MEDICATIONS GUIDE

Residential Care Facilities for the Elderly

All Residential Care Facilities for the Elderly (RCFEs) licensed by the California Department of Social Services (Department), Community Care Licensing Division (CCLD) must comply with the medication regulations in Title 22 of the California Code of Regulations (22 CCR) and the Health and Safety Code (HSC).

Medication management represents an area of great responsibility. If not managed per physician orders and in compliance with statutory and regulatory requirements, medications intended to assist with a resident's health maintenance may place an individual's health and safety at risk.

This guide is meant to help providers understand the regulations for medication management but is not a substitute for the actual regulations and statutes governing the operation of a licensed RCFE. The following information provides regulatory and statutory requirements as well as suggestions for best practices to provide additional safeguards in the management of medications in an RCFE. The provided appendix contains exact regulation and statutory language for the sections related to medication management in licensed RCFEs. This guide is not an exhaustive treatment of the subject. If you have additional questions, you should consult with your Regional Office.

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GENERAL REQUIREMENTS

RCFE licensees must ensure the following with regard to medication assistance:

- Licensees are required to assist residents with self-administration of medications as needed, as specified in Title 22 section 87465(a)(5).
- Assistance with self-administration of medications is limited to those medications usually prescribed for self-administration which have been authorized by the resident's physician and medications prescribed during an illness determined by the physician to be temporary and minor, as specified in Title 22 section 87465(a)(6)(A) and (B).
- Assistance with self-administration of medications can also include when a resident needs assistance due to tremor, failing eyesight and similar conditions, as specified in Title 22 section 87465(a)(6)(C).

- Assistance with self-administration of medications does not include forcing a resident to take medications, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication, as specified in Title 22 section 87465(a)(6)(D).

Each employee of the facility who assists residents with the self-administration of medications must meet all of the following initial training, testing and annual training requirements specified in Health and Safety Code section 1569.69. Training is designed to ensure staff understands the following:

- The role, responsibilities, and limitations of staff assigned to assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
- The guidelines for the proper storage, security, and documentation of centrally stored medications.
- Medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.

Below are common scenarios in the care of residents with medication needs. The scenarios are practices commonly used by providers to comply with medication-related regulations and statutes.

Plan of Operation (22 CCR 87208)

Scenario:	Description of Regulations:	Best Practices:
Licensee designates staff to handle medication	● Follow the written policies and procedures provided in the facility's Department-approved plan of operation for the functions of these designated staff. ● Train all staff responsible for medications as described in the facility's Department-approved plan of operation. ● Verify and document staff training and competence in these areas. For specific information on training, please see the Medication Training Section on page 24.	● Review the plan of operation on a regular basis. Revise policies and procedures as needed and submit to Department for approval.

Incidental Medical and Dental Care Services (22 CCR 87465)

Scenario:	Description of Regulations:	Best Practices:
Resident arrives with medication	● Ensure a physician authorization is provided for each prescription and nonprescription PRN medication that facility staff will provide assistance to the resident.	● Contact the prescribing physician(s) to ensure their awareness of all medications currently taken by the resident. ● Inspect each label to ensure the medication is prescribed for the resident and the medication has not expired.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident arrives with medication, continued…	• Maintain a log of centrally stored medications for each resident. The LIC 622 is available for this purpose. • Retain on file a copy of the prescriptions for centrally stored medications in the resident's file. • Keep centrally stored medications in a safe and locked place that is not accessible to others.	• Conduct a count of pills received. This will assist with documenting when refills are to be ordered. • Review the amount of refills remaining on the prescription and ensure that the medication is refilled if needed. If no refills are available, contact the physician for further instructions. • Ensure medication which is not centrally stored is kept in a safe and locked place by the resident. • Discuss medications with the resident and the responsible party/authorized representative, if any (if the resident has consented or if the responsible person/ authorized representative has the power of attorney for health care or is the conservator). • Have physician routinely review and approve a list of all medications taken by the resident and verify dispensing instructions. • Make sure the primary care physician is aware of medications prescribed to a resident by any specialists. • Have the administrator review the medications and the dispensing instructions with staff.
Medications required to be centrally stored	• Centrally store any medication that the resident is unable to manage on his/her own, as documented by their physician. The LIC 602A can be used for this purpose. • The administrator or Department can decide to centrally store medication because of the potential dangers related to the medication itself or if determined to be a safety hazard to others. • Keep centrally stored medications in a locked place that is not accessible to others.	• Every non-prescription medication centrally stored in the facility should be logged similar to prescribed medications. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**

Medications required to be centrally stored, continued…	• Maintain centrally stored medications in accordance with label instructions (e.g. refrigerate, room temperature, out of direct sunlight, etc.)
	  ○ Refrigerated medication needs to be locked in a receptacle, drawer, or container.
	• Do not alter prescription labels.
	• Record all medications centrally stored in the facility. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose and identifies what information must be recorded for all centrally stored medications.
	  ○ If the facility chooses to utilize a form other than the LIC 622, ensure all required information is included on the form.
	• Maintain a record of centrally stored medications for each resident for at least one (1) year.
	• Maintain medication destruction records for at least three (3) years.	

Resident is allowed to maintain and administer their own medication	• Residents may store and administer their own medication with written approval from the physician on file if licensee procedures allow for this. The LIC 602A can be used to document this information (refer to section 16 on page 4 of the form). • Per Title 22, section 87466, changes observed in the resident's physical, mental, emotional, and/or social functioning shall be documented and brought to the attention of the resident's physician (obtain an updated physicians report if needed). ○ Per Title 22, section 87463, update the resident's appraisal when significant changes to their physical, medical, mental, and/or social condition occur.	• Residents allowed to store and self-administer their own medications should keep the medication locked to prevent access by other residents.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
A resident is accidentally given a double dose or misses a dose of medications	• If the resident appears to be in distress or complains of symptoms, call 9-1-1 and seek immediate medical attention. • Per Title 22, section 87211, document what happened, who was contacted, how the situation was handled and report to the CCLD Regional Office.	• Check the medication label for instructions when excess medication is ingested or if a dose is missed. • Call the appropriate medical professional, advice nurse or poison control center and follow their directives.
A dosage is changed between refills	• Changes to an existing prescription require the physician's signed and dated order which is maintained in the resident's record. • Prescription labels cannot be altered by facility staff. • Per Title 22, section 87466, changes observed in the resident's physical, mental, emotional, and/or social functioning shall be documented and brought to the attention of the resident's physician (obtain an updated physician's report if needed).	• Discuss the dosage change with resident and responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator). • Have a facility procedure (e.g. card file/index card, notebook, flagging system, and/or electronic data management system) to alert staff of changes and ensure they understand the change.
Medication is refilled	• As with all prescriptions, inspect container(s) to ensure all information on the label is correct. • For centrally stored medications, ensure the refilled medication is recorded. The LIC 622 is available for this purpose. • For centrally stored medications, ensure the refilled medication is locked.	• Discuss any changes in medications with the resident and responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator). • Communicate with the physician, pharmacist, or the responsible person to discuss procedures for payment of medications, identify who will be ordering and picking up the medications and the like. • Make sure refills are ordered promptly (e.g. order 10 days prior to running out). • Note any changes in instructions and/or medication (e.g. change in dosage, change to generic brand, etc.) and review with staff and resident. • Have a facility procedure (e.g. card file/index card, notebook, flagging system, and/or electronic data

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Medication is refilled, continued…		management system) to alert staff of changes and ensure they understand the change. • Never let medications run out unless directed to by the physician in writing.
Medication is permanently discontinued	• Obtain written documentation of the discontinuation of medication from the physician. • Destroy the medications in compliance with local, state, and federal laws. The LIC 622 is available for this purpose. • Record the destruction of the prescription medication.	• Telephone the resident's physician to confirm the discontinuation of medication. Document the phone call in the resident's record, including the date, time and name of the person at physician's office. • Have a facility procedure (e.g. card file/index card, notebook, flagging system, and/or electronic data management system) to alert staff of changes and ensure they understand the change. • Discuss the discontinuation with the resident and the resident's responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator).
Medications are placed on hold (physician has instructed the resident to stop taking the medication for a limited amount of time)	• Obtain a written documentation from the physician to hold the medication. As with all prescriptions, any change to an existing prescription requires the physician's signed and dated order which is maintained in the resident's record.	• Discuss the change with resident and responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator). • Without altering the label, mark or identify medication containers with hold orders (e.g. removable colored stickers). • Have a facility procedure (e.g. card file/index cards, notebook, flagging system, and/or electronic data management system) to alert staff to the discontinuation and restart date. • Medications temporarily discontinued by the physician may be stored by the facility.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Medications are placed on hold, continued…		• Contact the physician prior to the expiration of the medication on hold or the date the resident is scheduled to resume taking the medication for further instructions.

