAPs may not prepare, draw or administer medication in a syringe for injection into the blood stream or skin, including insulin pen type devices.

Guidance: The statute has always prohibited QMAPs from administering injections; the prohibition was added to the regulations for clarification. Note that this regulation pertains to the drawing of medication in syringes for injection into the blood stream. QMAPs are permitted to draw liquid medications in a syringe for oral administration; however, they must be trained on the use of the measuring devices to ensure the correct dose is given. The resident must be able to draw up and administer his/her own insulin or, the family or a home health nurses may pre-fill syringes for self-administration by the resident, or a facility nurse may fill and administer the injection. Residents must also be able to dial up the correct units on their insulin PENS.

Survey Prompts: A sample of insulin-dependent diabetic residents will be reviewed, including review of record, medication review, and interviews with staff and residents. Observations of insulin administration will be made to ensure that residents are independently self-administering, including drawing the correct units in the syringe or insulin PEN. If it is determined that QMAPs or other unlicensed staff are drawing and/or administering injections, deficient practice will be cited.

Regulation Summary: Section 6.3(A)(B)

Assisted living residences using medication reminder boxes (MRBs) must ensure that QMAPs document the administration of each medication on a medication administration record (MAR) that contains complete instruction for administration, including a specific entry for each medication.

Guidance: *This is not a new requirement. The language was added for to the regulation for clarification. It is not acceptable to list only the time of administration and the number of pills in the respective slot. Staff must be able to recognize each medication in the slot and document the administration of each medication in the slot.*

Survey Prompts: *A medication review will be conducted on a sample of residents. Medication administration records will be reviewed to ensure that each medication is accurately and completely transcribed on the MAR as ordered by the physician and that each medication is documented as given as required.*

Regulation Summary: Section 7.1

All medications must be stored onsite including medication that is placed in a medication reminder box by staff, family or other designated person.

Guidance: *The intent of this regulation is to ensure that QMAPs know exactly what medications are in the MRB and that the medications are readily accessible in the event that an error is detected in the medications placed in the MRB.*

Survey Prompts: *A medication review will be conducted for a sample of residents. The medication supply will be checked as part of the review to determine whether or not the medications are stored onsite and to ensure that medications are accessible to QMAPS on each shift.*

Regulation Summary: Section 7.2

All controlled substances shall be stored under double lock, counted and signed for at the end of every shift in the presence of either two QMAPs or a QMAP and a qualified manager.