LESSON PLAN: 3

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: I INTRODUCTION

SCOPE OF UNIT:

This unit covers course objectives and requirements, the role of the medication technician related to the health care team, and state and federal controls.

INFORMATION TOPIC: I-3 OR DEMONSTRATION:

STATE AND FEDERAL CONTROLS
(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

1. Match terms related to the medication technician from state regulations to their definitions.

2. Identify the state regulations related to drug administration.

3. Identify key points in the state regulations related to drug administration.

4. Identify what must be included on medication records.

5. Identify the two federal regulations related to drug administration.

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. 13 CSR 15-14: Intermediate Care and Skilled Nursing Facility.

2. HO 4: Construction Standards and Physical Plant Requirements for Medication Rooms and Oxygen Storage.

3. HO 5: Excerpts from Missouri's Pharmacy Law.

4. HO 6: Excerpts from Missouri's Nurse Practice Acts.

5. HO 7: Schedules of Controlled Substances.

6. Excerpts from Federal Regulations (OBRA) for Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs).

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 3 prior to class and be prepared to discuss the information presented.

INTRODUCTION:

The guidelines for medication administration in the long-term care facility are dictated by state and federal regulations. An overview of these regulations and specific points in state regulations will be discussed.

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OUTLINE:

I. Definitions Pertaining to the Medication Technician from State Regulations

A. Certified Medication Technician – shall mean a nursing assistant who has completed a course in medication administration approved by the Department of Health & Senior Services.

B. Chemical restraint – shall mean any medication that is used for discipline or convenience and not required to treat medical symptoms. For the purpose of this definition, discipline means any action taken by the facility for the purpose of penalizing a resident and convenience means any action take by the facility to control a resident's behavior or maintain a resident with a lesser amount of effort by the facility and not in the resident's best interest.

C. Control of medication – shall mean assuming responsibility by the facility for all facets of control of medication including, but not limited to, acquisition, storage, security, and administration.

D. Premises – shall mean any structure or structures that are in close proximity one to the other and which are located on a single piece of property.

E. Self administration of medication – shall mean the act of actually taking or applying medication to oneself.

F. Self control of medication – shall mean assuming immediate responsibility by a resident for the storage and administration of medication for oneself while the facility retains ultimate control of medication.

II. State Regulations Related to Drug Administration

A. Missouri Nursing Home Licensure Law and Regulations.

B. Missouri Pharmacy Practice Act.

C. Missouri Nurse Practice Act.

D. Missouri Controlled Substances Act.

III. What Medications Records Must Include

A. Resident's full name

B. Name of physician

C. Allergies

D. Date.

E. Time.

F. Dosage.

G. Method of administration.

H. Sites of all injections (if insulin certified).

I. Reason for administering PRN medications.

J. Outcome of PRN medications.

K. Omissions of doses.

1. Date.

2. Time.

3. Reason.

4. Effect on resident if known.

IV. Federal Regulations

A. Federal Regulations for Skilled Nursing Facilities and Nursing Facilities.

B. Federal Controlled Substances Act.

It is essential that the medication technician be familiar with and be able to locate and refer to the regulations pertaining to medication administration. The next lesson is on medication terminology and abbreviations.

Division 15-Division of Health & Human Services
Chapter 14 - Intermediate Care and Skilled Nursing Facility

19 CSR 30-85.042 Administration and Resident Care Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities

PURPOSE: This rule establishes standards for administration and resident care in an intermediate care or skilled nursing facility.

PUBLISHER'S NOTE: The publication of the full text of the material that the adopting agency has incorporated by reference in this rule would be unduly cumbersome or expensive. Therefore, the full text of that material will *be made available to any interested person at both the Office of the Secretary of State and the office of the adopting agency, pursuant to section 536.031.4, RSMo. Such material will be provided at the cost established by state law.*

Editor's Note: <u>underlined regulations</u> are specific to the duties and responsibilities of certified medication technicians. I, II, and III refer to the class of deficiencies. Class I deficiencies are the violation in which would present either imminent danger to the health, safety, or welfare of any resident, death or serious harm. Class II deficiencies are violations which have a direct or immediate relationship to the health, safety, or welfare of any resident but does not create imminent danger. Class III is deficiencies that have an indirect or a potential impact on any resident.

