

## Recommendations

**245B.05, Subd.5 (Consumer Health).** The license holder is responsible for meeting the health service needs assigned to the license holder in the individual service plan and for bringing health needs as discovered by the license holder promptly to the attention of the consumer, the consumer's legal representative, and the case manager. The license holder is required to maintain documentation on how the consumer's health needs will be met, including a description of procedures the license holder will follow for the consumer regarding medication monitoring and administration and seizure monitoring, if needed. The medication administration procedures are those procedures necessary to implement medication and treatment orders issued by appropriately licensed professionals, and must be established in consultation with a registered nurse, nurse practitioner, physician's assistant, or medical doctor.

Rule 203 licensing laws require that the provider has a written statement from the physician stating the medication name and that the medication record contains information from the prescription label, consequences if not taken as directed, adverse reactions to medication which must be reported to the physician, instructions from the physician regarding when to notify them if the medication is not taken as directed; notation regarding when the medication was started, changed or discontinued; and notations regarding reports made to physician about non-compliance or adverse reactions.

Rule 203 laws also limit an AFC provider's ability to give injectable medication. A provider who is not an LPN or RN must have an agreement signed by the resident, legal representative and physician describing authorized injections and acknowledging physician's responsibility. Other stipulations are identified should the provider be an LPN or RN. It is also recommended that if an unlicensed provider is administering an injectable medication that they provide signed verification that they had received administration training on the correct way to administer that injectable medication.

Medications are widely used among AFC residents and are critical to maintaining health and improving quality of life. Yet, medications, when improperly prescribed, administered or monitored can be a source of significant problems. Tension sometimes exists between the provider's responsibility to the care and well being of the individual and the individual's right to self-administer medications (with or without some assistance).

### **Medication Plan:**

If a resident is on medication, it is recommended that the AFC provider have an outlined plan which addresses the following:

1. Requires no assistance in the self-administration of medication or
2. Needs assistance in the self administration of medication which includes one or more of the following:
  - a. Storage of the medication.
  - b. Whether reminders are to be given that it is time to take the medication.
  - c. Whether the provider needs to assist in opening the medication container for the resident.
  - d. Whether pouring or placing a specific dosage into a container or resident's hand is required.
  - e. Whether observation is needed while the medication is being taken.
3. Needs total assistance in medication administration.

It is also recommended that the plan include who will be responsible for obtaining and/or refilling medications, how medications are to be stored or controlled, whether or not any recording of medication assistance is to be done and who will be responsible for the maintenance of medication records. It should be noted in the service plan whether actual date and time of administration is to be recorded or signed off.

It is recommended that this medication plan also include over-the-counter medications.

It is recommended that providers have a drug reference guide available, which is no more than two years old

Except for medication organizers, it is not recommended that resident medication is pre-poured. Medication organizers may be prepared in advance as outlined in the resident's service plan. It is recommended that this plan address who is responsible for preparation of the organizers and whether there is to be a re-inspection of the med set up by a second person.

It is recommended that a separate medication record be maintained for each resident receiving assistance in self-administration of medication or medication administration which includes:

- a. Name of resident.
- b. Name of medication, dosage, directions and route of administration.
- c. Date and time medication is scheduled to be administered.

### **Medication Storage**

It is recommended that medication is stored or controlled as follows:

- a. Medication is stored in a locked container, cabinet or area inaccessible to residents.
- b. Medication is not left unattended.
- c. Medication is stored in its original labeled container, except for medication organizers and according to instructions on the medication label.
- d. A bathroom or laundry room is not used for medication storage.
- e. All expired or discontinued medication, including those of deceased residents are disposed of according to a policy developed by the provider in cooperation with the case manager or legal representative. It is also recommended that disposal of medication be documented by the provider.

**NOTE:** Rule 203 requires that all Schedule II controlled substances must be stored in a locked area with access only by the resident and caregivers authorized to administer that medication. 9555.6335, subp.9

Medication which is stored by a resident in the resident's room is recommended to be stored/controlled as follows:

- a. Medication is kept in a locked container or cabinet or a resident locks the entrance to the room when the resident is not in the room and the provider has a key or access to the resident's room and medication storage container or cabinet.
- b. As stated in the resident's service plan.

It is recommended that medication which is kept in a central location shall be kept under lock and shall be stored in separate or compartmentalized packages, containers or shelves, for each resident in order to prevent intermingling of medication. It is recommended that medications which require refrigeration be stored separately in closed containers and shall be refrigerated as necessary.

It is not recommended that prescription and/or nonprescription medications be kept in stock or bulk quantities.

### **Medication Identification & Disposal**

It is recommended that all prescription medication be labeled. Any prescription medication, which has no label, a detached, illegible or damaged label shall be returned to the pharmacy for relabeling or destroyed. It is recommended that medication, which has a specific expiration date, not be administered after that date.

### **Use of Oxygen**

It is recommended that for residents with oxygen, the tanks be secured and safely stored at all times, that smoking is prohibited in rooms where oxygen is stored or in use and that rooms in which oxygen is used or stored be posted with a conspicuous "No Smoking" sign.

