



STATE OF NEW YORK  
DEPARTMENT OF HEALTH

161 Delaware Avenue Delmar, NY 12054-1393

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
*Commissioner*

Dennis P. Whalen  
*Executive Deputy Commissioner*

**DAL HCBC 05 - 03**

January 25, 2005

Dear Adult Care Facility Operator:

This letter clarifies and revises the **Regulatory Interpretations for Medication Assistance in Adult Care Facilities**, Dear Administrator Letter (DAL HCBC 04-06) dated May 24, 2004. Please discard the May 24, 2004 DAL and replace it with this DAL. This new Regulatory Interpretations For Medication Assistance In Adult Care Facilities Chart (Enclosure A) provides "Surveillance Guidelines" for the regulatory interpretations that surveyors will use during an inspection.

Since the issuance of DAL 04-06, the Department has received questions and suggestions for revision to the original chart. Ongoing discussion has led to the following modifications:

1. Modification/Clarification of Interpretations

- The first interpretation under Acquisition has been modified to reflect that a resident's family or legal representative may make arrangements for the filling or refilling of medications.
- The second interpretation under Acquisition has been modified to reflect that a system, not necessarily a central log, must be in place at a central location in the facility to reconcile medications from the pharmacy.
- The fourth interpretation under Acquisition has been modified to clarify what must happen with medication orders before assistance with self-administration is provided by facility staff.
- The first interpretation under Medication Assistance and Recording has been modified to expand the normal window around the standardized prescribed time at which medication assistance should occur.
- The second interpretation under Medication Assistance and Recording has been modified to clarify that the information about food/drug interaction or contraindications should be provided by the prescriber or pharmacist.

## 2. Addition of a Surveillance Guidelines Column

The Surveillance Guidelines column is designed to provide guidance to the surveyor during surveillance. The first section outlines the statements that assist in surveying for compliance based on the surveyor's review of the facility's policies and procedures, appropriate documents (e.g., Medication Assistance Records (MARs), prescriber orders, logs, etc.), other appropriate records and staff and resident interviews. The "points to consider" sections provide some examples of what the surveyor should be taking into account when surveying this particular area of medication assistance.

While the Surveillance Guidelines column is intended for the surveyor, the content is informative for the operator/administrator and should assist in the development of policies and procedures and quality assurance program for medication assistance.

During the survey, there may be a review of an operator's policies and procedures in each area of medication management. This includes:

- The acquisition of new and refilled medications including identifying the process and identification of the individual or staff position responsible for performing the tasks;
- The storage of medications;
- The assistance with preparation;
- The assistance and recording;
- The disposal of discontinued, unused or expired medication, and
- Quality assurance of medication management priorities including the practices of residents who self-administer without assistance.

It is important to note that if a facility does not have policies and procedures for medication assistance or they are not in agreement with existing standards and significant problems are found, it would likely be cited as a violation. The operator would then be required to develop or revise and submit the policies and procedures as part of the corrective action.

If there are no policies and procedures and no significant issues, it is likely to be cited as a finding. The operator would be required to develop such policies and procedures.

If there are policies and procedures and facility staff are not following them, and based on whether or not there are serious issues, the Regional Office may cite either a violation or finding.

If you have any questions about this DAL, please contact the Adult Care Facility Program Manager in your region (Enclosure B)