(1) The operator shall designate a person as administrator who holds a current license as a nursing home administrator in Missouri. II

(2) The facility shall post the administrator's license. III

(3) The operator shall be responsible to assure compliance with all applicable laws and rules. The administrator shall be fully authorized and empowered to make decisions regarding the operation of the facility and shall be held responsible for the actions of all employees. The administrator's responsibilities shall include the oversight of residents to assure that they receive appropriate nursing and medical care. II/III

(4) The administrator shall be employed in the facility and serve in the capacity on a full-time basis. An administrator cannot be listed or function as an administrator in more than one (1) licensed facility at the same time, except that one (1) administrator may serve as the administrator of more than one (1) licensed facility if all facilities are on the same premises. II/III

(5) The licensed administrator shall not leave the premises without delegating the necessary authority in writing to a responsible individual. If the administrator is absent from the facility for more than thirty (30) consecutive days the person designated to be administrative charge shall be a currently licensed nursing home administrator. Such thirty (30) consecutive-day absences may only occur once within any consecutive twelve (12)-month period. I/II

(6) The facility shall not knowingly admit or continue to care for residents whose needs cannot be met by the facility directly or in cooperation with outside resources. Facilities which retain residents needing skilled nursing care shall provide licensed nurses for these procedures. IIII

(7) When outside resources are used to provide services to the resident, the facility shall enter into a written agreement with each resource. III

(8) Persons under seventeen (17) years of age shall not be admitted as residents to the facility unless the facility cares primarily for residents less than seventeen (17) years of age. III

(9) The facility shall not care for more residents than the number for which the facility is licensed. II

(10) The facility's current license shall be readily visible in a public area within the facility. Notices provided to the facility by the Division of Aging granting exceptions to regulatory requirements shall be posted with the facility's license. III

(11) Regular daily visiting hours shall be established and posted. Relatives or guardians

and clergy, if requested by the resident or family, shall be allowed to see critically ill residents at any time unless the physician orders otherwise in writing. II/III

(12) A supervising physician shall be available to assist the facility in coordinating the overall program of medical care offered in the facility. II

(13) The facility shall develop policies and procedures applicable to its operation to insure the residents' health and safety and to meet the residents' needs. At a minimum, there shall be policies covering personnel practices, admission, discharge, payment, medical emergency treatment procedures, nursing practices, pharmaceutical services, social services, activities, dietary, housekeeping, infection control, disaster and accident prevention, residents' rights and handling residents' property. II/III

(14) A pharmacist currently licensed in Missouri shall assist in the development of written policies and procedures regarding pharmaceutical services in the facility. II/III

(15) All personnel shall be fully informed of the policies of the facility and of their duties. II/III

(16) All persons who have any contact with the residents in the facility shall not knowingly act or omit any duty in a manner which would materially and adversely affect the health, safety, welfare or property of a resident. I

(17) Effective August 28, 1997, each facility shall, not later than two (2) working days of the date an applicant for a position to have contact with residents is hired, request a criminal background check, as provided in sections 43.530, 43.540 and 610.120, RSMo. Each facility must maintain in its record documents verifying that the background checks were requested and the nature of the response received for each such request. The facility must ensure that any applicant who discloses prior to the check of his/her criminal records that he/she has been convicted of, plead guilty or nolo contendere to, or has been found guilty of any A or B felony violation of Chapter 565, 566 or 569, RSMo, or any violation of subsection 3 of section 198.070, RSMo, or of section 568.020, RSMo, will not be allowed to work in contact with patients or residents until and unless a check of the applicant's criminal record shows that no such conviction occurred. II/III

(18) The facility must develop and implement written policies and procedures which require that persons hired for any position which is to have contact with any patient or resident have been informed of their responsibility to disclose their prior criminal history to the facility as required by section 660.317.5, RSMo. The facility—

(A) Shall also develop and implement policies and procedures which ensure that the facility does not knowingly hire, after August 28, 1997, any person who has or may have contact with a patient or resident, who has been convicted of, plead guilty or *nolo contendere*

(B) May consider for employment, in positions which have contact with resident or patients, any person who has been granted a good cause waiver by the division in accordance with the provisions of section 660.317, RSMoSupp. 1999 and 13 CSR 30-82.060; and;

(C) Shall contact the division to confirm the validity of an applicant's good cause waiver prior to hiring the applicant. II/III

(19) No person who is listed on the employee disqualification list maintained by the division as required by section 198.070, RSMo shall work or volunteer in the facility in any capacity whether or not employed by the operator. II

(20) The facility shall develop and offer an in-service orientation and continuing educational program for the development and improvement of skills of all the facility's personnel, appropriate for their job function. Facilities shall begin providing orientation on the first day of employment for all personnel including licensed nurses and other professionals. At a minimum, this shall cover prevention and control of infection, facility policies and procedures including emergency protocol, job responsibilities and lines of authority, confidentiality of resident information and preservation of resident dignity including protection of the resident's privacy and instruction regarding the property rights of residents. Nursing assistants who have not successfully completed the classroom portion of the state-approved training program prior to employment shall not provide direct resident care until they have completed at least sixteen