It is recommended that upon admission, annually and upon any significant change in physical, cognitive or functional status that the resident be assessed regarding the need for assistance or ability to self-administer his/her own medications.

Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Resident's Name \_\_\_\_\_ Date: \_\_\_\_\_

## Residents Medication Plan

INSTRUCTIONS: ADULT FOSTER HOME CAREGIVERS MAY ADMINISTER MEDICATION TO A RESIDENT ONLY UNDER CERTAIN CONDITIONS AS FOLLOWS:

1. The operator must get a written statement from the resident's physician stating the name of the medication(s) prescribed and whether the resident is capable of taking medication without assistance. (Attach statement to record.)  
Date of statement \_\_\_\_\_

2. The operator must obtain written permission from the resident or resident's legal representative to administer the medication.

I, \_\_\_\_\_, give permission for the adult foster home caregiver(s)  
Resident's name  
to give me medication as directed by my physician.

Signed \_\_\_\_\_

Resident's name

Date signed \_\_\_\_\_

**OR**

As the legal representative of \_\_\_\_\_, I, \_\_\_\_\_,  
Resident's name legal representative's name  
give permission for the adult foster home caregivers to give medication to \_\_\_\_\_  
Resident's name  
as directed by his/her physician.

Signed \_\_\_\_\_

Legal representative's name

Date signed \_\_\_\_\_

3. Medication by a caregiver may only be given in accordance with the written instructions of the physician. A prescription label constitutes written instructions from the physician.

4. A caregiver **shall not give injectable medication unless:**

1. The caregiver is a registered nurse or licensed practical nurse with a current Minnesota license who is authorized to do so in writing by the resident's physician (attach authorization) and is covered by professional liability insurance.

**OR**

2. There is an agreement signed by the caregiver, the resident's physician, the resident, and the resident's legal representative specifying what injections may be given, when, how and that the physician shall retain responsibility for the caregivers giving injections. A copy of the agreement must be placed in the resident's personal record.

5. Complete the information with the resident's physician for each medication on the following form.

# Medication Record

Resident's Name: \_\_\_\_\_

Date	New or Changed (N or C)	Medication/Dose/Route	Freq.	Reason	Side Effects <i>*see pharmacy printout</i>	Times				Admin. By Self	Admin. By Caregiver	Date Stopped	MD Notified of: (please check)	
													Adverse Reactions	Refusal to take

Notes:

# Authorization to Give Injectable Medication

THE PROVIDER shall not give injectable medication unless:

- A.** The provider is a Registered Nurse or Licensed Practical Nurse with a current Minnesota License, is authorized to do so in writing by the resident’s physician and is covered by professional liability insurance, OR:
- B.** There is an agreement signed by the provider, the resident’s physician and the resident (or legal representative) specifying what injections may be given, when, how, and that the physician shall retain responsibility for the provider giving injections. A copy of the agreement must be placed in the resident’s personal record.

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\_\_\_\_\_  
Resident’s Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Name of Foster Care Provider

\_\_\_\_\_  
Date of Resident’s Admission

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**A.** *The provider is a Registered Nurse or Licensed Practical Nurse licensed in Minnesota.*

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
License Title and Number

\_\_\_\_\_  
Professional Liability Insurance Policy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Resident’s Physician

\_\_\_\_\_  
Date

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**B.** *There is a signed agreement by the provider, resident’s physician, and the resident or legal representative. Please list the injectable medications that may be given by the foster care provider and staff, including what, when and how the medication(s) is to be given:*

<i>Medication</i>	<i>Dose</i>	<i>Frequency/Route</i>

\_\_\_\_\_  
Resident or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization and Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Foster Care Provider

\_\_\_\_\_  
Date

## Medication Administration Review Record

REQUIREMENTS FOR USE OF THIS SAMPLE DOCUMENT: 245D license holders are responsible for modifying this sample for use in their program. At a minimum, you must fill in the blanks on this form. You may modify the format and content to meet standards used by your program. This sample meets compliance with current licensing requirements as of January 1, 2014. Providers remain responsible for reading, understanding and ensuring that this document conforms to current licensing requirements. DELETE THIS HIGHLIGHTED SECTION TO BEGIN MODIFYING THIS FORM.

Person name: \_\_\_\_\_

Program name: \_\_\_\_\_

Date of review of medication administration record: \_\_\_\_\_ (must review at minimum every 3 months)

The program must review the following:

1. Are all current medications listed correctly in the medication administration record, based on current prescription label or prescriber's current written or electronic order?

Yes                       No

If no, document discrepancies below and correct the medication administration record, as needed.

2. Were medication administration errors discovered during the review?

Yes                       No

If yes, complete the section below for each discovered error.

Date of error: \_\_\_\_\_

Date error was discovered: \_\_\_\_\_

Name of person who made the error: \_\_\_\_\_

Medication or treatment error that occurred: \_\_\_\_\_

Who was notified regarding this error: \_\_\_\_\_

3. Was a pattern of medication administration errors identified?

Yes                       No

If yes, develop and implement a plan to correct the identified patterns. [insert documentation of the plan to correct medication administration error patterns, including who will develop and implement the plan and when this will occur]

\_\_\_\_\_  
Name and signature of person completing the review

\_\_\_\_\_  
Date