Medication reaches its expiration date	• Expired medication shall be returned to the issuing pharmacy or destroyed in the facility.
	• Record the destruction of the prescription medication. The LIC 622 is available for this purpose.
	  ○ Maintain medication destruction records for at least three (3) years.
	
	Note: Medication can be destroyed by a healthcare waste management company with an approved waiver.
		• Check prescriptions and over-the-counter medications containers regularly for expiration dates. Pay close attention to medications taken "as needed" (PRN) since they are not in the regular medication rotation.
		• For donated medication, include in the resident's file:
		  ○ Name of the resident
		  ○ The prescription number and the name of the pharmacy
		  ○ The drug name, strength, and quantity donated
		  ○ The date of donation
		  ○ Name of distribution entity to which medication was donated
		  ○ Identifier or reference number, if any.

Resident refused medications	• A resident cannot be forced to take any medication.
	  ○ Pursuant to Probate Code sections 2355 and 4701, a resident's conservator and power of attorney for health care can refuse medication on a resident's behalf, if specified requirements are met.
	  Refer to "Your Right To Make Decisions About Medical Treatment" (PUB 325).
	• Document refusal of medication in the resident's medication record and notify the prescribing physician.
		• Discuss with the resident the reason for refusing the medication. Through this discussion, you may find there are adverse side effects or that the medication is not effectively treating the resident's symptoms, etc.

Medications need to be crushed or altered	• A resident cannot be forced to take any medication. • Assistance with self-administered medications does not include hiding or camouflaging medications in other substances without the resident's knowledge or consent.	• The following written documentation should be in the resident's file if the medication is to be crushed or altered: ○ Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquids

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Medications need to be crushed or altered, continued…	• A medication can be crushed with a written physician order. As with all medications, the physician order must specify the name and dosage of the medication to be crushed.	○ which can be mixed with the medications, and instructions for crushing or mixing medications; and ○ A form consenting to crushing the medication signed by the resident. If the resident has a conservator or someone with authority over his/her medical decisions, the consent form must be signed by the conservator, power of attorney for health care, or person with such legal authority.
Measuring oral medications for self-administration	• Direct care staff with medication training shall assist residents with self-administered medications as needed. ○ Assistance can include measuring liquid medication into calibrated cups, droppers, oral syringes without needles and dosing spoons for the resident to self-administer orally.	
Medications may be “set up” or "poured" under the following circumstances	• Direct care staff with medication training shall assist residents with self-administered medications as needed. • Medication training must be in compliance with Health and Safety Code section 1569.69. • Medications must be stored in their original containers and not transferred between containers. • Per Title 22, section 87303, ensure the area where staff is handling medications is clean, safe and sanitary.	• Pour medications from the bottle directly into the individual resident's cup/utensil to avoid touching or contaminating the medication. • Implement a process to ensure medication is given to the correct resident. • Implement procedures for situations such as medication spillage, contamination, assisting with liquid medication, interactions of medications, etc. • Medications should not be set up more than 24 hours in advance.
Medications are transferred for outings, etc.	• If medications are being given directly to the resident for self-administration away from the facility premises, check the Physician's Report (LIC 602A) to ensure they are given only to residents whose doctors have indicated they may control their own medications.	• The process for having the person entrusted with the medications account for them upon leaving and returning should be outlined in the facility’s plan of operation. • When a resident leaves the facility for a short period of time during which only one dosage period of medication is needed, the licensee may give the medications to a responsible person/authorized representative in an

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Medications are transferred for outings, etc., continued…		envelope (or similar container) labeled with the facility's name and address, resident's name, name of medication(s), and instructions for administering the dose. • If a resident will be gone for more than one dosage period, the license may do any one of the following: ○ A small envelope may be used for each individual dose. The facility can use multiple envelopes. Each envelope must contain the resident's name, medication name and dose instructions. Do not use an empty used prescription container. ○ Give the full prescription container to the resident or responsible person/authorized representative. ○ Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles. ○ Have the resident's family obtain a separate supply of the medication for use when the resident visits the family.
Resident transfers, dies, or leaves medication behind	• Prescription medications left behind when either a resident transfers or dies must be returned to the issuing pharmacy, otherwise disposed of or destroyed in the facility. • A licensed RCFE with 16 or more residents may donate unexpired centrally stored medications to a voluntary drug repository and distribution program with an approved waiver, as specified in Health and Safety Code section 150202(a)(10). • Destroy the medications in compliance with local, state, and federal laws. • Record the destruction of the prescription medication.	• All efforts should be made to send the resident's prescriptions and over-the-counter medications with the resident when transferring the resident. • Document when the medication is transferred with the resident. • Obtain the signature of the person accepting the medications (e.g. responsible person/authorized representative or staff at the new facility). • For donated medication, include in the resident's file: ○ Name of the resident ○ The prescription number and the name of the pharmacy

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident transfers, dies, or leaves medication behind, continued…	● Maintain medication destruction records for at least three (3) years. Note: Medication can be destroyed by a healthcare waste management company with an approved waiver.	○ The drug name, strength, and quantity donated ○ The date of donation ○ Name of distribution entity to which medication was donated ○ Identifier or reference number, if any.
Medications sent for commercial destruction	● Per Title 22, section 87209, the licensee may use alternative techniques, which could include contracting with a commercial medication destruction company or other alternatives such as a county operated "drop off program" provided: ○ Such alternatives shall be carried out with provisions for safe and adequate service. ○ A written request for a waiver or exception is submitted in advance to CCLD by the licensee. ○ Prior written approval from CCLD is obtained.	
Destroying medications in the facility	● Medication must be destroyed by the facility administrator or designee and one other adult who is not a resident, unless a waiver has been approved to dispose in some other manner. ○ Medication that is a controlled substance must be disposed of in compliance with Drug Enforcement Administration requirements, per the California Medical Waste Management Act as specified in Health and Safety Code section 117935(i)(1). ● Every prescription medication which is destroyed in the facility must be recorded and logged. The LIC 622 is available for this purpose and identifies what information must be recorded for all destroyed prescription medication.	● According to the Federal Drug Administration (FDA), if no disposal instructions are given on the prescription drug labeling and no take-back program is available in the area, the drugs can be destroyed by following these steps: ○ Remove the medication from the original container, dissolve the medication in water and mix the water with an undesirable substance, such as used coffee grounds, dirt or kitty litter (this makes the drug less appealing to children and pets, and unrecognizable to people who may intentionally go through the trash seeking out drugs). ○ Place the mixture in a sealable bag, empty can or other container into the outside trash receptacle to prevent the drug from leaking or breaking out into the facility's garbage can.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Destroying medications in the facility, continued…	• A record of centrally stored prescription medications disposed of in the facility must be maintained for at least three (3) years in an RCFE.	
Medication from another country	• Assistance with self-administration of medications is limited to those medications usually prescribed for self-administration which have been authorized by the resident's physician	• According to the Federal Drug Administration (FDA), there is a lot of concern about the safety risks associated with the importation of prescription drugs from foreign countries. Read about these details in their letter (Opinion No. 03-601). • If you have a resident using medication from another country, you can ensure it meets all legal requirements by reading the Opinion letter, located at: http://www.fda.gov/drugs/drugsafety/ucm179893.htm) or by looking at the PDF describing the Personal Importation Process: http://www.fda.gov/downloads/drugs/guidancecomplianceregulatoryinformation/importsandexportscompliance/ucm297909.pdf
PRN Medications (Medications Delivered "As Needed") "PRN" is the Latin abbreviation for "pro re nata," which means "as the occasion arises" or "when necessary." PRN medications can be either prescription medication or over-the-counter (nonprescription) medication, as prescribed or ordered by the resident's physician. Facilities assisting residents with the self-administration of PRN medication encounter a different challenge with ensuring the continued health and safety of residents, because proper judgment is required to determine "when needed."		
Resident can determine and clearly communicate need for prescription and/or nonprescription PRN medication	• Verify on the LIC 602A or other signed document from the physician that the resident is able to administer his/her own PRN medication. • Obtain the physician's signed, dated, written order for the medication on a prescription blank or the physician's business stationery and maintain it in the resident's file.	• Create a form for the resident's physician to complete which identifies the resident's capacity to determine and communicate their need for PRN medications, as well as their capacity to communicate his/her symptoms clearly.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident can determine and clearly communicate need for prescription and/or nonprescription PRN medication, continued…	○ Physician e-orders including physician e-signatures are also allowed if all required information is included and the electronic order is printed and placed in the resident's file. ● As with all medications, ensure the physician's order and the PRN medication label identify the specific symptoms which indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.	
Resident cannot determine need, but can communicate his/her symptoms clearly	● Verify on the LIC 602A or other signed document from the physician that the resident is not able to determine his/her need for a nonprescription PRN medication but can communicate his/her symptom . ● Obtain the resident's physician's signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the resident's file. ○ Physician e-orders including physician e-signatures are also allowed if all required information is included and the electronic order is printed and placed in the resident's file. ● Ensure the written order identifies the name of the resident, the name of the PRN medication, instructions regarding when the medication should be discontinued, and an indication when the physician should be contacted for re-evaluation. ● As with all medications, ensure the physician's order and the PRN medication label identify the specific symptoms indicating the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.	● Create a form for the resident's physician to fill out that identifies the resident's capacity to determine and communicate his/her need for PRN medications. The form should clearly indicate if the resident: ○ Can determine and clearly communicate his or her need for prescription and/or nonprescription PRN medication; OR ○ Cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly; OR ○ Cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident cannot determine need, but can communicate his/her symptoms clearly, continued…	• Once ordered by the physician, the medication is given according to the physician's directions. • Maintain a record of each dose in the resident's record, including the date, time, dosage taken, and the resident's response.	