(16)-hour, orientation module and at least twelve (12) hours of supervised practical orientation. This shall include, in addition to the topics covered in the general orientation for all personnel, special focus on facility protocols as well as practical instruction on the care of the elderly and disabled. This orientation shall be supervised by a licensed nurse who is on duty in the facility at the time orientation is provided. II/III

(21) Nursing assistants who have not successfully completed the state-approved training program shall complete a comprehensive orientation program within sixty (60) days of employment. This may be part of a nursing assistant training program taught by an approved instructor in the facility. It shall include, at a minimum, information on communicable disease, hand washing and infection control procedures, resident rights, emergency protocols, job responsibilities and lines of authority. II/III

(22) The facility must ensure there is a system of in-service training for nursing personnel which identifies training needs related to problems, needs, care of residents and infection control and is sufficient to ensure staff's continuing competency. II/III

(23) Facilities shall conduct at least annual in-service education for nursing personnel including training in restorative nursing. This training by a registered nurse or qualified therapist shall include: turning and positioning for the bedridden resident, range of motion (ROM) exercises, ambulation assistance, transfer procedures, bowel and bladder retraining and self-care activities of daily living. II/III

(24) A registered nurse shall be responsible for the planning and then assuring the implementation of the in-service education program for nursing personnel. II

(25) Facilities shall maintain records which indicate the subject of, and attendance at, all in-service sessions. III

(26) All authorized personnel shall have access to the legal name of each resident, name and telephone number of physician and next of kin or responsible party of each resident to contact in the event of emergency. II/III

(27) The facility must develop and implement policies and procedures which ensure employees are screened to identify communicable diseases and ensure that employees diagnosed with communicable diseases do not expose residents to such diseases. The facility's policies and procedures must comply with the Missouri Department of Health's regulations pertaining to communicable diseases, specifically 19 CSR 20-20.010 through 19 CSR20-20.100, as amended. II

(28) The administrator shall maintain on the premises an individual personnel record on each employee of the facility which shall include: the employee's name and address; Social Security number; date of birth; date of employment; experience and education; references, if available; the result of background checks required by section 660.317, RSMo; position in the facility; record that the employee was instructed on resident's rights; basic orientation received; and reason for termination. if applicable. Documentation shall be on file of all training received within the facility in addition to current copies of licenses, transcripts, certificates, or statements evidencing competency for the position held. Facilities shall retain personnel records for at least one (1) year following termination of employment. III

(29) Facilities shall maintain written documentation on the premises showing actual hours worked by each employee. III

(30) All persons who have or may have contact with residents shall at all times when on duty or delivering services wear an identification badge. The badge shall give their name, title and, if applicable the status of their license or certification as any kind of health care professional. This rule shall apply to all personnel who provide services to any resident directly or indirectly. III

(31) Employees other than nursing personnel shall be at least sixteen (16) years of age. II/III

(32) Nursing personnel shall be at least eighteen (18) years of age except that a person between the ages of seventeen (17) years of age and eighteen (18) years of age may provide direct resident care if he/she has successfully completed the state-approved nursing assistant course and has been certified with his/her name on the state nursing assistant register. He/she

must work under the direct supervision of a licensed nurse and will never be left responsible for a nursing unit. II/III

(33) All nurses employed by the facility shall be currently licensed in Missouri. II

(34) All facilities shall employ a director of nursing on a full-time basis who shall be responsible for the quality of patient care and supervision of personnel rendering patient care. II

(35) Licensed Nursing Requirements; Skilled Nursing Facility.

(A) The director of nursing shall be a registered nurse. II

(B) A registered nurse shall be on duty in the facility on the day shift. Either a licensed practical nurse (LPN) or a registered professional nurse (RN) shall be on duty in the facility on both the evening and night shifts. II

(C) A registered nurse shall be on call during the time when only an LPN is on duty. II

(36) Licensed Nursing Requirements; Intermediate Care Facilities.

(A) The director of nursing shall be either an RN or an LPN. II

(B) When the director of nursing is an LPN, an RN shall be employed as consultant a minimum of four (4) hours per week to provide consultation to the administrator and the director of nursing in matters relating to nursing care in the facility. II

(C) An LPN or RN shall be on duty and in the facility on the day shift. II

(D) An LPN or RN shall be on call twenty-four (24) hours a day, seven (7) days a week. I/II

(37) All facilities shall employ nursing personnel in sufficient numbers and with sufficient qualifications to provide nursing and related services which enable each resident to attain or maintain the highest practicable level of physical, mental and psychosocial well-being. Each facility shall have a licensed nurse in charge who is responsible for evaluating the needs of the residents on a daily and continuous basis to ensure there are sufficient, trained staff present to meet those needs. I/II

(38) Nursing personnel shall be on duty at all times on each resident-occupied floor. II

