

**HFS 83.34 Medications.** (1) MEDICATION ADMINISTRATION. (a) *Self-administered by resident.* 1. Prescribed and over-the-counter medications and herbal preparations shall be self-administered by a resident unless the resident has been found incompetent under s. 880.33, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident's physician, or the resident requests in writing that CBRF staff manage and administer medication.

2. When a resident self-administers medications, prescribed and over-the-counter medications and herbal preparations shall remain under the control of the resident. A secure place accessible to the resident shall be provided in the resident's room for the storage of medications.

(b) *Self-administration instruction.* For transition to a less restrictive setting or to promote greater independent functioning, a resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. When a resident is participating in a medication instruction program, the CBRF shall ensure all of the following are met:

1. The resident's assessment under HFS 83.32(1) shall include an evaluation of the resident's capability or potential capability to self-administer medication.

2. The resident's individualized service plan under HFS 83.32(2) shall contain measurable goals for self-administration of medication and shall include the services and activities necessary to achieve those goals.

3. There shall be a valid practitioner's order for a resident to participate in self-administration instruction.

4. Self-administration instruction shall be under the ongoing supervision of the attending physician, a registered nurse, or pharmacist or shall be reviewed by the attending physician, a registered nurse, or a pharmacist semi-annually or when the resident's self-administration program goals are met or revised.

5. Medical record documentation shall include a daily record of the type and dosage of medication taken and the date and time it was taken.

6. The medical record shall include semi-annual progress notes documenting the resident's progress with self-administration instruction.

7. Minimum labeling, packaging, and storage requirements under HFS 83.34(2) must be followed unless the attending physician or pharmacist directs in writing an alternative labeling, packaging, or storage system to meet the individual needs of the resident.

8. Staff members assisting residents with self-administration instruction are required to complete the training under HFS 83.14(3)(a).

(c) *Administration by CBRF staff.* When a facility staff are administering medications to residents, the facility shall ensure all of the following are met:

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1. There shall be a valid practitioner's order for any prescribed and over-the-counter medications administered by the facility.

2. Before providing any help to residents with prescribed or over-the-counter medications, a non-medically licensed staff member shall complete the training under HFS 83.14(3).

3. The staff member shall be under the general or direct supervision of a registered nurse or the prescribing practitioner except as provided under subd. 1(a) or 1(b). The individual supervising staff shall:

a. Participate in the resident's assessment under s. HFS 83.32(1) and individual service plan under s. HFS 83.32(2) regarding the resident's medical condition and the goals of the medication regimen.

b. Participate in the evaluation under s. HFS 83.32(2)(c) and the review and documentation of the progress or regression under s. HFS 83.32(2)(d) of the resident's medical condition and status in relation to the goals of the medication regimen.

c. Provide adequate supervision to unlicensed personnel who administer medications that is dependent on their education, training and experience and the resident's medical condition.

4. Resident record documentation shall include at a minimum, the type and dosage of medication taken, the date and time taken, any change in the resident's condition observed by the staff person and any comments made by the resident related to his or her condition.

5. A licensed nurse, physician, pharmacist or licensed practitioner shall administer injections and draw insulin, unless delegated as prescribed under the Nursing Standards of Practice, Chapter N 6.

6. If the resident's medication administration is not under the ongoing supervision of a registered nurse or pharmacist, the resident's prescription medications shall be packaged and labeled by a pharmacist in unit dose or unit time packets, unless medically indicated. Medications available over-the-counter may be excluded from unit dose or unit time packaging requirements.

(2) GENERAL REQUIREMENTS. (a) *Practitioner's order*. There shall be a valid practitioner's order for any prescription medication taken by or administered to a resident and a pharmacist shall label the medication.

(b) *Documentation*. When a resident is taking prescription or over-the-counter medications or herbal preparations, the resident's record shall include a current list of the type and dosage of medication, directions for use, any change in the resident's condition and any comments made by the resident related to his or her condition.