Sincerely,



Robert P. Dougherty  
Director  
Division of Home and Community Based Care

Enclosures

**Regulatory Interpretations For Medication Assistance  
In Adult Care Facilities**

**Acquisition**

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Every Adult Care Facility (ACF) shall have a written policy and procedures to ensure the timely filling of all medication orders by the pharmacy (new and refills).</p> <p>All ACFs must request the filling of all medications (new and old) from the pharmacy to ensure timely assistance with medications, unless other arrangements are made by the resident’s family or legal representative.</p> <p>Automatic refills by the pharmacy are not permitted.</p>	<ul style="list-style-type: none"> <li>◆ Prohibits inappropriate and unnecessary long-term use of medication.</li> <li>◆ Prevents missed doses.</li> <li>◆ Automatic refills are not permitted by Medicaid policy (see <u>Medicaid Update</u>, June 2000) or State Board of Pharmacy policies and procedures.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(5) For residents in need of supervision and administrative assistance, the operator shall establish a system for staff to: (i) provide the resident with the proper dosage of medication at the designated time.</p> <p>488.7(d)(2) 490.7(d)(12)(12)(iv)</p>	<p>Policies, procedures and practices, Medication Assistance Records (MARs), prescriber orders, logs and appropriate other records will be reviewed and staff and residents interviewed to determine if:</p> <ul style="list-style-type: none"> <li>• Processes for the timely acquisition of resident medication (new and refills) are included;</li> <li>• Responsible party is identified;</li> <li>• The family has made arrangements for medications supplied by a resident’s family or representative;</li> <li>• Mail order or VA, or family supply of medications is monitored, and</li> <li>• Facility staff follow policy and procedures regarding the review of residents who self-medicate w/o assistance to assure they are correctly performing and remain capable of this function.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Prescribers may directly order a medication from the pharmacy electronically, by phone or fax. Written orders from the prescriber must be maintained.</p> <p>Automatic refills whereby the pharmacy initiates then provides a refilled supply of medication is prohibited. ACF staff must initiate the request after the MAR, prescriber’s order, medication remaining in the container and the necessity of reordering the medication</p>

\*All regulation references are 18 NYCRR unless otherwise noted.

Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
			<p>has been reviewed to assure no changes have been made.</p> <p>A pharmacy technician review prior to refill of medication will not be considered an automatic refill provided the pharmacy technician first reviews the MAR, prescriber's order to assure that no changes have been made and the medication remaining in the container to assure it is necessary to reorder the medication.</p>
<p>All medications received from the pharmacy by the ACF must be reconciled with the resident's Medication Assistance Record (MAR). A system must be maintained at a central location that can be readily identified upon request and includes the date medication was received, resident's name, the drugs prescribed, and the initials of the staff.</p> <p>Any new prescription added to a resident's medication regimen should be checked against the original physician's order and the updated MAR to validate that the medication received is correct. If a generic drug has been substituted by the pharmacy in accordance with the physician's order, the generic name should be validated so that the name on the medication matches the name on the MAR.</p>	<ul style="list-style-type: none"> <li>◆ Protects resident's safety by reducing potential for medication errors, assures medications are delivered correctly, and reduces potential for diversion.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>485.11(a) The operator shall collect and maintain such information, records or reports as determined by the department to be necessary.</p> <p>485.11(b) Operators of facilities subject to the inspection and supervision of the department shall supply and provide access to such information and records in such form and at such times as the department shall determine.</p> <p>487.7(f)(4) Assistance with self-administration shall include assistance with any activity, which the resident would ordinarily be capable of carrying out pursuant to paragraph (2) of this subdivision.</p> <p>487.7(f)(12)(iii) When a resident is assisted in taking medications, the name of the resident, the medication, the staff assisting and the date and time of assistance shall be recorded. Recording shall occur at the time of assistance to each resident. In no event shall recording be done by a person who has not observed the taking of the dose.</p>	<p>Policies, procedures and practices, MARs, prescribers' orders, logs and appropriate other records will be reviewed and staff and residents interviewed to determine if:</p> <ul style="list-style-type: none"> <li>• A process for the timely receipt and reconciliation of medications delivered to the facility is in place;</li> <li>• A system which maintains, in a central location, the date medication was received; resident's name, the drugs prescribed and the initials of the staff receiving and checking the medication is in place;</li> <li>• A responsible party is identified, and</li> <li>• A legend for staff initials exists and is easily accessible.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Records of medication received must be maintained in accordance with regulatory requirements. If information maintained in resident records, it must be retained in accordance with 18 NYCRR 487.10(h)(2), 488.10(h)(2) and 490.10(h)(2). If information maintained as facility record, i.e., receipt of all resident's medications grouped together, then the retention must be in accordance with 18</p>