(39) Nursing assistants employed after January 1, 1980, shall have completed mandatory training as required by section 198.082, RSMo, or be enrolled in the course and functioning under the supervision of a state approved instructor of clinical supervisor as part of the one hundred (100) hours of on-the-job training. The person enrolled shall have successfully completed the course and become certified within one (1) year of employment with a licensed-only facility or within four (4) months of employment with a facility certified under Title XVIII or Title XIX if he or she is to remain employed in the facility as a nursing assistant. II

(40) Nursing personnel in any facility with more than twenty (20) residents shall not routinely perform non-nursing duties. II/III

(41) Nursing personnel in facilities with twenty (20) residents or less shall perform non-nursing duties only if acceptable infection control measures are maintained. II/III

(42) Each facility resident shall be under the medical supervision of a Missouri-licensed physician who has been informed of the facility's emergency medical procedures and is kept informed of treatments or medications prescribed by any other professional lawfully authorized to prescribe medications. I/II

(43) Facilities shall ensure that at the time the resident is admitted, the facility obtains from a physician the resident's primary diagnosis along with current medical findings and the written orders for the immediate care of the resident. II/III

(44) The facility shall ensure that the resident's private physician, the physician's designee, the facility's supervising physician or an alternate physician shall examine the resident at least annually, and shall examine the resident as often as necessary to ensure proper medical care. I/II

(45) For each medical examination, the physician must review the resident's care, including medications and treatments; write, sign and date progress notes; and sign and date all orders. The facility shall establish a policy requiring the physician to sign orders and to complete all other

documentation required if the physician does not visit the resident routinely. II/III

(46) No medication, treatment or diet shall be given without a written order from a person lawfully authorized to prescribe such and the order shall be followed. No restraint shall be applied except as provided in 13 CSR 30-88.010, Resident Rights. I/II

(47) There shall be a safe and effective system of medication distribution, administration, control and use. I/II

(48) Verbal and telephone orders for medication or treatment shall be given only to those individuals licensed or certified to accept orders. Orders shall be immediately reduced to writing and signed by that individual. If a telephone order is given to a certified medication technician, an initial dose of medication or treatment shall not be given until the order has been reviewed by telephone or in person by a licensed nurse or pharmacist. The review shall be documented by the reviewer cosigning the telephone order. II

(49) Medications shall be administered only by a licensed physician, a licensed nurse or a medication technician who has successfully completed the state-approved course for medication administration. II

(50) Injectable medication, other than insulin, shall be administered only by a licensed physician or a licensed nurse. Insulin injections may be administered by a certified medication technician who has successfully completed the state-approved course for insulin administration. II

(51) Self-administration of medication is permitted only if approved in writing by the resident's physician and it is in accordance with the facility's policy and procedures. II

(52) All medication errors and adverse reactions shall be reported immediately to the nursing supervisor and the resident's physician and, if there was a dispensing error, to the issuing pharmacist. II/III

(53) At least monthly a pharmacist or a registered nurse shall review the drug regimen of each resident. Irregularities shall be reported in writing to the resident's physician, the administrator, and the director of nurses. There must be written documentation which indicates how the reports were acted upon. II/III

(54) All prescription medications shall be supplied as individual prescriptions. All medications, including over-the-counter medications, shall be packaged and labeled in accordance with applicable professional pharmacy standards and state and federal drug laws and regulations. The *United States Pharmacopoeia* (USP) labeling shall include accessory and cautionary instructions as well as the expiration date, when applicable, and the name of the medication as specified in the physician's order. Over-the-counter medications for individual residents shall be labeled with at least the resident's name. II/III

(55) If the resident brings medications to the facility, they shall not be used unless the contents have been examined, identified and documented by a pharmacist or a physician. II/III

(56) Facilities shall store all external and internal medications at appropriate temperatures in a safe, clean place and in an orderly manner apart from foodstuffs and dangerous chemicals. A facility shall secure all medications, including those refrigerated, behind at least one (1) locked door or cabinet. Facilities shall store containers of discontinued medication separately from current medications. II/III

(57) Facilities shall store Schedule II medications, including those in the emergency drug supply, under double lock separately from non-controlled medication. Schedule II medications may be stored and handled with other non-controlled medication if the facility has a single unit dose drug distribution system in which the quantity stored is minimal and a missing dose can be readily detected. II

(58) Upon discharge or transfer, a resident may be given medications with a written order from the physician. Instructions for the use of those medications will be provided to the resident or the resident's designee. III

(59) All non-unit doses and all controlled

substances which have been discontinued must be destroyed on the premises within thirty (30) days. Outdated, contaminated, or deteriorated medications and non-unit dose medications of deceased residents shall be destroyed within thirty (30) days. Unit dose medications returnable to the pharmacy shall be returned within thirty (30) days. II/III