(c) *Drug Regimen Review*. The administrator or designee shall arrange for a pharmacist or a physician to review each resident's medication regimen for positive resident outcomes and assurance of proper medication administration. This review shall occur within 30 days after the person's admission to the facility and at least

every 12 months. A written report of findings shall be prepared and sent to the administrator. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are recommendations to change the resident's medication regimen.

*(d) More than one prescriber.* When more than one practitioner prescribes medication for a resident, the licensee shall provide a list of all currently ordered medications for the resident to all practitioners prior to any of them prescribing medications. If this information is not provided before a prescription is written, the licensee shall update the resident's primary practitioner or pharmacist prior to the administration of the first dose of any new medication ordered. This requirement does not apply to residents who self-administer medications.

*(e) Discontinued medications.* All discontinued medications shall be destroyed or removed from the facility within 72 hours of a practitioner's order discontinuing its use, the resident's discharge, death, loss of medication dosage form integrity, removal of the medication from the medication package or the medication expiration date. Medications not destroyed shall be returned to the resident or legal representative for removal from the facility.

*(f) Destruction of medication.* Any unused medication not returned to the resident or legal representative shall be destroyed by the facility in compliance with local ordinances. A record of the destruction shall be witnessed, signed and dated by the administrator or designee and one other employee.

*(g) Psychotropic medications.* When a psychotropic medication is prescribed for a resident, the facility shall do all of the following:

1. Ensure all resident care staff understands the potential benefits and side effects of the medication.
2. Ensure the resident is reassessed as needed, but at least quarterly for the desired responses and possible side effects of the medication.
3. Document the actions required under subs. 1 and 2 in the resident's record.

*(h) Proof-of-use record.* A proof-of-use record for schedule II drugs shall be maintained and contain the date and time administered, the resident's name, the practitioner's name, dose, signature of the person administering the dose, and the remaining balance of the drug. A separate proof-of-use sheet shall be completed for each type and strength of drug.

*(i) Audit.* The proof-of-use records shall be audited, signed and dated daily by a registered nurse or designee. In facilities where a registered nurse is not present, the administrator or designee shall perform the audit of proof-of-use records daily.

*(j) Medication error or adverse reaction.* 1. Any prescription or over-the-counter medication error, known adverse drug reaction or resident refusal to take medication shall be documented in the resident's record.

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2. The facility shall report all medication errors and adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. The facility shall report a resident's refusal to take a medication to the prescribing practitioner, supervising nurse or pharmacist within 24 hours if the refusal seems detrimental to the resident. In all other cases of resident refusal of medication, the facility shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days or as otherwise directed by the prescribing practitioner.

(3) MEDICATION STORAGE. (a) *Transfer*. Medications shall be stored in their original containers and not transferred to another container except by a practitioner, supervising nurse or other appropriately licensed person. This requirement does not apply to residents who self-administer their medications.

(b) *Controlled by facility*. 1. When prescription and over-the-counter medications or herbal preparations are controlled by the facility for residents under subd. (1)(b) or (1)(c), medicine cabinets shall be kept locked and the key available only to personnel identified by the facility.

2. If a resident under subd.(1)(b) or (1)(c) has an absence from the facility, the resident's medication shall be prepared and dispensed for that absence by a practitioner or pharmacist or their agents and employees as directed, supervised and inspected by the pharmacist or practitioner.

(c) *Refrigeration*. Medications requiring refrigeration stored in a common refrigerator shall be kept in a locked box and properly labeled.

(d) *Proximity to household chemicals*. Prescription and over-the-counter medications shall not be stored next to household chemicals or other contaminants.

(e) *Internal and External application*. Medications for internal consumption shall be physically separated from medications for external application.

(f) *Controlled substances*. Separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area shall be provided for storage of schedule II drugs subject to 21 USC 812(c), and Wisconsin's uniform controlled substance act, ch. 161, Stats.

(4) EXEMPTIONS. Any facility that exclusively serves correctional clients or residents who are alcohol or drug dependent is exempt from the requirements in 83.34 (1)(a) 2. and 83.34 (2)(c). Medications in these facilities may be stored in a central, secure area and staff may observe and record residents who self-administer medication as described in the resident's individual service plan.