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Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
		<p>487.10(a) The operator shall collect and maintain such information, records or reports as determined by the department to be necessary.</p> <p>488.7(d)(2)and(3) 488.7(d)(4) 488.10(a) 490.7(d)(12)(iii) 490.7(d)(12)</p>	<p>NYCRR 487.10(h)(3), 488.10(h)(3) and 490.10(h)(3).</p>
<p>All controlled drugs held by the ACF are to be, immediately upon delivery, placed in a double locked cabinet in accordance with Part 80 of 10 NYCRR.</p>	<ul style="list-style-type: none"> <li>◆ Prevents diversion, theft of drugs, if unauthorized personnel cannot enter cabinet.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(11)(ii) Secure storage shall mean an area or a cabinet which cannot be removed or entered at will, and which cannot be opened except by a key.</p> <p>487.7(f)(11)(iii) An operator retaining controlled substance prescriptions for residents shall first obtain a class 3A controlled substance license as an Institutional Dispenser, Limited from the Department of Health. Standards for storage and recording set forth by the Department of Health shall be applicable.</p> <p>10 NYCRR 80.5(c)(1): Schedule I, II, III and IV, controlled substances shall be kept in stationary locked double cabinets. Both cabinets, inner and outer, shall have key-locked doors with separate keys; spring locks or combination dial locks are not acceptable. For new construction, cabinets shall be made of steel or other approved metal.</p> <p>488.7(d)(8) 490.7(d)(x)(b) 490.7(d)(x)(c)</p>	<p>Policies, procedures and practices will be reviewed and staff and residents interviewed to determine if:</p> <ul style="list-style-type: none"> <li>• A process for the timely securing and storing of controlled medications delivered to the facility regardless of when the medication arrives is included.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Controlled substances should be reviewed and stored when received, however, if medications are delivered or accepted outside of normal medication delivery times, there needs to be an alternate system in place.</p> <p>Double locked cabinets need to be affixed to a stationery location unless stored in a room behind a locked door when not in use.</p> <p>Logging and storage shall be in accordance with Section 80.60 of 10 NYCRR.</p>

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Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>All new written medication orders (other than over the counter medications) shall be filled and dispensed by a licensed pharmacist or dispensed by a person authorized by New York State to prescribe medication. Illegible changed orders shall be interpreted by a licensed medical professional prior to assisting with medications. Licensed medical professionals include any licensed prescriber and/or registered nurse or pharmacist.</p>	<ul style="list-style-type: none"> <li>◆ Reduce the potential risk of polypharmacy with ensuing complications and unwarranted costs. Additional costs may be incurred.</li> <li>◆ The Rules of the Board of Regents at 8 NYCRR 29.7(a)(21)(ii)(b) prohibit unlicensed persons from interpreting and evaluating a prescription.</li> </ul>	<p>487.7(f)(5) For residents in need of supervision and assistance, the operator shall establish a system for staff to: (i) provide the resident with the proper dosage of medication at the designated time; and (ii) observe and record that the resident takes the medication.</p> <p>487.7(f)(9) Under no circumstances shall staff make a change in the dosage or schedule of administration of medication without the prior written authorization of a physician or, in case of an emergency, by telephone with written confirmation from the physician within seven days.</p> <p>488.7(d)(2)and(3) 488.7(d)(7) 490.7(d)(12)(iv) 490.7(d)(12)(viii)</p>	<p>Policies, procedures and practices will be reviewed and staff and residents interviewed to determine if:</p> <ul style="list-style-type: none"> <li>• A process for timely filling of new or changes in written medication orders by a licensed pharmacist is included;</li> <li>• No resident receives assistance with medications before filling of that order by a licensed pharmacist or dispensed by an authorized person, and</li> <li>• Illegible medication orders are first clarified by a licensed medical professional prior to provision of assistance with that medication.</li> <li>• A licensed pharmacist filling a prescription is understood as clarifying an illegible order as would review by an LPN, RN or prescriber.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>If the facility receives a medication or dosage that is not consistent with the prescriber’s order, facility staff should contact the prescriber. If the label is inconsistent, the pharmacist should be contacted.</p> <p>Such contact or clarification may be initiated or received by unlicensed facility staff.</p>
<p>Written facility policy should include how containers are identified or “tagged” when a change in dosage or schedule has been made and the label has not been corrected. This policy should not include staff modification of the label. Directions on the label should</p>	<ul style="list-style-type: none"> <li>◆ The Rules of the Board of Regents at 8 NYCRR 29.7(a)(21)(ii)(b) prohibit unlicensed persons from interpreting and evaluating a prescription.</li> </ul>	<p>487.7(f)(11)(vii) Directions on labels shall not be changed by anyone other than a physician or pharmacist. When a change in dosage or schedule has been made, the container must be tagged until the label is corrected. The label must be corrected within 30 days of the change.</p> <p>488.7(d)(8)(v)</p>	<p>Policies, procedures and practices, MARs, prescriber orders, logs and appropriate other records will be reviewed and staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• A process for tagging medication containers exists when a change in dosage or schedule has been made but the label</li> </ul>