(60) Medications shall be destroyed in the facility by a pharmacist and a licensed nurse or by two (2) licensed nurses. III

(61) Facilities shall maintain records of medication destroyed in the facility. Records shall include: the resident's name; the date; the name, strength, and quantity of the medication; the prescription number; and the signatures of the participating parties. III

(62) The facility shall maintain records of medication released to the family or resident upon discharge or to the pharmacy. Records shall include: the resident's name; the date; the name, strength and quantity of the medication; the prescription number; and the signature of the persons releasing and receiving the medication. III

(63) The facility must establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation. The system must enable the facility to determine that drug records are in order and that an account of all controlled drugs is maintained and reconciled. II/III

(64) Facilities shall make available to all nursing staff up-to-date reference material on all medications in use in the facility. III

(65) The facility shall develop policies to identify any emergency stock supply of prescription medications to be kept in the facility for resident use only. This emergency drug supply must be checked at least monthly by a pharmacist to ensure its safety for use and compliance with facility policy. A facility shall have the emergency drug supply readily available to medical personnel and use of medications in the emergency drug supply shall assure accountability. III

(66) Each resident shall receive twenty-four (24)-hour protective oversight and supervision. For residents departing the premises on voluntary leave, the facility shall have, at a minimum, a procedure to inquire of the resident or resident's guardian of the resident's departure, of the resident's estimated length of absence from the facility, and of the resident's whereabouts while on voluntary leave. I/II

(67) Each resident shall receive personal attention and nursing care in accordance with his/her condition and consistent with current acceptable nursing practice. I/II

(68) Each resident shall be clean, dry and free of body and mouth odor that is offensive to others. I/II

(69) Taking into consideration the resident's preferences, residents shall be well-groomed and dressed appropriately for the time of day, the environment and any identified medical conditions. II/III

(70) Residents who are physically or mentally incapable, or both, of changing their own positions shall have their positions changed at least every two (2) hours and shall be provided supportive devices to maintain good body alignment. I/II

(71) The facility must provide each resident the opportunity to access sufficient fluids to maintain proper hydration in accordance with the resident's medical condition and goals of treatment as documented in the medical record. I/II

(72) All residents who require assistance at mealtimes, whether it is preparation of the food items or actual feeding, shall be provided the assistance upon delivery of the tray. Facilities shall provide dining room supervision during meals. II/III

(73) Facilities shall provide each resident, according to his/her needs, with restorative nursing to encourage independence, activity and self-help to maintain strength and mobility. Each resident shall be out of bed as desired unless medically contraindicated. II

(74) Each resident shall have skin care including the application of oil, lotion and cream as needed to prevent dryness and scaling of skin. II/III

(75) Facilities shall keep residents free from avoidable pressure sores, taking measures toward prevention. If sores exist, staff shall give adequate treatment. I/II

(76) Facility staff shall check residents requiring restraints every thirty (30) minutes and exercise the residents every two (2) hours. II/III

(77) Facilities shall not use locked restraints. I

(78) Residents shall be cared for by using acceptable infection control procedures to prevent the spread of infection. The facility shall make a report to the division within seven (7) days if a resident is diagnosed as having a communicable disease, as determined by the Missouri Department of Health and listed in the Code of State Regulations pertaining to communicable diseases, specifically 19 CSR 20-20.020, as amended. I/II

(79) In the event of accident, injury, or significant change in the resident's condition, facility staff shall notify the resident's physician in accordance with the facility's emergency treatment policies which have been approved by the supervising physician. I/II

(80) In the event of accident, injury or significant change in the resident's conditions, facility staff shall immediately notify the person designated in the resident's record as the designee or responsible party. III

(81) Staff shall inform the administrator of accidents, injuries and unusual occurrences which adversely affect, or could adversely affect the resident. The facility shall develop and implement responsive plans of action. III

(82) Facilities shall ensure that each resident is provided individual personal care items necessary for good grooming. Items shall be stored and maintained in a clean manner within the resident's room. III

(83) Facilities shall provide equipment and nursing supplies in sufficient number to meet the needs of the residents. II/III

(84) Facilities shall keep all utensils and equipment in good condition, effectively sanitized, sterilized, or both, and stored to prevent contamination. II/III

(85) Staff shall ensure that bedpans, commodes, and urinals are covered after use, emptied promptly and thoroughly cleaned after use. II/III

(86) Facilities shall provide and use a sufficient supply of clean bed linen, including sheets, pillow cases, blankets, and mattress pads to assure that resident beds are kept clean, neat, dry and odor free. II/III

(87) Staff shall use moisture proof covers as necessary to keep mattresses and pillows clean, dry and odor free. II/III

(88) Facilities shall provide each resident with fresh bath towels, hand towels and washcloths as needed for individual usage. II/III

(89) In addition to rehabilitative or restorative nursing, all facilities shall provide or make arrangements for providing rehabilitation services to all residents according to their needs. If a resident needs rehabilitation services, a qualified therapist shall perform an evaluation on written order of the resident's physician.

