# Medication Management FAQ

## August 2012

1. **When can staff assist in administering eye, ear and nose drops to residents?**

   When the resident is not able to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight and other similar conditions; the care is routine (standard mechanically performed); and the resident's condition is either chronic and resistant to sudden change (stable), or temporary in nature and expected to return to a condition normal for the resident. In order for staff to assist, the resident's physician must provide documentation stating:

   1. that the resident cannot self-administer drops;
   2. whether the resident's medical condition(s) is stable; and
   3. that the resident's care is routine, so that facility staff may be trained to assist with administering drops in accordance with the treating physician's instructions.

   Additional training is required in order for staff to assist in administering drops.
   SOURCE: **CCL Evaluator Manual**, Section 87465(a)(6)(C)

2. **Are trained staff allowed to measure medications with an oral syringe (a.k.a. a calibrated oral dosing unit)?**

   During a CALA conference, senior CCL staff gave us some good news on this issue. The answer is yes, your trained staff may draw up and measure liquid oral medications using an oral syringe.
   SOURCE: **Community Care Licensing** at the CALA Conference, June 7, 2011

3. **Can unlicensed staff apply a patch or topical medication for a resident who cannot reach the area?**

   The trained staff member cannot administer the resident's medication. Staff could assist the resident by opening the package, reading instructions to the resident, and giving the patch to the resident to apply it to the skin him/herself. Staff can move a resident's hand to the location, as long as the staff is not pushing the resident's hand, with the patch, down onto the skin and administering the medication.
   Source: **Community Care Licensing Email** to Care and Compliance August 25, 2010

4. **Are caregivers allowed to take and monitor blood pressure?**

   Clarification on this can be found in the Medication Self-Assessment Guide available on the CCL website, which states:

   > The following persons are allowed to take blood pressure and pulse readings to determine the need for medications:
   > - The client/resident when his/her physician has stated in writing that the client/resident is physically and mentally capable of performing the procedure.
   > - A physician or registered nurse.
   > - A licensed vocational nurse under the direction of a registered nurse or physician.

- A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse. Psych Techs may take blood pressure and pulse readings of clients/residents in any community care licensed facility.

So, if the blood pressure is taken to determine whether or not to give a particular medication, there are restrictions, as described above, on who can take the reading. Otherwise, trained and competent caregivers are allowed to take blood pressure for general monitoring purposes. It is important that you have a clear policy and procedure on this, and that your staff understands the policy.
SOURCE: **Care and Compliance: Tuesday Tip**, Blood Pressure Monitoring, November 29, 2011

**5. If a resident's oxygen cannula falls out or is removed by a resident, and the caregiver puts it back on the resident, is this considered administering medication?**

Trained direct care staff may assist with the self-administration of oxygen to include the repositioning of a nasal cannula or mask.
SOURCE: **CCLD Senior Care Policy Interpretations** Prepared for California Assisted Living Association (CALA) and California Hospice and Palliative Care Association (CHAPCA) In Response to Questions Presented at CALA/CHAPCA Conferences - Spring 2009

**6. Is it necessary to contact the physician before each dose when assisting a resident with PRN morphine?**

The answer depends on the resident's ability to determine and communicate his/her need for the medication. As per regulation 87465:

1. If the resident **can determine and communicate his/her need** for a prescription or nonprescription PRN medication, the trained care provider would assist as they normally would.
2. If the resident **cannot determine the need for a nonprescription PRN medication, but can communicate symptoms**, you may assist, but additional documentation is required.
3. If the resident **cannot determine the need nor communicate symptoms**, you may assist with a prescription or nonprescription PRN medication only after contacting the physician prior to each dose.

Alternative solutions to this challenge would be for the resident to self-administer, for a licensed medical professional (e.g., RN or LVN) to administer the medication, or for the physician to adjust the medication order.
SOURCE: **Care and Compliance: Tuesday Tip**, Assisting with PRN Medications, September 6, 2011

**7. If the resident can determine and communicate his/her need for a prescription or nonprescription PRN medication, or can communicate his/her symptoms clearly even though he/she is unable to determine his/her own need for a nonprescription PRN medication, can the medication be given?**

A licensee may obtain written instructions from the resident's treating physician for a nonprescription PRN medication before a resident shows a need for such a medication. These instructions must include specific precautions against mixing medications. The physician's

business stationery may be substituted for the required prescription blank for every prescription and nonprescription PRN medication. A fax is acceptable.
SOURCE: **CCL Evaluator Manual**, Section 87465(b) and (c)

**8. What is CCL's policy regarding medicinal marijuana in Assisted Living?**

There is no specific CCL policy regarding medicinal marijuana in Assisted Living. Providers should be aware that, while state law does allow the use of medicinal marijuana, there is no protection from federal law enforcement. CCL considers this medication to fall under any other prescription medicine. However, because medicinal marijuana use is still illegal under federal law, any Assisted Living provider that does not want to allow medicinal marijuana is free to make that decision.
SOURCE: **Community Care Licensing** at the CALA Conference, June 7, 2011

**9. Can liquid narcotics be centrally stored?**

Yes, if all regulations are met.
SOURCE: **Community Care Licensing** at the CALA Conference, June 7, 2011

**10. Is an exception required for medications to be crushed?**

No exception is necessary in order to crush a resident's medication to enhance swallowing or taste. There are certain conditions under which medications may be crushed, and specific documentation must be placed in the resident's file *[Refer to Regulation and Regulation Interpretation Section 87465(a)(6)(D)].*
SOURCE: **CCLD Senior Care Policy Interpretations** Prepared for California Assisted Living Association (CALA) and California Hospice and Palliative Care Association (CHAPCA) In Response to Questions Presented at CALA/CHAPCA Conferences - Spring 2009
Additional Source: **CCL Evaluator Manual**, Section 87465(a)(6)(D)