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<b>Regulatory Interpretation</b>	<b>Rationale</b>	<b>Regulatory Authority*</b>	<b>Surveillance Guidelines</b>
not be changed by anyone other than the prescriber or registered pharmacist (as per prescriber's authorization).	<ul style="list-style-type: none"> <li>◆ No new costs to be incurred.</li> </ul>	490.7(d)(12)(x)(g)	<ul style="list-style-type: none"> <li>• has not been corrected;</li> <li>• Facility staff changed or altered the label;</li> <li>• A changed label has been requested or received and it is affixed to the appropriate container in a timely manner (within 30 days), and</li> <li>• The resident is assisted, as necessary and required, consistent with the correct dosage or schedule.</li> </ul>

### **Storage of Medications**

<b>Regulatory Interpretation</b>	<b>Rationale</b>	<b>Regulatory Authority*</b>	<b>Surveillance Guidelines</b>
Access to and inventory management of controlled substances must be consistent with department regulation and policy in accordance with Section 80.6(b) of 10 NYCRR.	<ul style="list-style-type: none"> <li>◆ Consistent with Bureau of Controlled Substance (BCS) regulation and policy.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(11)(iii) An operator retaining controlled substance prescriptions for residents shall first obtain a class 3A controlled substance license as an Institutional Dispenser, Limited from the Department of Health. Standards for storage and recording set forth by the Department of Health shall be applicable.</p> <p>490.7(d)(12)(xi)(c)</p>	<p>Policies, procedures and practices, MARs, prescriber orders, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• The facility logs and stores all controlled medications in accordance with Section 80.60 of 10 NYCRR.</li> </ul>
Every ACF shall have a written policy for controlled substance medication storage and for key possession. Access shall be limited to only those employees who are involved in the receiving of, assistance with or disposal of such medications or other appropriate staff as designated by the administrator.	<ul style="list-style-type: none"> <li>◆ Consistent with BCS regulation and policy.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>485.11(a) The operator shall collect and maintain such information, records or reports as determined by the department to be necessary.</p> <p>10 NYCRR 80.6(b): Access to controlled substances stocks shall be limited to the minimum number of employees actually required to efficiently handle the manufacture, distribution, custody, dispensing, administration or other handling of such substances</p>	<p>Policies, procedures and practices, logs and appropriate other records will be reviewed, staff interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• A process for controlled substances storage and key possession exists;</li> <li>• Key holders are identified by name or position, and</li> <li>• Keys are held by the minimum number of staff as practical and necessary to perform the tasks of receiving, assisting residents with self-administration, supervision and disposal of such medication.</li> </ul>

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			<p><b><u>Points to consider:</u></b>                  Compliance with provisions of 10 NYCRR 80.6(b) and other provisions at 80.6 of NYCRR is required.</p>
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**Assistance with Preparation**