(90) Facilities shall ensure that rehabilitation services are provided by or under the on-site supervision of a qualified therapist or a qualified therapy assistant who works under the general supervision of a qualified therapist. I/II

(91) Staff shall include the following in documentation of rehabilitation services: physician's written approval for proposed plan of care; progress notes at least every thirty (30) days by the therapist; daily record of the procedure(s) performed; summary of therapy when rehabilitation has been reached and, if applicable, recommendations for maintenance procedures by restorative nursing. III

(92) The facility shall designate a staff member to be responsible for the facility's social services program. The designated staff person shall be capable of identifying social and emotional needs, knowledgeable of methods or resources, or a combination of these, to use to meet them and services shall be provided to residents as needed. II/III

(93) The facility shall designate an employee to be responsible for the activity program. The designated person shall be capable of identifying

activity needs of residents, designing and implementing programs to maintain or increase, or both, the resident's capability in activities of daily living. Facilities shall provide activity programs on a regular basis. Each resident shall have a planned activity program which includes individualized activities, group activities and activities outside the facility as appropriate to his/her needs and interests. II/III

(94) The facility shall provide and use adequate space and equipment within the facility for the identified activity needs of residents. II/III

(95) The facility shall establish and maintain a program for informing all residents in advance of available activities, activity location and time. III

(96) Facility staff shall include the following general information in admission records: resident's name; prior address; age (birth date); sex; marital status; Social Security number, Medicare and Medicaid numbers; date of admission; name, address and telephone number of responsible party; name, address and telephone number of attending physician; height and weight on admission; inventory of resident's personal possessions upon admission; and names of preferred dentist, pharmacist and funeral director. II/III

(97) Facility staff shall include physician entries in the medical record with the following information: admission diagnosis, admission physical and findings of subsequent examinations; progress notes; orders for all medications and treatment; orders for extent of activity; orders for restraints including type and reason for restraint; orders for diet; and discharge diagnosis or cause of death. II/III

(98) Residents admitted to a facility on referral by the Department of Mental Health shall have an individualized treatment plan or individualized habilitation plan on file which is updated annually. III

(99) Facilities shall ensure that the clinical record contains sufficient information to

(A) Identify the resident;

(B) Reflect the initial and ongoing assessments and interventions by each discipline involved in the care and treatment of the resident; and

(C) Identify the discharge or transfer destination. II/III

(100) Facilities shall ensure that the resident's clinical record must contain progress notes that include, but are not limited to:

(A) Response to care and treatment;

(B) Change(s) in physical, mental and psychosocial condition;

(C) Reasons for changes in treatment; and

(D) Reasons for transfer or discharge. II/III

(101) The facility must safeguard clinical record information against loss, destruction, or un-authorized use. III

(102) The facility must keep all information confidential that is contained in the resident's records regardless of the form or storage method of the records, including video-, audio- or computer-stored information. III

(103) The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices. These records shall be complete, accurately documented, readily accessible on each nursing unit and systematically organized. II/III

(104) Facilities must retain clinical records for the period of time required by state law or five (5) years from the date of discharge when there is no requirement in state law. III

(105) Facilities shall retain all financial records related to the facility operation for seven (7) years from the end of the facility's fiscal year. III

(106) In the event the resident is transferred from the facility, the resident shall be accompanied by a copy of the medical history, transfer forms which include the physical exam report, nursing summary and report of orders physicians prescribed. II/III

AUTHORITY: sections 198.006, RSMo Supp.2003 and 198.079, RSMo 2000..

**Original authority 1979.*

CONSTRUCTION STANDARDS AND PHYSICAL PLANT REQUIREMENTS FOR MEDICATION ROOMS AND OXYGEN STORAGE.