Resident cannot determine need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms	• Verify on the LIC 602A or other signed document from the physician that the resident is not able to determine his/her need for a nonprescription PRN medication, and cannot communicate his/her symptoms clearly.
	• Obtain the physician's signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the resident's file.
	  ○ Physician e-orders including physician e-signatures are also allowed if all required information is included and the electronic order is printed and placed in the resident's file.
	• Ensure the physician's order and the PRN medication label identify the specific symptoms, indicating the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period
	• Contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist in the self-administration for each dose.
	• Document the date and time of each contact with the physician and the physician's directions and maintain this documentation in the resident's file.
	• Maintain a record of each dose in the resident's records, including the date, time, dosage taken, and the resident's response.
		• For residents who need assistance with on-going pain management (or other symptoms) or may have diminished capacity, the responsible person/authorized representative may want to discuss with the resident's physician a need to change the PRN medication order to a routinely scheduled medication.
		• Create a form for the resident's physician to fill out that identifies the resident's capacity to determine and communicate their need for PRN medications. The form should clearly indicate if the resident:
		  ○ Can determine and clearly communicate his or her need for prescription and/or nonprescription PRN medication; OR
		  ○ Cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly; OR
		  ○ Cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Over-the-Counter/Nonprescription Medications Despite the relative ease of access, over-the-counter (OTC) nonprescription medications (e.g. aspirin, cold medications, vitamins, herbal remedies, etc.) can also be dangerous. Licensees have a responsibility to protect the health and safety of residents, even with the self-administration of OTC medication.		

Resident takes an over the counter medication(s) that is centrally stored	• Ensure the resident's physician provides written authorization for each OTC medication for which facility staff will provide self-administration assistance.
	  ○ RCFEs are allowed to use a centrally stored facility stock (or house supply) of OTC medications. All regulatory requirements regarding the use of OTC medications must be followed, including licensee verification of approval by the resident's physician to use the OTC medication before giving the resident a dose from the house supply.
	  ○ Once an over the counter medication has been prescribed by a physician and has a prescription label affixed to it, the OTC becomes a prescription medication and should be treated accordingly.
	• Keep centrally stored medications in a locked place that is not accessible to others.
	• OTC medication given on a PRN basis must meet all PRN requirements (see above on page 11).
		• Every OTC medication centrally stored in the facility should be logged similar to prescribed medications. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.
		• The resident's name should be on the over-the-counter medication container when:
		  ○ It is purchased for the resident's sole use;
		  ○ It is purchased by the resident's family; or
		  ○ The resident's personal funds were used to purchase the medication.

Resident takes an over the counter medication(s) that he/she can store and administer	• Residents with written approval from the physician on file (LIC 602A can be used for this purpose) may store and administer their own OTC medication, if licensee procedures allow for this. (Refer to section 16 on page 4 of the LIC 602A). • Per Title 22, section 87466, changes observed in the resident's physical, mental, emotional, and/or social functioning shall be documented and	• Residents allowed to keep their own medications should keep the medication locked to prevent access by other residents.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident takes an over the counter medication(s) that he/she can store and administer, continued…	brought to the attention of the resident's physician (obtain an updated physician's report if needed).	
Ear or Eye Drops and Nasal Sprays Although medications are to be self-administered by residents in RCFE's, regulations allow facilities to provide assistance to residents due to tremor, failing eyesight and similar conditions. CCLD policies do not require facilities to obtain an exception for staff to assist in the administration of eye, ear or nose drops under specific circumstances.		

Resident is not able to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight or other similar conditions	• Direct care staff with medication training shall assist residents with self-administered medications as needed.
	  ○ Prior to providing ongoing resident assistance with the drops, facility staff may consider the use of assistive devices, such as an eye cup, which would enable the resident to self-administer the drops.
	• Verify on the LIC 602A or other signed document from the physician that the resident is able to administer his/her own medication (including eye, ear and nose drops).
	  ○ Obtain documentation from the resident's physician outlining the procedures for care when using eye, ear and nose drops
	  ○ The documentation from the physician regarding the resident's condition and care must be kept in the resident's file.
	• Medication training must be in compliance with Health and Safety Code section 1569.69 et seq.
	• Trained staff must complete the required training on resident-specific procedures prior to providing the service.
		• If the care to be provided is not routine (standard mechanically performed), contact the resident's physician to determine if a skilled medical professional should be providing the assistance.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident is not able to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight or other similar conditions, continued…	● As with all training, documentation of completed training must be kept in the individual's employee file.	

Narcotics

Narcotics management and accountability is an area of great importance when caring for residents with a medical need to manage their pain on a daily or PRN basis. Best practices include:

- Documenting the number of pills received from the pharmacy and logging this number on the **LIC 622.**
  - Contact the pharmacy if there is a discrepancy.
- Maintaining an accountability log signed at the beginning and end of every shift.
  - This includes staff recording the quantity of each narcotic at the start and end of each shift, and ensure it reconciles with the number of doses given to the resident.
  - The licensee or administrator should conduct periodic, random audits to ensure the narcotics log is properly completed and aligns with quantity of narcotics available.
- Limiting access to narcotic medications to only a few specific staff. Only these staff should dispense the narcotics.
  - Double locking the narcotics can help limit access to the narcotics by unauthorized persons (e.g. a lockbox inside the locked medication cart or closet).
- Requiring two staff signatures for the dispensing of narcotic medication, or a signature of the staff administering it and the signature of the resident receiving the medication at administration (if the resident is capable).

Resident requires the use of emergency medication (e.g. nitroglycerin, inhaler, Epipen etc.)	● Residents with a medical condition requiring the immediate availability of emergency medication are allowed to maintain the medication in their possession when all of the following conditions are met: ○ The physician has ordered the PRN medication, and has determined and documented in writing the resident is capable of determining his/her need for a dosage of the medication and	

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Resident requires the use of emergency medication (e.g. nitroglycerin, inhaler, Epipen etc.), continued…	possession of the medication by the resident is safe. ○ This determination by the physician is maintained in the resident's file and available for review by CCLD. ○ The physician's determination clearly indicates the dosage and quantity of medication that should be maintained by the resident. ○ The facility administrator has determined the medications do not need to be centrally stored in the facility as they are not hazardous to other residents or other specified reasons ● If the physician has determined it is necessary for a resident to have medication immediately available in an emergency but has also determined possession of the medication by the resident is dangerous, then a new medical assessment signed by the physician (per Title 22, section 87458) and a facility reappraisal (per Title 22, section 87463) is necessary to determine whether the resident's continued placement at the facility is appropriate.	
A resident's medications come in prepackaged containers (e.g. bubble packs, cassettes, etc.)	● All prescription and nonprescription PRN medication for which the licensee provides assistance must have a pharmacy label on the medication (as well as a signed, dated written order from a physician, on a prescription blank, maintained in the resident's file). ○ Customized medications packages are allowed if they are packed and labeled by a pharmacy. ● Medications are to remain in their original packaging until dispensed. ● When a medication dosage changes or is discontinued, the multi-dose customized packages must be returned to the issuing pharmacy, or otherwise destroyed as required by section 87465 (j).	● Licensees should have back-up procedures in place in case one dose is contaminated and must be destroyed.