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Every ACF shall have a written policy and procedure and a system in place to ensure that the facility accurately assists with the preparation of the ordered medication. Staff must match the medication with the resident for whom it is prescribed.</p>	<ul style="list-style-type: none"> <li>◆ Assures that the medication is correct as prescribed and that the correct individual is identified to avoid potential errors.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(5)(i) Provide the resident with the proper dosage of medication at the designated time.</p> <p>488.7(d)(2) and (3)                      490.7(d)(12)(iv)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• The process for assistance with the self-administration includes the setting up and monitoring of the provision of medication to individuals, identifying the resident, observing ingestion and recording of assistance, and</li> <li>• The process includes matching medication to the resident.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Identification or matching a medication to a resident may be done by use of picture, asking the resident their name or assistance by other staff.</p>

**Medication Assistance and Recording**

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Every ACF shall have a written medication policy which includes standardized times for assisting with medication.</p> <p>Medications shall be given within one and one-half hour of standardized or prescribed time, noted on MAR and</p>	<ul style="list-style-type: none"> <li>◆ Effectiveness of drug is dependent on adherence to standardized time of ingestion.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(5) For residents in need of supervision and assistance, the operator shall establish a system for staff to:</p> <p>487.7(f)(5)(i) Provide the resident with the proper dosage of medication at the designated time.</p> <p>487.7(f)(5)(ii) observe and record that the resident takes the medication.</p>	<p>Policies, procedures and practices, MARs, logs, and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• The facility is using the Department issued guidelines or has developed and is using their own;</li> <li>• The MAR is properly completed;</li> <li>• Medications are given within one and one-half hours of the specified time;</li> </ul>

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Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>initialed after ingestion is observed Notation of medication assistance provided outside the timeframe must include the exact time of assistance.</p> <p>Any consistent deviation standardized or prescribed timeframe must be authorized by the prescriber's order.</p>		<p>487.7(f)(9) Under no circumstances shall staff make a change in the dosage or schedule of administration of medication without the prior written authorization of a physician or, in case of an emergency, by telephone with written confirmation from the physician within seven days.</p> <p>487.7(f)(12)(iii) When a resident is assisted in taking medications, the name of the resident, the medication, the staff assisting and the date and time of assistance shall be recorded. Recording shall occur at the time of assistance to each resident. In no event shall recording be done by a person who has not observed the taking of the dose.</p> <p>488.(d)(2), (3), (4) and (7)                      490.7(d)(12)(iv)                      490.7(d)(12)(xi)(c)</p>	<p><b>Surveillance Guidelines</b></p> <ul style="list-style-type: none"> <li>• Consistent deviations are authorized by prescriber's orders;</li> <li>• The exact time of assistance is noted if the time is outside the timeframe, and</li> <li>• Blanket orders are prohibited.</li> </ul> <p><b><u>Points to consider:</u></b></p> <ul style="list-style-type: none"> <li>• Recording must occur at the time of assistance.</li> <li>• Recording must never be done by someone who has not viewed the taking of the dose.</li> <li>• Prescriber orders must be specific to resident and medication.</li> <li>• There are no blanket orders written to encompass all circumstances for a resident.</li> <li>• Residents who received multiple doses of the same medication and those whose medications must be taken at a designated time or linked to specific contraindications, i.e., with meals, at bedtime, not with certain foods, must be given close attention as indicated on the label.</li> <li>• A system which prioritized assistance to the above referenced individuals is acceptable, where needed, to maintain optimum effectiveness of the medication.</li> <li>• Instances of insignificant tardiness should not routinely be cited as a violation.</li> </ul>