19 CSR 30-85.012 Construction Standards for New Intermediate Care and Skilled Nursing Facilities and Additions to and Major Remodeling of Intermediate Care and Skilled Nursing Facilities (partial)

> (48) Facilities shall provide a medicine preparation room next to each nurses' station that has at least sixty (60) square feet of useable floor space. Facilities shall provide a special locked medication cabinet for storage of the Class II medications inside the locked medication cabinet. If the outer cabinets are not locked, the facility must provide a closer and hardware that cannot be left unlocked on the door to the medicine room. A facility is also required to have the following in the medicine room: a work counter, handwashing sink, under cabinet storage, a medicine refrigerator, adequate lighting, and provisions for proper temperature control. II/III

19 CSR 30-85.032 Physical Plant Requirements for New and Existing Intermediate Care and Skilled Nursing Facilities (partial)

> (14) Oxygen cylinders for medical use shall be labeled Oxygen - United States Pharmacopoeia (USP). Existing facilities with plans approved on or before December 31, 1998, shall have oxygen systems, oxygen piping, outlets, manifold rooms and storage rooms installed in accordance with the requirements of the NFPA 99, *Health Care Facilities*, as referenced in the 1985 *Life Safety Code*. Facilities with plans approved on or after January 1, 1999, shall install oxygen systems in compliance with the 1996 NFPA 99 and the 1997 *Life Safety Code*. I/II

> (26) The facility shall provide either a nursing station or a nurses' work area on each floor of a multi-story facility. This area shall have chart storage space on current residents. Facilities licensed or with plans approved on or after July 1, 1965, shall have a nurses' station for every sixty (60) beds. Handwashing facilities at or near the nurses' station shall be available for physicians, nurses and other personnel, attending residents. II/III

EXCERPTS FROM MISSOURI PHARMACY LAW

Missouri pharmacy law is found in Chapter 338 of the Revised Statutes of Missouri. The practice of pharmacy includes participating in drug selection and drug use review, dispensing drugs pursuant to prescription orders, and consulting with patients and health care practitioners about safe and effective use of drugs. Only pharmacists and pharmacy technicians under the supervision of a pharmacist may package, label, and dispense prescriptions to Long Term Care Facility (LTCF) residents from a pharmacy.

Prescribers, such as physicians and dentists, are allowed under pharmacy law to dispense to their patients. Although not specifically provided for in pharmacy law, nurses and physician assistants may dispense medications under the authority of a physician in certain settings as allowed by state law.

Pharmacies that provide services to LTCFs must have specific LTCF policies and procedures that are in compliance with regulations for receiving new prescriptions; packaging, labeling, and dispensing prescriptions; and accepting returned prescriptions.

Pharmacies may receive orders from LTCFs as prescriptions if the order is initiated by a prescriber and entered into the resident's medical record by the prescriber or qualified personnel. Only a pharmacist can change the package or label of a dispensed prescription.

Prescriptions that are returned to the pharmacy cannot be reused unless there is assurance that they have been properly stored, were originally dispensed by that pharmacy to the LTCF, and remain in the original tamper-evident or unit of use packaging.

Pharmacies may operate automated dispensing systems located physically in LTCFs. A pharmacist must review and approve a new medication order before the medication is released from the system storage cabinet. The pharmacy is responsible for stocking, security, record keeping, and procedures for use of the system by facility staff.

EXCERPTS FROM THE MISSOURI NURSE PRACTICE ACT

NURSING 335.016: (7) "Practical nursing" is the performance for compensation of selected acts for the promotion of health and the care of persons who are ill, injured, or experiencing alterations in normal health processes. Such performance requires substantial specialized skill, judgment, and knowledge. All such nursing care shall be given under the direction of a person licensed in this state to prescribe medications and treatments or under the direction of a registered professional nurse.

(8) "Professional nursing" is the performance for compensation of any act which requires substantial specialized education, judgment, and skill based on knowledge and application of principles derived from the biological, physical, social and nursing sciences, including, but not limited to:

> (c) The administration of medications and treatments as prescribed by a person licensed in this state to prescribe such medications and treatments;

335.081. Exempted practices and practitioners - So long as the person involved does not represent or hold himself out as a nurse licensed to practice in this state, no provision of sections 335.011 to 335.096 shall be construed as prohibiting:
(2) The services rendered by technicians, nurses' aides or their equivalent trained and employed in public or private hospitals and licensed long-term care facilities except the services rendered in licensed long-term care facilities shall be limited to administering medication, excluding injectables other than insulin.

Interpretation - Under 335.016 only a nurse may administer medications. However, 335.081 (2) makes an exception and allows trained aides (CMT's) to administer medications in licensed long- term care facilities excluding injectables other than insulin. However, in order to give insulin, special training is required.

SCHEDULES OF CONTROLLED SUBSTANCES

Controlled substances are listed in one of five schedules. Schedule I substances have no accepted medical use in the U.S. and have high abuse potential. Schedule II drugs have high abuse potential with severe psychic or physical dependence, liability, and in general are substances that have therapeutic utility. Schedules III-V includes drugs with decreasing levels of abuse potential. Some substances are in more than one Schedule based on product content. There are some differences between federal and state schedules of controlled substances. Representative examples are listed below but the list is not all-inclusive.