Incidental Medical and Dental Care Services (22 CCR 87465)		
Scenario:	**Description of Regulations:**	**Best Practices:**
A resident's medications requiring vital sign readings before self-administration	● If a resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff are permitted to assist the resident with self-administration. When medications are to be administered in response to and with specific dosage dependent upon vital sign readings, only an appropriately skilled professional is allowed to take such readings. This includes: ❖ The resident, when his/her physician has stated in writing he/she 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.	● The licensee should ensure the following items are documented when the resident's vital signs are taken to determine the need for administration of self-administered medications: ○ Documentation of the vital signs. ○ The name of the appropriately skilled professional who took the reading. ○ The date and time and name of the person who provided the medication to the resident to self-administer. ○ The resident's response to the medication.

Observation of the Resident (22 CCR 87466)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Psychotropic Medication Psychotropic medications are medications that affect the central nervous system in the treatment of certain psychiatric disorders. They include, but are not limited to: anxiolytic (anti-anxiety) agents, antidepressants, mood stabilizers, antipsychotic medications, anti-Parkinson agents, hypnotics, medications for dementia, and psycho-stimulants. Particular caution is to be observed in the management of psychotropic medications due to their unique capacity to significantly alter one's mood, perception, level of consciousness, cognitive processing, and behavior.		

Observation of the Resident (22 CCR 87466)		
Scenario:	**Description of Regulations:**	**Best Practices:**

Resident is refusing medication
Resident is refusing medication, continued…
	• A resident cannot be forced to take any medication.
	  ○ Pursuant to Probate Code sections 2355 and 4701, a resident's conservator and/or power of attorney for health care can refuse medication on a resident's behalf, if specified requirements are met.
	  Refer to "Your Right To Make Decisions About Medical Treatment" (PUB 325).
	  ○ Document refusal of medication in the resident's medication record and notify the prescribing physician.
	• When changes in the physical, mental, emotional and social functioning of the resident are observed, facility staff must document in the resident's record and bring the information to the attention of the resident's physician.
	  ○ A new medical assessment signed by the physician (per Title 22, section 87458) and/or a facility reappraisal (per Title 22, section 87463) may be appropriate.
	• Notify the resident's responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator) when any significant changes to the resident are observed.
		• Discuss with the resident the reason for refusing the medication.
		  ○ Through this discussion, you may find there are adverse side effects or that the medication is not effectively treating the resident's symptoms, etc.

Staff observe a cognitive decline, confusion, or decrease in level of consciousness	• When changes in the physical, mental, emotional and social functioning of the resident are observed, facility staff must document in the resident's record and bring the information to the attention of the resident's physician. ○ A new medical assessment signed by the physician (per Title 22, section 87458) and/or a facility reappraisal (per Title 22, section 87463) may be appropriate.	• Log the resident's observed changes and maintain in the resident's record. • Document the efforts made by the facility to address noted changes and/or concerns in the resident's record.

Observation of the Resident (22 CCR 87466)		
Scenario:	**Description of Regulations:**	**Best Practices:**
Staff observe a cognitive decline, confusion, or decrease in level of consciousness, continued…	• Notify the resident's responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator) when any significant changes to the resident are observed.	
A resident experiences marked changes in weight (gain or loss) or refuses to eat or drink or becomes abnormally lethargic	• When changes in the physical, mental, emotional and social functioning of the resident are observed, facility staff must document in the resident's record and bring the information to the attention of the resident's physician. ○ A new medical assessment signed by the physician (per Title 22, section 87458) and/or a facility reappraisal (per Title 22, section 87463) may be appropriate. • Notify the resident's responsible person/authorized representative (if the resident has consented or if the responsible person/authorized representative has the power of attorney for health care or is the conservator) when any significant changes to the resident are observed.	• Log the resident's daily weight and/or energy and maintain in the resident's record. • Document the efforts made by the facility to address feeding concerns in the resident's record. • Log the resident's food and liquid intake and maintain in the resident's record.
A resident who is usually agreeable becomes aggressive	• When changes in the physical, mental, emotional and social functioning of the resident are observed, facility staff must document in the resident's record and bring the information to the attention of the resident's physician. ○ A new medical assessment signed by the physician (per Title 22, section 87458) and/or a facility reappraisal (per Title 22, section 87463) may be appropriate. • Notify the resident's responsible person/authorized representative (if the resident has consented or if the responsible person/authorized	• Observe the resident and see if any triggers can be identified. If possible, remove possible environmental triggers which may lead to the aggression. • Provide a soothing environment for the resident. • See section below on page 25 for additional recommendations to address aggressive behaviors in residents.

Observation of the Resident (22 CCR 87466)		
Scenario:	**Description of Regulations:**	**Best Practices:**
A resident who is usually agreeable becomes aggressive, continued…	representative has the power of attorney for health care or is the conservator) when any significant changes to the resident are observed.	

Injectable Medications (22 CCR 87628 and 87629)	
Scenario:	**Description of Regulations:**
A resident administers own injections and the medication is centrally stored	• Verify on the LIC 602A or other signed document from the physician that the resident is able to administer his/her own injections. • Maintain sufficient amounts of medications, test equipment, syringes, needles, and other supplies in the facility and store properly. • Ensure injectable medications are kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection. • Only the resident or appropriately skilled medical professional can administer the injection. ○ Only the resident or an appropriately skilled professional can mix the medication or fill the syringe with the prescribed dose. • Per Title 22, section 87303, syringes and needles must be disposed of in accordance with Title 8, section 5193.

A resident requires assistance with injections	• Maintain sufficient amounts of medications, test equipment, syringes, needles, and other supplies in the facility and store properly.
	• Injectable medications are kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
	• Only the resident or appropriately skilled medical professional can administer the injection.
	  ○ Only the resident or an appropriately skilled professional can mix the medication or fill the syringe with the prescribed dose.
	• Per Title 22, section 87303, syringes and needles must be disposed of in accordance with Title 8, section 5193.
	• Appropriately skilled professionals allowed to assist or administer injectable medications include:
	  ○ 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.

Injectable Medications (22 CCR 87628 and 87629)	
Scenario:	**Description of Regulations:**
A resident requests to have a family member, who is not an appropriately skilled professional administer a injection	● Only the resident or appropriately skilled medical professional can administer the injection.
A resident uses prepackaged pre-measured injections	● All prescription and nonprescription PRN medication for which the licensee provides assistance must have a pharmacy label on the medication (as well as a signed, dated written order from a physician, on a prescription blank, maintained in the residents file). ○ Customized medications packages are allowed if they are packed and labeled by a pharmacy. ○ Pre-measured doses of injectable medications packaged in individual syringes prepared by a pharmacist or the manufacturer are allowed. ○ Injectable medications requiring refrigeration are kept locked and separate from food items
A resident uses a flex-pen for injectable medications	● Direct care staff with medication training shall assist residents with self-administered medications as needed, as specified in Title 22, section 87465. ○ Facility staff trained in medications may physically assist a resident with setting the dial of an insulin flex-pen in accordance with physician orders. This can be compared to a caregiver giving a resident a specific number of pills, as prescribed by the physician. ○ If the resident is unable to determine what the dosage should be (outside of physician orders), facility staff cannot assist with setting the dial of the insulin flex-pen.

Hospice (22 CCR 87633)	
Scenario:	**Description of Regulations:**
Hospice Care Waiver A licensee must obtain a Hospice Care Waiver from CDSS in order to admit or retain a resident receiving hospice care services. Handling and administering medications for residents receiving hospice services is an important task. Responsibilities for medication must be coordinated between the hospice care agency and the licensee.	
A resident is receiving hospice care services	● A current and complete hospice care plan shall be maintained in the facility for each hospice resident. The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications and other substances. ● The plan shall include the name or job function of the hospice agency staff who will control and supervise the storage and administration of all controlled drugs for the hospice resident. ○ Morphine pumps are permissible if the hospice resident, hospice health care professional, or other appropriately skilled professional is administering the medication and the procedure is specified in the hospice care plan. ● In caring for a resident's health condition, facility staff, other than appropriately skilled health professionals, shall not perform any health care procedure that under law may only be performed by an appropriately skilled professional. ○ As specified in the hospice care plan, hospice care agency staff can train a relative or friend of the hospice resident (no compensation) to administer medications. ○ Medications may be set-up in advance (for a period not to exceed 24 hours in advance) by an appropriately skilled professional. ○ Only an appropriately skilled professional may pre-draw medication for later administration by the resident which is administered through an individual syringe or oral dosing unit. The pre-drawn medication also must be labeled and properly stored. ● As in the case for all residents, a medication record of centrally stored medications must be kept for each hospice resident. ● Prescription medications left behind when either a resident transfers or dies must be returned to the issuing pharmacy, otherwise disposed of or destroyed in the facility. ● Destroy the medications in compliance with local, state, and federal laws. ● Record the destruction of the prescription medication. ● Maintain medication destruction records for at least three (3) years.