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Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Designated times shall take into consideration food/drug interaction as specified by the prescriber or Pharmacist and specialized dosing instructions (e.g., oral hypoglycemic must be given ½ hour before meals). Unless contraindicated by physician’s orders.</p>	<ul style="list-style-type: none"> <li>◆ Prevent food/drug interactions and improve effectiveness of medication.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(5)(i) Provide the resident with the proper dosage of medication at the designated time.</p> <p>488.7(d)(2), (3) and (4) 490.7(d)(12)(iv)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• Designated times take into consideration prescriber or pharmacist specialized dosing instructions, and</li> <li>• Instructions on MAR match the applicable information on the prescriber order and the label on the container.</li> </ul>
<p>An adequate amount of water/liquid must be provided at the time of medication assistance to ensure safe/correct ingestion.</p>	<ul style="list-style-type: none"> <li>◆ A minimum amount of water/liquid is needed to safely swallow medications.</li> <li>◆ 6 ounces of fluid is recommended.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(4) Assistance with self-administration shall include assistance with any activity, which the resident would ordinarily be capable of carrying out pursuant to paragraph (2) of this subdivision.</p> <p>487.7(f)(2)(iii) correctly ingest, inject or apply the medications.</p> <p>488.7(d)(2) and (3) 490.7(d)(12)(iii) 490.7(d)(12)(ii)(c)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• At least four (4) ounces of liquid are given to the resident to ensure safe ingestion (in a clean cup or other container).</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Six ounces is the recommended amount of liquid.</p> <p>More should be provided upon resident request or staff observation of difficulty in swallowing.</p> <p>Observe medication assistance.</p>
<p>The person assisting with the medication preparation must be the same person providing assistance to the resident to take the medication.</p>	<ul style="list-style-type: none"> <li>◆ Assures accuracy and continuity.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(6) In any system for supervision and assistance, removal of a dose from the container, or measurement or preparation of medications, must be performed by the person providing</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p>

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		<p>assistance with intake, except that insulin syringes may be prefilled by a nurse.</p> <p>488.7(d)(2) and (3) 490.7(d)(12)(v)</p>	<p><b>Surveillance Guidelines</b></p> <ul style="list-style-type: none"> <li>the person assisting with medication preparation is the same person who removed the dose from the container or otherwise prepared or measured the medication prior to assisting, and</li> <li>Insulin syringes are pre-filled by a nurse.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Observe medication assistance.</p>
<p>Every ACF shall have a written policy to standardize abbreviations on the MAR according to Department of Health guidelines or facility policy.</p>	<ul style="list-style-type: none"> <li>Standardization improves quality and consistency and prevents potential errors.</li> <li>No new cost to be incurred.</li> </ul>	<p>485.11(a) The operator shall collect and maintain such information, records or reports as determined by the department to be necessary.</p> <p>485.11(b) Operators of facilities subject to the inspection and supervision of the department shall supply and provide access to such information and records in such form and at such times as the department shall determine.</p> <p>487.7(f)(12)(ii) The following information shall be maintained for each resident: (h) a record of assistance.</p> <p>487.10(a) The operator shall collect and maintain such information, records or reports as determined by the department to be necessary.</p> <p>488.7(d)(4) 488.7(d)(10)(a) 490.7(d)(xi)(b)(8) 490.10(a)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>Standardized abbreviations are used on the MAR, and</li> <li>The standardized abbreviations are Department issued or facility developed.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>Use of abbreviations may be declining. Groups of pharmacists and prescribers are promoting use of clear language without abbreviations to eliminate errors and backlogs.</p>

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Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>The person making a correction in the MAR must initial and date the correction.</p> <p>Corrections should be made by a strike through and not by white out or covering over the error.</p>	<ul style="list-style-type: none"> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(12)(iii) When a resident is assisted in taking medications, the name of the resident, the medication, the staff assisting and the date and time of assistance shall be recorded. Recording shall occur at the time of assistance to each resident. In no event shall recording be done by a person who has not observed the taking of the dose.</p> <p>490.7(d)(12)(xi)(c)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• Corrections made to the MAR are initialed and dated by the person making the correction;</li> <li>• Corrections are made by strike through not by white out or covering over the error, and</li> <li>• An explanation of the correction is made usually on the reverse side of the MAR.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>This requirement does not apply to an entry for a new medication or a change in order. Both entries should be made on separate lines of the MAR.</p>
<p>When a resident misses or refuses medications, it must be documented in the MAR by the person who assisted with the medication and reported to the prescriber and/or primary physician as soon as possible, but no later than 24 hours, unless otherwise directed by prescriber.</p>	<ul style="list-style-type: none"> <li>◆ Prevents the missed doses and assures continuity of treatment.</li> <li>◆ No new costs to be incurred.</li> </ul>	<p>487.7(f)(8) If a resident refused to take medications or appears unable to independently administer medications, the operator shall notify the prescribing physician and, if different, the primary physician.</p> <p>488.7(d)(6) 490.7(d)(12)(xii)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• Missed or refused medications are documented on the MAR;</li> <li>• The position (ex. Medication aide, etc) or the person who assisted, completed the documentation and is responsible for notifying the prescriber is identified, and</li> <li>• The prescriber and/or primary physician was notified about the missed or refused dose within 24 hours of the occurrence unless otherwise directed by the prescriber.</li> </ul>

