

AL Medication Management Policy

Original Effective Date: August 1, 2021

Updated Effective Date: August 5, 2021, July 18, 2022, March 6, 2023

Purpose & Context

To ensure that all residents who participate in the medication management service will receive supervision of medication administration and proper storage of medications.

Procedure

1. Resident assistants will provide medication administration as appropriate according to the assessed needs of the resident and under the delegation of a nurse.
2. Provider orders will be obtained for all medications to be administered.
3. Medication administration is the administration of the medications to the resident based on the provider orders. The resident assistant verifies that the medications set up and/or delegated by the RN or pharmacist are taken by the resident according to procedure.
4. Orders will be received:
 - a. MN, WI and IA AL: upon admission, with changes in orders or condition and annually
 - b. IA RCF: orders will be received upon admission, quarterly, and with changes in orders or condition.
5. Orders will be received and requested via telephone order, fax, or clinic referral from prescribing provider.
6. New orders will be communicated to the pharmacy, resident assistant, and resident or family. Education will be provided regarding the new medications or changes in medication to the resident and family at time of medication change. This communication will be completed in partnership with ordering provider.
7. Communication will occur on-going with the provider, with changes in condition that require a change in medication or medication review, questions on medications or side effects, and at family/resident request.
8. Medication assessment, set up, and storage of medications:
 - a. A registered nurse will conduct a face-to-face assessment of a resident's need for medication management services, including the appropriate method to store the resident's medications and whether secured storage is appropriate given the resident's functional and cognitive status, concerns about the potential for drug diversion or other considerations. Based on this assessment, the RN will develop an individualized medication management plan for the resident that will address storage of the resident's medications.
 - b. All medications will be stored in a locked box in a cabinet or refrigerator in the resident's unit in areas in which the temperature may not fluctuate to levels that are unsuitable for medication storage. Medications delivered to the facility for residents needing medication administration will be added to these locked boxes or cabinets at the earliest convenient time and secured until that time. Medications will be given to residents by one of the methods described above, according to the resident's assessed needs.
 - i. For sites using medication carts: medications are stored in a locked medication cart and the carts are stored in a locked medication room when not in use. Medications delivered to the facility for residents needing medication administration will be added to these locked boxes or cabinets at the earliest convenient time and secured

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- until that time. Medications requiring refrigeration are in a locked medication refrigerator in the locked medication room. Medications will be given to residents by one of the methods described above, according to the resident's assessed needs.
- c. The preferred method of medication administration is in prepackaged blister cards provided from the pharmacy. This includes over the counter medications.
 - d. Medications dispensed in a bottle:
 - i. MN and WI: will be set up by the nurse in a blister pack for resident assistant administration or Medi-planner for resident self-administration if needed. Nurse set up blister packs will only be used for short-term use (i.e., until dispensed in blister packs by pharmacy) unless VA medications or 90-day pharmacy mail order supply. Unscheduled nurse visits may apply.
 - ii. IA: will be administered by the Resident Assistant per their training.
 - e. Medication set-up (oral, liquid, injectable) will occur in a clean well-lit area using appropriate infection control techniques.
 - i. All medication set ups will be completed by a licensed nurse.
 - ii. Documentation of the medications set up will occur in the medical record and must include date of set up, name of medications, quantity of dose, times to be administered, route of administration, name of person completing medication setup, and description of medications.
 - iii. MN and WI: Medication set-up requires the following information to be added to the new label: Resident name, medication name, medication dose, quantity of dose, times to be administered, route of administration, expiration date, and initials of licensed nurse completing the setup.
 - iv. IA: Medications may be set up in a medication planner system, additional labeling is not required.
 - v. All original bottles of medication used to set up medications will be stored with the medication as reference (e.g., resident's medication cupboard) until the medication is used up or discontinued and removed for destruction.
 - vi. All rights of safe medication administration will be followed.
 - f. The RN will also identify in the resident's individualized medication management plan a process for monitoring or tracking a resident's controlled or other medications that might be at risk of diversion. See Medication Management Diversion Prevention Policy.
9. Documentation of medication administration will occur in the medication administration record for each medication given.
10. Notification of the RN regarding problems with medication administration, record keeping or storage of medications:
 - a. Resident assistants will document resident refusals or reason medication(s) not given on the medication administration record and the communication book.
11. PRN medications will be set up according to the procedure above and administered by resident assistants on a prn basis. These will be stored in the same location as the resident's scheduled medications.
12. Medications management for residents who will be away from home:
 - a. Please see AL Leave of Absence Medication Policy
13. Self-Administration of Medication:
 - a. Nursing will assess resident during assessment or an unscheduled face to face assessment per resident request to determine if resident is safe to self-administer medications.
 - b. If determined resident is safe to self-administer, provider will be updated, and appropriate

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- documentation will be completed.
- c. Resident monitoring and reassessment will be conducted during the clinical update and/ or with a change in condition if needed to ensure resident remains safe to continue self-administration. See state specific assessment policies for required timeframes for assessment and reassessment.
14. Delegation of Medication Related Tasks - A Registered Nurse may delegate medication administration to resident assistants only after the RN has:
- a. Verified the resident assistant is educated and trained in the proper methods to administer the medications, and the resident assistant has demonstrated the ability to competently follow the procedures
 - i. MN: this includes the PHS Medication Competency.
 - ii. WI: this includes the CBRF Medication Administration Course.
 - iii. IA: this includes either the Medication Manager certification class or Certified Medication Aide course.
 - b. Developed specific written instructions for each resident and documented those instructions in the resident's medication administration record
 - c. Communicated with the resident assistant about the individual needs of the resident
 - d. The medication is in the original pharmacy-dispensed container with a proper label and directions, in the original over-the-counter container, bubble pack, or the medication has been removed from the original container and placed in a unit container by a licensed nurse
15. Wisconsin CBRF only:
- a. For PRN psychotropic medications:
 - i. The ISP will include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication.
 - ii. Monthly the nurse will review and document the rationale for use, description of behaviors requiring the PRN psychotropic medication, effectiveness of medication, presence of any side effects, and monitoring for inappropriate use for PRN psychotropic medications given.
 - b. For all psychotropic medications:
 - i. The resident will be reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication.
 - c. At least annually, a physician, pharmacist, or RN will conduct an on-site review of the CBRF's medication administration and medication storage systems.

References/Notes (if applicable)

MN Assisted Living Statutes – 144G.60 Staffing Requirements, Subd. 4, Unlicensed Personnel

MN Assisted Living Statutes – 144G.62 Delegation and Supervision

MN Assisted Living Statutes – 144G.71 Medication Management

WI Chapter DHS 83 Community-Based Residential Facilities – 83.37 Medications

WI Chapter DHS 89 Residential Care Apartment Complexes – 89.13 Definitions (21), (22)

WI Chapter DHS 89 Residential Care Apartment Complexes – 89.26 Comprehensive assessment (2)(c), (3) (b)

Iowa Inspections and Appeals Code Chapter 67 Assisted Living Programs, 481—67.5 Medications

Iowa Inspections and Appeals Code Chapter 57 Residential Care Facilities 481 – 57.19 Drugs