SCHEDULE I

DMA
gamma hydroxybutyric acid (GHB)
heroin
LSD
marijuana
MDMA (Ecstasy)
mescaline
peyote

SCHEDULE II

amobarbital (Amytal)
butyl nitrite (Rush)
cocaine
codeine
dextroamphetamine (Dexedrine, Adderal)
diprenorphine (M 50-50)
dronabinol (Marinol)
etorphine (M 99)
fentanyl (Sublimaze, Duragesic, Actiq)
hydromorphone (Dilaudid)
levomethadyl (Orlaam)
meperidine (Demerol)
methadone (Dolophine)
methamphetamine (Desoxyn)
methylphenidate (Ritalin)
morphine (Roxanol, MS Contin, MSIR)
opium
oxycodone (Percocet, Tylox, OxyContin)
pentobarbital (Nembutal)
phencyclidine (PCP)
secobarbital (Seconal)
sufentanil (Sufenta)

SCHEDULE III

benzphetamine (Didrex)
buprenorphine (Buprenex)
butalbital (Fiorinal)
codeine (Tylenol or Fiorinal w/codeine)
dihydrocodeine (Synalgos DC)
fluoxymesterone (Halotestin)
gamma hydroxybutyric acid dose form
hydrocodone (Tussionex, Vicodin, Lortab)
ketamine (Ketalar, Vetalar, Ketaset)
methyltestosterone (Android, Oreton)
nandrolone (Deca-Durabolin)
opium (paregoric)
pentobarbital (Beuthanasia-D Special)
phendimetrazine (Prelu-2)
stanazolol (Winstrol)
testosterone (Android-T, Delatestryl)
thiopental (Pentothal)
tiletamine/zolazepam (Telazol)

SCHEDULE IV

alprazolam (Xanax)
butorphanol (Stadol, Torbugesic)
chloral hydrate (Noctec, Somnos)
chloradiazepoxide (Librium)
clonazepam (Klonopin)
clorazepate (Tranxene)
codeine (Robitussin AC, Phenergan w/ Codeine)
dextropropoxyphene (Darvon, Darvocet)
diazepam (Valium)
dichloralphenazone (Midrin)
difenoxin (Motofen)
diethylpropion (Tenuate)
ephedrine
ethchlorvynol (Placidyl)
flurazepam (Dalmane)
lorazepam (Ativan)
mazindol (Sanorex)
mephobarbital (Mebaral)
meprobamate (Equanil)
methohexital (Brevital)
midazolam (Versed)
modafinil (Provigil)
oxazepam (Serax)
paraldehyde
pemoline (Cylert)
pentazocine (Talwin)
phenobarbital
phentermine (Ionamin, Fastin)
sibutramine (Meridia)
temazepam (Restoril)
triazolam (Halcion)
zaleplon (Sonata)
zolpidem (Ambien)

SCHEDULE V

diphenoxylate (Lomotil)

EXEMPTED or EXCLUDED SUBSTANCES

butalbital (Fioricet)
l-deoxyephedrine (Vicks inhaler)
chlordiazepoxide (Librax)
propylhexedrine (Benzedrex inhaler)

LESSON PLAN: 3

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: I INTRODUCTION

EVALUATION ITEMS:

Match definitions on the left with terms on the right.

____ 1. Any medication that is used for discipline or convenience and is not required to treat. medical symptoms.

____ 2. Immediate responsibility by a resident for the storage and administration of medication for oneself while the facility retains ultimate control of the medication.

____ 3. Any structure or structures that are in close proximity one to the other and which are located on a single piece of property

____ 4. Responsibility by the facility for all facets of control of medication, including but not limited to acquisition, storage, security, and administration of medication.

____ 5. The act of actually taking or applying medication to oneself

____ 6. A nursing assistant who has completed a course in medication administration approved by the Division of Health & Senior Services.

a. Certified Medication Technician

b. Chemical restraint

c. Control of medication

d. Premises

e. Self administration of medication

f. Self control of medication

7. What are two state regulations related to drug administration?

   a.

   b.

Circle the letter of the best answer.

8. How soon should verbal orders be put in writing?

   a. Within 24 hours.
   b. The next day.
   c. Immediately.
   d. By the next shift.

9. The medication technician does not give the initial dose or treatment on a phone order until the order is reviewed by ____ .

   a. no one
   b. another CMT
   c. the administrator
   d. licensed nurse or pharmacist

10. Medications brought to the facility by the resident ____ .

   a. can be used right away
   b. cannot be used at all
   c. can be used after 7 days
   d. cannot be used unless identified by a pharmacist or physician

11. What information must be included on medication records?

   a.

   b.

   c.

   d.

   e.

   f.

   g.

   h.

12. What are two federal regulations related to drug administration?

   a.

   b.