\*All regulation references are 18 NYCRR unless otherwise noted.

Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
			<p><b><u>Points to consider:</u></b></p> <p>Information on notification of the prescriber and/or primary physician is kept in the resident records or file.</p> <p>Prescriber's or Physician's written order not to be notified must be kept in the resident's record or file.</p> <p>Such orders must be resident medication and notification specific, not blanket orders and state the timeframe for notification (recommended maximum length of time if 14 days).</p>

### Disposal of Medications

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Non-controlled expired and discontinued medications shall not be returned to the pharmacy.</p>	<p>The State Board of Pharmacy has ruled that pharmacies cannot repackage or issue credits for any expired medications. [See Regulatory Authority column for the details of The Rules of the Board of Regents 8 NYCRR 29.7 (a): (14) (15)]</p>	<p>487.7(f) (11)(xi) Any medication which has been prescribed, but is no longer in use by a resident, shall be destroyed or disposed of in accordance with the Public Health Law, unless the resident's physician requests that the medication be discontinued for a specific temporary period.</p> <p>The Rules of the Board of Regents at 8 NYCRR 29.7 (a): (14) Placing in stock of any pharmacy any part of any prescription compounded or dispensed which is returned by a patient; provided, however, that in a health care facility, including but not limited to a general hospital, which has its own pharmacy and in which unit-dose medication is dispensed to inpatients,</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>All non-controlled expired and discontinued medications are disposed of in accordance with regulatory limits, i.e., not to be returned to the pharmacy.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>If it is determined that non-controlled expired or if discontinued medications are being returned to the pharmacy, the Regional Office must notify the Bureau of Adult Care Facility Quality and Surveillance which will contact the State Board of Pharmacy, State Education Department.</p>

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Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
		<p>each dose being individually sealed and labeled with the name of the drug, dosage strength, manufacturer's control number and expiration date, the unused dose of medication may be returned to the pharmacy of the facility for redispensing; and provided further that unused medication may be returned to pharmacies by residential health care facilities in accordance with the provisions of 10 NYCRR 415.18 (f) or by other facilities, including but not limited to county correctional facilities, provided that such other facilities utilize standards, policies and procedures determined by the State Board of Pharmacy to be equivalent to those enumerated in 10 NYCRR 415.18 (f)</p> <p>(15) Repacking of drugs in a pharmacy, except by a pharmacist or under his/her immediate and personal supervision. Labels on repacked drugs shall bear sufficient information for proper identification and safety. A repacking record shall be maintained, including the name, strength, lot number, quantity and name of the manufacturer and/or distributor of the drug repacked, the date of the repacking, the number of packages prepared, the number of dosage units in each package, the signature of the person performing the repacking operation, the signature of the pharmacist who supervised the repacking, and such other identifying marks added by the pharmacy for internal recordkeeping</p>	<p>Non-controlled medications should be crushed or flushed.</p>

\*All regulation references are 18 NYCRR unless otherwise noted.

Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
		<p>purposes. Drugs repacked for in-house use only shall have an expiration date 12 months or 50 percent of the time remaining to the manufacturer's expiration date, whichever is less, from the date of repacking.</p>	

Regulatory Interpretation	Rationale	Regulatory Authority*	Surveillance Guidelines
<p>Controlled medications must be disposed/destroyed according to Bureau of Controlled Substance procedure in Article 33 of Public Health Law and Part 80 of 10 NYCRR.</p>	<ul style="list-style-type: none"> <li>◆ PHL requirements and department regulations and avoids diversion, loss or theft.</li> <li>◆ No additional costs incurred.</li> </ul>	<p>For the repacking of drugs by manufacturers and wholesalers, the provision of parts 210 and 211 of title 21, <i>Code of Federal Regulations</i> (1984 edition, Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402: 1984, available at New York State Board of Pharmacy, Room 3035, Cultural Education Center, Albany, New York 12230), shall apply. Repacking records shall be maintained for five years and shall be made available to the department for review and copying.</p> <p>488.7(d)(8)(vii) 490.7(d)(12)(x)(k)</p> <p>487.7(f)(11)(xi) Any medication which has been prescribed, but is no longer in use by a resident, shall be destroyed or disposed of in accordance with the Public Health Law, unless the resident's physician requests that the medication be discontinued for a specific temporary period.</p> <p>488.7(d)(8)(vii) 490.7(d)(12)(x)(k)</p>	<p>Policies, procedures and practices, MARs, logs and appropriate other records will be reviewed, staff and residents interviewed and observations made to determine if:</p> <ul style="list-style-type: none"> <li>• Controlled expired and discontinued medications are disposed of in accordance with Bureau of Controlled Substance procedure in Article 33 of the Public Health Law and Part 80 of 10 NYCRR.</li> </ul> <p><b><u>Points to consider:</u></b></p> <p>If it is determined that controlled expired and discontinued medications are being returned to the pharmacy, the Regional Office must notify the Bureau of Adult Care Facility Quality and Surveillance which will contact the State Board of Pharmacy, State Education Department.</p> <p>When a controlled substance is discontinued, the Bureau of Controlled Substances recommends that remaining doses of that medication be moved from the medication room as soon as possible, preferably on the first day shift when the facility Administrator is available to receive them. A count by the person carrying out the prescriber's order to discontinue the medication, and by the Administrator, should be done at this time and should be documented on the Controlled</p>

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			<p>Substance Assistance Sheet. The Administrator should then place the remaining tablets in another steel cabinet with double doors and double locks in another location, not in the medication room, such as secured to the Wall of the Administrator's Office, which should also remain locked. Only the Administrator should have the keys to this cabinet and once placed inside, the medications do not need to be counted daily. However, as long as the medications remain in the medication room, they must be counted at each shift, regardless of whether the medications are in use or not.</p>
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Similar corresponding cites for Enriched Housing Programs (EHP) and Residences for Adults are enumerated.

**NEW YORK STATE DEPARTMENT OF HEALTH  
REGIONAL OFFICES**

**Martin McMahon (Program Manager)**

Capital District Regional Office  
NYS Department of Health  
Frear Building  
One Fulton Street, 2<sup>nd</sup> Floor  
Troy, NY 12180  
Phone: (518) 408-5400  
Fax: (518) 402-0259

**David Philips (Program Director)**

Phone: (518) 408-5413

**Jay Dorney (Program Manager)**

Western Regional Office  
NYS Department of Health  
259 Monroe Avenue  
Rochester, NY 14607  
Phone: (585) 238-8185  
Fax: (585) 238-8198

**Kathleen Cantaben (Program Director)**

Phone: (585) 423-8020

**Lynn Shannon (Program Manager)**

Central Field Office  
217 South Salina Street  
NYS Department of Health  
Syracuse, NY 13202  
Phone: (315) 477-8444  
Fax: (315) 477-8583  
Cell: (315) 380-7971

**Carolyn Backes (Program Director)**

Phone: (315) 477-8438

**William Conron  
(Acting Program Manager)**

Metropolitan Area Regional Office  
NYS Department of Health  
5 Penn Plaza – 5<sup>th</sup> floor  
New York, NY 10001  
Phone: (212) 268-7912  
Fax: (212) 290-1814

**(Program Director)**

Phone: (212) 268-6404