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Circular Letter EOEA 13-3

**TO:** Assisted Living Residences

**FROM:** Ann L. Hartstein

**DATE:** March 14, 2013

**RE:** Limited Medication Administration ("LMA")

**Purpose:** The purpose of this letter is to clarify the requirements that must be adhered to by Assisted Living Residences ("ALRs") when an ALR intends to have one of its residents receive administered medication through the Limited Medication Administration ("LMA") process. This Circular Letter (CL) supersedes CL 12-3 and prior FAQ's that address the issue of Limited Medication Administration ("LMA").

**Definition**

LMA is the administration of medication to a resident that is not otherwise prohibited by MGL c. 19D or 651 CMR 12.00 et seq. LMA may only be provided in an ALR by a family member, a practitioner as defined in MGL c. 94C, or a nurse registered or licensed under the provisions of MGL c. 112 § 74 or 74A, to the extent allowed by laws, regulations and standards governing nursing practice in Massachusetts.

**Disclosure**

LMA is an optional service listed in 651 CMR 12.04(6). ALRs must disclose the availability of this service and the cost in the Residency Agreement and Disclosure of Rights and Services.

**Notification**

LMA, if offered, must be included in the ALRs operating plan and conducted in accordance with 651 CMR 12.04(13)(b)(1). An ALR must inform the Executive Office of Elder Affairs ("EOEA") in writing at least 30 days before it changes any part of its operating plan. Therefore, if an ALR decides to provide LMA, it must submit a detailed and timely policy statement to EOEA prior to implementation of LMA.

The policy statement must include the following information:

- The role or job title of the person(s) who will be responsible for providing LMA;
- A copy of the form that will be used to document LMA (e.g., Medication Administration Record Sheet (MARS); and,
- An explanation of the manner in which medication shall be secured.

If the individual performing LMA is a licensed nurse, the policy statement must also include the following information:

- Copies of job descriptions indicating that a licensed nurse will be responsible for performing LMA; and,
- A description of the record-keeping system that will be used which will reliably and consistently document the information and authorizations that a licensed nurse must have to perform LMA.

**Nurse responsibilities**

Nurses with a valid Massachusetts nursing license working for an ALR who are administering LMA may administer non-injectable medications prescribed or ordered by an authorized prescriber to residents by oral or other routes (e.g. topical, inhalers, eye and ear drops, medicated patches, as necessary oxygen, suppositories). EOEA regulations do not prohibit a licensed nurse from altering a medication's form (e.g. crushing or cutting pills) or from administering the medication in its altered form (e.g. crushing a medication, putting it into applesauce and then feeding it to a Resident).

A nurse's performance of all aspects of LMA must comply with the laws, regulations and standards governing nursing practice.

***Medication Storage and Access***

All ALRs are required to create a policy and procedure for LMA medication storage. LMA medication must be kept in the resident's unit and stored in such a manner that the nurse providing LMA can adequately verify the integrity of the medication. A residence may employ additional safeguards necessary to enable a nurse to be reasonably sure that he or she is administering medication as it was filled by the pharmacy[1]. One safeguard is to lock up all medication that will be administered and to provide only the nurses who would be responsible for performing LMA with the key(s) to the boxes. Residents, personal care workers, or family members should not be able to access any medication for residents on LMA under this arrangement.

***Record-keeping/documentation***

The ALR must have a record-keeping system, which permits the licensed nurse to reliably and consistently document and verify the information and authorizations that a nurse must have to perform LMA.

All documentation shall be complete, accurate, and legible. All documentation relative to LMA must be kept in the Resident record as required by 651 CMR 12.05(1).

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[1] 651 CMR §12.06 sets forth LMA practices, is available at http://www.massalfa.org/images/public-policy/2reg_651cmr012.pdf

Nurses are required to obtain, create and maintain the following documentation relative to the performance of LMA:

- A recent and accurate assessment of the need for LMA;
- A notation in the Resident's service plan of such need;
- A written medication order from an authorized prescriber;
- A medication administration sheet showing the name, dose, route and time the medication is administered;
- Documentation of any adverse reaction a Resident has in response to the medication(s);
- A notation of what, if any, action the nurse took in response to the resident's adverse reaction; and
- The signature and initial of the nurse who administered the medication on the medication administration record (one of the ways to achieve this requirement would be the use of a signature log as a supplement to an initialed Medication Administration Record).

**Medication Orders**

As the Massachusetts Board of Registration in Nursing has made clear in its Advisory Ruling Number 9324 on Nursing Practice, (a copy of which is attached for reference) nurses in ALRs who administer LMA are subject to specific requirements as delineated by that Advisory Ruling.

**Required Actions**

ALRs should update existing Disclosure Statements to reflect the requirements set forth in this Circular Letter. Updated Disclosure Statements should be sent to EOEA.

**Implementation**

ALRs must provide revised Disclosure Statements to all new residents admitted to the ALR following receipt of this Circular Letter. ALRs have up to 90 days from the effective date of this Circular Letter to provide current residents with a copy of those provisions of the Disclosure Statement that have been modified in response to the requirements set forth in this Circular Letter. ALRs shall offer residents the option of receiving a copy of the full Disclosure Statement with the amended provisions. All other requirements set forth in this Circular Letter are effective immediately.

**Effective Date**

March 14, 2013

If you have any questions regarding this letter, please contact EOEA's Director of Housing and Assisted Living.

