

# Handout 1: ALF Standards and Regulations Regarding Medications

## **22 VAC 40-73-640. Medication management plan and reference materials.**

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A. The facility shall have, keep current, and implement a written plan for medication management. The facility's medication plan shall address procedures for administering medication and shall include:

1. Methods to ensure an understanding of the responsibilities associated with medication management;
2. Standard operating procedures, including the facility's standard dosing schedule and any general restrictions specific to the facility;
3. Methods to prevent the use of outdated, damaged, or contaminated medications;
4. Methods to ensure that each resident's prescription medications and any over-the-counter drugs and supplements ordered for the resident are filled and refilled in a timely manner to avoid missed dosages;
5. Methods for verifying that medication orders have been accurately transcribed to medication administration records (MARs) within 24 hours of receipt of a new order or change in an order;
6. Methods for monitoring medication administration and the effective use of the MARs for documentation;
7. Methods to ensure that MARs are maintained as part of the resident's record;
8. Methods to ensure accurate counts of all controlled substances whenever assigned medication administration staff changes;
9. Methods to ensure that staff who are responsible for administering medications meet the qualification requirements of 22 VAC 40-73-670;
10. Methods to ensure that staff who are responsible for administering medications are adequately supervised, including periodic direct observation of medication administration;
11. A plan for proper disposal of medication;
12. Methods to ensure that residents do not receive medications or dietary supplements to which they have known allergies;
13. Identification of the medication aide or the person licensed to administer drugs responsible for routinely communicating issues or observations related to medication administration to the prescribing physician or other prescriber;
14. Methods to ensure that staff who are responsible for administering medications are trained on the facility's medication management plan; and
15. Procedures for internal monitoring of the facility's conformance to the medication management plan.

B. The facility's written medication management plan requires approval by the department.

C. Subsequent changes shall be reviewed as part of the department's regular inspection process.

D. In addition to the facility's written medication management plan, the facility shall have readily accessible at least one pharmacy reference book, drug guide, or medication handbook for nurses that is no more than two years old as reference materials for staff who administer medications.

## **22 VAC 40-73-650. Physician's or other prescriber's order.**

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A. No medication, dietary supplement, diet, medical procedure, or treatment shall be started, changed, or discontinued by the facility without a valid order from a physician or other prescriber. Medications include prescription, over-the-counter, and sample medications.

B. Physician or other prescriber orders, both written and oral, for administration of all prescription and over-the-counter medications and dietary supplements shall include the name of the resident, the date of the order, the name of the drug, route, dosage, strength, how often medication is to be given, and identify the diagnosis, condition, or specific indications for administering each drug.

C. Physician's or other prescriber's oral orders shall:

1. Be charted by the individual who takes the order. That individual must be one of the following:
  - a. A licensed health care professional practicing within the scope of his profession; or
  - b. A medication aide.
2. Be reviewed and signed by a physician or other prescriber within 14 days.

D. Medication aides may not transmit an oral order to a pharmacy.

E. The resident's record shall contain the physician's or other prescriber's signed written order or a dated notation of the physician's or other prescriber's oral order. Orders shall be organized chronologically in the resident's record.

F. Whenever a resident is admitted to a hospital for treatment of any condition, the facility shall obtain new orders for all medications and treatments prior to or at the time of the resident's return to the facility. The facility shall ensure that the primary physician is aware of all medication orders and has documented any contact with the physician regarding the new orders.

## **22 VAC 40-73-660. Storage of medications.**

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A. A medicine cabinet, container, or compartment shall be used for storage of medications and dietary supplements prescribed for residents when such medications and dietary supplements are administered by the facility. Medications shall be stored in a manner consistent with current standards of practice.

1. The storage area shall be locked.
2. Schedule II drugs and any other drugs subject to abuse must be kept in a separate locked storage compartment (e.g., a locked cabinet within a locked storage area or a locked container within a locked cabinet or cart).
3. The individual responsible for medication administration shall keep the keys to the storage area on his person.
4. When in use, the storage area shall have adequate illumination in order to read container labels.
5. The storage area shall not be located in the kitchen or bathroom, but in an area free of dampness or abnormal temperatures unless the medication requires refrigeration.

6. When required, medications shall be refrigerated.

a. It is permissible to store dietary supplements and foods and liquids used for medication administration in a refrigerator that is dedicated to medication storage if the refrigerator is in a locked storage area.

b. When it is necessary to store medications in a refrigerator that is routinely used for food storage, the medications shall be stored together in a locked container in a clearly defined area.