Medication Training Requirements (HSC 1569.69)

Staff who handle medication:	**Training Requirements:**
Medication Training Requirements Have Changed Effective January 1, 2016, initial and annual training requirements for direct care staff, staff assisting residents with self-administration of medication, as well as for licensed and certified staff, have changed. The following table summarizes the new training requirements related specifically to medication administration. Current medication training requirements can be found in Health and Safety Code section **1569.69**. Do NOT follow the training requirements found in Title 22, section 87411, as these have been superseded by the new statute. The Department is currently writing new regulations to reflect the new requirements. Remember that the following training requirements are in addition to the other training requirements for direct care staff.	

Facilities licensed to provide care for 15 or fewer persons	• The employee shall complete ten (10) hours of initial training on medications.
	  ○ Six (6) hours shall consist of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications.
	  ○ Four (4) hours shall consist of medication training and instruction (described below) to be completed within the first two (2) weeks of employment.
	• To complete the training requirements, each employee shall pass an examination testing the employee's comprehension of, and competency in, the subjects listed below.
	• The employee shall also complete eight (8) hours of in-service training on medication-related issues in each succeeding 12-month period.

Facilities licensed to provide care for 16 or more persons	• The employee shall complete twenty four (24) hours of initial medication training.
	  ○ Sixteen (16) hours shall consist of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications.
	  ○ Eight (8) hours shall consist of medication training and instruction (described below) to be completed within the first four (4) weeks of employment.
	• To complete the training requirements, each employee shall pass an examination testing the employee's comprehension of, and competency in, the subjects listed below.
	• The employee shall also complete eight (8) hours of in-service training on medication-related issues in each succeeding 12-month period.

Training and instruction shall consist of the following	• The role, responsibilities, and limitations of staff that assist residents with the self-administration of medication, including tasks limited to licensed medical professionals. • An explanation of the terminology specific to medication assistance. • An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications. • An explanation of the basic rules and precautions of medication assistance. • Information on medication forms and routes for medication taken by residents. • A description of procedures for providing assistance with the self-administration of medications in and out of the facility. • Information on the medication documentation system used in the facility.

Medication Training Requirements (HSC 1569.69)	
Staff who handle medication:	**Training Requirements:**
Training and instruction shall consist of the following, continued…	• An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications. • A description of the processes used for medication ordering, refills and the receipt of medications from the pharmacy. • An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.

Addressing Behavioral Issues Beyond the Use of Medication

Residents with Behavioral Issues

Facilities which have residents experiencing behavioral problems should attempt to identify the factors leading up to such behaviors (through documentation of observations). Facility staff should consider non-medical interventions in addition to medications which the resident's physician may prescribe. Aggressive behavior, for instance, can be linked to the lack of sleep, pain that the resident is unable to identify or depression. Additional factors to evaluate for, according to the Iowa Geriatric Education Center (IGEC) and the Alzheimer's Association, include:

- *Illness and Infections* – The resident may have a urinary tract infection, be dehydrated, or be experiencing discomfort due to some other health issue. Ask the resident's physician to assess for these possibilities.
- *Medication* – The resident's prescribed or over-the-counter medications may have a side effect causing pain or discomfort that may be leading to the aggression. It is best practice to have the resident and/or the resident's authorized representative have a discussion of the possible side effects with the physician or pharmacist, as appropriate.
- *Environmental Factors* – The resident may feel over-stimulated by loud noises, an active environment, or clutter. Determine if there are steps that can be taken to reduce over-stimulation while still providing a socially enriching and engaging environment.
- *Disorientation* – The resident may be feeling lost in his or her immediate surroundings. Explore ways to help the resident to feel more secure in the environment.
- *Time of Day* – Persons with dementia often have certain times of day that are particularly challenging. If a resident regularly displays behavior that is more aggressive at certain times of the day, plan ahead with strategies to address it therapeutically (e.g. calming music, comfortable room in the facility, etc.).
- *Communication* – Try to speak in the resident's native language. Keep your sentences simple and easy to understand.

Preventing and Reducing Agitation or Aggression

According to the IGEC and Alzheimer's Association, there are multiple ways to prevent or reduce agitation or aggression.

- Create an individualized plan to address the resident's particular behaviors.
- Create a calm environment by removing stressors. This can include moving the person to a quieter or safer place, offering rest, privacy or a security object. The facility can also limit caffeine intake or other stimulants to morning hours, and may offer music, baths, massages, or other soothing remedies or rituals.
- Create safety within the facility. If a resident is fearful of an object or person, remove the object and keep the feared person away from the resident, as best possible. Use nightlights to reduce agitation that occurs when the surroundings are obscured or unfamiliar.
- Keep predictable routines for bedtime, waking, meals and activities. Simplify tasks for the resident. For example, if a resident gets frustrated with dressing, obtain clothing that is easier to put on.
- Avoid creating environmental triggers. This can include loud or irritating noises such as constant announcements via intercom or public announcement systems, loud or irritating television shows, or excessive background noise. Bring in familiar items, such as photographs, to create a more relaxed, familiar setting.
- Avoid verbally correcting the resident or directly challenging their perception or belief. This often fuels the resident's frustrations and can lead to the resident lashing out.
  Improve interactions with residents by making friendly eye contact, tactfully using other non-verbal cues, and speaking in a relaxed, soothing tone. Giving a resident your undivided personal attention accompanied with active listening may help lessen anxiety or aggression.

Medical Marijuana (Evaluator Manual Transmittal #16RCFE-02)

22 CCR Section: **Update Description:**

Recommendations

The CCLD Evaluator Manual has been updated to incorporate new content regarding the use of medical marijuana in RCFEs. This content has been added to the Regulation Interpretations and Procedures. This information is provided to assist facilities in developing policies and procedures to ensure compliance with Health and Safety Code section **11362.5** permitting the use of medical marijuana for medical purposes within California. Licensees should note, however, that the Federal Government does not recognize medical marijuana but instead deems marijuana as a Schedule I controlled substance, the possession of which can be an offense under Federal Law.

Medical Marijuana (Evaluator Manual Transmittal #16RCFE-02)	
22 CCR Section:	**Update Description:**
Section 87458 Medical Assessments	• Medical use of marijuana must be "recommended by a physician who has determined that the person's health would benefit" from the use of marijuana in the treatment of a specified disease and illness "or any other illness for which marijuana provides relief." • The person for whom marijuana has been recommended may designate a "primary caregiver" defined as the individual "who has consistently assumed responsibility for the housing, health, or safety" of that person. • Both the resident and the resident's primary caregiver are allowed to possess or cultivate marijuana for the personal medical purposes of the patient. ○ Licensees who allow residents to cultivate or use marijuana, either personally or through the use of a designated primary caregiver, under California's medical marijuana laws are not in violation of state licensing laws unless the facts and circumstances create conditions that can be viewed as conduct inimical to the health safety, or welfare of residents in care. • Medical marijuana in smoking form remains subject to the smoking restrictions in other laws and regulations. • The facility will comply with applicable regulations regarding the storage, administration, and documentation of such medication. • The determination of acceptance and retention of a resident is based on the licensee's ability to ensure the health and safety of the individual resident and the other residents in care. Licensees continue to have discretion in evaluating a resident's suitability for acceptance and retention and to stipulate conditions in the admission agreements.
Section 87506 Resident Records	• The resident's medical marijuana should be received and documented in the same manner as all other medications. A resident's record in a facility must contain the report of the medical assessment, and a record of any current centrally stored medications.
Section 87465 Incidental Medical and Dental Care	• Since California law requires a physician's recommendation that the person's health would benefit from the use of marijuana in the treatment of a specified condition, or any other illness for which it provides relief, medical marijuana is treated as a medication. Assistance in self-administration of medical marijuana must be given per physician's directions and in accordance with applicable regulations. • Because of existing medical and legal issues relating to medical marijuana dosages, assistance with the self-administration of medical marijuana may be provided only to residents who are able to determine and communicate their own personal needs for the medication. An exception may be considered if specific dosage and usage instructions are provided by the recommending physician. • Licensed RCFEs shall ensure that no dangers or safety hazards are present related to any medical marijuana maintained or stored at the facility. If centrally stored, medical marijuana shall be stored with the same requirements as other medications. Information specified in the resident's records relating to the storage of medical marijuana shall contain as much information as is provided by the recommending physician. • State law does not require specific dosage information for medical marijuana; therefore, it is treated like a PRN medication. However, if specific instructions are provided by the recommending physician they shall be followed. • The requirements for accepting individuals who use medical marijuana are the same as