**11. Specific to hospice care, can an RCFE accept an order given by the physician and written by the hospice nurse for a change in medication dose?**

Yes. The order indicating the change in medication must be subsequently faxed to the facility and placed in the resident's record. This applies to all changes in medication orders, including new medications. It is, however, incumbent of the hospice care nurse to explain the changes in medication, reason for change, side effects, contraindications, etc., to the resident or the resident's responsible person, and the licensee/care provider.
SOURCE: **CCLD Senior Care Policy Interpretations** Prepared for California Assisted Living Association (CALA) and California Hospice and Palliative Care Association (CHAPCA) In Response to Questions Presented at CALA/CHAPCA Conferences - Spring 2009

**12. What is the update on administration of medications for hospice care residents?**

See Evaluator Manual, Section 87633 (b)(5). A relative or friend NOT receiving monetary or any other form of compensation for their services, and who is trained by the hospice agency, may administer medications through a route (e.g. oral, sublingual, subcutaneous, etc.) to his/her

relative or friend in a residential care facility for the elderly provided it is specified in the hospice care plan; the hospice agency provides a statement for the licensee's records that the relative or friend has been trained; and there is a plan in place to ensure that the resident can receive the needed medication by a licensed health professional if the relative or friend fails to arrive at the appointed time. Licensees must maintain documentation on procedures and on the training activities.
SOURCE: **CCLD Senior Care Policy Interpretations** Prepared for California Assisted Living Association (CALA) and California Hospice and Palliative Care Association (CHAPCA) In Response to Questions Presented at CALA/CHAPCA Conferences - Spring 2009

**13. Can unlicensed staff administer medications to a hospice care resident?**

No.
SOURCE: **CCLD Senior Care Policy Interpretations** Prepared for California Assisted Living Association (CALA) and California Hospice and Palliative Care Association (CHAPCA) In Response to Questions Presented at CALA/CHAPCA Conferences - Spring 2009

**14. Can a family member administer medication to a resident NOT on hospice?**

CCL will consider a request.
SOURCE: **Community Care Licensing** at the CALA Conference, June 7, 2011

**15. If a medication label only has a month and year listed for the expiration date, does it expire on the first day of the month listed, or the last day of the month?**

While you should always verify with your state board of pharmacy and Assisted Living regulations, the generally accepted standard of practice is that the medication would expire on the last day of the month listed on the label, unless an exact date is specified.
SOURCE: **Care and Compliance: Tuesday Tip**, Medication Expiration Dates, November 1, 2011

**16. Is there a waiting period for a new staff member to be trained to assist with medications, or can they be trained as soon as we think they are ready?**

The short answer is that you can train a staff person when you feel they are ready. California Health and Safety Code Section 1569.69 outlines the requirements for training of staff members who will provide assistance with medications. Section 1569.69 does not specify a "waiting period" before a caregiver can be trained to assist residents with self-administration of medications.
Keep in mind, however, that the hands-on shadowing portion of the training requirements (8 hours for facilities licensed for 16 or more residents, 2 hours for facilities licensed for 15 or fewer residents) must be completed BEFORE assisting with medications.
SOURCE: **Care and Compliance: Tuesday Tip**, When Can a Caregiver Begin Medication Training?, October 29, 2009

**17. Are automatic medication dispensers allowed in Assisted Living?**

There is no CCL policy that refers specifically to automated dispensers in Assisted Living. Licensees should be sure they are following all current regulatory requirements regarding medications.
SOURCE: **Community Care Licensing** at the CALA Conference, June 7, 2011

**18. Are medications purchased from Canada and Mexico safe and/or legal?**

According to the FDA, Under the FD&C Act (Food, Drug and Cosmetic Act), the interstate shipment of any prescription drug that lacks required FDA approval is illegal. Interstate shipment includes importation: bringing drugs from a foreign country into the United States. Drugs sold in the United States also must have proper labeling that conforms to the FDA's requirements, and must be made in accordance with good manufacturing practices.
SOURCE: **Care and Compliance: Tuesday Tip**, Medication from Across the Border, May 17, 2011

**19. Does Community Care Licensing (CCL) allow electronic physician signatures for medication orders/prescriptions?**

California has been governed by the California Electronic Transactions Act since 1999. Civil Code Section 1633.2 of California law defines electronic signatures as "an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or adopted by a person with the intent to sign the electronic record."

California law currently defines digital signatures as "an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature." Government Code Section 16.5 states that digital signatures have the same effect as manual signatures, only if all of the following apply:

- it is unique to the person using it;
- it is capable of verification;
- it is under the sole control of the person using it;
- it is linked to data in such a manner that if the data were changed, the digital signature is invalidated; and
- it conforms to regulations adopted by the Secretary of State.

Electronic signatures also include several consumer protections, which must be followed when the transaction involves a consumer (one who obtains "products or services which are used primarily for personal, family or household purposes"). Electronic signatures are legally accepted in California.

Physician e-orders including physician e-signature are allowed, provided all of the information required for a written order is included in the electronic transmission and all of the information required to identify the physician issuing the order is present in the transmission. The electronic orders shall be printed and placed in the resident's file. The Evaluator Manual will be updated to provide guidance on electronic physician's orders and signatures.
SOURCE: **Community Care Licensing, Adult and Senior Care Update**, Summer 2010