7. Single-use and dedicated medical supplies and equipment shall be appropriately labeled and stored. Medical equipment suitable for multi-use shall be stored to prevent cross-contamination.

B. A resident may be permitted to keep his own medication in an out-of-sight place in his room if the UAI has indicated that the resident is capable of self-administering medication. The medication and any dietary supplements shall be stored so that they are not accessible to other residents. This does not prohibit the facility from storing or administering all medication and dietary supplements.

EXCEPTION: If the facility has no resident with a serious cognitive impairment or substance abuse problem, the facility may determine that the out-of-sight and inaccessibility safeguards specified in this subsection do not apply. If the facility determines that these safeguards do not apply, the facility shall maintain documentation of such, including the date and the names of residents at the time the determination is made. No such determination shall be valid for longer than six months. Such determinations may be renewed under the same conditions and with the same documentation requirements.

## **22 VAC 40-73-670. Qualifications and supervision of staff administering medications.**

When staff administers medications to residents, the following standards shall apply:

1. Each staff person who administers medication shall be authorized by § 54.1-3408 of the Virginia Drug Control Act. All staff responsible for medication administration shall:

a. Be licensed by the Commonwealth of Virginia to administer medications; or

b. Be registered with the Virginia Board of Nursing as a medication aide, except as specified in subdivision 2 of this section.

2. Any applicant for registration as a medication aide who has provided to the Virginia Board of Nursing evidence of successful completion of the education or training course required for registration may act as a medication aide on a provisional basis for no more than 120 days before successfully completing any required competency evaluation. However, upon notification of failure to successfully complete the written examination after three attempts, an applicant shall immediately cease acting as a medication aide.

3. Medication aides shall be supervised by one of the following:

a. An individual employed full time at the facility who is licensed by the Commonwealth of Virginia to administer medications;

b. The administrator who is licensed by the Commonwealth of Virginia to administer medications or who has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training but need not include the prerequisite for the program or the written examination for registration. The administrator must also meet the requirements of 22 VAC 40-73-160 E; or

c. For a facility licensed for residential living care only, the designated assistant administrator, as specified in 22 VAC 40-73-150 E, who is licensed by the Commonwealth of Virginia to administer medications or who

has successfully completed a training program approved by the Virginia Board of Nursing for the registration of medication aides. The training program for designated assistant administrators who supervise medication aides, but are not registered medication aides themselves, must include a minimum of 68 hours of student instruction and training but need not include the prerequisite for the program or the written examination for registration. The designated assistant administrator must also meet the requirements of 22 VAC 40-73-160 E.

## **22 VAC 40-73-680. Administration of medications and related provisions.**

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- A. Staff who are licensed, registered, or acting as medication aides on a provisional basis as specified in 22 VAC 40-73-670 shall administer drugs to those residents who are dependent on medication administration as documented on the UAI.
- B. Medications shall be removed from the pharmacy container, or the container shall be opened, by a staff person licensed, registered, or acting as a medication aide on a provisional basis as specified in 22 VAC 40-73-670 and administered to the resident by the same staff person. Medications shall remain in the pharmacy issued container, with the prescription label or direction label attached, until administered to the resident.
- C. Medications shall be administered not earlier than one hour before and not later than one hour after the facility's standard dosing schedule, except those drugs that are ordered for specific times, such as before, after, or with meals.
- D. Medications shall be administered in accordance with the physician's or other prescriber's instructions and consistent with the standards of practice outlined in the current registered medication aide curriculum approved by the Virginia Board of Nursing.
- E. Medical procedures or treatments ordered by a physician or other prescriber shall be provided according to his instructions and documented. The documentation shall be maintained in the resident's record.
- F. Sample medications shall remain in the original packaging, labeled by a physician or other prescriber or pharmacist with the resident's name, the name of the medication, the strength, dosage, and route and frequency of administration, until administered.
- G. Over-the-counter medication shall remain in the original container, labeled with the resident's name, or in a pharmacy-issued container, until administered.
- H. At the time the medication is administered, the facility shall document on a medication administration record (MAR) all medications administered to residents, including over-the-counter medications and dietary supplements.
- I. The MAR shall include:
    1. Name of the resident;
    2. Date prescribed;
    3. Drug product name;
    4. Strength of the drug;
    5. Dosage;
    6. Diagnosis, condition, or specific indications for administering the drug or supplement;
    7. Route (e.g., by mouth);
    8. How often medication is to be taken;
    9. Date and time given and initials of direct care staff administering the medication;
    10. Dates the medication is discontinued or changed;
    11. Any medication errors or omissions;
    12. Description of significant adverse effects suffered by the resident;
    13. For "as needed" (PRN) medications:
      - a. Symptoms for which medication was given;
      - b. Exact dosage given; and