Medical Marijuana (Evaluator Manual Transmittal #16RCFE-02)	
22 CCR Section:	**Update Description:**
Section 87465 Incidental Medical and Dental Care, continued…	with other medications. The individual who has a recommendation for medical marijuana would need: ○ A physician's written recommendation that includes the following: ❖ Resident's name ❖ Physician's name ❖ Drug name ○ Optional information that may also be provided: ❖ Recommended dosage ❖ Recommended hours between doses and the recommended maximum 24-hour dose ❖ Form in which the medical marijuana will be used • Statement about the person's ability/inability to self-administer medical marijuana
Section 87618 Oxygen Administration – Gas and Liquid	• The regulatory prohibition against smoking where oxygen is in use covers all smoking, including, but not limited to, the smoking of tobacco, herbs, and medical marijuana.

APPENDIX OF APPLICABLE LAWS AND REGULATIONS (ABBREVIATED – PLEASE CONSULT REGULATIONS FOR FULL TEXT)

Title 22 Regulations

Plan of Operation

- 87208(a)-Each facility shall have and maintain a current, written definitive plan of operation. The plan and related materials shall be on file in the facility and shall be submitted to the licensing agency with the license application. Any significant changes in the plan of operation which would affect the services to residents shall be submitted to the licensing agency for approval. The plan and related materials shall contain the following:
  - 87208(a)(1)-Statement of purposes and program goals.
  - 87208(a)(2)-A copy of the Admission Agreement, containing basic and optional services.
  - 87208(a)(3)-Statement of admission policies and procedures regarding acceptance of persons for services.
  - 87208(a)(4)-Administrative organization.
  - 87208(a)(5)-Staffing plan, qualifications and duties.
  - 87208(a)(6)-Plan for training staff, as required by Section 87411(c).

Program Flexibility

- 87209(a)-The use of alternate concepts, programs, services, procedures, techniques, equipment, space, personnel qualifications or staffing ratios, or the conduct of experimental or demonstration projects shall not be prohibited by these regulations provided that:
  - 87209(a)(1)-Such alternatives shall be carried out with provisions for safe and adequate services.
  - 87209(a)(2)-A written request for a waiver or exception and substantiating evidence supporting the request shall be submitted in advance to the licensing agency by the applicant or licensee.
  - 87209(a)(3)-Prior written approval of the licensing agency shall be received.
    - 87209(a)(3)(A)-In determining the merits of each request, the licensing agency shall use as guidelines the standards utilized or recommended by well-recognized state and national organizations as appropriate.
    - 87209(a)(3)(B)-The licensing agency shall provide written approval or denial.
  - 87209(a)(4)-Unless prior written approval of the licensing agency is received, all community care facilities shall maintain continuous compliance with the licensing regulations.

Reporting Requirements

- 87211(a)-Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following:
  - 87211(a)(1)-A written report shall be submitted to the licensing agency and to the person responsible for the resident within seven days of the occurrence of any of the events specified in (A) through (D) below. This report shall include the resident's name, age, sex and date of admission; date and nature of event; attending physician's name, findings, and treatment, if any; and disposition of the case.
    - 87211(a)(1)(A)-Death of any resident from any cause regardless of where the

death occurred, including but not limited to a day program, a hospital, en route to or from a hospital, or visiting away from the facility.
    - 87211(a)(1)(B)-Any serious injury as determined by the attending physician and occurring while the resident is under facility supervision.
    - 87211(a)(1)(C)-The use of an Automated External Defibrillator.
    - 87211(a)(1)(D)-Any incident which threatens the welfare, safety or health of any resident, such as physical or psychological abuse of a resident by staff or other residents, or unexplained absence of any resident.

Medical Assessment

- 87458(a)- Prior to a person's acceptance as a resident, the licensee shall obtain and keep on file, documentation of a medical assessment, signed by a physician, made within the last year. The licensee shall be permitted to use the form LIC 602 (Rev. 9/89), Physician's Report, to obtain the medical assessment.
- 87458(b)- The medical assessment shall include, but not be limited to:
    - 87458(b)(1)- A physical examination of the resident indicating the physician's primary diagnosis and secondary diagnosis, if any and results of an examination for communicable tuberculosis, other contagious/infectious or contagious diseases or other medical conditions which would preclude care of the person by the facility.
    - 87458(b)(2)- Documentation of prior medical services and history and current medical status including, but not limited to height, weight, and blood pressure.
    - 87458(b)(3)- A record of current prescribed medications, and an indication of whether the medication should be centrally stored, pursuant to Section 87465(h)(1).

Incidental Medical and Dental Care

- 87465 (a)-A plan for incidental medical and dental care shall be developed by each facility. The plan shall encourage routine medical and dental care and provide for assistance in obtaining such care, by compliance with the following:
    - 87465(a)(1)-The licensee shall arrange, or assist in arranging, for medical and dental care appropriate to the conditions and needs of residents.
    - 87465(a)(2)-The licensee shall provide assistance in meeting necessary medical and dental needs. This includes transportation which may be limited to the nearest available medical or dental facility which will meet the resident's need. In providing transportation the licensee shall do so directly or make arrangements for this service.
    - 87465(a)(5)-The licensee shall assist residents with self-administered medications as needed.
    - 87465(a)(6)-Facility staff, except those authorized by law, shall not administer injections, but staff designated by the licensee may assist persons with self-administration as needed. Assistance with self-administered medications shall be limited to the following:
        - 87465(a)(6)(A)-Medications usually prescribed for self-administration which have been authorized by the person's physician.
        - 87465(a)(6)(B)-Medications during an illness determined by a physician to be temporary and minor.

        - 87465(a)(6)(C)-Assistance required because of tremor, failing eyesight and similar conditions.
        - 87465(a)(6)(D)- Assistance with self-administration does not include forcing a resident to take medication, hiding or camouflaging medications in other substances without the resident's knowledge and consent, or otherwise infringing upon a resident's right to refuse to take a medication.
    - 87465(a)(7)-When requested by the prescribing physician or the Department, a record of dosages of medications which are centrally stored shall be maintained by the facility.
- 87465(b)-If the resident's physician has stated in writing that the resident is able to determine and communicate his/her need for a prescription or nonprescription PRN medication, facility staff shall be permitted to assist the resident with self-administration of his/her PRN medication.
- 87465(c)-If the resident's physician has stated in writing that the resident is unable to determine his/her own need for nonprescription PRN medication but can communicate his/her symptoms clearly, facility staff designated by the licensee shall be permitted to assist the resident with self-administration, provided all of the following requirements are met:
    - 87465(c)(1)-There is written direction from a physician, on a prescription blank, specifying the name of the resident, the name of the medication, all of the information in Section 87465(e), instructions regarding a time or circumstance (if any) when it should be discontinued, and an indication when the physician should be contacted for a medication reevaluation.
    - 87465(c)(2)-Once ordered by the physician the medication is given according to the physician's directions.
    - 87465 (c)(3)-A record of each dose is maintained in the resident's record. The record shall include the date and time the PRN medication was taken, the dosage taken, and the resident's response.
- 87465(d)-If the resident is unable to determine his/her own need for a prescription or nonprescription PRN medication, and is unable to communicate his/her symptoms clearly, facility staff designated by the licensee, shall be permitted to assist the resident with self-administration provided all of the following requirements are met:
    - 87465(d)(1)-Facility staff shall contact the resident's physician prior to each dose, describe the resident's symptoms, and receive direction to assist the resident in self-administration of that dose of medication.
    - 87465(d)(2)-The date and time of each contact with the physician, and the physician's directions, shall be documented and maintained in the resident's facility record.
    - 87465(d)(3)-The date and time the PRN medication was taken, the dosage taken, and the resident's response shall be documented and maintained in the resident's facility record.
- 87465(e)-For every prescription and nonprescription PRN medication for which the licensee provides assistance there shall be a signed, dated written order from a physician, on a prescription blank, maintained in the residents file, and a label on the medication. Both the physician's order and the label shall contain at least all of the following information.
    - 87465(e)(1)-The specific symptoms which indicate the need for the use of the medication.
    - 87465(e)(2)-The exact dosage.