# Massachusetts Board of Registration in Nursing
*Advisory Ruling on Nursing Practice*

**Title:** Verification of Orders

**Advisory Ruling Number:** 9324 (formally Verification of Medication Orders)

**Authority:**
The Massachusetts Board of Registration in Nursing issues this Advisory Ruling on Nursing practice pursuant to Massachusetts General Laws, chapter 30A, section 8 and chapter 112, section 80B.

**Date Issued:** September 22, 1993

**Date Revised:** July 10, 2002; December 9, 2009

**Scope of Practice:** Registered Nurse and Licensed Practical Nurse

**Purpose:**
To guide the practice of Registered Nurses and Licensed Practical Nurses when receiving patient care orders from a duly authorized prescriber pursuant to Massachusetts General Laws, chapter 112, section 80B.

**Advisory:**
It is the responsibility of the licensed nurse to ensure that there is a proper patient care order from a duly authorized prescriber prior to the administration of any prescription or non-prescription medication in accordance with accepted standards of practice and in compliance with the Board's regulations.

Such practice must be in compliance with Massachusetts General Laws (G.L.) c. 112, s. 80B; 244 CMR 3.02: Responsibilities and Functions – Registered Nurse; 244 CMR 3.04: Responsibilities and Functions – Practical Nurse; 244 CMR 9.03(5): Adherence to the Standards of Nursing Practice; 244 CMR 9.03(9): Responsibility and Accountability; 244 CMR 9.03(38): Administration of Drugs; 244 CMR 9.03(44); Documentation; and 244 CMR 9.03(46): Responsibilities of Nurse in Management Role; and M.G.L.Chapter 94C: Section 17: *Necessity of prescription for dispensing controlled substances* and Section 20: Oral prescriptions.

**Nurse's Responsibility and Accountability**
Licensed nurses receive, transcribe and implement orders from duly authorized prescribers that are received by a variety of methods (i.e., written, verbal, telephone, standing, pre-printed, electronic) in emergent and non-emergent situations. Licensed nurses in a management role must ensure an infrastructure is in place, consistent with current standards of care, to minimize error. The paramount importance of patient safety must be reflected in protocols that are specific to the setting and circumstance. Determination of individual client/resident/patient allergy must be included in each protocol. The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurse's knowledge of that particular patient's care needs at that time and must also ensure that the orders (whether verbal, electronic, written, or standing orders) originate from an authorized prescriber.

## Medication Orders

Minimum required elements:

The minimum elements required for inclusion in a complete medication order include:

- Patient/client/resident/student's full name
- Name of the medication
- Dose and route of the medication
- Frequency of the medication administration
- A valid medication order date
- Specific directions for administration
- Signature of the duly authorized prescriber
- Signature of the individual accepting/verifying the order

Pharmacy labeled container

In certain and limited situations, it is within the licensed nurse's discretion to accept an original pharmacy labeled container in lieu of an order from a duly authorized prescriber. Situations include, but are not limited to:

- Schools
- Adult & Pediatric day care
- Summer camp
- Other nursing care settings

When choosing to accept an original pharmacy labeled container in lieu of an order from a duly authorized prescriber, the licensed nurse must consider the following:

- The setting must have a policy and/or procedure guiding/directing this activity.
- The medication container must be intact with a completely written and legible label.
- The medication expiration date can not be exceeded.
- When indicated, there must be parental or guardian consent.
- The label must contain all the perquisite information necessary prior to administrating a medication (i.e. *The 5 Rights*).
- Determination of individual client/resident/patient allergy must be done.
- The nurse is accountable for ensuring that any orders he or she implements are reasonable based on the nurse's knowledge of the patient's care needs and that the orders originate from an authorized prescriber.

**Role of the Nurse in a Management Role**

The licensed nurse in a management role must develop and implement the necessary measures to promote the delivery of safe nursing care in accordance with accepted standards of care, such as those issued from time to time by The Joint Commission (TJC) and The Institute for Safe Medication Practices (ISMP).

Such measures must include and define at a minimum:

1) acceptable methods of order communication within the practice setting
2) circumstances in which the method can be used
3) competency in accepting orders required for each method
4) specific safety measures that must be employed to ensure patient safety:

i) telephone and other verbal orders must include read-back policies
ii) timeframes for authentication can not exceed state or federal requirements
iii) abbreviation policies
iv) any limitation on verbal orders for specific medications that may be considered unsafe to prescribe in non-written format

## References


- Department of Health and Human Services; Centers for Medicate and Medicaid Services, 42 CFR Part 482. Federal Register: November 27, 2006 (Volume 71, Number 227).
- Federal Register: November 27, 2006 (Volume 71, Number 227), p. 29 of 47, accessed from World Wide Web, 7/29/09.
- Center for Medicaid and State Operations/Survey and Certification Group: Ref: S&C-07-13 (Revised 2/23/07) Memorandum.
- CMS tag A-1007: 482.23(c)(2)(ii)
- Center for Medicaid and State Operations/Survey and Certification Group: Ref: S&C-09-10 Memorandum October 24, 2008
- The Joint Commission; History Tracking Report: 2009 to 2008 Requirements, p. 2, © The Joint Commission 2008.
- Joint Commission revised standard RC.02.03.07, 3/23/09
- The Institute for Safe Medication Practices (ISMP) is a nonprofit healthcare agency comprised of pharmacists, nurses, and physicians. Founded in 1994, the organization is dedicated to learning about medication errors, understanding their system-based causes, and disseminating practical recommendations that can help healthcare providers, consumers, and the pharmaceutical industry prevent errors. www.ismp.org
- National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) is an independent body comprising 23 national organizations that works to maximize the safe use of medications and increase awareness of medication errors through open communication, increased reporting and promotion of medication error prevention strategies. www.nccmerp.org
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