c. Effectiveness; and

14. The name, signature, and initials of all staff administering medications. A master list may be used in lieu of this documentation on individual MARs.

J. In the event of an adverse drug reaction or a medication error, the following applies:

1. Action shall be taken as directed by a physician, pharmacist, or a poison control center;
2. The resident's physician of record and family member or other responsible person shall be notified as soon as possible; and
3. Medication administration staff shall document actions taken in the resident's record.

K. The use of PRN medications is prohibited, unless one or more of the following

1. The resident is capable of determining when the medication is needed;
2. Licensed health care professionals administer the PRN medication; or
3. Medication aides administer the PRN medication when the facility has obtained from the resident's physician or other prescriber a detailed medication order. The order shall include symptoms that indicate the use of the medication, exact dosage, the exact time frames the medication is to be given in a 24-hour period, and directions as to what to do if symptoms persist.

L. In order for drugs in a hospice comfort kit to be administered, the requirements specified in subsection K of this section must be met, and each medication in the kit must have a prescription label attached by the pharmacy.

M. Medications ordered for PRN administration shall be available, properly labeled for the specific resident, and properly stored at the facility.

N. Stat-drug boxes may only be used when the following conditions are met:

1. There is an order from the prescriber for any drug removed from the stat-drug box; and
2. The drug is removed from the stat-drug box and administered by a nurse, pharmacist, or prescriber licensed to administer medications. Registered medication aides are not permitted to either remove or administer medications from the stat- drug box.

## **22 VAC 40-73-690. Medication review.**

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A. For each resident assessed for residential living care, except for those who self- administer all of their medications, a licensed health care professional, practicing within the scope of his profession, shall perform an annual review of all the medications of the resident.

B. For each resident assessed for assisted living care, except for those who self-administer all of their medications, a licensed health care professional, practicing within the scope of his profession, shall perform a review every six months of all the medications of the resident.

C. The medication review shall include prescription drugs, over-the-counter medications, and dietary supplements ordered for the resident.

D. If deemed appropriate by the licensed health care professional, the review shall include observation of the resident or interview with the resident or staff.

E. The review shall include the following:

1. All medications that the resident is taking and medications that he could be taking if needed (PRNs).
2. An examination of the dosage, strength, route, how often, prescribed duration, and when the medication is taken.
3. Documentation of actual and consideration of potential interactions of drugs with one another.
4. Documentation of actual and consideration of potential interactions of drugs with foods or drinks.
5. Documentation of actual and consideration of potential negative effects of drugs resulting from a resident's medical condition other than the one the drug is treating.
6. Consideration of whether PRNs, if any, are still needed and if clarification regarding use is necessary.
7. Consideration of a gradual dose reduction of antipsychotic medications for those residents with a diagnosis of dementia and no diagnoses of a primary psychiatric disorder.
8. Consideration of whether the resident needs additional monitoring or testing.
9. Documentation of actual and consideration of potential adverse effects or unwanted side effects of specific medications.
10. Identification of that which may be questionable, such as (i) similar medications being taken, (ii) different medications being used to treat the same condition, (iii) what seems an excessive number of medications, and (iv) what seems an exceptionally high drug dosage.
11. The health care professional shall notify the resident's attending physician of any concerns or problems and document the notification.

F. The licensed health care professional shall certify that the requirements of subdivisions E 1 through E 11 of this section were met, including the dates of the medication review. The administrator shall be advised of the findings of the medication review and any recommendations. All of the requirements of this subdivision shall be (i) in writing, (ii) signed and dated by the health care professional, (iii) provided to the administrator within 10 days of the completion of the review, and (iv) maintained in the facility files for at least two years, with any specific recommendations regarding a particular resident also maintained in the resident's record.

G. Action taken in response to the recommendations noted in subsection F of this section shall be documented in the resident's record.