  - 87465(e)(3)-The minimum number of hours between doses.
  - 87465(e)(4)-The maximum number of doses allowed in each 24-hour period.
- 87465(g)-The licensee shall immediately telephone 9-1-1 if an injury or other circumstance has resulted in an imminent threat to a resident's health including, but not limited to, an apparent life-threatening medical crisis except as specified in Sections 87469(c)(2), (c)(3), or (c)(4).
- 87465(h)-The following requirements shall apply to medications which are centrally stored:
  - 87465(h)(1)-Medications shall be centrally stored under the following circumstances:
    - 87465(h)(1)(A)-The preservation of medicines requires refrigeration, if the resident has no private refrigerator.
    - 87465(h)(1)(B)-Any medication is determined by the physician to be hazardous if kept in the personal possession of the person for whom it was prescribed.
    - 87465(h)(1)(C)-Because of potential dangers related to the medication itself, or due to physical arrangements in the facility and the condition or the habits of other persons in the facility, the medications are determined by either a physician, the administrator, or Department to be a safety hazard to others.
  - 87465(h)(2)-Centrally stored medicines shall be kept in a safe and locked place that is not accessible to persons other than employees responsible for the supervision of the centrally stored medication.
  - 87465(h)(3)-Each container shall carry all of the information specified in (6)(A) through (E) below plus expiration date and number of refills.
  - 87465(h)(4)-All centrally stored medications shall be labeled and maintained in compliance with state and federal laws. No persons other than the dispensing pharmacist shall alter a prescription label.
  - 87465(h)(5)-Each resident's medication shall be stored in its originally received container. No medications shall be transferred between containers.
  - 87465(h)(6)-The licensee shall be responsible for assuring that a record of centrally stored prescription medications for each resident is maintained for at least one year and includes:
    - 87465(h)(6)(A)-The name of the resident for whom prescribed.
    - 87465(h)(6)(B)-The name of the prescribing physician.
    - 87465(h)(6)(C)-The drug name, strength and quantity.
    - 87465(h)(6)(D)-The date filled.
    - 87465(h)(6)(E)-The prescription number and the name of the issuing pharmacy.
    - 87465(h)(6)(F)-Instructions, if any, regarding control and custody of the medication.
- 87465(i)-Prescription medications which are not taken with the resident upon termination of services, not returned to the issuing pharmacy, nor retained in the facility as ordered by the resident's physician and documented in the resident's record nor disposed of according to the hospice's established procedures or which are otherwise to be disposed of shall be destroyed in the facility by the facility administrator and one other adult who is not a resident. Both shall sign a record, to be retained for at least three years, which lists the following:
  - 87465(i)(1)-Name of the resident.
  - 87465(i)(2)-The prescription number and the name of the pharmacy.
  - 87465(i)(3)-The drug name, strength and quantity destroyed.
  - 87465(i)(4)-The date of destruction.

- 87465(j)-In all facilities licensed for sixteen (16) persons or more, one or more employees shall be designated as having primary responsibility for assuring that each resident receives needed first aid and needed emergency medical services and for assisting residents as needed with self-administration of medications. The names of the staff employees so responsible and the designated procedures shall be documented and made known to all residents and staff.

Observation of the Resident

- 87466-The licensee shall ensure that residents are regularly observed for changes in physical, mental, emotional and social functioning and that appropriate assistance is provided when such observation reveals unmet needs. When changes such as unusual weight gains or losses or deterioration of mental ability or a physical health condition are observed, the licensee shall ensure that such changes are documented and brought to the attention of the resident's physician and the resident's responsible person, if any.

Personal Rights

- 87468(a)-Each resident shall have personal rights which include, but are not limited to, the following:
  - 87468(a)(8)-To have his/her family or responsible persons regularly informed by the facility of activities related
  - 87468(a)(16)-To receive or reject medical care, or other services.

Resident Records

- 87506(e)-Original records or photographic reproductions shall be retained for a minimum of three (3) years following termination of service to the resident.

Fecal Impaction Removal, Enemas and/or Suppositories

- 87622(a)-The licensee shall be permitted to accept or retain a resident who requires manual fecal impaction removal, enemas, or use of suppositories under the following circumstances:
  - 87622(a)(1)-Self care by the resident.
  - 87622(a)(2)-Manual fecal impaction removal, enemas, and/or suppositories shall be permitted if administered according to physician's orders by either the resident or an appropriately skilled professional.
- 87622(b) In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:
  - 87622(b)(1)-Ensuring that the administration of enemas or suppositories or manual fecal impaction removal is performed by an appropriately skilled professional should the resident require assistance.
  - 87622(b)(2)-Privacy shall be afforded when care is being provided.

Diabetes

- 87628(a)-The licensee shall be permitted to accept or retain a resident who has diabetes if the resident is able to perform his/her own glucose testing with blood or urine specimens, and is able to administer his/her own medication including medication administered orally or through injection, or has it administered by an appropriately skilled professional.

- 87628(b)-In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensee shall be responsible for the following:
  - 87628(b)(1)-Assisting residents with self-administered medication as specified in Section 87465, Incidental Medical and Dental Care Services.
  - 87628(b)(2)-Ensuring that sufficient amounts of medicines, testing equipment, syringes, needles and other supplies are maintained and stored in the facility as specified in Section 87465(c).
  - 87628(b)(3)-Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).
  - 87628(b)(4)-Providing modified diets as prescribed by a resident's physician as specified in Section 87555(b)(7).

Injections

- 87629(a)-The licensee shall be permitted to accept or retain a resident who requires intramuscular, subcutaneous, or intradermal injections if the injections are administered by the resident or by an appropriately skilled professional.
- 87629(b)-In addition to Section 87611, General Requirements for Allowable Health Conditions, the licensees who admit or retain residents who require injections shall be responsible for the following:
  - 87629(b)(1)-Ensuring that injections are administered by an appropriately skilled professional should the resident require assistance.
  - 87629(b)(2)-Ensuring that sufficient amounts of medicines, test equipment, syringes, needles and other supplies are maintained in the facility and are stored as specified in Section 87465(c).
  - 87629(b)(3)-Ensuring that syringes and needles are disposed of as specified in Section 87303(f)(2).

Hospice Care for the Terminally Ill

- 87633(b)-A current and complete hospice care plan shall be maintained in the facility for each hospice resident and include the following:
  - 87633(b)(1)-The name, office address, business telephone number, and 24-hour emergency telephone number of the hospice agency and the resident's physician.
  - 87633(b)(2)-A description of the services to be provided in the facility by the hospice agency, including but not limited to the type and frequency of services to be provided.
  - 87633(b)(3)-Designation of the resident's primary contact person at the hospice agency, and resident's primary and alternate care giver at the facility.
  - 87633(b)(4)-A description of the licensee's area of responsibility for implementing the plan including, but not limited to, facility staff duties; record keeping; and communication with the hospice agency, resident's physician, and the resident's responsible person(s), if any. This description shall include the type and frequency of the tasks to be performed by the facility.
    - 87633(b)(4)(A)-The plan shall specify all procedures to be implemented by the licensee regarding the storage and handling of medications or other substances, and the maintenance and use of medical supplies, equipment, or appliances.
    - 87633(b)(4)(B)-The plan shall specify, by name or job function, the licensed

health care professional on the hospice agency staff who will control and supervise the storage and administration of all controlled drugs (Schedule II-V) for the hospice client. Facility staff can assist hospice residents with self-medications without hospice personnel being present.
        - 87633(b)(4)(C)-The plan shall neither require nor recommend that the licensee or any facility personnel other than a physician or appropriately skilled professional implement any health care procedure which may legally be provided only be a physician or appropriately skilled professional.
    - 87633(b)(5)-A description of all hospice services to be provided or arranged in the facility by persons other than the licensee, facility personnel, or the hospice agency including, but not limited to, clergy and the resident's family members and friends.
    - 87633(b)(6)-Identification of the training needed, which staff members need this training, and who will provide the training relating to the licensee's responsibilities for implementation of the hospice care plan.
        - 87633(b)(6)(A)-The training shall include but not be limited to typical needs of hospice patients, such as turning and incontinence care to prevent skin breakdown, hydration, and infection control.
        - 87633(b)(6)(B)-The hospice agency will provide training specific to the current and ongoing needs of the individual resident receiving hospice care and that training must be completed before hospice care to the resident begins.
    - 87633(b)(7)-Any other information deemed necessary by the Department to ensure that the terminally ill resident's needs for health care, personal care, and supervision are met.
- 87633(c)-The licensee shall ensure that the hospice care plan complies with the requirements of this section, with the provisions of the Residential Care Facilities for the Elderly Act (Health and Safety Code Section 1569 et seq.), and all other requirements of Chapter 8 of Title 22 of the California Code of Regulations governing Residential Care Facilities for the Elderly.
- 87633(d)-The licensee shall ensure that the hospice care plan is current, accurately matches the services actually being provided, and that the client's care needs are being met at all times.

Care of Persons with Dementia

- 87705(f)-The following shall be stored inaccessible to residents with dementia:
    - 87705(f)(2)-Over-the-counter medication, nutritional supplements or vitamins, alcohol, cigarettes, and toxic substances such as certain plants, gardening supplies, cleaning supplies and disinfectants.

Health and Safety Code
1569.31

- 1569.31. The regulations for a license shall prescribe standards of safety and sanitation for the physical plant and standards for basic care and supervision, personal care, and services to be provided. The department's regulations shall allow for the development of new and innovative community programs. In adopting regulations which implement this chapter, the department shall provide flexibility to allow facilities conducted by and exclusively for adherents of a well-recognized church or religious denomination who rely solely on prayer or spiritual means for healing to operate a licensed residential care facility for the elderly.

1569.312

Every facility required to be licensed under this chapter shall provide at least the following basic services:

- 1556.312(a) Care and supervision as defined in Section 1569.2.
- 1556.312 (b) Assistance with instrumental activities of daily living in the combinations which meet the needs of residents.
- 1556.312 (c) Helping residents gain access to appropriate supportive services, as defined, in the community.
- 1556.312 (d) Being aware of the resident's general whereabouts, although the resident may travel independently in the community.
- 1556.312 (e) Monitoring the activities of the residents while they are under the supervision of the facility to ensure their general health, safety, and well-being.
- 1556.312 (f) Encouraging the residents to maintain and develop their maximum functional ability through participation in planned activities.

1569.69

- 1569.69(a) Each residential care facility for the elderly licensed under this chapter shall ensure that each employee of the facility who assists residents with the self-administration of medications meets all of the following training requirements:
  - 1569.69(a)(1) In facilities licensed to provide care for 16 or more persons,the employee shall complete 24 hours of initial training. This training shall consist of 16 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 8 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first four weeks of employment.
  - 1569.69(a)(2) In facilities licensed to provide care for 15 or fewer persons, the employee shall complete 10 hours of initial training. This training shall consist of 6 hours of hands-on shadowing training, which shall be completed prior to assisting with the self-administration of medications, and 4 hours of other training or instruction, as described in subdivision (f), which shall be completed within the first two weeks of employment.
  - 1569.69(a)(3) An employee shall be required to complete the training requirements for hands-on shadowing training described in this subdivision prior to assisting any resident in the self-administration of medications. The training and instruction described in this subdivision shall be completed, in their entirety, within the first two weeks of employment.
  - 1569.69(a)(4) The training shall cover all of the following areas:
    - 1569.69(a)(4)(A) The role, responsibilities, and limitations of staff who assist residents with the self-administration of medication, including tasks limited to licensed medical professionals.
    - 1569.69(a)(4)(B) An explanation of the terminology specific to medication assistance.
    - 1569.69(a)(4)(C) An explanation of the different types of medication orders: prescription, over-the-counter, controlled, and other medications.
    - 1569.69(a)(4)(D) An explanation of the basic rules and precautions of medication assistance.
    - 1569.69(a)(4)(E) Information on medication forms and routes for medication

taken by residents.
        - 1569.69(a)(4)(F) A description of procedures for providing assistance with the self-administration of medications in and out of the facility, and information on the medication documentation system used in the facility.
        - 1569.69(a)(4)(G) An explanation of guidelines for the proper storage, security, and documentation of centrally stored medications.
        - 1569.69(a)(4)(H) A description of the processes used for medication ordering, refills, and the receipt of medications from the pharmacy.
        - 1569.69(a)(4)(I) An explanation of medication side effects, adverse reactions, errors, the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia, and the increased risk of death when elderly residents with dementia are given antipsychotic medications.
    - 1569.69(a)(5) To complete training set forth in this subdivision, each employee shall pass an examination that tests the employee's comprehension of, and competency in, the subjects listed in paragraph (4).
    - 1569.69(a)(6) Residential care facilities for the elderly shall encourage pharmacists and licensed medical professionals to use plain English when preparing labels on medications supplied to residents. As used in this section, "plain English" means that no abbreviations, symbols, or Latin medical terms shall be used in the instructions for the self-administration of medication.
    - 1569.69(a)(7) The training requirements of this section are not intended to replace or supplant those required of all staff members who assist residents with personal activities of daily living as set forth in Sections 1569.625 and 1569.696.
    - 1569.69(a)(8) The training requirements of this section shall be repeated if either of the following occur:
        - 1569.69(a)(8)(A) An employee returns to work for the same licensee after a break of service of more than 180 consecutive calendar days.
        - 1569.69(a)(8)(B) An employee goes to work for another licensee in a facility in which he or she assists residents with the self-administration of medication.
- 1569.69(b) Each employee who received training and passed the examination required in paragraph (5) of subdivision (a), and who continues to assist with the self-administration of medicines, shall also complete eight hours of in-service training on medication-related issues in each succeeding 12-month period.
- 1569.69(c) The requirements set forth in subdivisions (a) and (b) do not apply to persons who are licensed medical professionals.
- 1569.69(d) Each residential care facility for the elderly that provides employee training under this section shall use the training material and the accompanying examination that are developed by, or in consultation with, a licensed nurse, pharmacist, or physician. The licensed residential care facility for the elderly shall maintain the following documentation for each medical consultant used to develop the training:
    - 1569.69(d)(1) The name, address, and telephone number of the consultant.
    - 1569.69(d)(2) The date when consultation was provided.
    - 1569.69(d)(3) The consultant's organization affiliation, if any, and any educational and professional qualifications specific to medication management.
    - 1569.69(d)(4) The training topics for which consultation was provided.

- 1569.69(e) Each person who provides employee training under this section shall meet the following education and experience requirements:
    - 1569.69(e)(1) A minimum of five hours of initial, or certified continuing, education or three semester units, or the equivalent, from an accredited educational institution, on topics relevant to medication management.
    - 1569.69(e)(2) The person shall meet any of the following practical experience or licensure requirements:
        - 1569.69(e)(2)(A) Two years of full-time experience, within the last four years, as a consultant with expertise in medication management in areas covered by the training described in subdivision (a).
        - 1569.69(e)(2)(B) Two years of full-time experience, or the equivalent, within the last four years, as an administrator for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
        - 1569.69(e)(2)(C) Two years of full-time experience, or the equivalent, within the last four years, as a direct care provider assisting with the self-administration of medications for a residential care facility for the elderly, during which time the individual has acted in substantial compliance with applicable regulations.
        - 1569.69(e)(2)(D) Possession of a license as a medical professional.
    - 1569.69(e)(3) The licensed residential care facility for the elderly shall maintain the following documentation on each person who provides employee training under this section:
        - 1569.69(e)(3)(A) The person's name, address, and telephone number.
        - 1569.69(e)(3)(B) Information on the topics or subject matter covered in the training.
        - 1569.69(e)(3)(C) The times, dates, and hours of training provided.
- 1569.69(f) Other training or instruction, as required in paragraphs (1) and (2) of subdivision (a), may be provided offsite, and may use various methods of instruction, including, but not limited to, all of the following:
    - 1569.69(f)(1) Lectures by presenters who are knowledgeable about medication management.
    - 1569.69(f)(2) Video recorded instruction, interactive material, online training, and books.
    - 1569.69(f)(3) Other written or visual materials approved by organizations or individuals with expertise in medication management.
- 1569.69(g) Residential care facilities for the elderly licensed to provide care for 16 or more persons shall maintain documentation that demonstrates that a consultant pharmacist or nurse has reviewed the facility's medication management program and procedures at least twice a year.
- 1569.69(h) Nothing in this section authorizes unlicensed personnel to directly administer medications.
- 1569.69(i) This section shall become operative on January 1, 2016.